

# GANNON

## UNIVERSITY

### Radiologic Science Program

Student Handbook  
Class of 2023-2025

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

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Welcome

*On behalf of the faculty and staff of Gannon University, I welcome you to the Radiologic Sciences program. I believe you will find the program to be both challenging and rewarding.*

*This handbook will acquaint you with the Radiologic Sciences program policies. The information contained in the handbook is subject to change: the policies may be modified, superseded, or eliminated. You will be notified of such changes by the Program Director.*

*Congratulations on choosing a career in Radiologic Sciences and best wishes for your continued personal and professional growth.*

*Sincerely,*

*Gail*

*Gail M. Schroeder, M.P.H., R.T. (R) (ARRT)  
Program Director  
Associate Teaching Professor  
Radiologic Sciences Program*

## 1. Introduction

### A. Receipt of Student Handbook

A Gannon University Radiologic Science student is expected to uphold a high standard of academic and non-academic conduct. That standard is presented in this handbook and will be upheld by the Radiologic Sciences 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 appropriate sections will be reviewed with me by program faculty at specified times. I understand that if I have any questions concerning material in this handbook, I may contact Gail M Schroeder, M.P.H. RT (R), Program Director, or Ronald G. Cuzzola, MS, RT(R), MLT, 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 tenure in the Radiologic Sciences program. I understand it is my responsibility to have this handbook readily available for reference and review as needed.

I acknowledge that I have read the statement regarding Ethics and Conviction of a Crime and Standards for Drug Screening and Background Checks. I further verify that, by my signature, I understand the ramifications of this policy in my eligibility of obtaining certification.

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.

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Print Student Name	Signature	Date
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### Academic Phase: Sections I, II, III, IV, & VI Reviewed

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Print Student Name	Signature	Date
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### Clinical Phase: Section V Reviewed

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Print Student Name	Signature	Date
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## **B. Radiologic Science Program Mission, Goals, Student Learning Outcomes, and Program Effectiveness Goals**

**Mission Statement:** The Gannon University Radiologic Sciences Program offers a value-centered liberal studies and professional education 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.

### **Program Goals & Student Learning Outcomes:**

#### **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 the 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.

### **C. Faculty Directory**

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### **D. Joint Review Committee on Education in Radiologic Technology**

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is the only agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA), for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry.

#### **Non-compliance Procedure**

The Joint Review Committee on Education in Radiologic Technology (JRCERT) accredits the Gannon University Radiologic Sciences 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 and on the JRCERT website – <https://www.jrcert.org/>. Students are encouraged to read the Standards for a better understanding of the program's responsibility as a provider of education in Radiologic Technology.

The student has the right to believe that the program operates in compliance with these STANDARDS. If the student believes that the program is not in compliance, he/she 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 believes 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 Academic Grievance Policy (Gannon University Undergraduate Student Catalog. p. 62). If the student still does not believe the matter has been resolved, they have the right to contact the JRCERT. A good-faith effort by all parties should be made to solve any concerns prior to the JRCERT being contacted. This is good policy and the JRCERT will expect that the above procedures have been exhausted prior to their involvement. 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

## **E. ARRT**

The American Registry of Radiologic Technologists (ARRT) is a leading credentialing organization that recognizes qualified individuals in medical imaging, interventional procedures, and radiation therapy.

### **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 examination must meet basic education, ethics, and examination requirements to become eligible. Upon completion of program requirements, students are awarded an Associate of Science Degree in Radiologic Sciences 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 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/pages/earn-arrt-credentials/initial-requirements/ethics/ethics-requirements>



## **F. ARRT Code of Ethics**

The Code of Ethics forms the first part of the *Standards of Ethics*. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The Registered Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Registered 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 Registered Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination, on the basis of race, color, creed, religion, national origin, sex, marital status, status with regards to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The Registered Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they have been designed, and employs procedures and techniques appropriately.
5. The Registered Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The Registered 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 that interpretation and diagnosis are outside the scope of practice for the profession.
7. The Registered Technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the health care team.
8. The Registered Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The Registered 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 Registered Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The Registered Technologist refrains from the use of illegal drugs and/or legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with responsible skill and safety to patients.

## **II. Students**

### **A. Radiologic Sciences Student Conduct Policy & Procedures**

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 updates 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 (p. 18). 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. (This policy can be found in the Academic Policies & Procedures section of the Gannon University Undergraduate Student Catalog. [p. 62])
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.

### **B. Gannon University Student Conduct Policy & Procedures**

All policies can be found under the Student Code of Conduct section of the Gannon Student Handbook p. 28-40 (<https://www.gannon.edu/workarea/downloadasset.aspx?id=1153>)

### **C. Requirements for Clinical Placement**

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 the Summer 1 clinical rotation.
4. Completed Health Physical, Appropriate Medical Clearances, and Technical Standards Form on file with Clinical Coordinator.
5. Other 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.
8. **Transportation for clinical site rotations.**

### **D. 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 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 a delay in the completion of the program.

Clinical sites have the right to deny placement at their facilities if they determine that the student’s background check, medical clearances, or drug screens are 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 a delay in program completion or the inability to graduate from the program.

### **E. Gannon University Drug Screen Policy**

Gannon University provides for the holistic development of students in the Judeo-Christian tradition. The abuse or illegal use of drugs and the abuse or illegal use of alcohol conflict with the University’s Mission, local, state, and federal laws, and the standards of the broader community. To provide an environment that supports the University’s Mission, the University is committed to establishing a comprehensive alcohol and drug abuse prevention program. (See Gannon University Alcohol and Drug Policies: <https://knightsgannon.sharepoint.com/sites/StudentDevelopmentandEngagement/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FStudentDevelopmentandEngagement%2FShared%20Documents%2FDrugAlcoholPolicies2012%5F%2Epdf&parent=%2Fsites%2FStudentDevelopmentandEngagement%2FShared%20Documents>)

#### **Procedure**

The student may be required to submit a pre-clinical or reasonable cause urine drug screen. 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 a delay in the 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.

### **Negative Results**

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.

### **Positive Results**

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 immediate postponement of the clinical education and may result in a delay in the completion of the program of study. University disciplinary sanctions may be determined appropriate as per The University Alcohol and Drug Policy:

<https://knights.gannon.sharepoint.com/sites/StudentDevelopmentandEngagement/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FStudentDevelopmentandEngagement%2FShared%20Documents%2FDrugAlcoholPolicies2012%5F%2Epdf&parent=%2Fsites%2FStudentDevelopmentandEngagement%2FShared%20Documents>

**"Any of the rule or regulation violations that occur, on or off-campus, may be subject to disciplinary sanctions by the University or its designee. These regulation violations would include any University, local, state, or federal statutes.** Sanctions or disciplinary actions can be applied to any of the rules or regulations included in the Student Handbook but are not limited to those that are mentioned therein. Violation of any/all Gannon University regulations may result in disciplinary action including but not limited to: monetary fines, community service hours, mandated educational programming, Official Warning, Official Probation, Behavioral Contract, Official Suspension from University housing, Suspension from the University, and Expulsion from the University. Monetary fines are not listed here as they are issued in reflection of the severity, repetition, and/or degree of the violation in question. The University also reserves the right to record all investigations of any violation or meeting to better protect Gannon students and employees from slander or misrepresentation.

Students in violation of the alcohol policy may be required to complete a drug and alcohol assessment, depending on the severity or repetition of policy violations. Referral to civil authorities is an option for the University.

Students in violation of the drug policy will be subject to:

1. Referral to civil authorities for prosecution is an option.
2. The loss of federal, state or University aid is a possibility, as is prosecution for fraud.
3. Students violating this regulation may be subject to a drug assessment and follow-through with an appropriate, certified rehabilitation program.
4. Students will be assessed points within the University discipline system.
5. Students will be required to complete an online alcohol education program."

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 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.

## F. 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 that are necessary for the 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 Disabilities 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 on 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 ensure 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 x-ray 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.		
7. Communicate orally and in writing sufficiently to respond promptly in communications with patients, staff, and physicians. Obtain health history & other pertinent data from patients.		
8. 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.)		
9. Cognitive ability to perceive and deal appropriately with environmental threats and stress and continue to function safely and effectively during periods of high stress.		
10. Exhibit social skills necessary to interact effectively with patients, families, supervisors, co-workers, and physicians of the same or different cultures.		
11. Intellectual and emotional skills to exercise discretion in handling confidential medical information.		
12. Ability to protect self and others from hazards in the healthcare environment such as infectious disease, contaminated equipment, sharps instruments, and radiation.		
13. Prioritize multiple tasks.		
14. Maintain personal hygiene.		
15. Must be of sufficient health to meet the criteria of clinical affiliates.		

### G. Physical Requirements for Clinical Education

	Occasionally 1-3 Hrs.	Often 3-6 Hrs.	Frequent Over 6 Hrs.	Constant
<b>Lifting:</b>				
0-20 lbs.		X		
20-25 lbs.	X			
25-50 lbs.	X			
50-100 lbs.	X			
> 100 lbs.	X			
<b>Moving/Pushing/Pulling:</b>				
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 identify any required accommodations.

---

Print Student Name

Signature

Date

### III. Academics

#### A. Academic Standards

##### Academic Standards:

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

The following grading scale will apply to all Radiologic Sciences courses:

A+: 99 – 100	B+: 87 – 89.99	C+: 77 – 79.99	D : 60 – 69.99
A : 94 – 98.99	B : 83 – 86.99	C : 73 – 76.99	F : 0 – 59.99
A- : 90 – 93.99	B- : 80 – 82.99	C- : 70 – 72.99	

##### Progression

1. 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.
2. If students receive a non-passing grade on any RADS exam (defined as C- or below), they MUST schedule remediation with the instructor by the next scheduled class. This remediation will be done face-to-face and at the mutually agreed time between the instructor and the student. Failure to adhere to this policy will result in documentation in the student’s permanent file.

##### 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. Students 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. The due process procedure of the university will be followed for all academic actions.

### **Deceleration/ Leave of Absence**

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.

1. Continue in all academic courses only; no clinical courses for 1 semester only. Graduation will be delayed until all clinical courses are complete.
2. 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.
3. Due to the nature of Radiography courses being lock-step, students will not be able to continue based on the following scenarios. This will result in the student decelerating and repeating those courses before matriculating.
  - i. If obtaining less than a “C” in any course from Summer 1 to Fall 2.
  - ii. If obtaining less than a “C” in any course from Spring 2 to Summer 2.

**\*\*Students may only decelerate once.**

**\*\*While students are decelerated, their seat in the program is not held. Readmission is subject to available seats based on clinical capacity and approval of the Program Director.**

### **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 the 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 withdrawal and/or leave of absence. The student’s grade point average in relation to program requirements.
2. Availability of clinical space without exceeding JRCERT deemed capacity.
3. Only one readmission to the program is permitted.
4. Any lapse in academic performance (semester/cumulative GPA or receiving below a “C” in Biology or RADS courses) after readmission will result in dismissal from the program.

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 greater than 1 year, 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 is 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 are 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.
3. If the leave is within 1 semester to 1 year, the student will then be evaluated for didactic competency. Any student who received a “C” in any Radiology course, will have to successfully complete a standardized summative course examination for those given courses prior to readmission to the program. Review and preparation will be coordinated between the student and faculty member for that specific course.



## **B. Academic Progressive Disciplinary Procedure**

Students enrolled in the Radiologic Science program are expected to adhere to academic and disciplinary codes of conduct appropriate to the University and future profession. This includes (but is not limited to) the classroom, on and off campus. The following actions are cause for potential disciplinary action:

- Imposing risk of harm (physical, mental, psychological, social, etc.) to others.
- Participating in activities that would cause the student to appear “under the influence” when working in the classroom or lab.
- Not taking responsibility for personal limitations or problems that may cause harm to others.
- Participating in cheating or plagiarism.
- Unprofessional conduct including (but not limited to) yelling, throwing items, causing physical destruction of property, threatening, coercing, deceiving, harassing, or other behaviors that cause them to be or perceive them to be a threat.
- Non-compliance with program/course policies regarding academic remediation.
- Violating the confidentiality of patients or fellow students.
- Inappropriate social networking.
- Knowingly discriminating against classmates, peers, instructors, facilitators, or educators.
- Intentionally withholding information that would affect their status in the program or potential registry eligibility.
- Non-compliance with agreed-upon academic contracts with Program Director and faculty.

### **Corrective Disciplinary Procedures**

\*Note – depending on the severity of actions, students may be placed on any level of the Corrective Disciplinary Procedures at the recommendation and approval of the Program Director and any faculty involved.

- Level One** – A written documentation of the offense is placed in the student’s permanent file. The student may be placed on a disciplinary contract with specific requirements listed.
- Level Two** – Documentation will be placed in the student’s permanent file. The student is subject to being removed from the classroom for the day and any/all assignments related to the day’s work will be recorded as a Zero for the grade.
- Level Three** – Documentation will be placed in the student’s permanent file. The student is subject to being required to stay after classes to remediate to a point that is satisfied by the faculty.
- Level Four** – Documentation will be placed in the student’s permanent file. The student is subject to being removed from the program at the recommendation of the Program Director to the Dean.
- Level Five** – Documentation will be placed in the student’s permanent file. The student is subject to being removed from the program at the recommendation of the Program Director to the Dean. The student may also face Academic Disciplinary measures. The student will be referred to the University Conduct Committee for potential suspension or removal from the University.

**Disciplinary Procedures are cumulative throughout the course of the program.**

### **C. Due Process Policy**

The following procedure shall be followed by the student 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 student. This policy is intended to provide an avenue for the student to lodge a grievance or complaint and obtain a resolution.

#### **Step I**

- A. If the concern involves a grade or content received in a didactic class, the student should first talk with the instructor who teaches that class to discuss the 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 Preceptor 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.
- D. If the concern relates to the JRCERT standards, please refer to the Joint Review Committee on Education in Radiologic Technology, Non-compliance procedure, found on p. 7 of the Radiologic Sciences Student Handbook.

#### **Step II**

- A. If after discussing the concern with the above persons and the student still feels there is not an adequate resolution; 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 resolution, 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 resolution, the student should arrange a meeting within five (5) working days with the Provost & Vice President of Student Experience. The Provost will arrive at a final decision within ten (10) working days. The decision of the Provost remains binding.

### **D. Academic Advising**

All Radiologic Sciences students are assigned an Academic Advisor upon entering the program. The Advisor is listed on their academic schedule and can be found through their Gannon Self-Service portal along with their contact information. All Radiologic Sciences students attend Advising Day each semester. This gives them an opportunity to review academic progress, determine course selection (if applicable), and assist with academic resources, and career planning. Radiography students are required to meet with their Academic Advisors at 4-week and mid-semester grades to review their current academic standing. Advisements are archived through the Gannon Self-Service portal.

## IV. Radiation Safety

### A. Student Pregnancy Policy

**Per Title 10 CFR Code of the Nuclear Regulatory Commission Part 20: Standards for Protection Against Radiation (<https://www.ecfr.gov/current/title-10/chapter-I/part-20>):**

A declared pregnant woman is defined in 10 CFR 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 that are available to the student are as follows:

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

The student may or may not graduate on the 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, Program Director, and Clinical Preceptor.

Although it is both procedure and practice of this program to offer the utmost 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.

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Print Student Name

Signature

Date

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Program Director

Signature

Date

## **B. Declared Pregnancy Statement**

I wish to inform the Program Director of my pregnancy.

Student Name \_\_\_\_\_

Documentation from a physician regarding the 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.

Print Student Name	Signature	Date
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Program Director	Signature	Date
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## **C. Retraction of Pregnancy**

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

In a previous document, I made the declaration of my pregnancy, dated \_\_\_\_\_. 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 then be in effect.

Print Student Name	Signature	Date
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Program Director	Signature	Date
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## **D. 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 Gannon University's monthly recommendation of 0.3 mSv (millisieverts) [30 mrem (millirem)] in any month, or 3 mSv (300 mrem) for the entire pregnancy, the following points will be reviewed:

1. An explanation for the higher reading, i.e.:
  - a. Dosimeter was 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" (<https://www.nrc.gov/reading-rm/doc-collections/reg-guides/occupational-health/rg/division-8/division-8-1.html>).
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.

## **E. 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 always exercise sound radiation protection practices 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 involving the equipment, turn it off if possible.

If there is serious injury or fire, call Campus Police and Safety (814-871-7777 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 the Program Director does not answer. These directions are posted on the doors of each energized room for your reference.

**Campus phones are located across from the elevators on the Ground floor of Morosky.**

**First Aid Supplies are located in the cupboard above the sink in M022.**

**A Fire Extinguisher is located in the classroom (M021) by the main doors.**

**A Fire Call Box is located at the 9<sup>th</sup> Street entrance of Morosky on the second floor.**

**An AED is located on the 10<sup>th</sup> Street side of Morosky on the first (ground) floor.**

## **F. 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 always exercise sound radiation protection practices. To provide maximum protection against hazards 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 and initial the dosimeter report within 30 days of it being published. The Clinical Coordinator verifies all students understand their results upon the initialing of the report and offers further clarification if necessary. 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 the 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 NRC ALARA I: 1,250 mrem/quarter of deep, whole-body radiation has been set as the limit at which students will have verbal counseling. Students shall not exceed state and federal guidelines for radiation exposure. In the event a reading occurs which exceeds the recommended limit, the following points will be reviewed:
  - a. An explanation for the higher reading, i.e.:
    - i. Dosimeter was worn improperly.
    - ii. Dosimeter placed in an area that will affect its accuracy.
    - iii. Care of patient after a therapeutic dose of radioactivity was given.
    - iv. Dosimeter lost.
  - b. Investigate ways to reduce radiation exposure.
    - i. Reduce participation in exams involving fluoroscopy and portable x-ray.
    - ii. Increase distance from radiation sources.
    - iii. Decrease time spent with patients who have received therapeutic radioactivity.

In the event students exceed the ALARA II limit (2,500 mrem/quarter of deep, whole-body radiation), they will receive written notification and counseling with a root cause analysis performed to determine the reasoning for continued overexposure.
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.

## **G. Radiation Protection Practice 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:  
Gail M Schroeder, M.P.H. RT (R), Program Director or  
Ronald G. Cuzzola, MS, RT(R), MLT, 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.

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Print Student Name

Signature

Date

## V. Clinical

### A. Master Plan of Clinical Education

Clinical education is much different from the traditional classroom instruction to which the student has become accustomed. It takes place in various healthcare 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 in 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 are 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 healthcare 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 new roles 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 for 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 the independent performance of radiographic examinations. Prior to the start of the students' full-time clinical experience, a clinical orientation checklist will be completed. (See Student Handbook p. 64-65) 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 Preceptor 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 Preceptor 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 a radiographic examination under supervision appropriate for their competency level. It is vital that students have 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 Radiologic Science Procedure Log sheet (see student Handbook p. 66-67) is to be turned in on a weekly basis to the appropriate faculty member according to the clinical site Preceptor's preference.** Although the Clinical Liaison/Preceptor and clinical education site attempt to provide you with learning experiences that are compatible with the objectives of 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 whom they deem unfit to represent them to the public. This may be due to the student's 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.

Students are expected to conduct themselves as a professional in the clinical setting. Any behavior which causes a disruption in the flow of work, may result in the student's removal from the clinical setting, disciplinary action, and placement under Clinical Progressive Disciplinary Procedures (p.33 of handbook). Students will be given ONE warning.

### 1. Standard Precautions for Healthcare Workers

- a) Specimens, including blood, blood products, and body fluids, obtained from all patients should be considered hazardous and potentially infected with transmissible agents.
- b) 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.
- c) Gloves should be worn when hands are likely to encounter blood or body fluids.
- d) Gowns, protective eyewear, and masks should be worn when splashing, splattering, or aerosolization of blood or body fluids is likely to occur.
- e) Sharp objects ("sharps") should be handled with great care and disposed of in impervious receptacles.
- f) Needles should never be manipulated, bent, broken, or recapped.
- g) Blood spills should be handled via initial absorption with disposable towels, cleaning the area with soap and water, followed by disinfecting the area with a 1:10 solution of household bleach.
- h) Contaminated reusable equipment should be decontaminated by using heat sterilization, or when heat is impractical, using a mycobactericidal cleanser.
- i) Pocket masks or mechanical ventilation devices should be available in areas where cardiopulmonary resuscitation procedures are likely.
- j) Healthcare workers with open lesions or weeping dermatitis should avoid direct patient contact and should not handle the equipment.
- k) 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).

### 2. 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 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 always maintain the confidentiality of patients. 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. (See Student Handbook p. 33)**

### 3. Related Work Policy

It is not uncommon for students of the Radiologic Sciences program to be gainfully employed at healthcare 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, and student technologist. Students should understand that any employment offered to them by any medical facility affiliated with Gannon University Radiologic Sciences Program is strictly voluntary on their part and is not mandatory for any of the clinical affiliates. Students who accept employment 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 outside of their assigned clinical hours, is NOT eligible to perform ARRT examinations or Gannon Performance Assessment Requirements. If 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.**

### 4. Social Media Policy

Social media is any form of “electronic communication through which users create online communities to share information, ideas, personal messages, and other content” as defined by Merriam-Webster. It encourages Internet-based interactive communication and its platforms include but is not limited to learning management systems (ex: Blackboard Learn), social networks (ex: Facebook, Twitter, Snapchat, Google+), blogs or microblogs, (ex: Tumblr), photo sharing platforms (ex: Instagram, Flickr), video sharing platforms (ex: YouTube), collaborative Internet websites and wikis (ex: Wikipedia), virtual bulletin boards (ex: Pinterest), Internet forums, message boards, or chat rooms.

Gannon University Radiologic Sciences respects the right of students to participate in online social media communications and networking. Popular social media platforms offer a unique, easily accessible fast channel for sharing information electronically. Social media participation, however, creates responsibilities for students. It is imperative that students be conscious of the information and personal views they share electronically via social media platforms. Students must understand how their social media activities can affect the reputations of the individual student, the school, and the clinical agency.

A student enrolled in the Radiologic Sciences Program at Gannon University is expected to:

- a) **Do no harm:** There is no such thing as a “private” social media site. Search engines can reveal posts that have long been forgotten, and this can lead to a multitude of problems for the target and author of the post. DO NOT post any information on any Internet site that can be perceived as threatening or harmful to Gannon University, its students, employees, faculty, administration, alumni, or anyone in association with Gannon University or the Radiologic Sciences Program at Gannon University.
- b) **Maintain confidentiality:** DO NOT, under any circumstances, post confidential or proprietary information about Gannon University, its students, employees, faculty, administration, alumni, or anyone in association with Gannon University or the Radiologic Sciences Program at Gannon University. Use good ethical judgment and follow University policies and federal requirements, such as the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
- c) **Admit mistakes:** Mistakes happen, but if you have posted or been involved in a post that is viewed as harmful, be quick with your correction of that post and assume responsibility for your actions.

- d) Be responsible:** Your postings may be seen by your parents, siblings, roommates, classmates, friends, high school teachers, college professors, University administration, future preceptors, and future employers. Employers are regularly using social media outlets to do background checks on potential employees to gain insight into that individual's employability, including such traits as professionalism, social behavior, work ethic, illegal activities, etc. You represent yourself, your family, and Gannon University with every choice that you make, including social media postings.

## 5. 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 a 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 healthcare 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 ethics 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 cannot 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 lifestyle 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.

## **B. Rules and Regulations**

### **1. Clinical Policies**

Policies, Rules, and Regulations are put into place for the safety of patients as well as to ensure clinical education is of the highest standard. Students are to always observe the following policies and rules. (Note: additional policies and rules may apply from clinical sites and will be evaluated for consequences depending on the severity of the action.) Any failure to comply will result in an Incident Report generated by the Clinical Preceptor and may lead to specific consequences depending on the violation.

#### **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 a clinical assignment that results in a patient, hospital personnel, or personal injury and/or damage to equipment must be reported immediately to the Clinical Preceptor 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 procedures. Incidents will be reviewed and appropriate action, if necessary, will be determined by the program faculty.

#### **Patient/Procedure Identification**

Patients are to be properly identified (double ID) and examination confirmed on all patients to ensure the proper procedures are to be performed on the proper patient with appropriate orders. Pregnancy status will also be appropriately assessed and documented per facility protocol. Prior to any imaging, all patient information should be verified for accuracy. Any discrepancies should be brought to the attention of the students' supervising radiographer. Failure to properly identify the patient, or procedure, not validating orders, imaging the incorrect anatomic part, or assigning images improperly are subject to disciplinary action (see Student Handbook p. 32). These actions will be reflected in the student's professional development evaluation which will affect the final grade.

#### **Acceptance of Images**

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

#### **Repeat Policy**

Once a student has successfully completed a clinical performance assessment, 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. Disregarding this policy will be reflected in the student's professional

development evaluation which will affect the final grade. A pattern of noncompliance with 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 markers will be paid for by the student. If the student loses a marker, a new one **MUST** be purchased **IMMEDIATELY** from the Program Director or Clinical Coordinator, as these are required and readily available for purchase.

#### **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 the clinical time.

**Cell phones and/or Smart Watches are prohibited during clinical education.**

## **2. Clinical Attendance and Vacation Policies**

The daily times of attendance will vary somewhat depending on the clinical assignment. Students will be assigned classroom, laboratory, and clinical activities not to exceed forty (40) hours per week. Students' 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 the attainment of clinical and professional goals and will reflect on the student's performance.

**Failure to report absence or tardiness will result in a deduction of 0.1 from the final grade for each occurrence.**

**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 to leave the clinical site early at the end of the day.

- a) **Tardiness** - Arriving at the clinical site later than the scheduled time is considered tardiness and should be phoned in to the **Clinical Preceptor and Clinical Coordinator**. Any time a student arrives late, he or she should inform the Clinical Preceptor of arrival. Additionally, while students are permitted 1 tardy without penalty per semester, each successive tardy will result in a deduction of .08 from the final grade. **Excessive tardiness may result in disciplinary action as described in the Student Handbook (p. 31).**
- b) **Student PTO & Absenteeism** - Students may have a total of **16 hours of 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 (p. 31).** Absences must be reported to the Clinical Preceptor 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 the student's capability to resume clinical assignments. No partial days of absence are permitted without prior approval by the Clinical Preceptor. **A student deficient in any assignment, as determined by the Clinical Preceptor 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.

- c) **Student Illness/Restriction Policy** - 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 Preceptor. Clinical faculty reserves the right to send a student home if they believe the student may be contagious or unable to continue the clinical assignment. Appropriate medical release may be required to ensure the return to a normal schedule. Should a student become ill for a prolonged time or suffer an accident that limits participation in clinical experience and/or classes, the Program Director should be informed as soon as possible.

**Minor Illness/Restriction:** 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.

**Major Illness/Restriction:** A prolonged time would generally be any incident that restricts the student's participation for longer than three (3) consecutive days. Some illnesses or accidents might prevent the student from participating 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 (see Student Handbook p. 16) which may lead to deceleration 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.

- d) **Need for Health Care at Clinical Education Centers** - If a student becomes ill or is injured while in a clinical education setting the student should:
1. Report to the Clinical Preceptor 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 because of illness or injury.
  2. Report to the Clinical Preceptor 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 the student's ability to resume clinical activities.

- e) **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. Requests 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.
- f) **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.
- g) **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 of 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 this. 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.

### 3. Caring for a Family Member or Patient with Communicable Disease

When caring for patients with communicable diseases (COVID-19, Whooping Cough, Tuberculosis, Hepatitis B, Acquired Immune Deficiency Syndrome, Meningitis, MRSA, VRE, MDRO, CRE, etc.), students must **be directly supervised by a qualified radiographer and will follow the exact procedures (including appropriate PPE & training) established by the clinical site, regardless of the level of competency.**

Any student who suspects exposure to or who has been exposed to any communicable disease must notify the Clinical Preceptor 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 to resume clinical education.

#### **4. Clinical Disciplinary Policy and Corrective Action Procedures**

##### **Reporting:**

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

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

###### **Critical Event:**

1. Wrong patient imaged.
2. Wrong procedure or imaging exam performed on a patient.
3. Invasive procedure performed on the 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 of Critical Event Incident**

1. First event – documentation with counseling, reflection in Professional Development Evaluation.
2. Second event – documentation with a written warning, and 2% drop in final course grade.
3. Third event – documentation with a written warning, and 8% drop in final course grade.  
This may result in clinical probation or separation from the program pending review by the Program Director and Clinical Coordinator.

###### **Major Event:**

1. Not correctly identifying a 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 of Major Event Incident**

1. First event – documentation with counseling and warning.
2. Second event – documentation with a written warning, and reflection in Professional Development Evaluation.
3. Third event – documentation with a written warning, and a 2% drop in final course grade.
4. Fourth event – documentation with a written warning, and an additional 2% drop in final course grade. This may result in clinical probation or separation from the program pending review by the 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 course grade.
3. 5 – 6 errors in a semester – reflected in PD evaluation, 5% reduction in final course grade, & review by the Clinical Coordinator.



**b) Clinical 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 Clinical Coordinator will be immediately notified of this event for evaluation. Documentation of the incident with discussion, remediation, and consequences if any further incidents occur will be made and placed in the permanent student file.

**Level Two:** A second-level warning is the next step in the corrective discipline. The Program Director and Clinical Coordinator will be immediately notified of this event for evaluation and recommendation of further action. Documentation of the incident with discussion, remediation, and consequences if any further incidents occur will be made and placed in the permanent student file.

**Level Three:** A third-level warning involving the same offense, or a variety of offenses will be communicated and documented. Documentation of the incident will be placed in the permanent student file. 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 actions including suspension from the clinical affiliate and/or dismissal from the program, or other actions deemed appropriate by the Program Director.

**Verbal and written warnings are cumulative from one Clinical Radiography course to another.**

**c) Actions Leading to Automatic Suspension**

Some offenses are serious enough to 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 that the student knows or has reason to know that he/she is not competent to perform without appropriate supervision.
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 a Preceptor 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, or unauthorized use of property belonging to any other student, employee, visitor, patient, or clinical site. This includes 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.
20. Leaving clinical premises without permission.

**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.

## 5. Dress Code Policy

Students are required to always present a professional appearance. 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 Preceptor. The student will be considered absent for these hours.

**The following items must be worn or always carried while in the clinical affiliate:**

- a. Official identification badges shall be worn on the uniform such that the student's identity is readily visible.
- b. Radiation monitoring dosimeter to be worn at the collar, uncovered by lead shields.
- c. Clinical Notebook / Bontrager pocket handbook
- d. Markers
- e. Pen with blue or black ink
- f. Watch with second hand.

**Students are required to practice good personal hygiene and always present a professional appearance.**

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 the 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 onto the shoulders or into the face. Hair will be secured with plain black, gray, 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 in the view of patients.
7. Modest jewelry: 2 rings, 1 chain, wristwatches (smart/fit bit watches are not permitted), and plain post earrings (limit 3 earrings per ear). Ear bar piercings and facial piercings are not permitted (this includes clear placeholders). This includes the tongue, nose, eyebrow, and any other piercing on the face.
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 clinical site policy.

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

1. Uniform pants should be worn high enough on the hips so that undergarments 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 **black, gray, 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. Solid color black, gray, or white clinic shoes or tennis shoes. No “Croc” style shoes are 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 ensure a neat, modest appearance. The skin should not show from under uniform shirts or tops, especially when reaching above the head.

## C. Clinical Performance Assessment

### 1. Clinical Performance Assessment System

As required by the ARRT, the program utilizes a performance assessment-based method of clinical education that incorporates not only the 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 the 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. 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 Standard 5.4** (<https://www.jrcert.org/wp-content/uploads/Documents/Resources/Standards-PDFs/2021-Radiography-Standards.pdf>) – the program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer. To demonstrate compliance with this Standard - the radiographer **must be in the room (not at the control panel)** as the repeat image is performed, checking the student’s positioning for accuracy, and **correcting any error prior to exposing the patient to radiation. The common practice of discussing the correction with the student and then remaining at the control panel does not meet the standard. Students have been directed to not take an exposure on a repeat image unless the radiographer is in the room with them and has reviewed and approved the complete repeat procedure. All students must abide by this directive, no matter their status in the program.** The image must be reviewed and approved by the radiographer prior to sending it to PACS.

**Direct supervision is also required until a student achieves competency (Standard 5.4).**

This requires that a qualified radiographer:

1. reviews the procedure in relation to the student’s achievement.
2. evaluates the condition of the patient in relation to the student’s knowledge.
3. **is physically present during the conduct of the procedure** – which means that the radiographer is in the room (not at the control panel) as the procedure is performed, checking the student’s positioning for accuracy so that **any errors can be corrected prior to exposing the patient to radiation**, as well as assuring the correct exposure factors are used.
4. reviews and approved the procedure and/or images. Students are not permitted to review nor approve their images.

**Students must be directly supervised during surgical and all mobile (including mobile fluoroscopy) procedures regardless of the level of competency.**

**Indirect supervision is allowed after a student achieves competency (Standard 5.4).**

This requires that a qualified radiographer:

2. is immediately available to assist students regardless of the level of student achievement.  
“Immediately available” means that the radiographer is physically adjacent (within hearing distance) to the room or location where a radiographic procedure is being performed. This applies to all areas where ionizing radiation equipment is in use on patients, including mobile exams.
2. Qualified radiographer reviews and approves the images. Students are not permitted to review nor approve their images.

Assessment of exams generally occurs during scheduled weeks. However, the clinical educator will direct students in the 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 on the exam. The grade is calculated and discussed with the student after the exam. **(See Clinical Performance Assessment Forms [p. 40-50]) Performance Assessments cannot be taken until the procedure has been covered in the classroom, the exam has been successfully taken, and the demonstration in the lab completed.** Students must receive a minimum grade of “C” (88%) to pass the assessment. 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 with all other performance assessments when the 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 Assessment Requirements document [p. 38-39]**). Demonstration of proficiency must be done without assistance and include all required behaviors of a clinical performance assessment examination. **(See Performance Assessment Forms [p. 40-50])** 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 that the image(s) was/were reviewed with the student for acceptable diagnostic quality. The Clinical Preceptor, Clinical Preceptor 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 [p. 37]**) to be calculated into the student's final semester grade for that specific clinical course. 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 the ARRT examination. This may require the student's clinical education to be extended past the anticipated date of completion of the program.**

## **2. 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 Preceptor 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.

### 3. Procedural Requirements

#### Requirements by Semester

FIRST SUMMER RADS 206	SECOND FALL RADS 216*	SECOND SPRING RADS 226*	SECOND SUMMER RADS 286
<b>Routine Chest</b> <ul style="list-style-type: none"> <li>• pediatric</li> <li>• WC/cart</li> <li>• Geriatric</li> </ul> <b>Hand</b> <b>Wrist</b> <b>Foot</b> <b>Ankle</b> <b>Forearm</b> <b>Elbow</b>	<b>Knee (float)</b>  <b>Abdomen (float)</b> <ul style="list-style-type: none"> <li>• To include erect or decub</li> </ul> <b>Hip (routine) (float)</b> <ul style="list-style-type: none"> <li>• AP/frog lateral</li> </ul> <b>Lumbar Spine (float)</b>	<b>Cervical Spine (float)</b>  <b>Thoracic Spine (float)</b>  <b>Ribs (float)</b>  <b>Shoulder (float)</b>	<b>Terminal Performance Assessment 1</b>  <b>Terminal Performance Assessment 2</b>
<ul style="list-style-type: none"> <li>• 4 performance assessments (chest and any 3 extremities)</li> <li>• 2 PD</li> </ul>	<ul style="list-style-type: none"> <li>• 3 performance assessments</li> <li>• 2 PD</li> </ul>	<ul style="list-style-type: none"> <li>• 3 performance assessments</li> <li>• 2 PD</li> </ul>	<ul style="list-style-type: none"> <li>• 2 Performance Assessments</li> <li>• 1 PD</li> </ul>
10 ARRT req. 6 progress sheets (3 by midsummer)	Minimum: 14 ARRT req., 6 progress sheets (3 by midsemester)	Minimum: 14 ARRT req., 6 progress sheets (3 by midsemester)	Minimum: 14 ARRT req., 6 progress sheets (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.** 24 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.**

#### 4. ARRT Clinical Performance Assessments Requirements

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

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Abdomen Upright	X		X		
Abdomen Decubitus		X	X		
Intravenous Urography		X			
<i>Fluoroscopy Studies - Must select either UGI or Contrast Enema + one other procedure</i>					
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				
Upper or Lower Extremity	X				
<b>Mobile C-Arm Studies</b>					
Manipulation to Obtain > 1 projection	X		X		
Manipulation Around a Sterile Field	X		X		
<b>PEDIATRIC PATIENT (AGE 6 or Younger)</b>					
Chest Routine	X		X		
Upper Extremity		X	X		
Lower Extremity		X	X		
Abdomen		X	X		
Mobile Study		X	X		
<b>GERIATRIC (Age 65 or older, physically, or cognitively impaired as a result of aging)</b>					
Chest Routine	X				
Upper or Lower Extremity	X				
Hip or Spine		X			
<b>GENERAL PATIENT CARE</b>	<i>Mandatory</i>		<i>Eligible for Simulation</i>	<i>Date Completed</i>	<i>Competence Verified By</i>
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		X		
Transfer of Patient	X				
Care of Patient Medical Equip (e.g., IV tubing, oxygen tank, catheters)	X				
<b>TOTALS</b>					

Trauma - serious injury or shock to the body & requires modifications in positioning & monitoring of the patient's condition.
Must complete 36 mandatory procedures, 10 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.

## **D. Evaluation Outcomes**

### **1. Clinical Evaluation Outcomes: General Radiographic Exams**

**Failure to demonstrate the below items results in an automatic failure.**

- \*Correctly identify patient – repeat full name and date of birth.
- \*Incorrect verification of physician order.
- \*Record LMP and/or check for possible pregnancy according to the affiliate's pregnancy policy.
- \*Place the correct left or right marker on the image receptor.
- \* Failure to document clinical history.
- \*Attempted incorrect exam, incorrect body part, incorrect projection.
- \*Incorrect patient or procedure tag.

#### **Patient Care and Communication**

1. Prepare the room and obtain necessary equipment – position the tube, table, and image receptor in general position, the set control panel, provide a clean and orderly area, select, and prepare contrast media as required, if applicable.
2. Interpret the requisition to include: Identifying the procedure, patient name, and date of birth, verifying physician orders with the requisition, and determining the projections required as well as any necessary precautions.
3. Obtain and document appropriate clinical history.
4. Checks for possible pregnancy according to policy.
5. Explain the exam to the patient in age-appropriate language.
6. Check for and remove undiagnostic material from the area of interest.
7. Follow standard precautions.
8. Utilize proper shielding for all persons involved according to clinical site protocol.
9. Ensure patient safety and privacy during the exam.
10. Demonstrate consideration for patient comfort.
11. Complete the exam in an efficient and timely manner.
12. Correctly sets projection tag throughout the exam.

#### **Technical Requirements & Positioning**

1. Select the appropriate IR/detector with the correct orientation if applicable.
2. Utilize proper SID.
3. Position the patient/part correctly.
4. Direct central ray accurately.
5. Align CR, part, and image receptor.
6. Properly collimate.
7. Provide proper instructions.
8. Select & adjust exposure factors as needed prior to positioning the patient.

#### **Image Evaluation**

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



**Gannon University**  
**Assessment for General Radiographic Exams**  
**GANNON/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*

<b>Patient Care &amp; Communication</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>General comments/Reasons for repeats</b>
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				

<b>Exposure Factors</b>	<b>AEC/preset or manual</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						

Gannon University  
Morosky College of Health Professions and Sciences  
Radiologic Sciences

	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

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

## **2. Clinical Evaluation Outcomes: Contrast Exams**

### **Failure to demonstrate the below items results in an automatic failure.**

- \*Correctly identify patient – repeat full name and date of birth.**
- \*Incorrect verification of physician order.**
- \*Record LMP and/or check for possible pregnancy according to the affiliate's pregnancy policy.**
- \*Place the correct left or right marker on the image receptor.**
- \* Failure to document clinical history.**
- \*Attempted incorrect exam, incorrect body part, incorrect projection.**
- \*Screens for allergies to contrast media.**
- \*Incorrect patient or procedure tag.**

### **Patient Care and Communication**

1. Prepare the room and obtain necessary equipment – position the tube, table, and image receptor in general position, the set control panel, provide a clean and orderly area, select, and prepare contrast media as required, if applicable.
2. Interpret the requisition to include: Identifying the procedure, patient name, and date of birth, verifying physician orders with the requisition, and determining the projections required as well as any necessary precautions.
3. Obtain and document appropriate clinical history.
4. Checks for possible pregnancy according to policy.
5. Verify patient preparation, when appropriate.
6. Explain the exam to the patient in age-appropriate language.
7. Check for and remove undiagnostic material from the area of interest.
8. Follow standard precautions.
9. Utilize proper shielding for all persons involved according to clinical site protocol.
10. Ensure patient safety and privacy during the exam.
11. Demonstrate consideration for patient comfort.
12. Complete the exam in an efficient and timely manner.
13. Correctly sets projection tag throughout the exam.

### **Technical Requirements & Positioning (if applicable)**

1. Select the appropriate IR/detector with the correct orientation if applicable.
2. Utilize proper SID.
3. Position the patient/part correctly.
4. Direct central ray accurately.
5. Align CR, part, and image receptor.
6. Properly collimate.
7. Provide proper instructions.
8. Select & adjust exposure factors as needed prior to positioning of the patient.

### **Image Evaluation (if applicable)**

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

**Gannon University**  
**Assessment for Contrast Exams**  
**GANNON/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>	<b>General comments/Reasons for repeats</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>AEC/preset or manual</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						

Gannon University  
Morosky College of Health Professions and Sciences  
Radiologic Sciences

	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

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

### **3. Clinical Evaluation Outcomes: Upper GI Exams**

#### **Failure to demonstrate the below items results in an automatic failure.**

- \*Correctly identify patient – repeat full name and date of birth.**
- \*Incorrect verification of physician order.**
- \*Record LMP and/or check for possible pregnancy according to the affiliate's pregnancy policy.**
- \*Place the correct left or right marker on the image receptor.**
- \* Failure to document clinical history.**
- \*Attempted incorrect exam, incorrect body part, incorrect projection.**
- \*Screens for allergies to contrast media.**
- \*Incorrect patient or procedure tag.**

#### **Patient Care and Communication**

1. Prepare the room and obtain necessary equipment – position the tube, table, and image receptor in general position, the set control panel, provide a clean and orderly area, select, and prepare contrast media as required, if applicable.
2. Interpret the requisition to include: Identifying the procedure, patient name, and date of birth, verifying physician orders with the requisition, and determining the projections required as well as any necessary precautions.
3. Obtain and document appropriate clinical history.
4. Checks for possible pregnancy according to policy.
5. Verify patient preparation, when appropriate.
6. Explain the exam to the patient in age-appropriate language.
7. Check for and remove undiagnostic material from the area of interest.
8. Follow standard precautions.
9. Utilize proper shielding for all persons involved according to clinical site protocol.
10. Ensure patient safety and privacy during the exam.
11. Demonstrate consideration for patient comfort.
12. Complete the exam in an efficient and timely manner.
13. Correctly sets projection tag throughout the exam.

#### **Image Evaluation**

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

**Gannon University**  
**Assessment for Upper GI 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>	<b>General comments/Reasons for repeats</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>PA/AP</b>			<b>RAO</b>			<b>Lateral</b>		
<b>Image Evaluation</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									

Gannon University  
Morosky College of Health Professions and Sciences  
Radiologic Sciences

**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:** \_\_\_\_\_



4.

### Gannon University Terminal Competency

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

Procedure/Exams: \_\_\_\_\_ MRN #: \_\_\_\_\_

**\* Failure to demonstrate starred items results in an automatic failure.**

<b>* Failure to correctly mark an image results in an automatic failure.</b>	<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 the 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. Correct patient or procedure tag</b>	_____	_____

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

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

2.5 points – all the 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 the control panel or exposure factors; correct marker used but not placed as to be visible on the image, results in an 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 a marginally acceptable image.

0 points – an error that results in a 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, a 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)		66 points (9 projections)		72 points (10 projections)	
59 – 98%	51 – 85%	65 – 98%	57 – 86%	71 – 98%	62 – 86%
58 – 96%	50 – 83%	64 – 96%	56 – 84%	70 – 97%	61 – 84%
57 – 95%	49 – 81%	63 – 95%	55 – 83%	69 – 95%	60 – 83%
56 – 93%	48 – 80%	62 – 93%	54 – 81%	68 – 94%	59 – 81%
55 – 91%	47 – 78%	61 – 92%	53 – 80%	67 – 93%	58 – 80%
54 – 90%	46 – 76%	60 – 90%	52 – 78%	66 – 91%	57 – 79%
53 – 88%	45 – 75%	59 – 89%	51 – 77%	65 – 90%	56 – 77%
52 – 86%		58 – 87%	50 – 75%	64 – 88%	55 – 76%
				63 – 87%	54 – 75%

**Conversion scale:**

96% - 100% = A

88% - 95% = B

75% - 87% = C

70% - 74% = D

**Comments:**

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

## E. Professional Development

### 1. Professional Development Overview

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 Outcomes [p.51-52]). 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 [p.53-57]**).

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 GPAs 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 is found on the forms (p. 53-57)**. The scale for conversion of final quality point averages to the final letter grade is as follows:

3.91 – 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 – 2.99	= B-
2.5 – 2.79	= C+
2.0 – 2.49	= C
1.8 – 1.99	= C-
1.0 – 1.79	= D
0.0 – 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 Preceptor's Midsemester Professional Development grade
- 60% Clinical Preceptor'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 Preceptor's Final Professional Development grade

## **2. Professional Development Outcomes**

### **Patient Care / Communication / Basic Comfort**

1. Speak professionally in an audible tone of voice, clearly and distinctly.
2. Maintain confidentiality of all information related to the patient.
3. Explain the 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 the 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 the preparation of a patient for the 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 the control panel prior to positioning the 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, and performs exams in an orderly way to increase patient comfort.
2. Correct marker choice.
3. Correct placement of the 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 the position of the body part.
3. Accurate evaluation of collimation as seen on the image.
4. Accurate evaluation of visualization and placement of the marker.
5. Accurate evaluation of the relationship between body part, CR, and IR.
6. Evaluation of exposure indices, 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. Accepts and profits from suggestions and corrections.
3. Recognize the supervisory role of the technologist during an assignment.
4. Use of time to enhance clinical skills.
5. Willingness to accept his / her share of caseload.
6. Respectful communication with staff and other students.
7. Participate in procedures and positioning.
8. Appropriate use of positioning notebook.
9. Adherence to the Dress Code as outlined in the Student Handbook.

3.

**Gannon University**  
**Clinical Performance Progress (Clinical Radiography 3, 4, 5, 6)**

**NAME:** \_\_\_\_\_ **ASSIGNMENT:** \_\_\_\_\_

**M** - The student does this **MOST OF THE TIME** (95% - 100% 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, deviation index or S-value indicates under/overexposure.
- \_\_\_\_\_ Sets control panel accurately without use of preprogrammed techniques.

**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, does not waste time.
- \_\_\_\_\_ Accurate follow through on assigned tasks.
- \_\_\_\_\_ Appropriate use of positioning notebook.
- \_\_\_\_\_ Adherence to the Dress Code as outlined in the Student Handbook.

**Comments:**

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

4.

**Gannon University**  
**Professional Development Evaluation by Clinical Preceptor (Clinical 3, 4, 5, 6)**

NAME \_\_\_\_\_ Clinical course: \_\_\_\_\_ Circle: Mid-term / Final

**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.

<b>Patient Care / Communication / Basic Comfort</b> (5%)	<b>SCORE</b>
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 technique & 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 exposure factors if exposure index, deviation index or S-value indicates under/overexposure 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. \_\_\_\_\_

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**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. \_\_\_\_\_
9. Adherence to the Dress Code as outlined in the Student Handbook \_\_\_\_\_

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

<b>Grading Scale</b>	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 Preceptor:** \_\_\_\_\_ **Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## F. Clinical Semester Grade Sheets

### 1. RADS 206, 216, 226

**GANNON UNIVERSITY RADIOLOGIC SCIENCES GRADE SHEET  
RADS 206, 216, 226**

NAME \_\_\_\_\_ DATE \_\_\_\_\_ SEMESTER \_\_\_\_\_

#### CLINICAL COMPETENCY EVALUATIONS:

Percent	Letter Grade	GPA
(1) _____ %	_____	_____
(3) _____ %	_____	_____
(4) _____ %	_____	_____
(5) _____ %	_____	_____
(repeat) _____ %	_____	_____
(repeat) _____ %	_____	_____

**CC average GPA:** \_\_\_\_\_ x .1 = \_\_\_\_\_

#### PROFESSIONAL DEVELOPMENT EVALUATIONS:

**CLINICAL PRECEPTOR MID-SEMESTER:** Letter Grade \_\_\_\_\_ `GPA \_\_\_\_\_ x .3 = \_\_\_\_\_

**CLINICAL PRECEPTOR FINAL:** Letter Grade \_\_\_\_\_ `GPA \_\_\_\_\_ x .6 = \_\_\_\_\_

<b>Final Grade:</b>	Clinical Competency	Weighted GPA	_____
	CP Midsemester PD	Weighted GPA	_____
	CP Final PD	Weighted GPA	_____

**Total:** \_\_\_\_\_ = \_\_\_\_\_ **Final grade**

Grading Scale: 3.91 – 4.00 = A+  
3.80 – 3.90 = A  
3.75 – 3.79 = A-  
3.50 – 3.74 = B+  
3.00 – 3.49 = B  
2.80 – 2.99 = B-  
2.50 – 2.79 = C+  
2.00 – 2.49 = C  
1.80 – 1.99 = C-  
1.00 – 1.79 = D  
0.00 – 0.99 = F

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Radiologic Sciences

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Student Signature

Date

---

Clinical Preceptor Signature

Date

---

Clinical Coordinator Signature

Date

## 2. RADS 286

### GANNON UNIVERSITY RADIOLOGIC SCIENCES GRADE SHEET RADS 286

NAME \_\_\_\_\_ DATE \_\_\_\_\_ SEMESTER \_\_\_\_\_

#### CLINICAL COMPETENCY EVALUATIONS:

Percent	Letter Grade	GPA
(1) _____ %	_____	_____
(2) _____ %	_____	_____
(repeat) _____ %	_____	_____
(repeat) _____ %	_____	_____

CC average GPA \_\_\_\_\_ x .3 = \_\_\_\_\_

#### PROFESSIONAL DEVELOPMENT EVALUATIONS:

CLINICAL PRECEPTOR: Letter Grade \_\_\_\_\_ GPA \_\_\_\_\_ x .7 = \_\_\_\_\_

Final Grade: Clinical Competency Weighted GPA \_\_\_\_\_

Clinical Preceptor PD Weighted GPA \_\_\_\_\_

**Total:** \_\_\_\_\_ = \_\_\_\_\_ **Final grade**

Grading Scale: 3.91 – 4.00 = A+  
3.80 – 3.90 = A  
3.75 – 3.79 = A-  
3.50 – 3.74 = B+  
3.00 – 3.49 = B  
2.80 – 2.99 = B-  
2.50 – 2.79 = C+  
2.00 – 2.49 = C  
1.80 – 1.99 = C-  
1.00 – 1.79 = D  
0.00 – 0.99 = F

---

Student Signature

Date

---

Clinical Preceptor Signature

Date

---

Clinical Coordinator Signature

Date

## G. Checklists

1.

### Gannon University Checklist for Surgery

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

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

General	Yes	No	N/A
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.			

Demonstrate operation of C-arm			
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.			

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

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

Comments:

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

2.

**Gannon University**  
**Checklist for Sterile Tray Set-up**

**Exam:** \_\_\_\_\_

**Student:** \_\_\_\_\_ **Week of:** \_\_\_\_\_

**Clinical Site:** \_\_\_\_\_

	YES	NO	N/A
Evaluation of request			
Set room up for fluoro			
Ensure Detector is ready for imaging			
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			
Assist patient with moving			
Inform patient of post-procedure instructions			
Fill out necessary paperwork as per procedure			
Follows standard precautions			

\_\_\_\_\_PASS \_\_\_\_\_ FAIL

Comments:

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

**GANNON UNIVERSITY RADIOLOGIC SCIENCES**  
**RADS 206 CLINICAL RADIOGRAPHY 3 – Clinical Orientation**

**Student Name:**

**H. Forms**

**1. Clinical Orientation**

	UPMC Hamot	INT	SVH	INT	MMC	INT	MCH	INT
Id badges	Gannon		Gannon		Gannon		Gannon	
Clinical Schedule	Gannon Clinical Site		Gannon Clinical Site		Gannon Clinical Site		Gannon Clinical Site	
Timecard Sheet	Gannon		Gannon		Gannon		Gannon	
Clinical Labs	Clinical Site		Clinical Site		Clinical Site		Clinical Site	
Clinical Performance Assessments	Gannon Clinical Site		Gannon Clinical Site		Gannon Clinical Site		Gannon Clinical Site	
Clinical Semester Requirements	Gannon		Gannon		Gannon		Gannon	
Department Standard Protocols	Clinical Site		Clinical Site		Clinical Site		Clinical Site	
Parking Options	Clinical Site		Clinical Site		Clinical Site		Clinical Site	
Lockers/Security of Personal Items	Clinical Site		Clinical Site		Clinical Site		Clinical Site	
RIS/HIS System	Clinical Site		Clinical Site		Clinical Site		Clinical Site	
Emergency Procedures: Trauma Alert, Code Blue, Code ____, Fire Safety, etc.	Clinical Site		Clinical Site		Clinical Site		Clinical Site	
Oxygen and Suction	Clinical Site		Clinical Site		Clinical Site		Clinical Site	
Waste Management / Hazardous Materials	Clinical Site		Clinical Site		Clinical Site		Clinical Site	
Clinical clearance Requirements	Gannon		Gannon		Gannon		Gannon	
CPR Certification	Gannon		Gannon		Gannon		Gannon	
Clinical Modules	Gannon		Gannon		Gannon		Gannon	
Standard Precautions	Gannon Clinical Site		Gannon Clinical Site		Gannon Clinical Site		Gannon Clinical Site	
Student Handbook	Gannon		Gannon		Gannon		Gannon	
Tour of department/hospital	Clinical Site		Clinical Site		Clinical Site		Clinical Site	



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**Form to be kept in Student File.**

I understand all aspects of orientation and if I do not, I know I need to ask the Clinical Instructor or Department Supervisor for clarification.

Comments:

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

[illegible]

[illegible]

**3. Clinical Timecard**

## Gannon University Radiologic Sciences

Semester: \_\_\_\_\_  
RADS: \_\_\_\_\_

Clinical Site: \_\_\_\_\_  
CLINICAL RADIOGRAPHY: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE IN OUT				DATE IN OUT			
SUN				SUN			
MON				MON			
TUES				TUES			
WED				WED			
THUR				THUR			
FRI				FRI			
SAT				SAT			
SUN				SUN			
MON				MON			
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THUR				THUR			
FRI				FRI			
SAT				SAT			

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	DATE	IN	OUT		DATE	IN	OUT
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SAT				SAT			

## VI. Professional Organizations

Students are highly encouraged to join and participate within national and state professional organizations to continuously enhance their knowledge, skills, and education, as well as become advocates for the profession. Gannon University Radiologic Sciences encourages all students to be continuous learners throughout their professional careers. Membership in these organizations is highly encouraged.

### A. National

ASRT (American Society of Radiologic Technologists) <https://www.asrt.org/>

- The American Society of Radiologic Technologists is the world's largest and oldest membership association for medical imaging technologists and radiation therapists. Founded in 1920, the ASRT now has more than 156,000 members. Its business office is in Albuquerque, N.M.
- The mission of the American Society of Radiologic Technologists is to advance and elevate the medical imaging and radiation therapy profession and to enhance the quality and safety of patient care.
- ASRT strives to be the premier professional association for the medical imaging and radiation therapy community through education, advocacy, research, and innovation.
- The ASRT's mission remains the same today as when Ed Jerman founded the society in 1920 – to give radiologic technologists the knowledge, resources and support they need to provide quality patient care. The ASRT accomplishes its mission through the following:
  - Meetings. The ASRT conducts three national meetings annually. Each June, the ASRT Annual Governance and House of Delegates meeting is where delegates set direction for the Society and the profession. Each fall, ASRT conducts a Radiation Therapy Conference in conjunction with the annual meeting of the American Society for Radiation Oncology. Educational courses at this conference focus on radiation therapy and medical dosimetry. The ASRT also sponsors an educational track called ASRT@RSNA in conjunction with the annual meeting of the Radiological Society of North America.
  - Publications. The ASRT publishes two peer-reviewed research journals. The award-winning bimonthly journal Radiologic Technology keeps readers informed about advances in technology and patient care. It also offers ASRT members the opportunity to earn continuing education credit through its Directed Reading program. Radiation Therapist, published twice a year, focuses on technical advances in radiation oncology. It, too, features a Directed Reading program. ASRT Scanner is the society's member magazine. Through its in-depth reporting, Scanner helps members stay up to date on the issues that affect them and their profession. In addition, the ASRT operates a website, <https://www.asrt.org>, which contains news, information about the profession, educational material for patients and a variety of professional resources for radiologic technologists.
  - Career Resources. The Society tracks members' CE credits and issues an annual report that can be submitted to a certification agency as proof of continuing education. It conducts regular salary surveys of the profession, providing valuable information about income levels and trends. It also operates an internet-based employment service, the ASRT JobBank®, through which technologists can conduct nationwide job searches. And the ASRT provides radiologic technologists with top-quality educational materials covering every practice area, from pediatric radiography to cancer pain management.
  - Advocacy and Representation. The ASRT monitors and responds to all state and federal legislation that affects the profession. It is working with other radiologic science organizations to establish federal minimum standards to ensure that patients receive the best care possible. The ASRT also educates the public about the role of registered radiologic technologists in providing quality patient care, sponsoring National Radiologic Technology Week® each year to raise awareness about the profession.

- Professional Issues. The ASRT works with the profession's accreditation and certification agencies to develop and revise educational curricula, implement entry-level standards for the profession and establish practice guidelines. The ASRT also helps recruit students to careers in radiologic technology, works with equipment manufacturers to help implement technological change, and represents the profession in the governmental, educational and research arenas. The Society has been instrumental in the development of the radiologist assistant, a new career level for radiologic technologists. The first educational program for radiologist assistants opened in 2003 and the first graduates were certified as radiologist assistants in 2005.
- Student membership comes at a drastically reduced rate. Other advantages of student membership include Exam Preparation Resources, Study Tools, Research basics, Student Leadership Development Program, Digital Publications, Career Planning, ASRT Job Bank, and more. For more information on student membership, visit: <https://www.asrt.org/students>.

## **B. Home State**

Example: PSRT (Pennsylvania Society of Radiologic Technologists)

- Pennsylvania applied for affiliate status on April 5, 1941 and was chartered on November 12, 1941.
- Original name of the society – PA society of X-ray Technicians; Renamed PA Society of X-rays Technologists
- Present name and title 2006-present
- Benefits of membership:
  - Earn CE credits
  - Earn CQR credits
  - Convenient VIRTUAL and in-person conference options
  - Learn from qualified and diverse speakers
  - Networking with other Pennsylvanian students and technologists
  - Learn of new medical imaging opportunities and jobs
  - Free ASRT membership awarded to selected individuals
  - Students
  - Scholarship
  - Techni-bowl
  - Poster competition
  - Cash rewards and giveaways
  - Technologist rewards and recognition
  - Technologist of the Year Award
  - PSRT app job portal page
  - Keep up to date on the latest Pennsylvania licensure and medical imaging news
  - Opportunities to volunteer and get more involved in state medical imaging issues
  - Discover new medical imaging vendors and the latest in medical imaging technology
  - Have your voice heard in your professional society

Your state of residence should have their own society as well. Be sure to join and become a part of these professional communities.

### **C. Lambda Nu**

Lambda Nu (LN) is a national honor society for the radiologic and imaging sciences.

- Its objectives are to:
  - Foster academic scholarship at the highest academic levels.
  - Promote research and investigation in the radiologic and imaging sciences.
  - Recognize exemplary scholarship.
- Lambda Nu's name is derived from the lower-case Greek characters in the formula  $\lambda\nu$ , which represents the physics of the inverse relationship between wavelength and frequency an essential parameter across the diversity of modalities comprising the professions.
- Lambda Nu uses the upper-case Greek characters Lambda and Nu to represent the inverse relationship and delicate balance required between the art and the science inherent in the radiologic and imaging sciences.
- Lambda Nu's colors are:
  - Maroon for the radiologic and imaging sciences
  - Green for the health professions
  - Gold the ancient color of honor

Gannon University is recognized as the Pennsylvania Alpha Theta Chapter of Lambda Nu.

- Radiologic and imaging sciences students, alumni, and faculty qualify for membership according to the following standards:
  - Professional course GPA 3.3 or higher after two full time semesters of a professional program.
  - Dues for students shall be a one-time fee of \$50 for registration and issuance of an individual membership certificate, as well as a deposit for honor cords and membership pin awarded on graduation day.
  - Faculty members actively teaching at the institution (full time, part time, adjunct, or guest faculty).