Good Samaritan
School of Radiography

Student Handbook

Reviewed / Revised each year since 2002
Latest Review / Revise date: 5/2017
# TABLE OF CONTENTS

Handbook Purpose .................................................................................................................. 8  
Program Description ............................................................................................................... 8  
Program Officials ................................................................................................................... 9  

Good Samaritan

- Organizational Chart ........................................................................................................... 10  
- Mission & Vision Statements ............................................................................................... 11  
- Statement of Quality ........................................................................................................... 11  
- Radiology Department Scope of Service ............................................................................. 12  
- Radiology Department Philosophy ..................................................................................... 12  

Program Mission Statement ................................................................................................. 12  
Program Outcomes & Goals .................................................................................................. 13  
Non-Discrimination Policy Statement .................................................................................. 14  
Confidentiality Statement ..................................................................................................... 14  
Practice Standards and Code of Ethics .................................................................................. 15  
Conviction of a Felony or Misdemeanor .............................................................................. 15  
State Ethical Eligibility .......................................................................................................... 16  
Criminal Background Check ................................................................................................ 16  
Drug & Alcohol Testing ......................................................................................................... 16  
Advanced Placement for Radiographer Education .............................................................. 17  

**Program Policies and Procedures**

- Attendance Policy and Procedures ..................................................................................... 22  
  - Program Contact Information ......................................................................................... 24  
  - Absences / Tardies ........................................................................................................... 24  
  - Make Up Course Work ................................................................................................... 25  
- Inclement Weather Policy ................................................................................................... 26  
- Bereavement Leave ............................................................................................................. 27  
- Medical Leave of Absence Policy .................................................................................... 28  
- Medical Leave of Absence - Return Check List ............................................................... 29  
- Temporary Disability Policy .............................................................................................. 29  
- Program Semester Breaks & Holidays ............................................................................ 30  
- Sickness or Accidents ......................................................................................................... 30  
- Reporting Incidents ........................................................................................................... 31  
- Automobile Parking and Operations ............................................................................... 32  
- Telephone Calls ............................................................................................................... 32  
- Electronics ........................................................................................................................ 33  
- Smoking and Tobacco Free Policy ................................................................................... 33  
- Visitors ................................................................................................................................ 33
Clinical Policies and Procedures

Clinical Guidelines .................................................................................................................. 61
Student Scope of Practice ........................................................................................................ 61
ISDH Student Permit ................................................................................................................. 62
Liability Insurance .................................................................................................................... 62
Personal Appearance ................................................................................................................ 62
Student Dress Code ................................................................................................................... 63
Health and Safety Policy ......................................................................................................... 65
Clinical Phone Numbers .......................................................................................................... 68
Class / Clinical Schedule ........................................................................................................ 69
Clinical Supervision Policy ..................................................................................................... 70
Good Samaritan Radiology Department Collimation of Images Policy .................................. 72
Good Samaritan Radiology Department Marker Policy ........................................................ 73
Student Transportation of Patients ........................................................................................ 73
Clinical Rotation Outside of GSH Radiology Dept. ................................................................. 73
Contrast Media Injection/Venipuncture Policy ........................................................................ 74
Radiation Exposure .................................................................................................................. 75
Radiation Monitoring ............................................................................................................. 75
Pregnancy Policy ..................................................................................................................... 76
Radiation Guidelines – Pregnant Students ............................................................................ 77
Magnetic Resonance Safety ..................................................................................................... 77
Clinical Competency Evaluation Program (CCEP) .............................................................. 79
Positioning Lab Curriculum .................................................................................................... 80
Procedure Practice Guidelines (with Direct Supervision, III) .............................................. 80
Clinical Competency Evaluation Description (IV) .............................................................. 82
Procedure Practice Guidelines (with In-Direct Supervision exceptions) [F] ....................... 82
Competency Distribution ....................................................................................................... 83
Clinical Grade Assessment (V) .............................................................................................. 84
Procedures for Obtaining Clinical Competency (VI) ............................................................ 85
Clinical Evaluation Description Guidelines (VII) ............................................................... 85
Counseling Descriptions (VIII) .............................................................................................. 87
Records (IX) ......................................................................................................................... 87
Course and Instructor Evaluations (X) .................................................................................. 88
Competency Charts

ARRT Competency Chart ........................................................................................................ 89
General Patient Care Competencies ...................................................................................... 90
Clinical Forms

Daviess Community Hospital Orientation Checklist ----------------------------------------- 91
Gibson General Hospital Orientation Checklist ------------------------------------------ 92
Lawrence County Memorial Hospital Orientation Checklist ------------------------------ 93
Richland Memorial Hospital Orientation Checklist ------------------------------------- 94
Good Sam Clinical Education Transport Checklist ---------------------------------------- 95
Good Sam Clinical Education Office/Registration Checklist ----------------------------- 96
Good Sam Clinical Education CT Checklist --------------------------------------------- 97
Good Sam Clinical Education Special Procedures Checklist ---------------------------- 98
Good Sam Clinical Education MRI Checklist --------------------------------------------- 99
Good Sam Clinical Education Surgery Checklist ---------------------------------------- 100
Clinical Education Performance Objectives ------------------------------------------- 101
Good Sam Modality Observation Objectives ------------------------------------------ 102
Clinical Education Evening Performance Objectives ---------------------------------- 103

Evaluation & Competency Forms

Clinical Education Performance Evaluation ------------------------------------------ 105
Clinical Education Technologist/Rotation Evaluation ------------------------------- 107
Clinical Education Performance Evaluation Special Procedures ---------------------- 109
Clinical Instructor Evaluation Form ----------------------------------------------- 111
Examination Competency Form -------------------------------------- 113
Contrast Media Injection Competency Evaluation ----------------------------------- 115
Good Sam Routine Projections for Competency ------------------------------------- 117
DCH Routine Projections for Competency ------------------------------------------- 119
GGH Routine Projections for Competency ------------------------------------------ 121
LCMH Routine Projections for Competency ----------------------------------------- 123
RMH Routine Projections for Competency ---------------------------------------- 125

Appendix

Appendix 1 Standard of Ethics ----------------------------------------------------- 129
Appendix 2 Practice Standards ---------------------------------------------------- 131
Appendix 3 Hospital Safety --------------------------------------------------------- 135
  Fire Procedure – (GSH) RED ALERT ----------------------------------------------- 135
  Tornado Warning – (GSH) GRAY ALERT --------------------------------------------- 136
  Bomb Threat – (GSH) ----------------------------------------------------------- 137
  Earthquake Response Plan – (GSH) ----------------------------------------------- 138
  Code Strong (GSH) ------------------------------------------------------------- 139
  Armed Intruder Response Plan (GSH) --------------------------------------------- 140
  Code Blue ------------------------------------------------------------------- 140

Appendix 4 Incident Report Form ------------------------------------------------- 141
<table>
<thead>
<tr>
<th>Appendix 5</th>
<th>Marker Reorder</th>
<th>143</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 6</td>
<td>MRI Safety Screening Sheet</td>
<td>144</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>Good Sam Radiology Dept. Organizational Chart</td>
<td>145</td>
</tr>
<tr>
<td><strong>INDEX</strong></td>
<td></td>
<td>147</td>
</tr>
</tbody>
</table>
PURPOSE OF HANDBOOK
This handbook is provided to orient all students to the program functions, rules and regulations, policies and procedures and assist new students in becoming acquainted with Good Samaritan’s Radiography Program. It is to be used as a reference for the Clinical Instructors and technologists working with students at each clinical site. Certain situations may necessitate the Radiography Program Faculty to modify or to amend these functions, rules and regulations, policies and procedures. Any changes will be communicated to you through memorandums and/or distribution of the revised pages of the Student Handbook. Each student should keep this handbook as a ready reference for questions, which may arise during their enrollment in the program. Reviewed 1/6/17; Revised 5/15

PROGRAM DESCRIPTION
Good Samaritan offers individuals interested in a career in Radiography the opportunity to become certified technologists through its 24-month hospital based Radiography Program, founded in 1956. The Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 North Wacker Drive, Suite 2850, Chicago, Illinois 60606-2901, (312) 704-5300, email: mail@jrcert.org, website www.jrcert.org.

The Program prepares the individual to assume responsibilities and duties of a Radiographer with ability and confidence. The Program integrates academic, technical and human relation aspects of an individual’s education to enable them to perform significant work in the profession.

Didactic courses are taught on the Good Samaritan campus with the students routinely rotating through several clinical sites during the 2-year program for hands-on instruction. This enables the student to broaden their experience and skills.

Through an articulation agreement with Vincennes University (VU), Vincennes, Indiana, Program courses are recognized as college courses and radiography students enrolled at VU are awarded college credit for all program courses. For students seeking to earn an Associate in Science-Radiography degree through this program, enrollment in VU is required. Rev. 5/15; reviewed 8/15
PROGRAM OFFICIALS

The faculty and staff of the Radiography Program consist of men and women who possess special qualifications of knowledge and experience in the field of Radiology and Healthcare. The instructors have additional professional preparation for teaching and participate in continuing education and workshops to update their professional skills.

President / CEO – Good Samaritan
Robert McLin

Chief Operation Officer – Good Samaritan
Matt Schuckman, MBA

Director of Radiology – Good Samaritan
Mark E. Schafer, MHA, R.T. (R)

Education Coordinator / Good Samaritan
Marsha L. Cox, M.S.R.S., R.T. (R)(M)

Clinical / Didactic Instructor / Good Samaritan
Sherry L. Sloan, B.A., R.T. (R)(CT)

Clinical / Didactic / Lab Instructor / Good Samaritan
Joel W. Blakley, B.A., R.T. (R)

Clinical Instructor / Gibson General Hospital
Beth McGraw, R.T.(R)

Clinical Instructor / Daviess Community Hospital
Christine Lane, R.T. (R)(CT)

Clinical Instructors / Lawrence County Memorial Hospital
Debra S. Miller, R.T. (R)(M)(CT)
Karin L. Isham, R.T. (R)(M)(CT)
Lindsey N. Miller, R.T. (R)(M)(CT)

Clinical Instructors / Richland Memorial Hospital
Megan Taylor, RT(R)(M), RDMS (AB OB/GYN), RVT(VT)
Abby Kessler, RT(R), CNMT
Galen Schwartz, RT(R)

rev. 1/6/17; revised 1/17
GOOD SAMARITAN MISSION & VISION STATEMENTS

Good Samaritan’s mission statement: “Provide excellent health care by promoting wellness and healing through trusting relationships.”

The vision statement: “To be recognized as the regional center of excellence for health and wellness.”

GOOD SAMARITAN STATEMENT OF QUALITY

The primary goal of Good Samaritan is the delivery of high-quality patient care. Quality is defined as meeting or exceeding the requirements and expectations of our patients, physicians, and employees.

- For patients, this encompasses responsive clinical care and compassionate treatment;
- For professional staff, this implies a practice environment that promotes effective and efficient care;
- For employees, this indicates a rewarding work environment that facilitates the achievement of personal and professional goals.

We have a long-standing commitment to quality patient care with a vision to continually improve services. To maintain this goal, we believe:

- The delivery of high quality healthcare has and will remain the fundamental purpose of Good Samaritan.
- Continuous quality improvement will enhance productivity and the economic viability of the hospital.

Further, in order to demonstrate the goals of continuous quality improvement, emphasis will be placed upon:

- The improvement of patient care processes;
- Teamwork, involving all employees and professional staff, recognizing our interdependence.
- Education programs and the use of analytical measurement to accurately determine progress in attaining our goals.
GOOD SAMARITAN RADIOLOGY
DEPARTMENT SCOPE OF SERVICE

Good Samaritan is a 120-bed hospital that serves a rural area with a referral base of approximately 200,000 including the surrounding 10 counties. This population consists of a full range of ages with the majority being geriatric from various socioeconomic backgrounds. Within its overall scope the Radiology Department is fully equipped to handle all ages in all modalities. The Radiology Department also provides health care through five satellite offices. Board certified Radiologists provide patient care services to include neuro-radiology and interventional angiography procedures. We have Registered Nurses, Registered Radiologic Technologists, and transporters; along with a well trained office staff. Many of the technologists are specially trained in the modalities of MRI, Ultrasound, CT, Nuclear Medicine, Interventional and other modalities.

RADIOLOGY DEPARTMENT PHILOSOPHY

The Radiology Departments’ philosophy is based on that of the Good Samaritan Hospital premise that quality health services will be provided to the public and will improve the health care in our service areas. It is believed that optimum care will be performed in accordance with:

1. Established Standards of Professional Practice
2. State Licensing Laws
3. Moral and Ethical Principles
4. Highest Quality of Diagnostic Procedures available

It is believed treatment of all with dignity, compassion, courtesy and respect are required and that recognition of the worth of the individual employee and his/her growth and development not only adds to personal and professional fulfillment, but contributes to the improvement of patient care and attainment of the overall objectives.

Reviewed 1/17; revised 1/17

RADIOGRAPHY PROGRAM MISSION STATEMENT

The Mission of the Good Samaritan Radiography Program in Vincennes, Indiana is dedicated to the preparation of highly qualified Radiographers to meet the need of the health care community.

Rev. 2/15; revised 5/15
RADIOGRAPHY PROGRAM GOALS

1. Students will be clinically competent.
2. Students will demonstrate problem solving and critical thinking skills.
3. Students will have grown and developed professionally.
4. Students will demonstrate communication skills.
5. Program will assure overall program effectiveness.

Program Goals & Outcomes

Goals are what students are expected to learn from this program.
Outcomes are criteria that will be used to measure goals.

1. Students will be clinically competent.
   a. Students will manipulate equipment competently.
   b. Students will position patients appropriately.
   c. Students will demonstrate proper radiation protection practices.
2. Students will demonstrate problem solving and critical thinking skills.
   a. Students will be able to respond to changes in the patient’s status and needs.
   b. Students will be able to perform multiple exams on a single patient in a logical sequence.
3. Students will have grown and developed professionally.
   a. Students will wear appropriate uniform.
   b. Students will arrive on time at clinical.
4. Students will demonstrate communication skills.
   a. Students will give appropriate instructions to the patient.
   b. Students will appropriately communicate patient information to the physicians.
5. Program will assure overall program effectiveness.
   a. Students will complete the Program.
   b. Graduates will pass the ARRT registry Examination on their first attempt.
   c. Graduates will have obtained employment in Radiology within 6 months of completing the program.
   d. Graduates satisfied with how well the Program prepared them for a career in Radiology.
   e. Employers satisfied with the quality of the graduates from the Radiography Program.
NON-DISCRIMINATION POLICY STATEMENT

In the normal course of day-to-day operations, complaints and problems in connection with equal rights might arise. The Radiography Program intends to deal fairly with all students, faculty, and staff members regarding equal rights. The following policy statement has been adopted:

“The Radiography Program in accordance with Title VI, Title VIII, Title IX, and Section 504 of the Rehabilitation Act of 1973, does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or handicap in its treatment of students and employees.”

The Radiography Program, in accordance with the above policy statement, wishes to afford every opportunity to address these complaints and problems in a prompt and equitable manner. It is essential and highly important that every attempt be made to solve complaints and problems that arise as quickly and fairly as possible. The successful solution to these problems should be accomplished at the informal grievance level whenever possible. However, in the event a mutually satisfactory outcome is not attained at this point, a definite means of appeal to a higher level of authority is provided through a formal grievance procedure.

Every student, faculty, or staff member has the right to file a civil rights complaint directly with the Office for Civil Rights, Atlanta, Georgia. Students, faculty, and staff members may use this procedure without fear of prejudice or reprisal.

Good Samaritan Radiography Program is an “EQUAL EDUCATIONAL OPPORTUNITY INSTITUTION”

CONFIDENTIALITY STATEMENT

Students, in the course of their education, will come into contact with confidential information related to clinical assignments, employees, classmates, and patients, as well as financial and administrative. Such confidential information may be acquired from written records, documents, ledgers, internal verbal correspondence and communications, and computer programs and applications.

All information obtained by virtue of the student’s position in the Radiography Program must be held in strict confidence and should not be divulged or disclosed except to those persons in the hospital or educational setting who have the “Need to Know” directly or indirectly. Any confidential information acquired during the course of the student’s education is to be maintained in confidence, both, during and after enrollment.
Unauthorized use of computer terminals for any purpose is prohibited. Any student who accesses or attempts to access computer information that is not within his/her scope of responsibility will be subject to disciplinary action.

In the event that a student breaches any provision of this statement, Good Samaritan has the right to reprimand, suspend and/or terminate enrollment in the Radiography Program.

Radiographers and all support staff of a Radiology Department who participates in the education of the Radiography students, must hold any student evaluation information in strict confidence.

CODE OF ETHICS AND PRACTICE STANDARDS

Radiologic Technologists and Radiologic Students are governed by a set ethical code and standard of practice. These support the policies and procedures found in this program. They are included in this handbook to give guidance to the student technologist in the expectations and guidelines for perfecting their skills as a radiographer.

➢ The American Registry of Radiologic Technologists (ARRT) maintains the Code of Ethics. See Appendix 1 for further details.

➢ The American Society of Radiologic Technologists (ASRT) maintains the Practice Standards for our profession. See Appendix 2 for further details.

Both documents are sizable; therefore, only abridged versions are included in Appendix 1 and 2. Information on the location of these documents in their entirety may be found in these Appendices.

CONVICTION OF A FELONY OR MISDEMEANOR

Completing this program of study does not guarantee eligibility to sit for the national certification examination. American Registry of Radiologic Technologist (ARRT) reserves the right to review any applicants’ background to determine eligibility. A conviction of, or a plea of guilty to, or a plea of nolo contendere to a crime which is either a felony or a misdemeanor must be reviewed by the ARRT in order to determine eligibility for Registration in accordance with the ARRT Standards of Ethics. To determine eligibility you will need to contact the ARRT at (651) 687-0048 for a Pre-Application Form to see if you would be eligible to take the National Certification Examination upon completion of the Program. The ARRT does charge a fee for this review. If you have a conviction or deferred adjudication in your background, this review should be done as soon as you have been accepted into a program or earlier in the application process.
STATE ETHICAL ELIGIBILITY

Indiana is a licensure state. Therefore, all students are required to have a student Permit for Radiography and as a technologist a license is required to practice radiography in the state.

The Indiana State Department of Health will need to review the circumstances surrounding any conviction or deferred adjudication to determine licensure eligibility as well. You may contact the radiology licensing department at 1-317-232-2980 or online at http://www.in.gov/pla/3121.htm

CRIMINAL BACKGROUND CHECK

Upon acceptance into the program each student will have a criminal background check completed under the hospital’s policy through the GS Human Resources department. Any criminal activity found will be reviewed by the hospital’s Human Resources department and a determination if the individual may continue in the program will be made.

DRUG/ALCOHOL TESTING

Good Samaritan Policy 717.0

Good Samaritan Radiology Program follows the guidelines for Drug and Alcohol testing as stipulated in the Policy 717.0 of the Good Samaritan employee policy and procedures handbook. The following is an abbreviation of the policy for this handbook. The full policy can be found on the hospital’s intranet under “P&P” and on pages 41 - 43 of this handbook.

1. All applicants offered a seat in the upcoming class will pass the initial drug/alcohol test to be eligible for a seat in that class.
2. Initial Drug/Alcohol testing will be the responsibility of the student and completed before Program Orientation through a designated lab/company. Fees will be the students’ responsibility.
3. Results will be placed on file with the GS Human Resources department and will be kept in the GS School of Radiography Program office in the student’s permanent file.
   o All clinical sites will receive a copy of the student’s results in accordance with each sites Human Resources department protocol.
ADVANCED PLACEMENT FOR RADIOGRAPHER EDUCATION

https://www.arrt.org/Education/Advanced-Placement

The ASRT Radiographer’s Practice Standards includes: Educating and monitoring students and other health care providers. The Program Mission is dedicated to the preparation of highly qualified Radiographers to meet the need of the health care community. (ASRT: https://www.asrt.org/docs/default-source/practice-standards-published/ps_rad.pdf?sfvrsn=2)

Advanced Placement is designed to provide a pathway to ARRT certification and registration eligibility for individuals who have previously completed an educational program not accredited by a mechanism recognized by the ARRT or who have completed an accredited program but who are no longer eligible for certification and registration due to unsuccessful examination attempts or expiration of their eligibility time period (ARRT). Good Samaritan offers individuals in these situations the opportunity to become certified Radiologic Technologists through Advanced Placement. Educational programs that offer advanced placement opportunities are identified on ARRT's list of recognized programs.

Who can qualify for Advanced Placement?

There are several situations that may warrant Advanced Placement; such as:

- Received their professional education in a country without an accreditation mechanism that is recognized by the ARRT at the time of program completion.

- Are no longer eligible under ARRT's three-attempt, three-year rule.

- Received their radiologic technology education more than five years ago, which makes them ineligible under ARRT's three-year rule. NOTE: Candidates graduating from an educational program beginning January 1, 2013, will have three years to establish eligibility for ARRT certification and registration, as opposed to the five years that is available to those who completed their program by December 31, 2012.

Advanced placement requires assessment of the individual’s current didactic knowledge in radiography and clinical skills in order to determine the need for additional coursework.

How does a program decide whether candidates are qualified for advanced placement?

The program director and/or faculty must evaluate the individual's current knowledge and skills using the same didactic and clinical competency evaluation methods employed for regular students. It is not enough to just review and evaluate an individual's transcripts, course descriptions, and letters of recommendation.
• Didactic competency evaluation *generally involves the administration of written examinations to assess whether an individual has mastered the subject matter.* Completion of the final exam for each radiologic technology course is a minimum requirement.

• Clinical competency evaluation *involves actual performance of radiologic technology procedures.* Assessment of clinical skills and procedure competency must follow the same evaluation criteria utilized in the program and as specified in ARRT’s competency requirements.

Is the academic degree requirement applicable to candidates that complete advanced placement programs?

Yes, Candidates completing an advanced placement program after January 1, 2015, *must have earned an associate degree or higher from an institution accredited by an agency recognized by ARRT.* Degrees earned outside of the United States must be evaluated by a Department of Education recognized credential evaluation company to determine equivalency.

How do advanced placement students apply for certification and registration?

When the program determines that an individual has met all requirements, he or she is ready to apply to ARRT.

  o Advanced-placement candidates complete and submit the standard application.
  o Advanced-placement applications must also include a completed advanced placement form from the program director.

Advanced Placement (AP) at Good Samaritan Hospital Radiography Program

• Advanced Placement will involve a *minimum* of a 1 year commitment to accomplish the requirements set by ARRT.

• Advanced Placement (AP) students will be assessed for didactic courses in Patient Care and Positioning & Procedures (I-III) through testing prior to clinical placement.

  o Mock registry exam(s) must score 70% or above; ultimately, 80% for completion
  o Course assessments will score at 70% or above

• AP students will show basic competency for all procedures studied and assessed during Lab sessions.

• AP students will be provided orientations to the hospital as well as department equipment.

• AP students will be provided a clinical schedule suited to the students’ needs for completion.

• AP students will rotate through various departmental areas in order to obtain required ARRT competencies.
AP Students will work under Direct Supervision on all procedures until competency is shown. Once competency is shown on an exam, student will be allowed to work under Indirect Supervision on that exam.

Each ARRT competency (52 per ARRT) must be completed successfully (see CLINICAL COMPETENCY EVALUATION PROGRAM).

Orig. 4/15; Rev. 1/17
Program

Policy & Procedures
ATTENDANCE POLICY / PROCEDURES

Regular attendance and punctuality are expected of all students. A student’s school attendance record can affect his/her continuation within the program and may have a positive or negative impact on initial employment opportunities. Students shall assume responsibility for regular attendance, completion of all missed assignments and examinations, and completion of all required competencies in a timely manner. Students are required to remain involved in patient procedures until exam completion or until appropriately relieved, this may require you to stay a little past your designated clinical day timeframe.

1. Students shall be treated equally and fairly in terms of their attendance throughout the Radiography Program. A standardized attendance accounting procedure is used.

2. The regular weekly schedule will be no more than 40 hours per week, consisting of class and clinical hours. Each day will be approximately 8 hours but not more than 10 hours.

3. At the discretion of the instructor, students sleeping in class will be counted absent for all or part of the class period.

4. When arriving or leaving the clinical areas, students will be required to:
   - Sign in and out electronically via E*Value clocking system.
   - This includes Lunch periods but not short 10 minute breaks.
   - Entries will be reviewed by the supervising Clinical Instructor, Didactic Instructors and Program Education Coordinator. Approvals will be granted and time accrued for the student.
   - Clocking in early does not allow the student to leave early. Students should not clock in earlier than 10 minutes of their appointed schedule without prior authorization.

5. The student is required to take a lunch.
   - Days scheduled for 4 hours or more a lunch is required.
     - On class days: an approximate 1 hour lunch break; timeframes will be determined by class schedules and instructors.
     - For clinical rotation days: 30 minutes, lunch should be taken between 11:00 and 1:00 (Day shifts) & 5:00 and 7:00pm (Evening shifts), depending on the work load of the department.
     - Tardies for late returns from lunch will be counted as any other tardy.
     - No working through lunch and leaving early. Students will clock out and in for lunch.

6. The Program recognizes that there are times when a student must be absent. Documentation to substantiate the occurrence may be requested of the student.
For Absences longer than seven days associated with hospitalization, surgery or illness, the GSH Policy: 709.00 RE-EVALUATION AFTER HOSPITALIZATION, SURGERY, AND/OR ILLNESS SEVEN DAYS OR LONGER

Any employee who has been hospitalized, had surgery, or who has been ill for seven days or longer shall have a complete re-evaluation by the hospital health physician prior to returning to work. A written release from the employee’s [student’s] physician is also required.

7. Students are expected to keep absences to a minimum and may be asked for verification of illness or of personal emergency. It is preferred that students schedule doctor’s appointments, etc. during semester breaks whenever possible or clinical hours.

8. A Notification of Schedule Change/Absence form must be completed for any days that the student needs to pre-schedule time away from the regular program day. This eliminates the need to call in for absences. Also, this form is to be used as written notification of the students’ request for a clinical schedule change. This is not an automatic approval for the time off or schedule change, only notification of request. NOTE: If a Notification of Schedule Change/Absence form has not been completed, students are required to notify the program officials 30 minutes prior to the start of each of their scheduled days missed.

9. The student shall notify the Education Coordinator (Program Office) and Clinical Instructor of assigned clinical area or Course Instructor(s) of the absence as well as give a reason for the absence; before the thirty (30) minute window prior to the start of clinical or class sessions. Calling in for Tardies and leaving early is still required.

10. If you are unable to directly contact the Education Coordinator at the Program office, you should:
   a. Leave a message on the program’s office voice mail and
   b. Contact the clinical supervisor (clinical instructor) of the clinical area you are assigned or the course instructor(s), as appropriate.
   c. Additional communication method to Education Coordinator: send text message (include your name) to the email address: mcox@gshvin.org or radeduc@gshvin.org

IMPORTANT NOTE: if you are unable to speak with anyone directly on your first attempt, you are to call back until you do speak with someone. Equipment problems: you should make a second call to be sure the message was received correctly.

10. Students will be excused 5 times, each academic year, for calling in within the (30) minute window prior to the start of clinical or class. At the sixth time and all additional times during the year, the student will be counseled and he/she will have a written disciplinary
report completed and placed in their file for each occurrence. These will count toward the total 4 reports for the program.

a. Failure to call in (No Call, No Show) will automatically result in a Written Disciplinary Report. A “No Call” applies to absences, early departures, and tardies.

b. Upon receiving four (4) Written Disciplinary Reports during the entire program length, the student may be dismissed from the program. (NOTE: Disciplinary reports can be for infractions other than attendance.)

11. No student will call in for another student.
   a. A parent, guardian, or spouse may call in when the student is too sick or injured and unable to call in for themselves.

PROGRAM THE FOLLOWING PHONE NUMBERS INTO YOUR CELL PHONE!

PROGRAM CONTACT INFORMATION

Program Numbers:

Marsha Cox, Program Education Coordinator 812-885-8011
Joel Blakley, Clinical/Didactic Instructor 812-885-3698
Sherry Sloan, Didactic Instructor 812-885-3733
Good Samaritan Radiology Depart. Admin. Assistant (Bonnie) 812-885-3287
GS Radiology Department Viewing Area 812-885-3734
GS MCV Radiology 812-885-8000

For additional clinical site phone numbers: see Clinical section of this handbook.

12. Absences shall be recorded for all time missed (class and clinical) with the following exceptions:

   ▶ Professional organizational conference, Military leave, Bereavement leave as described in policy
   ▶ Approved, additional off-campus courses taken
     • Signed, Off-Campus Course Attendance Verification form required for each month of class during program hours.
   ▶ Pre-approved meeting with academic advisor, financial aid/WorkOne advisor, etc. at the University with documentation signed by the University’s representative.
   ▶ Pre-approved radiology job interviews (during the last semester of the program).
     • Two 8 hour days will be allowed for use of radiography job interview purposes only.
     • Students may split these into 4 hour blocks or use as an 8 hour block, as needed.
Signed, Off-Campus Attendance Verification form required for each interview.

**NOTE:** Meetings with University officials or job interviews should be scheduled during times that will not interfere with Didactic classes, whenever possible.

13. **Tardiness** will be logged and rounded to the next highest 1/4 hour (15 mins. or 0.25 hours). Ex.: arrive at 7:01am: Student will have 15 minutes (0.25 hrs) added to missed time, at 7:16am – 30 minutes will be added.

- Tardy time will be added to time missed according to this formula.
- Excessive tardiness may result in the completion of a Disciplinary Counseling Report.
- Students found outside of their clinical rotation area without approval: a minimum penalty of 0.25 hours will be added to their missed time.
- Returning late from lunch or breaks will result in a tardy (minimum of 0.25) added to accumulated missed time.
- Failure to clock in or out with supervisor verification of attendance will result in a minimum of 0.25 added to missed-time accumulated; **without verification: the day will be marked as an absence.**
- **NO MAKE UP TIME.**

14. **Missed Time**

- Students will be allowed 16 hours per semester to be used to cover time missed during the term due to illness, appointments, etc. without a penalty incurred.
  - Late arrivals and early departures (>1 hour) will each be counted as individual occurrences and the actual time will be subtracted from the 16 hours.
  - Absences > 1 hour equals actual time subtracted from 16 hours/term
  - If these exceed the 16 hours, the grade penalty will be given.

- 3 Tardies will be counted as an individual occurrence. Three occurrences will be counted and documented as a full absence of 8 hours and subtracted from the 16 hours. (3 tardies x 3 occurrences = 9 tardies or 8 hours)
  - 3 tardies (< = 1 hour) = 1 occurrence
  - 3 occurrences = an 8 hour absence

  - Documentation errors (missed clocking, wrong rotation or instructor, etc.) will be given a minimum of 0.25 hours (15 minutes) for each occurrence. These will be counted as tardy occurrences and accrue as described above.

- **Penalty**
  - 3% from total final grade for each increment of 16 hour absences, early departures or > 1 hour late arrival or subsequent 3 tardy occurrences after the first 16 hours missed per term will be subtracted.
  - A review of your missed time will be used to determine whether clinical or didactic grade will be penalized.

9/2016
Make-up course work. It is the student’s responsibility to contact the instructor(s) on the day he/she returns to school (or before) to arrange for make-up coursework. Make-up work not turned in by the time designated by the instructor(s) shall receive a score of “0”. Make-up of examinations or other instructional activities may require extra hours as arranged by the instructor(s).

INCLEMENT WEATHER POLICY

Inclement weather due to snow, ice, flooding, etc., may create road conditions that pose a travel risk. While students are urged to make a reasonable attempt to report for class and/or clinical assignments, common sense must rule. Be watchful of all reporting avenues for information. The Program’s policy concerning inclement weather is as follows:

► Students are encouraged to use their own judgment on days the road conditions are questionable for their particular location or clinical site area and should make every effort to arrive safely as soon as possible.

► **Weather-related absences or tardies must be reported like any other occurrence.**

► Students deciding to miss the day and stay home will incur an absence for the day if the school is not closed.

► Students should not seek counsel from program faculty regarding road conditions.

Consult the following:

State hotline numbers:  
Indiana Road Conditions 1-800-261-7623  
Illinois Road Conditions 1-800-452-4368

Other Suggested Contacts:  
IN Road & Weather [http://www.in.gov/isp/2332.htm](http://www.in.gov/isp/2332.htm)  
Knox County Sherriff 812-882-7660  
Davies County Sherriff 812-687-7200  
Gibson County Sherriff 812-385-3496

IL Road Conditions [http://wrc.gettingaroundillinois.com/pages/wrc.htm](http://wrc.gettingaroundillinois.com/pages/wrc.htm)  
Lawrence County Sherriff 618-943-2346  
Richland County Sherriff 618-395-7481

► In the event the hospital/program declares a particular day a **Weather Day**, students will *not* incur a tardy for delayed arrival (up to 2 hours). **This will be determined by Good Samaritan Human Resources Director** (per GS P&P 801.0).

► Early departures will be at the discretion of the Clinical Instructors/Didactic Instructors and Education Coordinator. Clinical Instructors are to report their approval for departure via email or telephone to the Program office.

► Clinical rotation start times will not alter. **However, tardies may not be incurred if GSH determines the day a weather day and allows delayed arrivals without penalty.**
• Classes that normally begin at 8 am will begin as soon as a majority of the class has arrived (Instructor discretion).
• Classes that begin at 9 am or later will begin on time (Instructor discretion).
• Clinical students on an evening shift:
  o If road conditions present an increasing hazard, an early departure to allow for a safer return home may be granted by Clinical Instructor/Supervisor, Department Director or Education Coordinator without penalty. CI’s and Directors are to communicate this to Program Coordinator.
  o If road conditions have improved or are no longer hazardous, student should remain until the end of the regular shift.
  ➢ If it would be safer traveling to a clinical site closer to the students’ home rather than to their assigned site; the Education Coordinator must be consulted and approval obtained before proceeding to the alternate clinical site.
• It is the students’ responsibility to call their assigned site and alternate site to keep them informed of changes.
  ➢ If the county in which the student resides or travels during his/her daily commute issues a Level III weather-related state of emergency (No travel), the student will not incur an absence for the duration of the emergency. (Documentation may be requested.)
  ➢ The Program reserves the right to suspend school activities due to extreme weather conditions.
  ➢ BE ADVISED: If absences or tardies occur and no weather related event is called, Attendance Policy will apply.  

BEREAVEMENT LEAVE

GS Policy 628.00
Bereavement leave is to provide a student with time to grieve and to attend the funeral of a family member or to handle associated personal affairs. Students are allowed 1 – 3 days for bereavement leave as follows:
  ➢ 3 days for immediate family member (Mother, Father, Spouse, Child, Sister, Brother, Grandparents)
  ➢ 1 day for other family members (Aunt, Uncle, Cousin, Nephew, Niece)
  ➢ Students may take bereavement time for other family members or friends; however, that time will be considered as an absence and will be added to time missed.

Education Coordinator reserves the right to ask the student to supply the name and relationship of the deceased and the name of the Funeral Home that handled the arrangements.  

Rev. 2/15; revised 5/15
MEDICAL LEAVE OF ABSENCE

In the event of extended illness or injury of more than a few days to a couple of weeks, the student may choose a one year Medical Leave from the program pending review and approval by the GS Education Coordinator of the Radiography Program, GS Clinical Instructors, and GS Director of Radiology.

It is the policy of the GS Radiography Program to provide a Medical Leave of Absence to the student for up to one year in length due to an incapacitating injury or illness. This medical leave of absence is also available to the pregnant student who has officially declared their pregnancy and wishes to take a medical leave of absence. The student will be required to:

➤ Provide **required**, written **Physician documentation of necessity for extended absence** specifying the injury or condition.

➤ Sign a Program Medical Leave of Absence Agreement.

➤ Pay any outstanding or up coming tuition, activity and book fees according to the financial agreement signed by the student.

  o **If the student fails to pay any outstanding tuition, activity and book fees by the specified date they will be taken off of Medical Leave and automatically withdrawn from the program.**

➤ **Stay in contact with Program Coordinator** via postal mail, phone or email

  o Communicate any change in condition, contact information, or intentions of remaining in the program.

➤ **Upon returning from Medical Leave:**

  o Provide a written release from their physician,

  o Be evaluated by the GS Health Clinic physician to be able to return to school and clinical rotations.

➤ The student would resume enrollment at the beginning of the term in which the student took medical leave. This allows the student the opportunity to complete the required Program courses and competencies successfully. Program may require re-assessments of skills and retained knowledge of the student to be able to move forward in the Program curriculum.

  o **Showing continued competency of exams performed prior to the medical leave may be required** (Demonstration of chosen procedures by GS Program Coordinator &/or GS Clinical Instructor).

  o **Successful completion of a comprehensive exam over materials previously passed** may be required.
As specified at the time of return, complete the curriculum according to the guidelines of the GS Radiography Program and the clinical education and competency requirements according to ARRT guidelines.

**Medical Leave of Absence - Returning Student Checklist**

Steps Student take for Returning from Medical Leave of Absence

1. Complete all private physician visits and obtain documentation from physician stating:
   - Clearance or release to return to school
     - must include date(s)
     - Copy is to be provided to Program Coordinator & GS Employee Health clinic
     - Also, see GS Employee Health Clinic Doctor for screening and clearance to return to classes and clinical rotations

2. Complete a Vincennes University admissions application as a previous / re-applying student.
   - Students may be removed from VU and need to re-enroll in the college.

3. Re-activate MyVU account

4. Check your student account for any holds on the account and contact the appropriate office to resolve any account holds.

5. Make sure all financial aid requirements (FAFSA) are completed and processed with VU, so disbursements will be handled in a timely manner.

**TEMPORARY DISABILITY POLICY**

If a student incurs a temporary disability or condition affecting program participation, the student shall immediately report this to the GS Education Coordinator. Temporary disability or condition is defined as fractured bones, back injuries, communicable disease or any other injury or condition that could prevent the student from safely continuing the educational schedule or endangers the patients or other members of the program of a short duration.

- A physician’s statement specifying the disability will be necessary at the time of the declaration of the disability.
- Physician’s statement releasing the student will be necessary before the student will be allowed to return to the classroom or clinical setting.
  - Assessment by the GS Employee Health clinic physician is also required.
- Any time missed for the disability or condition will be counted as missed time and will have consequences according to the attendance policy.
  - The grade penalty may be altered.
If the temporary disability or condition causes the student to be unable to continue with their didactic and/or clinical education, the student may take the option of the Medical Leave. If a student incurs a temporary disability or condition as defined above, the Education Coordinator will make reasonable effort to accommodate the student as long as it does not jeopardize the educational credibility of the program or the safety of the patient, staff, or students.

PROGRAM SEMESTER BREAKS and HOLIDAYS

All Students in the GS Radiography Program are allowed approximately 280 hours scheduled time off during each academic year. (Based on an 8 hour day)

1. The program has established scheduled breaks each year as follows:
   - Fall Break (October) – 1 week
   - Christmas/New Years Holiday – ~2 weeks
     - Break length is dependent on the actual day of the Christmas and New Years holidays
   - Spring Break (March) – 1 week
   - Summer Break (May) – 2 weeks
   - End of Summer (August) – 1 week
2. The program offices will be closed on the following holidays:
   - Memorial Day; Independence Day; Labor Day
   - Thanksgiving Day both Thursday and Friday;
   - Christmas Day; and New Years Day

SICKNESS OR ACCIDENTS

In case of sickness or accident while on campus (GSH or alternate clinical sites), the student will report immediately to the instructor or supervisor.

- If immediate first aid is needed, a qualified staff member will assist the student.
- If more than basic first aid is need, the student is referred to or taken to the GS Health Office or comparable office at off-site clinical locations.
- If life-threatening or of unknown etiology, the student will be taken to the Emergency Room.
- If the student is found to have a communicable disease that would compromise the patients, staff, or other students, he/she will be referred to Employee Health Service for clarification of patient contact limitations and eligibility to return to the clinical environment and/or classroom.
Students will be responsible for any expense associated with medical care they may receive due to the sickness, accident or injury from ER visits, medications, personal physician or clinic visits, etc. GSH Employee Health clinic visits are free of charge.

**In Clinical Setting** – The Clinical Instructor or Clinical Supervisor takes care of each situation by administering first aide, take the student to the facilities’ Health Office, or take the student to the Emergency Room as described above. Once the student has been treated, the student shall report to the Clinical Instructor or Clinical Supervisor and an incident report will be filled out.

**The incident report is to be completed on the day of the incident.** In a timely manner, a copy of this report is to be forwarded to the program office to be placed in the students’ personal file. If the report is only in electronic form and can not be forwarded, the student will complete a report of the incident; include all details of the incident, dates, times, etc and signature. *(Incident Report form is located on the GS Radiology Program Intranet page and appendix of this handbook.)*

**REPORTING INCIDENTS**

Any student involved in an incident during Program hours (involving themselves, a patient or any other individual), regardless of how minor, must report the incident to the Clinical Instructor and/or supervisor in the area *and* the Program Education Coordinator.

An incident report form is to be completed and kept on file in the Hospital’s Database for each incident. *An incident occurring at any of the “away” clinical sites are to follow the policy of that site, as well as informing the Program Education Coordinator of the incident.*

- The incident report includes all pertinent information regarding the incident: individual(s) involved, work station, witnesses, safety conditions and any other condition relative to the incident.
- This report is to be sent to the Program office to be placed in the student’s file.
- If the report is only in electronic form and can not be forwarded, the student will complete a report of the incident; include all details of the incident, dates, times, etc with signature *(Incident Report form is located on the GS Radiology Program Intranet page and in this book’s appendix)*; have the clinical supervisor sign the report. The student will return it to the Program Office to be placed in their student file.
- Students will be responsible for any expense associated with medical care they may receive due to the incident or injury.

*Rev. 1/17; revised 11/16*
AUTOMOBILE PARKING AND OPERATION

Students are to park in specified hospital employee parking lots. Student cars shall be parked in any parking area designated for hospital employees only.

NOTE: Due to construction at GS, parking lots designated for student/employee parking may be changed as needed.

► Students are not to park in the visitor parking lots at the main entrance, physicians’ parking lot, Health Pavilion parking lot, or any designated handicapped spaces at any time while on campus as a student.

► NO parking at the Welch Building or Community Health Services (Lots 22 & 24).

► You should not park on the public streets in front of residences or businesses.
  o At the business’ request, GS Security or other law enforcement request, automobiles will be towed at your expense if parked in a posted area, block a driveway or if your vehicle is parked illegally.
  o GSH Security and Senior Administration staff monitors all lots and surrounding streets and will inform Program Education Coordinator of violators.

► Your cooperation is expected in complying with parking and speed regulations around the hospital grounds. This is for the safety of all concerned.

► No matter how minor; ANY AUTOMOBILE ACCIDENT on hospital property MUST BE REPORTED to the Program Education Coordinator and Hospital Security.  

Parking at Vincennes University (VU)

Per the articulation agreement between GS Radiology Program and the college, GS Radiology students are provided a parking tag for the VU campus.

► Please wait for confirmation from the Program Education Coordinator before visiting the VU Campus Police to obtain your tag.

TELEPHONE CALLS

Telephone calls may only be made or received during breaks and at lunch time, except in the case of an emergency. Inform your family, friends, etc. that you are not to be called during class time or at your clinical sites between the hours of 730am and 430pm day shift. All emergency calls should come through the Program office at 812-885-8011; if no answer, leave a message and call the Radiology Department Secretary at 812-885-3287. In the event that an emergency call is received, the student will be located to receive the call or the message as rapidly as possible. Students on evening rotations can be reached through the respective radiology departments (DCH or GSH). Unauthorized use of long-distance phone calls from hospital or program phones is prohibited and could result in immediate dismissal from the program.
ELECTRONICS

1. **Cell phones, iPads, Kindle readers, etc. are not permitted during class or in the clinical areas.** Turn off all electronic devices during class/clinical times and store in the students’ assigned locker. These may be checked during the student’s break and lunch time.
   
a. **At the discretion of the instructor:** Laptops, iPads, Kindle readers, etc. may be used in the classroom during lecture times only as a learning enhancement for the student and not used during testing without instructor’s order.

b. Students will be reminded to put away cell phones during class and clinical one official time. **At the next occurrence, the student will receive a documented verbal warning. For each subsequent occurrence a discipline report will result and the student will be requested to leave clinical or class for the remainder of the day, attendance policy applies. Four written discipline reports will result in dismissal from the program.**

2. **Internet use of hospital computers is restricted to hospital or Program business only.**

   Students found violating this will incur a verbal warning for the first infraction and a written disciplinary report for future violations; only 4 disciplinary reports are allowed during the 2 year program.

   *Rev. 1/17 revised 5/12*

**SMOKING / TOBACCO FREE POLICY**

*Tobacco use is prohibited on all Good Samaritan campuses and associated clinical sites.* This is in accordance with the standards set by The Joint Commission (JC) and community leaders desiring to promote a healthier environment for employees, visitors, volunteers, patients, medical staff, guests, vendors and outside service personnel. Our clinical sites have also followed this standard and have become smoking/tobacco free facilities.

Use of neighboring property as a smoking facility is not condoned. Show respect to other’s property, do not stand in alleyway, driveway or sidewalk in front of neighboring properties to smoke off GSH property.

*Rev. 1/17; revised 1/17*

**VISITORS**

Visitors to the Radiography Program classroom are welcome. Visitors should have the approval of the Education Coordinator or Clinical / Didactic Instructor prior to visiting the classroom.

*Students are not allowed to bring children with them to class or clinical as a means of childcare.*

Occasionally, visitors are accompanied through the program by members of the staff. Students should continue their work without concern when classes are entered by an individual or group.
Students are not allowed to visit other areas of the hospital unless their school activities cause them to be there or it has been approved through the Education Coordinator, Clinical Instructor and/or the Department Director of the area the student is interested in visiting.

Clinical Observations
Clinical observations are scheduled for interested High School students and for perspective students for the Program. Anyone requesting a clinical observation in the Radiology Department at Good Samaritan will complete the GS observation packet paperwork and provide documentation of a recent, negative, TB test. For observations during flu season (September through March), documentation of a current influenza immunization is required before observation. Applicants are to schedule observation time through the Program office.

WITHDRAWAL FROM PROGRAM
If a student decides to withdraw from the program:
- The student is to report to the GS Program Education Coordinator in order to clear all records.
- The student will complete the Withdrawal from Program form and state reasoning for leaving the program.
- The Education Coordinator will counsel the student and provide assistance as needed. If a specific situation has caused a problem, the program officials will try to resolve or improve the situation in order for the student to maintain status in the program.
- All Hospital Property must be returned and lockers must be emptied. (ID Badges, locker keys, dosimeter, borrowed resource books, etc)
- Students will be expected to settle all financial obligations to the program.
- Failure to attend class is not an official withdrawal and will result in the assignment of a grade of ‘F’.

RIGHT OF ACCESS TO STUDENT RECORDS
A student enrolled in the Radiography Program has access to his/her official records and data and the right to deny others access to those records as set forth in Section 438 of the Family Education Rights and Privacy Act of 1974 (FERPA).

TRANSFER OF CREDITS
The Good Samaritan Radiography Program does not accept transfer students or part-time students; advanced placement students will be considered on a case by case basis. An Advanced Placement student is one who has completed a radiography program and has credentials in another country.
and wishes to sit for the ARRT certification exam in the US or someone who has used all their ARRT test attempts and need to go through the program again to complete ARRT testing. Pre-testing is required and will be administered by GS Radiography Instructors to determine materials comprehension.

Transfer of credit from the GS Radiography Program to another radiography program will be granted upon approval of the GS Radiography Program Education Coordinator and the acceptance and meeting the requirements of the radiography program to which the individual desires transfer.

A graduate, who wishes a transcript for all courses completed while in the Program sent to a university or college, must sign a transcript release form at the Good Samaritan Program office. Acceptance of credits is at the approval of the university or college.  

**TEXTBOOKS AND PROGRAM PATCHES**

Textbooks are purchased through the GS Radiography Program office.

- A book list is furnished at the time of enrollment to be used as a course check list.
- The books are required for each course and must be purchased by the student. *There is no refund on the purchase of books.* Book fee is paid through Vincennes University bursar office. Statements will be issued one month prior to due date.
- All textbooks for the entire program will be distributed at the beginning of the Program.

Program patches are available in the Program office at $5.00 each; two will be provided the student at orientation.

**STUDENT SERVICES**

The Good Samaritan Radiography Program offers the students the following services:

- Access to Employee Health Office Services
- Liability Insurance coverage (Clinical)
- Discounts on medications (at GS Pharmacy) & Cafeteria meals
- Various types of counseling from the Mental Health Services which cover things such as personal issues, grief, etc.
- Limited Internet access for school projects and college email access
- GS Fitness Center
- Security
- Free: TB skin testing & Influenza vaccine (seasonally)
  - Hepatitis B vaccination (optional, may incur cost)
- Free Parking at GS campus and all clinical sites

 Included in the Articulation Agreement between Good Samaritan and Vincennes University; the University has agreed to offer their campus services to the Radiography Students *such as*:
Dorm Housing & Emergency shelter in inclement weather emergencies
Access to University Library and computer labs
Free parking at the VU campus
In-state tuition for the additional courses taken at VU while they are in the Program, even if the student resides out of state.
Financial Aid

LIBRARY / LEARNING RESOURCES

Students are encouraged to use the program library. The library is available when the classroom is open. Journals (magazines) do not leave the library. However, articles from journals may be copied in the program office.

No book is to be removed from the library without informing a program instructor. A library check-out sheet is maintained by the program faculty. The normal checkout period is for one week. Book checkouts may be renewed for more than the designated time, if needed. However, the program instructors reserve the right to recall the book if it is in demand by other students or an instructor.

Students may also use the Good Samaritan Medical Library which is located on the 7th Floor of the Columbia Towers. Internet access is also provided for scholarly research in the Radiography classroom, the Hospital’s Medical Library and the Vincennes University Library. Use of the Internet access for purposes other than program related academic inquiry is expressly restricted and abuse can result in termination from the program.

Other learning resources available to the students include but not limited to the following:

- Disarticulated Skull
- 2 Articulated Skeletons
- 1 Disarticulated Skeleton
- AED for training purposes
- Stethoscopes
- CPR Manikins
- Blood Pressure Cuffs
- Anatomical Phantoms
- Teaching Files (x-rays, images)
- Videos
- Procedure Slides

STUDENT LOCKERS

Each student is provided a locker located outside the Radiography Classroom as well as locker space in the GS Department of Radiology.

- Keys for GS lockers will be distributed and signed for in the hospital Engineering Office.
- These lockers are provided for storage of textbooks and personal items.
- Do not store perishable items or food in the lockers.
- Do not affix items to the interior or exterior surfaces of the locker.
- A replacement fee will be charged for lost keys.
The student lockers will remain the property of the hospital, and as such, will remain accessible to hospital security staff or law enforcement.

Any items stolen must be reported to the Education Coordinator and Hospital Security.

Locker Space is not provided at the other clinical training sites, i.e. Daviess Community Hospital, Gibson General Hospital, Richland Memorial Hospital and Lawrence County Memorial Hospital. A secured area is available for all valuables to be stored while on their premises.  Rev. 2/15; revised 5/15

CLASS OFFICERS

The first and second year classes each have a Class Representative for various activities throughout the two years of the program. Class representatives are elected using nomination and vote by the respective class members in July of each year. During July of the second year, a new election for the representative will be conducted. The representative from the first year may be re-elected. In the event the representative resigns the position, leaves the program for any reason, or is asked to resign by either students or faculty, a new election will take place to fill the position.

Role / Duties:  Senior Class Representative – Contact for ISoRT

Both Junior & Senior Class Representatives –

➤ Attend the Advisory Committee meetings;
➤ Attend applicant interviews (optional);
➤ Organize fundraisers;
➤ Liaison between Program officials and the represented students (Program Officials: instructors, program coordinator and advisory committee members), and opposite class representative.

FIELD TRIPS

Instructors may arrange field trips with administrative approval to various conferences and educational seminars. These field trips are optional, but are generally beneficial to the student. An instructor accompanies students on all field trips.

➤ The program requires a signed statement by students assuming their own liability for actions while on field trips.
➤ Students are expected to conduct themselves in a manner reflecting a positive program image.
➤ Students who elect not to attend a field trip will follow the regular class and/or clinical schedule.
➤ Transportation to and from conferences, seminars or associated program functions is at the student’s own expense and risk

rev. 5/05; reviewed 5/08
COUNSELING

Each student will receive a progressive academic counseling report for each course with each returned exam. The student will also receive a progressive counseling report for the clinical aspect at the end of the fall and spring terms (Clinical Instructor Evaluation).

Counseling is available to meet the needs of each student.

- If a student has an academic or clinical problem, the instructors of the program will give academic assistance.
- The instructors/program coordinator will refer the student to other agencies for specific assistance other than academic, as needed.
- Disciplinary Counseling may be given at any time should a program official determine that a student is not performing appropriately or should a conflict arise. A separate form entitled “Disciplinary Counseling Report” will be used for this purpose.

The student will receive a copy of each signed counseling for his/her personal reference. The student will be given an opportunity to review the statement(s) with the evaluator and make any pertinent comments that he/she wishes. ALL counseling sessions and reports are confidential and will be kept in the student’s personal file in the program office.

STUDENT CONDUCT AND CONDITIONS FOR DISCIPLINARY ACTION

All students are required to maintain accepted standards of conduct which include courtesy, honesty, respect for the rights of others, orderly behavior and compliance with established school and hospital policies during program hours and school sponsored activities. NOTE: You are a representative of Good Samaritan Hospital, this Program and your other clinical sites at all times. It is advisable for you to remember to conduct yourself appropriately during your off hours as well, people do watch.

Depending on the severity, the violation of these guidelines will result in verbal or written warnings, Disciplinary Counseling, suspension, up to and including dismissal from the program, unless sufficient written justification for remaining in the program is accepted by the program officials. Each time a student violates the following guidelines of conduct, he/she will be counseled and a Disciplinary Counseling will be placed in the student’s file. dismissal after four (4) disciplinary write-ups are given.

1. Speaking or showing disrespect or disobeying the instructors, administrators and/or hospital staff. (Refusal to work in assigned area, Failure/refusal to participate, Theft, etc.)
2. Noisy, disruptive or abusive language which detracts from the learning environment will not be permitted.
3. Destroying or defacing school or personal property is not permitted
4. Cheating/plagiarism in any form will not be permitted.
5. Any student found falsifying Program records or documents will be subject to disciplinary action up to and including dismissal from the program.
6. Smoking and other tobacco use anywhere on Hospital property is prohibited (GS & off-campus clinical sites are tobacco free).
7. Mishandling or misuse of the classroom facility or equipment, clinical site equipment or instructional materials.
8. Repairing and dismantling of machinery or equipment will be by specific instructor request only. Each student shall be responsible for replacing equipment and materials in the proper storage area after the assignment has been completed.
9. No student should disregard unsafe conditions nor create unsafe situations for self or others. Students who are operating equipment which appears unsafe for use should immediately inform the instructor(s) or technologist(s).
10. Repeat tardiness, absenteeism, cutting classes or leaving the didactic/clinical areas before end of shift without prior authorization will be grounds for disciplinary action. (See Attendance Policy)
11. Students are only to use fluoroscopy while under the direct orders and supervision of a physician.
   o Students are not to use fluoroscopy to check positioning.
   o If it is determined or witnessed that a student used fluoroscopy to check and adjust positioning, immediate written disciplinary action will be taken.
12. Unauthorized use of phone equipment for long-distance phone calls
13. Any hospital policy that carries the penalty of termination or other situations that apply.

ADMINISTRATIVE PROBATION (SUSPENSION)

Administrative probation may result in suspension from clinical rotations and/or class based on the discretion of the program officials. Each situation will be evaluated based on the circumstances. A student is subject to administrative probation (suspension) for the following:

1. Failure to pay tuition and fees by designated deadlines
2. Upon initiation of the Appeals process
3. Investigation of allegations of sexual harassment, abuse, etc.
4. Investigation of a failed drug/alcohol test other than initial test (Failure of initial drug/alcohol screening revokes offer of a seat in that incoming class.)
5. Any other situations that may arise that require this action

rev. 2/15; revised 5/15
GOOD SAMARITAN RADIOLOGY PROGRAM GRADING SYSTEM

Due to the close patient contact and responsibilities of a Radiographer, a high level of academic and technical competence is required of all students in the program. Therefore, the grading policy will be as follows:

<table>
<thead>
<tr>
<th>Didactic Scale</th>
<th>Clinical Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 93% - 100%</td>
<td>A 93% - 100%</td>
</tr>
<tr>
<td>B 85% - 92%</td>
<td>B 85% - 92%</td>
</tr>
<tr>
<td>C 77% - 84%</td>
<td>C 77% - 84%</td>
</tr>
<tr>
<td>D 70% - 76%</td>
<td>D 70% - 76%</td>
</tr>
<tr>
<td>F Below 70%</td>
<td>F Below 70%</td>
</tr>
</tbody>
</table>

➢ The student must maintain a “C” average or better in all didactic subject areas and in laboratory and clinical performance in order to proceed to the next level or grading period of the program.

➢ Achieve competencies as identified in the curriculum prescribed by ARRT.

If any problems arise during the term whereby a student is unable to uphold this academic standing, it is his/her responsibility to seek academic counseling from the Education Coordinator or Clinical and Didactic Instructors in a timely manner.

Attendance to all lectures, laboratory sessions and clinical assignments is important to the student’s successful completion of this Program.

If a student is absent for any reason:

➢ Students’ responsibility to make-up all assignments, tests, & laboratory work missed.

➢ A missed test will be completed immediately upon the students’ return.

➢ Students who have scheduled a day off on a test day may be required to take the test prior to the absence. At the instructors’ discretion, make-up examinations may be in a different format from the missed scheduled examination.

ACADEMIC PROBATION

Academic probation is intended to assist a student in identifying an area in which he/she is deficient by giving a formal written warning that he/she is exhibiting a specific deficiency, which requires special attention.

1. An average of “C” (77%) or above must be maintained in each subject area in order to continue in the program.

2. If it is determined a student is not maintaining a “C” average or above, they will be placed on academic probation. A counseling meeting with the Education Coordinator and/or Didactic or Clinical/Lab Instructor will be conducted so that the duration and conditions of the probation may be explained to the student. Recommendations of remedial didactic work will be discussed at this time.

Rev. 2/15; reviewed 5/15
4. The extent and depth of remedial work offered by the instructor(s) will be based on the student’s level and area of deficiency.

5. To be removed from academic probation the student must be maintaining a “C” average or above at the pre-determined end of the probation period.

6. If academic probation begins near the end of the course the student will be allowed to retest the exam that dropped the student’s grade below the “C” average and the score will be averaged with the corresponding exam score. The resulting course score will only be granted up to 84% or “C”.

7. If clinical grade drops below 77% due to missing competencies, the student will be given the opportunity to work through the break to complete as many missing competencies as possible to bring up the grade to a passing percentage.

8. If a student fails to bring their grade up to a “C” average or above at the completion of the course or the conditions set above, the student will be dismissed from the program.

9. A student that is dismissed for academic reasons may reapply to the program by completing the entire application process.

10. The program is not obligated to readmit a student after academic dismissal; therefore, the student is not guaranteed a position in the new class.

Reviewed 8/12; revised 12/13

WORKPLACE HARASSMENT

GS Policy 216.00

GS Radiology Program follows the guidelines for Workplace Harassment as stipulated in the Policy 216.00 of the Good Samaritan employee policy and procedures handbook. Workplace harassment is a form of employee/student misconduct and will not be tolerated or condoned.

1. This policy includes sexual harassment, which is a form of unlawful sex discrimination under Title VII of the Civil Rights Act, defined as “unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.”

2. Examples of harassment: Unwelcome questions or comments about race, color, religion, sexual activities, national origin, disability or veteran status, jokes, pranks, teasing, obscenities, obscene or rude gestures or noises, epithets, taunts, negative stereotyping, threats, etc.

3. Violations of this policy will be considered when such conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive working environment.
4. All complaints will be investigated. Complaints are to be submitted, in writing, to Program Education Coordinator and Clinical Instructor, Department Director, Director of Human Resources, or the Human Resources Compensation/Benefits Manager.

5. Complaints are not limited to GS employees. Actions of patients, vendors, physicians, volunteers, and any others may be reported.

6. Following investigation, if allegations are found to be true, immediate and appropriate corrective action will be taken. Depending on the severity, disciplinary action may be verbal, written, suspension, or dismissal from the program.

**DRUG/ALCOHOL TESTING**

Initial Drug/Alcohol testing will be the responsibility of the student to complete before Program Orientation. Results will be sent to the Good Samaritan School of Radiology. The results will be placed on file with the GS Human Resources department and in the student’s permanent file in the Program office. All clinical sites will receive a copy of the student’s results in accordance with each site’s Human Resources department protocol.

**GS Policy 717.0**

GS Radiology Program follows the guidelines for Drug and Alcohol testing as stipulated in the Policy 717.0 of the Good Samaritan employee policy and procedures handbook. The following is an abbreviation of the policy for this handbook. The full policy can be found on the hospital’s intranet under “P&P”.

1. All applicants offered a seat in the upcoming class will pass the initial drug/alcohol screening to remain eligible for a seat in that class.
   - a. Testing must be completed prior to the Program Orientation date by the appointed lab. Results will be provided the Program.
   - b. Applicants who fail the initial drug/alcohol screening will be removed from the class roster and the offer of a seat in the new class will be withdrawn.
   - c. Applicant will forfeit the $50 deposit.

2. A student will be placed on administrative probation (suspension), if at any time during the 24 month program they are suspected of being under the influence of drugs or alcohol during program hours (whether or not on the GS hospital property). Attendance policy applies to all suspension occurrences.
   - Students who are suspected of being under the influence of drugs/alcohol:
     - a. Will be asked to give written authorization for the drug/alcohol test. Failure to authorize the test will result in dismissal from the program.
     - b. Written documentation of the observed or suspected occurrence is required.
c. Testing is mandatory for any documented observed or suspected occurrence.
d. Good Samaritan HR will perform subsequent testing as needed throughout the Program duration.

   If the observed or suspected occurrence is at an off-campus clinical site,
a. Clinical Instructor or Department Director will contact Program Office and provide written documentation of the observed or suspected occurrence via email.
b. Emergency contact person in students’ record will be contacted
c. Appropriate testing will be immediately required

3. Students prescribed and taking medications for a legitimate condition must submit a list of medications; including: dosage, prescribing physician, strength, duration, etc. to the Radiology Program Coordinator. This will be placed in the students’ confidential file.

4. If a student is involved in a reportable incident or accident, he/she may be required to undergo a drug/alcohol test if suspicion of being under the influence was a contributing factor.

5. A student found in possession of or involved in the sale, distribution or trafficking of illegal drugs or misused prescription drugs will be subject to immediate dismissal from the program.

6. Levels of alcohol or drugs which will be considered as passing the screening are:
   a. **Illegal Drugs:** no detectable level
   b. **Alcohol:** negative test results (reading of “.01 or less”)
   c. **Prescription Drugs:** within 24 hours, production of the physician’s prescription or clearly labeled prescription container and confirmation by the testing laboratory that the substances found in the test are consistent with those of the prescription produced by the person.

**GROUND FOR IMMEDIATE DISMISSAL**

A student can be dismissed from the Radiography Program **at any time** for violation of any of the situations listed below:

1. Failure to maintain a 77% grade point average in each didactic or clinical course.
2. Accruing four Disciplinary Counseling’s in the 2 year period of the program (i.e. written warnings escalated to disciplinary counseling).

Any Unprofessional or unethical conduct, such as, but not limited to:

3. The possession, distribution, consumption, or being under the influence of alcohol and/or illicit drugs or controlled substances (confirmed with positive test results) in any form while on hospital premises or at any program function or activity.

Reviewed 2/15; rev. 5/15
4. The assault or battery of patients, hospital staff, other students, Program Faculty, or damage or destruction of their physical property.

5. Possessing or the use of dangerous weapons, instruments, etc. while in any of the hospital/clinical site buildings or at any program function or activity.
   a. Students are permitted to possess firearms or ammunition on GS hospital premises only when they are secured in a locked vehicle, out of direct sight, in accordance with Indiana law. Other clinical site policy and procedures are to be adhered to concerning the possession of firearms, ammunition, & etc. while on their premises.


7. Unauthorized use or release of confidential information related to patients’ medical records (HIPAA).

8. Violating any Hospital policy that includes termination as a penalty (See GS P&P on the intranet).

9. Tampering with or intentionally irradiating personal radiation monitoring devices or persons.

10. Conviction of a Felony
   a. Misdemeanor conviction – will be reviewed by the Program, Advisory Committee, Indiana Department of Health, all clinical site Human Resources departments and the American Registry of Radiologic Technology (ARRT) before admittance into the program or the certification process. The GSH Human Resources department may also need to review the occurrence to determine continuation in the program.  

   **APPEALS PROCESS**

If a student feels he/she has been discriminated against or has been denied an opportunity because of discrimination, he/she has the right to file a grievance. The grievance must be in **written form**. The student is entitled to file his/her grievance without interference, coercion, discrimination, or reprisal. All decisions are presented to the student in writing. The grievance shall be waived if the student has not presented the complaint within five (5) working days of its occurrence or the student fails to carry the complaint to the next level within five (5) working days of the last level’s decision. When a student has a complaint he/she should follow the procedure that is outlined below in Informal Grievance Procedure.

A student at any point in the grievance process has the right to contact the U.S. Department of Education Office for Civil Rights; Customer Service Team; 400 Maryland Avenue, SW, Washington, D.C. 20202-1100; Phone: 1-800-421-3481; Fax: 202-245-6840; email: OCR@ed.gov.
If a student has a complaint for other reasons than discrimination, he/she should follow the procedure that is outlined below in Informal Grievance Procedure, except for contacting the Office of Civil Rights.

**INFORMAL GRIEVANCE PROCEDURE**

The student must present the written grievance to the Education Coordinator within five (5) working days after the alleged grievance. The Education Coordinator, student, and others involved will work informally to negotiate a solution within fifteen (15) working days upon the receipt of the student’s written complaint. If the grievance can be resolved at this point, the complaint is closed.

If the individuals can not informally negotiate a solution to the problem the Education Coordinator will state his/her decision in written form to the student within fifteen (15) working days of the informal meeting between the individuals. If the grievance can be resolved at this point, the complaint is closed. If the grievance cannot be satisfactorily resolved, the student may elect to file a formal grievance.

**FORMAL GRIEVANCE PROCEDURE**

1. If the student is not satisfied with the written decision of the Education Coordinator at the informal grievance procedure level, the student can present a written grievance to the GS Radiology Director within five (5) working days upon the receipt of the Educational Coordinator’s written decision. The GS Radiology Director will then review the complaint and present a written solution to the student within fifteen (15) working days upon the receipt of the student’s written complaint. If the student accepts the decision, the grievance is closed.

2. If the student is not satisfied with the written decision of the Director of Radiology, the student can present a written grievance to the Vice President of Human Resources of Good Samaritan within five (5) working days upon the receipt of the Director of Radiology’s written decision. The Vice President of Human Resources will review the complaint and present a written solution to the student with fifteen (15) working days upon the receipt of the student’s written complaint. If the student accepts the decision, the grievance is closed.

3. If the student is not satisfied with the written decision of the Vice President of Human Resources of Good Samaritan, the student can present a written grievance to the President/CEO of Good Samaritan within five (5) working days upon the receipt of the Vice President of Human Resources written decision. The President, or his/her designee, will review the complaint and present a written solution to the student within fifteen (15) working days upon the receipt of the student’s written complaint. In all cases, the decision of the President or his/her designee, will be final.

*Rev. 2/15; reviewed 5/15*
ALLEGATIONS OF PROGRAM NON-COMPLIANCE WITH THE JRCERT STANDARDS

Allegations must relate to the JRCERT standards and provided to the JRCERT Chief Executive Officer at JRCERT Chief Executive Officer; 20 North Wacker Drive Suite 2850; Chicago, Illinois 60606-2901. The complainant must sign the letter of allegations and provide a return address. The correspondence must indicate that efforts have been made to bring items of alleged non-compliance with the standards to the attention of Good Samaritan or Radiography Program officials. Any individual or group, including students, graduates, faculty, clinical staff or the public may submit a complaint.

Receipt of signed allegations of non-compliance with the standards is acknowledged by letter from the JRCERT Chief Executive Officer. The President / CEO of Good Samaritan will be provided with the specific standards and the allegations of non-compliance. This is also copied to appropriate Radiography Program officials and to the JRCERT board of directors. Good Samaritan Hospital will respond to the allegations, within thirty (30) working days, which is sent to the JRCERT Chief Executive Officer who forwards the information to the JRCERT directors for deliberation and action. Depending on the results of its deliberation/evaluation of the situation the Committee decides one of the following:

- The allegations have no merit.
- The allegations are warranted; the program has documented appropriate corrective action.
- The program is in non-compliance with one or more of the standards.

The program may be required to submit one or more progress reports depending on the Committee’s decision. The Committee may also recommend that the program’s accreditation status be reduced or it may accelerate the continuing accreditation process. Good Samaritan Administration, Radiography Program, USDE and the complainant are informed of the JRCERT’s decision. A copy of the JRCERT Standards is available to the students in the Program’s classroom.

EVALUATION OF COURSES AND INSTRUCTORS

An evaluation of the instructors (Clinical and Didactic) will be completed by the students at the end of the each semester. Evaluations for courses will be completed at the end of each course/term. These evaluations will be used to help evaluate the effectiveness of the Instructors and their courses.
PROGRAM COURSE INFORMATION

Pre-Admission Courses (VU Course Designations)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 111 &amp; 111L</td>
<td>Anatomy and Physiology I &amp; Lab</td>
<td>3 ea</td>
</tr>
<tr>
<td>BIOL 112 &amp; 112L</td>
<td>Anatomy and Physiology II &amp; Lab</td>
<td>1 ea</td>
</tr>
<tr>
<td>HIMT 110</td>
<td>Medical Terminology for Allied Health</td>
<td>3</td>
</tr>
<tr>
<td>MATH 100 or higher</td>
<td>College Algebra</td>
<td>3</td>
</tr>
<tr>
<td>ENGL 101</td>
<td>English Composition I</td>
<td>3</td>
</tr>
<tr>
<td>SPCH 143</td>
<td>Speech</td>
<td>3</td>
</tr>
<tr>
<td>or</td>
<td>SPCH 148</td>
<td>Interpersonal Communication</td>
</tr>
</tbody>
</table>

NOTE: Courses taken at Vincennes University or any other college prior to application to the Program do not guarantee the applicant acceptance into the Program.

See VU Degree Option for Completion of Associate Degree for Additional Courses Required.

Didactic & Clinical Courses

The RADG number and credit hours are assigned by VU to receive credit towards the A.S. Degree Option or to be eligible to receive financial aid through VU according to the Vincennes University and Good Samaritan Hospital articulation agreement.

Courses of study for completion of the Good Samaritan Radiography Program include:

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>RADG 100</td>
<td>Fundamentals of Radiologic Science and Health Care</td>
</tr>
<tr>
<td>RADG 103 &amp; 109</td>
<td>Patient Care in Radiologic Sciences I &amp; II</td>
</tr>
<tr>
<td>RADG 104, 111 &amp; 200</td>
<td>Radiographic Procedures I, II &amp; III</td>
</tr>
<tr>
<td>RADG 111L &amp; 200L</td>
<td>Radiographic Positioning Labs II &amp; III</td>
</tr>
<tr>
<td>RADG 202</td>
<td>Principles of Imaging</td>
</tr>
<tr>
<td>RADG 114 &amp; 201</td>
<td>Radiation Production and Characteristics I &amp; II</td>
</tr>
<tr>
<td>RADG 209</td>
<td>Imaging Equipment</td>
</tr>
<tr>
<td>RADG 207</td>
<td>Radiation Biology</td>
</tr>
<tr>
<td>RADG 208</td>
<td>Radiographic Pathology</td>
</tr>
<tr>
<td>RADG 211</td>
<td>Seminar (Registry Review)</td>
</tr>
<tr>
<td>RADG 101, 109, 115, 116, 205 &amp; 210</td>
<td>Clinical Practice I, II, III, IV, V &amp; VI</td>
</tr>
<tr>
<td>RADG 215</td>
<td>CT &amp; Sectional Anatomy</td>
</tr>
<tr>
<td>RADG 220</td>
<td>Digital Image Acquisition &amp; Display</td>
</tr>
</tbody>
</table>

Required Non-Credit Program Activities

Orientations: Program, Good Samaritan, & Clinical Sites (LCMH, GGH, DCH, GSH)

CPR: Summer I or Summer II (for any with CPR certification that will expire before graduation)
Course Descriptions

RADG 100 Fundamentals of Radiologic Science and Health Care  (Summer 1)
Prerequisites: Admission to the Good Samaritan Radiography Program.

This course is designed to provide students with an overview of the foundations in radiography and the practitioner’s role in the health care delivery system. Principles, practices and policies of the health care organization(s) will be examined. A fundamental background in professional ethics in radiography; the historical components, and the elements of professional behavior will be introduced. The principles of radiation protection, including the professional responsibilities of the radiographer for the safety of patients, personnel, and the public and the basics in patient satisfaction and communication skills will be presented. 3 lecture credit hour.

RADG 101 Clinical Practice I  (Summer 1)
Prerequisites: Admission to the Good Samaritan Radiography Program.

Clinical practice experiences resulting in sequential development, application, critical analysis, integration, synthesis and evaluation of concepts and theories in the performance of radiologic procedures will be practiced. Through structured sequential, competency-based assignments in clinical setting, concepts of team practice, patient-centered clinical practice and professional development shall be discussed, examined and evaluated. Clinical practice experiences shall be designed to provide patient care and assessment, competent performance of radiologic imaging and total quality management. Levels of competency and outcome measurements shall ensure the well being of the patient preparatory before, during and following the radiologic procedure. 1 clinical credit /195 contact hours.

RADG 103 Patient Care in Radiologic Sciences I  (Summer I)
Prerequisites: Admission to the Good Samaritan Radiography Program.

This course is designed to provide basic concepts of patient care, including consideration for the physical and psychological needs of the patient and family. Routine and emergency patient care procedures will be described, as well as infection control procedures utilizing standard precautions. The role of the radiographer in patient education will also be identified. 3 lecture credit hours.

RADG 104 Radiographic Procedures I  (Summer I)
Prerequisites: Admission to the Good Samaritan Radiography Program.

This course is designed to provide a knowledge base necessary to perform standard radiographic procedures. Provide a basis for analyzing radiographic images. Included are the importance of minimum standards, discussion of a problem-solving technique for image evaluation, and the factors that can affect image quality. Laboratory experiences will be included in this course to complement the didactic portion. 2 lecture credit hours.

RADG 109 Clinical Practice II  (Fall I)
Prerequisites: RADG 101

As students progress through courses and gains more knowledge, a more involved clinical experience can be obtained by the student. 2 clinical credits /18 clinical hours /272 contact hours.

RADG 110 Patient Care in Radiologic Sciences II  (Fall I)
Prerequisites: RADG 103

This course is designed to provide the basic concepts of patient care in various modalities and special environments, such as surgery, emergency department, ICU, NICU, etc. Care of the patient before, during and after contrast studies will be covered. Critical thinking and problem solving skills will be emphasized. Basic concepts of pharmacology and pharmacological agents commonly encountered in imaging will be introduced. Theory and practice of techniques of venipuncture and administration of diagnostic contrast agents and/or basic intravenous medications is included. 3 lecture credit hours.
RADG 111 Radiographic Procedures II  
**Prerequisites:** RADG 104  
Fell I)  
A continuation of RADG 104 to provide a knowledge base necessary to perform standard radiographic procedures along with the application to special studies. Laboratory experiences in RADG 111L will be used to complement the didactic portion. 4 lecture credit hours.

RADG 111L Positioning Lab II  
**Prerequisites:** RADG 101 & RADG 104  
(Fall I)  
Lab will provide students with a hands-on approach to topics taught in RADG 111 utilizing their classmates as patients. Students will practice positioning their classmates for the exams learned in RADG 111 short of making an exposure. This will enable students to interact with the clinical instructor and ask positional and technical questions about an exam. 1 laboratory credit hour.

RADG 114 Radiation Production and Characteristics I  
**Prerequisites:** RADG 100  
(Fall I)  
This course is designed to establish a basic knowledge of atomic structure and terminology. Also presented are the nature and characteristics of radiation, x-ray production and the fundamentals of photon interactions with matter. 3 lecture credit hours.

RADG 115 Clinical Practice III  
**Prerequisites:** RADG 109  
(Spring I)  
A continuation of RADG 109. 2 clinical credits/ 19 clinical hours/ 288 contact hours.

RADG 116 Clinical Practice IV  
**Prerequisites:** RADG 115  
(Summer II)  
A continuation of RADG 115. 2 clinical credits/ 23 clinical hours/ 341 contact hours.

RADG 200 Radiographic Procedures III  
**Prerequisites:** RADG 111 & RADG 111L  
(Spring I)  
A continuation of RADG 111 to provide a knowledge base necessary to perform standard radiographic procedures along with the application to special studies. Laboratory experiences in RADG 200L will be used to complement the didactic portion. 4 lecture credit hours.

RADG 200L Positioning Lab III  
**Prerequisites:** RADG 111L  
(Spring I)  
A continuation of RADG 111L. 1 laboratory credit hour.

RADG 201 Radiation Production and Characteristics II  
**Prerequisites:** RADG 114  
(Spring I)  
This course is a continuation of the study of atomic structure, characteristics of radiation, x-ray production and interactions with matter. 3 lecture credit hours.

RADG 202 Principles of Imaging  
**Prerequisites:** RADG 114  
(Spring I)  
This course is designed to establish a knowledge base in factors that govern and influence the production and recording of radiographic images. Class demonstrations / labs are used to demonstrate applications of theory. Film and electronic imaging with related accessories will be introduced. Factors that impact image acquisition, display, archiving and retrieval are introduced. Materials on factors that govern and influence the production of the radiographic image, utilized to demonstrate clinical applications of the theoretical principles and concepts will be continued. Provide guidelines for selecting exposure factors and evaluating image within a digital system assisting students to bridge between film-based and digital imaging systems. Principles of digital system quality assurance and maintenance are introduced. 3 lecture credit hours.
RADG 205 Clinical Practice V  
*Prerequisites: RADG 116*  
(Fall II)  
A continuation of RADG 116. 3 clinical credits/ 27 clinical hours/ 408 contact hours.

RADG 207 Radio-Biology & Radiation Protection  
*Prerequisites: RADG 201 & RADG 202*  
(Spring II)  
This course is designed to provide an overview of the principles of the interaction of radiation with living systems. Radiation effects on molecules, cells, tissues, and the body as a whole are presented. Factors affecting biological responses are presented, including acute and chronic effects of radiation. An overview of radiation protection methods, to reduce radiation effects, will be covered in this course. 3 lecture credit hours.

RADG 208 Radiographic Pathology  
*Prerequisites: RADG 201 & RADG 202*  
(Fall II)  
This course is designed to introduce theories of disease causation and the pathophysiologic disorders that compromise healthy systems. Etiology, pathophysiologic responses, clinical manifestations, radiographic appearance and management of alterations in body systems will be presented. 3 lecture credit hours.

RADG 209 Imaging Equipment  
*Prerequisites: RADG 114 & RADG 201*  
(Summer II)  
This course is designed to establish a knowledge base in radiographic, fluoroscopic, mobile and tomographic equipment requirements and design. 2 lecture credit hours.

RADG 210 Clinical Practice VI  
*Prerequisites: RADG 205*  
(Spring II)  
A continuation of RADG 205. (approx. 1936 clock hours for I, II, III, IV, V & VI)  
3 clinical credits/ 29 clinical hours/ 432 contact hours.

RADG 211 Seminar in Radiography  
*Prerequisites: All RADG courses*  
(Spring II)  
This course will review the different factors that have been taught in the program in preparation for their national registry examination. Students will utilize simulated registry exams as well as various other exams and review material that the instructors will employ. 4 lecture credit hours.

RADG 215 CT & Sectional Anatomy  
*Prerequisites: RADG 104, 111, 200, 201 & 209*  
(Fall II)  
Content provides entry-level radiography students with principles related to Computed Tomography (CT) imaging. Gross anatomical structures are located and identified in axial (transverse), sagittal, coronal and orthogonal (oblique) planes. Illustrations and anatomy images will be compared with MR and CT images in the same imaging planes and at the same level when applicable. The characteristic appearance of each anatomical structure as it appears on a CT, MR and ultrasound image, when applicable, will be stressed. 3 lecture credit hours.

RADG 220 Digital Image Acquisition & Display  
*Prerequisites: RADG 114, 201 & 209*  
(Fall II)  
Content imparts an understanding of the components, principles and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Principles of digital system quality assurance and maintenance are presented. Digital Imaging is an evolving part of radiographic imaging and course content will be updated as enhancements are made available. 4 lecture credit hours.

Rev. 2/15; revised 5/15
RADIOGRAPHY PROGRAM CURRICULUM

Classes begin the Third week of May. Program transcripts (grade reports) handed out at the end of each Fall and Spring Semesters. Midterm and progress reports handed out by individual instructors.

(Term 1-Summer I)  
RADG 100 Introduction of Radiologic Science and Health Care; CPR  
RADG 101 Clinical Practice I  
RADG 103 Patient Care in Radiologic Science I  
RADG 104 Radiographic Procedures I

(Term 2-Fall I)  
RADG 110 Patient Care in Radiologic Sciences II  
RADG 111 Radiographic Procedures II  
RADG 111L Positioning Lab II  
RADG 114 Radiation Production and Characteristics I  
RADG 109 Clinical Practice II

(Term 3-Spring I)  
RADG 201 Radiation Production and Characteristics II  
RADG 200 Radiographic Procedures III  
RADG 200L Positioning Lab III  
RADG 115 Clinical Practice III  
RADG 202 Principles of Imaging

(Term 4-Summer II)  
RADG 116 Clinical Practice IV  
RADG 209 Imaging Equipment  
RADG 205 Clinical Practice V  
RADG 215 CT & Sectional Anatomy  
RADG 220 Digital Image

(Term 5-Fall Semester II)  
RADG 211 Seminar (Review)  
RADG 210 Clinical Practice VI

(Term 6-Spring Semester II)  
RADG 207 Radiation Biology  
RADG 211 Seminar (Review)  
RADG 210 Clinical Practice VI

VU ASSOCIATE OF SCIENCE DEGREE OPTION

Good Samaritan and Vincennes University, www.vinu.edu, have formed an Articulation Agreement allowing Radiography Program students the option to pursue an Associate of Science (A.S.) Degree. Students who choose the A.S. Degree option are not guaranteed completion of the A.S. Degree upon completion of Radiography Program. However, with this agreement VU has agreed to:

- Give students credit for the Good Samaritan Radiography Program courses and clinical rotations.
- Offer students the option to take additional courses that would lead to an A.S. Degree in Radiography at in-state tuition cost.

rev. 12/13, Revised 12/14
Students may be required to take additional courses after completing the program to obtain the optional A.S. Degree, unless they were taken prior to acceptance into the Radiography Program. Students will be limited to two A.S. Degree courses per semester due to the program course / clinical educational load. VU courses can be taken while in the program with approval of the Education Coordinator.

**VU courses required for the A.S. Degree in Radiography:**

**Pre-Requisite Courses completed:**
- BIOL 111 Anatomy & Physiology I
- BIOL 111L Anatomy & Physiology Laboratory I
- BIOL 112 Anatomy & Physiology II
- BIOL 112L Anatomy & Physiology Laboratory II
- HIMT 110 Medical Terminology for Allied Health
- ENGL 101 English Composition I
- Math 102 College Algebra or higher
- SPCH 143 or 148 Speech or Interpersonal Communication

*(The above Courses are Required Pre-Admission courses for our Radiography Program)*

**Additional Courses Required of Associate Degree completion:**
- 3 credit hour course - ENGL 102 English Composition II
- One – 3 credit hour course from Humanities (Common Core) list
- One – 3 credit hour course from Social Science list
- 4 credit hours Elective course(s)

Listed courses taken at another University may be transferred to Vincennes University (VU). See VU counselor to determine transfer status of courses. All inquiries and / or scheduling of the above courses should be reviewed or scheduled through the Health Sciences office at **Vincennes University, 812-888-5090**. Speak with Jana Vieck, Dean of Health Sciences or Janet L. Thomas, Radiology Chair. *(See VU catalog for more information.)*

**Please Note:** Any previous unpaid bills at Vincennes University could jeopardize the individual’s ability to register for any VU courses leading to the A.S. Degree but will not jeopardize the individual’s application to the Good Samaritan Radiography Program for consideration of placement in the program.

**Vincennes University’s policy is to take care of their outstanding bills before applying to GSH Program fees and tuition.** This could result in an outstanding balance for GS Program fees and tuition. Leaving an outstanding balance for GS Program fees and tuition will jeopardize a current radiology student’s standing in the program and result in keeping the student from attending
clinical rotations, classes and ultimately, continuing in the program. Review the payment schedule for deadlines.

GOOD SAMARITAN / VINCENNES UNIVERSITY ARTICULATION AGREEMENT

With the execution of an Articulation Agreement between Good Samaritan and Vincennes University, the Radiography Program students will have the option of pursuing an A.S. (Associate of Science) Degree from Vincennes University while enrolled in the Program. There is no guarantee of completion of the A.S. Degree Option by the completion date of the Program. The A.S. Degree through VU does not have to be started or completed within the two year time period of the Program and can actually be pursued or completed after completion of the Program.

Students who choose the VU A.S. Degree option will be limited to a maximum of two additional courses per semester in addition to the program courses. Students will be allowed travel time for their VU classes without penalty. All Optional VU courses must be approved by the Education Coordinator.

Students of the Program will receive a certificate of completion from the hospital upon completing all Radiography Program requirements. Students who have completed the additional A.S. Degree courses may petition Vincennes University for their A.S. Degree.

With the articulation agreement, VU has agreed to:

- Give students college credit for the Good Samaritan Radiography Program Courses.
- Bill for and collect Good Samaritan Hospital Radiography Program Tuition and GS activity & books fees. (Tuition and fees are set by GS Radiology Program).
- Offer students in the Good Samaritan Radiography Program the same student services such as: Financial Aid, housing, library access, etc as all other VU students.

All Program students will need to complete a VU application unless they are a previous VU student whether or not they are pursuing an A.S. Degree. This gives Radiography students access to student services at Vincennes University; such as financial aid, housing, scholarships, etc. These student services are available to all Radiography Students without obligation to take any courses at VU.

SCHOLARSHIPS

Students may be eligible for the Good Samarian Foundation Nursing and Allied Health Scholarship. Applications and requirements can be obtained in the Foundation Department at GSH; Application deadline is approximately February 28th of each year.
Other scholarships are available from the VU Foundation office. All students are automatically considered for the **Nichols Radiography scholarship**.

**FINANCIAL AID**

Financial aid is made available to the student upon his/her request through Vincennes University’s Financial Aid Office according to the Articulation Agreement between Good Samaritan and Vincennes University. The amount of financial aid awarded is based upon Cost of Attendance as determined by the Radiography Program, Vincennes University and the EFC (Estimated Family Contribution) as indicated by the Department of Education. An Application for Federal Student Financial Aid must be submitted before a student is eligible to receive funds. Applications are available online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). It must be documented that satisfactory progress is being made by the student in a chosen program of study. Strict records are kept by Vincennes University on all educational loans that are secured by the students of the Radiography Program. The lending institution is immediately notified of the student’s graduation date or of the student’s date of withdrawal from the program.

For further information on Financial Aid, the student should contact the Financial Aid department at Vincennes University.

Financial Aid Transcripts are maintained on each student who receives Financial Aid. These transcripts will be forwarded to schools of future attendance upon request from that school and/or the student.

**TUITION AND REFUND POLICY**

**Tuition, Activity and Book Fees**

- Tuition is established for the first and second year at the beginning of the Program.
- The Activity fee is a charge that pays for Clinical documentation, identification markers, and student membership in the Indiana Society of Radiologic Technologist while in the Program. Fees for additional patches will be assessed on an as needed basis.
- Books are purchased for the first and second year at the beginning of the Program and are added to the first year’s tuition.
- Book fees will be divided between the Summer 1 and Fall 1 terms.
  - Book costs increase usually each year. To avoid excessive paperwork for VU changing this fee each year, students may be required to pay a small book fee at orientation when books are picked up to cover the difference.
First Year Tuition and Activity fee will be divided between the fall and spring semesters. These fees are applied to the student’s Program account on the first day of the Program and at the beginning of the Program’s first spring semester.

Second Year Tuition and activity fees will be divided between the fall and spring semesters. The fees are applied to the student’s Program account at the beginning of their second year (May) and at the beginning of the Program’s second spring semester (January).

Program Tuition, Activity and Book fees are to be paid to the Vincennes University Bursar’s office. An invoice for the Program’s fees will be sent to the student via Vincennes University website.

Any student pursuing an A.S. Degree while in the Program will be charged according to the fee schedule of the institution in which they are enrolled for non-radiography courses. In accordance with our articulation agreement with VU, radiology students living outside of Indiana will be charged in-state tuition for non-radiology courses.

Tuition, Activity and/or Book fees must be paid by the following schedule:
- the first business day of July for the Summer semester (1/2 Book Fee, 1st year only)
- the first business day of September for the Fall semester (1/2 Book fee and 1/2 tuition)
- the first business day of February for the Spring semester (1/2 Tuition)

A student will be placed on Administrative Probation (attendance policy applies) and given a specific date by which to have these fees paid.

The student will not be permitted to continue with the Program if Tuition, Activity and Book fees are not paid in full by the given deadlines.

Refund Policy

- The Refund Policy only pertains to GS Radiography Program Tuition and any unused activity fee.

  Book fees must be paid in full. No refunds on books.

- The student will be responsible for any unpaid balance of Program Tuition, activity and book fees minus the prorated Tuition refund.

- If the student is dismissed from the Program there will be no refund of Tuition.

- Refund of Program Tuition is granted if the student withdrawals from the Program according to the following refund schedule per year.

Rev. 4/09, revised 12/14
**Tuition Refund Schedule**

If a student withdraws:

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>By First business day of July</td>
<td>75%</td>
<td>$625.00</td>
</tr>
<tr>
<td>By First business day of August</td>
<td>50%</td>
<td>$1250.00</td>
</tr>
<tr>
<td>By First business day of September</td>
<td>25%</td>
<td>$1875.00</td>
</tr>
<tr>
<td>After first business day of September</td>
<td>No Refund</td>
<td>$2500.00</td>
</tr>
</tbody>
</table>

(A statement for the book costs and the appropriate percentage of tuition will be presented and due at the time of withdrawal.)

- Refunds/statements will be processed by Good Samaritan accounting department.
- Good Samaritan will take over collection of any unpaid Program fees and will seek legal action to receive any unpaid tuition, activity and book fees, as needed. If legal action is required, the student will also be responsible for paying reasonable attorney’s fees incurred by the Hospital in collecting the debt.
- Those students who receive Financial Aid and withdraw or are dismissed from the Program may have all or part of their Financial Aid money returned to the Government resulting in a reduction in money that had been applied towards their account. Such reductions would result in the student being responsible for paying all or part of the Program Tuition and Book fees.

*Rev. 2/15; revised 5/15*

**PROGRAM COMPLETION REQUIREMENTS**

A student is scholastically eligible for a certificate of completion when he/she has satisfied all the specific requirements of the program. This would include tuition, activity and book fees are paid in full each academic year, completed all didactic courses and clinical rotations with a minimum grade of “C” in each and made up all missed clinical time. The student must also have met the Professional Ethics Requirements specified in Section 2.02 of the ARRT, (American Registry of Radiologic Technologists), Rules and Regulations.

Students will have:

- Completed all course work addressing the topics listed in the ARRT Content Specifications for the Examination in Radiography with a grade of 77% or higher.
- Completed the ARRT required 15 college credit hours of General Education (pre- requisite courses specified by the Radiography Program.)
- Completed the ARRT required competencies in the six mandatory General Patient Care areas, thirty one mandatory Radiologic Procedures and a minimum of fifteen of the thirty five elective Radiologic Procedures.
The certificate represents the students’ successful completion of the program. Their eligibility to take the ARRT Primary Certification Examination is contingent on successful completion of an accredited program, having met the requirements for earning an associate degree, and submitting proper documentation to the ARRT for application to take the examination.  

**CERTIFICATION AND LICENSURE**

After passing the Primary Certification examination, the individual will be entitled to use the designation of Registered Technologist in Radiography signified by the initials R.T. (R) behind their name. Graduates passing the national Primary Certification examination are also required by most states to apply and receive their state operators’ license through the respective State Health Department.

**RECOGNITION**

At graduation, special awards are presented to outstanding students in the Radiography Program. Traditionally, the following awards have been presented:

1. **Robert G. Moore Award**
   - The Radiologists, department supervisors and technologists of Good Samaritan, Daviess Community Hospital, Gibson General Hospital, and Lawrence County Memorial Hospital select a student in each class who has demonstrated excellence in clinical ability, performance, professional ethics and attitude and financial need.

2. **Exemplary Attendance**
   - Any graduate who has exemplary attendance (missing no more than 1% of the scheduled program hours) for didactic class and clinical rotations will be eligible to receive a recognition award. Certificate of Achievement.

3. **Academic Recognition**
   - All students who have a 95% or better didactic grade average at the end of the two years will be recognized with a certificate and their name placed on the perpetual plaque displayed. The plaque lists all individuals who have achieved this distinction.

4. **JRCERT Excellence Award**
   - 95% or higher overall attendance by the 4th Friday of April of their second year
   - 95% or higher cumulative Academic grade by the 4th Friday of April of their 2nd yr
   - 95% or higher cumulative Clinical Grade by the 4th Friday of April of their 2nd yr
   - All submitted evaluations are to be at least a “C”
   - No disciplinary reports
GRADUATE FOLLOW-UP

It is important to continue the improvement and modification of the Radiography Program based upon the concerns expressed by the employers and the students served by the program. Students and employers are involved in evaluating the effectiveness of the Program through a series of follow-up questionnaires. The follow-up components are divided into three categories:

1. Exit Evaluation
2. Graduate follow-up survey; 6 month and 12 month
3. Employer survey; 6 month and 12 month

Students should recognize that the information they provide on the follow-up questionnaires can assist in the future improvement of the Radiography Program.

Students will complete an Authorization form prior to graduating from the program which will allow their employer to complete a 6 and 12 month evaluation of their performance.

Rev. 4/07; reviewed 5/08

PLACEMENT SERVICES

The Radiography Program does not guarantee job placement. It is the responsibility of the student/graduate to apply and obtain desired positions. The program instructors receive information on employment opportunities in the profession through professional contacts. This information is made available to students as opportunities arise. Other sources of potential employment opportunities are known web sites/job boards, such as www.ASRT.org and www.isort.org, Aunt Minnie web site, hospital job boards, etc.

Associations with Indiana’s Work One and the VU Center for Career and Employer Relations have been made to help students locate job listings and for access to other benefits these departments can offer (e.g. career fairs, job board listings, resume construction, etc).

Rev. 5/05; revised 2/14

ASSOCIATED RADIOGRAPHY WEBSITES

American Registry of Radiologic Technologists – www.arrt.org
American Society of Radiologic Technologists – www.asrt.org
Indiana Society of Radiologic Technologists – www.isort.org
This Page Left Blank
Clinical is a large part of this program; it is the practical portion of your education. In this setting you will be able to apply the principles learned in your various courses. It will provide you opportunities to learn from and work with radiographers, radiologists, and other healthcare professionals. You will learn how to provide good patient care to many different types of people in various stages of illness. The following guidelines, policies and procedures will guide you in the process of becoming the professional you want to be.

**GENERAL CLINICAL GUIDELINES**

1. Adhere to program and department policies
2. Present a professional appearance by being neat and well groomed
3. Wear appropriate uniform according to the program’s dress code policy
4. Always have your picture ID & program patch appropriately displayed
5. Dosimetry badge properly worn at all times
6. Arrive for clinical assignments punctually
7. Remain in assigned area
8. Maintain a professional attitude at all times
9. Maintain confidentiality of all patient related information

rev. 7/05; revised 12/10

**STUDENT SCOPE OF PRACTICE**

The Student Technologist:

- is responsible for providing care to patients for the purpose of diagnosis and/or treatment of anatomic and physiologic disorders under the direct or indirect supervision of a technologist.
- will operate diagnostic equipment within their scope of practice and strive to obtain optimal images.
- will assure patient well-being and care while in the Radiology Department.
- will be expected to perform other duties as assigned under direct or indirect supervision of a radiologic technologist.

Rev. 12/10
RADIOGRAPHY STUDENT ISDH PERMIT

The Indiana State Department of Health (ISDH) requires students to have a Student Radiography Permit before they are able to take x-rays. The GSH Radiography Program will provide the student the application and mail them together to the ISDH. A copy of the permit will be kept in the student record and shared with all clinical sites the student will rotate.  

Rev. 3/07; revised 12/14

LIABILITY INSURANCE

Students are covered for professional malpractice liability under Good Samaritan’s Professional Liability Policy. This coverage extends to all clinical facilities that are JRCERT approved clinical education settings for the GS Radiography Program. Students are not required to obtain individual malpractice insurance, but they may opt to do so at their own expense. Students are not permitted to operate GS or other sites motor vehicles to go to an off site location.  

Rev. 2/15; revised 5/15

PERSONAL APPEARANCE

One of the responsibilities of a health care professional is to develop habits of dress and personal grooming appropriate for the healthcare work environment. All students will be expected to practice good grooming and personal hygiene.

Clinical –

Students are required to wear the program designated uniform.

1. Hair must be clean, neat, and conservatively styled or pulled up into a bun or pony tail.
   - Hair style must be such that it cannot fall into the patient’s face or present a safety hazard working with radiography equipment.
   - Hair longer than shoulder length must be restrained so as not to fall forward over the shoulder while performing patient care or manipulating radiographic equipment.
   - Small hair ribbons or barrettes may be used to restrain hair. *Flowers, bows, or other ornaments are not to be used.*

2. Fingernails should be kept trimmed short. (No more than 1/4” beyond fingertip)
   - *Clear or translucent colored nail polish may be worn if kept in good repair.*
   - *Artificial nails (acrylics) are prohibited.*

3. Makeup & Jewelry

   For the safety of the student and the patient:
   a. *Necklaces* should be short or not worn;
   b. *Rings* should include only wedding ring sets or bands, *without stones*.
   c. *Earrings* should be small studs, no larger than 1/2 inch in diameter, *loop or dangle earrings are not allowed*.
   d. Body piercings (other than pierced ears) that are visible to the patient are *not* permitted; this includes tongue/other facial piercing.
   e. *Perfume, cologne or strong scented lotions cannot be used especially in the clinical areas. These can be a problem for those with allergies and is offensive to ill patients and other employees. (Classrooms are included in this.)*

4. No hickeys should be visible on any student as this indicates a lack of professionalism and pride in the profession as well as self.
5. **Tattoos are not allowed to be visible.** They must be covered at all times.

**Classroom**
Students are required to dress in a neat, orderly, and presentable fashion to demonstrate pride in themselves and their chosen profession. Your appearance in the classroom contributes to the professional atmosphere of the program and hospital. Students are to dress in Program Uniform (scrubs) for Class and Clinical times.

---

**STUDENT DRESS CODE**

All students will be expected to wear the Program prescribed uniform properly each day.

The student uniform requirements for Good Samaritan Radiography Program are as follows:

1. **Hospital picture ID badge**
   - Must be worn at shirt pocket or collar level with the picture and name visible during program hours. (This includes class time.)
   - Stickers, anatomical markers, etc. are not permitted to alter or obscure the ID badge.

2. **Dosimeter badge**
   - Must be worn at collar level and outside of protective lead aprons.
   - Dosimetry badges shall not be taken home, but left in the GSH radiography department on the badge rack when not in use. *The only exception is for the individuals going to other clinical sites for rotations. DO NOT store your badge at your away site.*
   - The student will be responsible for making sure his/her dosimeter gets changed on time each month and kept safe while at an away site or home.

   For Loss of dosimeter:
   - A written statement of where it was lost, situation of loss, date of dosimeter (month/year), any pertinent details student deems necessary to include.
   - Multiple losses of dosimeter will result in probation status for the remainder of the current term & may include a replacement fee for the badge.
   - This badge is part of your uniform and to be in clinical rotations without it will result in the student returning home to retrieve it. Attendance policy applies; time WILL be made up during the next break. Student will not be allowed to wait until break or lunchtime to retrieve dosimeter.

3. **Left and Right Anatomical and arrow markers must be carried by the student at all times.**
   - Students are required to have two sets of markers. Two sets will be initially ordered.
   - The cost of the two sets will be included in the student’s clinical fee.
One set will be issued to the student at the start of clinical rotations. The second set will be held in the GSH Clinical Instructor’s office.

It will be the student’s responsibility to order a third set of markers immediately upon issuance of the second set of markers. (See appendix for ordering information.)

4. **Pocket Positioning Guide and Record of Clinical Education** must be kept immediately accessible at all times in the clinical setting. These are to be up to date and available when an instructor asks to see it for review. These are considered part of your uniform.

5. **Program uniform:**
   - Color: Pewter [Grey], Good Samaritan Radiology Department uniform
   - **Scrub Pants:**
     - Scrub pants are *not* to be rolled down to be worn low on the hips
     - No low riders, hip huggers, etc.
     - Properly sized for length and rise
   - **Scrub Tops:**
     - *Must have GS Radiography Program Shoulder Patch on the Left Shoulder.*
     - Button scrub tops require T-shirts underneath and will be kept on and buttoned at all times, even when wearing a lead apron.
     - T-shirts / Undershirts
       - May be White or Matching scrub top color (Pewter), long sleeved or short sleeved, are allowed underneath the scrub top. *(Exception: No long sleeved T-shirts during surgery rotation)*
       - Must be tucked in and not hanging out underneath scrub top
       - *No* logos, writing, or drawings on T-shirts
     - Midriff and underwear should not be visible when bending, squatting or raising your arms. Scrub Tops should be of sufficient length to keep the body covered.
   - **White or Black, closed toe shoes.**
     - Shoes may be nursing shoes or athletic shoes *(NO Clogs or Mules in clinical areas)*
     - Shoes shall be clean and well kept.
     - White socks must be worn.
   - **Lab Jacket (Optional)**
     - Short, White or matching color of scrub top (Pewter)
     - *Must have GS Radiography Program Patch on Left Shoulder.*

6. Compliance with the Program dress code *includes* appropriate personal hygiene and cleanliness. *Uniform and person shall be clean for each clinical day.*
7. Students assigned to a surgery rotation will wear the appropriate scrub suit as required by surgery department.

8. Any student found to be out of uniform will be required to immediately correct/obtain the appropriate items to fulfill uniform requirements.
   - First occurrence, student will be allowed to return to clinic after corrections have been made to the uniform. Time missed will be counted as absence.
   - If correction can be made without leaving the facility, make the correction without leaving. No time will be counted as an absence.
   - Upon second occurrence, the student will be sent home for the remainder of the day. Time missed will be counted as absence and required to be made up at the next break.

**HEALTH AND SAFETY POLICY**

The purpose of this policy is to safeguard the health and safety of the students and patients associated with educational activities of the Good Samaritan Radiography Program. This policy relates to the relationship of the students to the hospital structure and thus specifies that the students fall under the associated guidelines and requirements the same as all employees of the hospital.

1. Upon acceptance into the program each student must have:
   - **Physical Examination**
     a. New students will obtain a physical prior to April orientation from a physician of their choice. Provided health form will be filled out and returned to Program office.
     o Whenever possible reasonable accommodations for conditions identified by the physical examination will be provided in accordance with the Americans with Disability Act.
     b. Immunization records (copies) are to be submitted to the Program office and GS Employee Health clinic.
     c. Meningitis & Hepatitis B immunizations are strongly recommended for the student’s personal safety. Declaration of denial of these must be submitted for student record.
   - Laboratory tests as prescribed by GS Employee Health clinic completed through GS (cost may apply)
   - Pass a drug and alcohol screening and Criminal Background check

If, in the opinion of the hospital authorities, a student does not meet health requirements of the hospital&/or Criminal background clearance, the student must withdraw from the program (As specified in the application packet & per program policy).
Students are required to adhere to all health and safety training requirements for employees as specified by the hospital and clinical sites. These requirements include, but are not limited to:

- Yearly Tuberculosis screening (skin test) and Influenza immunization (provided at no cost to the student by GS).
- Yearly Fire and Safety training and Blood borne pathogen familiarization
- Access to Employee Health Service for evaluation, minor treatment, and/or referral to a family physician
- Fit Testing (PPE)

2. Students are required to practice careful medical asepsis to assist in the prevention of the spread of disease to or among patients and staff.

- Proper aseptic techniques are covered in the program curriculum during RADG 103 & 110, Patient Care in Radiologic Sciences I & II, as well as during the hospital provided training on blood borne pathogens.
- Protective clothing, gloves, masks, and eye shields are available within the department. Instruction of their proper use will be provided in RADG 103 & 110.
- Students are required to wash their hands before and after caring for each patient or use other proper hand hygiene protocols.

3. In case of sickness or accident during class or clinical, the student shall report immediately to the instructor or supervisor.

- If immediate first aid is needed, a qualified staff member will assist the student.
- If other than basic first aid is needed, and at Good Samaritan, the student is referred or taken to the Employee Health Office.
- If life threatening, the student is taken to the Emergency Room. (Fees apply)
- Students at other clinical sites will report to the Clinical Instructor or Supervisor and appropriate care will be administered per the facility’s policy. (Fees apply)
- For emergency or pharmacy services there will most likely be a charge. Students are encouraged to have health insurance as they deem appropriate.

4. Students must follow the specific policies and procedures concerning communicable diseases and patient care practices while at their clinical sites.

- Any special immunizations, procedures or training required of their employees will be required of the student.

6. LATEX SENSITIVITY STATEMENT

As the use of latex gloves and other latex items became more frequent in the 1980’s, so did the number of repeated health problems related to latex. Hundreds of items in the health care field
contain latex, and latex sensitivity often becomes worse with more frequent exposure to latex. GSH has minimized the use of latex products throughout the hospital. Other clinical sites may not have removed latex products from use. Therefore, If you think you may have a latex allergy, 1) limit use as much as possible and seek the advice of your physician. 2) Check package labels, avoid powdered gloves, select nitrite or vinyl gloves if appropriate/available and wash hands immediately after wearing gloves. 3) Notify your instructor if you develop a skin rash or you have difficulty breathing after using/wearing latex products.  

Rev. 6/16; reviewed 2/16
PROGRAM THESE PHONE NUMBERS INTO YOUR CELL PHONE!

PHONE NUMBERS FOR PROGRAM CLINICAL SITES

Good Samaritan Hospital

<table>
<thead>
<tr>
<th>Diagnostic:</th>
<th>Radiology Front Office:</th>
<th>Ultrasound:</th>
</tr>
</thead>
<tbody>
<tr>
<td>812-885-3734</td>
<td>812-885-3351</td>
<td>812-885-3697</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CT:</th>
<th>MRI:</th>
<th>Nuclear Medicine:</th>
</tr>
</thead>
<tbody>
<tr>
<td>812-885-3735</td>
<td>812-885-3945</td>
<td>812-885-3288</td>
</tr>
</tbody>
</table>

Daviess Community Hospital Operator: 1-800-356-2077 or 812-254-2760

Lawrence County Memorial Hospital Operator: 1-618-943-1000

Gibson General Hospital Operator: 1-800-823-0409 or 1-812-385-3401

Richland Memorial Hospital Operator: 1-618-395-2131 or 1-618-395-6048

CLINICAL ATTENDANCE POLICY / PROCEDURES

As stated in the Program section of the handbook (Attendance Policy), pages 21 through 25.
CLASS/CLINICAL SCHEDULE

PROGRAM SCHEDULE
Classes and clinical rotations are conducted Monday through Friday with some evening clinical rotations.

The student’s daily schedule is based on Didactic Classes and assigned Clinical Rotations. Student Program schedules will be as follows:

**First year students:**

Summer I - term 1

- **Weeks 1 – 4**
  - Didactic classes for Monday - Friday, 8:00 am - 4:00 pm
- **Week 5 only**
  - Clinical Rotations Orientation (Schedule TBA)
  - Didactic classes Monday – Thursday (Schedule TBA)
- **Beginning Week 6**
  - Didactic (Class) times will be 8:00am – 4:00pm on Monday and Wednesday; Tuesday and Thursday mornings 8:00am – 11:30am to the end of the term.
  - Clinical rotations from 12:00pm – 4:00pm on Tuesday and Thursday and 7:30am - 4:00pm on Friday through the end of the term.
  - Exceptions: Central Time Zone Sites (LCMH, GGH, RMH); Friday 7:30am-400pm CENTRAL Time (equals 830a – 500p Eastern Time)

For Fall I & Spring I -terms 2 & 3:

- Procedures Lecture and Positioning Labs on Monday, Wednesday and Friday mornings (8:00am – 11:30am)
- Didactic classes will be Monday, Wednesday and Friday (12:30p.m. – 4:00p.m.)
- Clinical rotations will be Tuesday and Thursday; 7:30am – 4:00pm; Tuesday and Thursday evening rotations; 2:30 pm - 11:00 pm EASTERN (RMH - 1:30pm – 10pm CENTRAL Time).

**Second year students:**

Summer II (term 4) Program Days:

Monday & Wednesday for 9 hours each day; Tuesday & Thursday 8 hours each day

1) Clinical Days for the Summer II Term (Monday & Wednesday): 7:00am – 4:30pm
2) Clinical Days – Summer II Term (Tuesday & Thursday): 7:00am – 12:30pm
3) Class times (Tuesday & Thursday) 1:00pm – 3:00pm
4) Evening rotations Monday and Wednesday – 1:30pm – 11:00pm [EXCEPTION: RMH 12:30pm – 10:00pm (CENTRAL Time)]; take a 30 minute dinner break.
5) Evening rotations **Tuesday and Thursday** – (3:00pm – 9:00pm)
a) Clock out from Class; **THEN** Clock in for clinical (after all of class has clocked out)

b) Go to clinical site RMH (travel time included)
   
   Travel times: GSH - 5 minutes; DCH – 30 minutes; RMH – 45 minutes
   
   (Times will be monitored as needed)

c) Clock for thirty minute dinner break during your evening (**NOT** at 8:30pm)

d) Stay until 9:00pm – **THEN** Go home.

For Fall II & Spring II - terms 5 & 6:

- Program days will be Monday –Friday:
- Didactic class time will be Tuesday & Thursday 10:00am – 12:00pm, 1:00pm – 3:00pm
- Clinical rotations will be Monday, Wednesday, & Friday, 7:30am – 4:00pm; evening rotations, 2:30 pm - 11:00pm (Eastern Time); RMH Eve rotation, 1:30pm – 10:00pm (CENTRAL Time).

**OTHER CLINICAL CRITERIA**

- Instructor office hours will be posted.
  - Students are scheduled in various clinical areas for two - three week rotations unless otherwise specified.

- Transportation to and from Good Samaritan, Vincennes University, Daviess Community Hospital, Gibson General Hospital, Richland Memorial Hospital and Lawrence County Memorial Hospital for class, clinical or associated program functions is at the student’s own expense and risk.
- GSH Radiography Program, hospital or faculty is not to be held liable for any illness, injury or damages incurred by the student in the course of completing this program of study.

**CLINICAL SUPERVISION POLICY**

This policy has been developed to help meet the simultaneous goals of maintaining quality patient care and diagnostic procedures in the department while providing a quality and structured educational experience for the radiography student.

GSH Radiography Program uses the following definitions, which supports JRCERT Standard 4, Objectives 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7 and 4.8:

**Direct Supervision** (directly supervised) means that there is a Registered Radiographer, RT(R), in the radiographic room with the student. The student is encouraged to position and set technique according to his/her level. The positioning and technique should be evaluated by the radiographer prior to making the exposure.

**Indirect Supervision** (indirectly supervised) means that there is a Registered Radiographer, RT(R), within immediate access. Immediate access is interpreted as being within “earshot” of the radiographic room. Examples would be the control area in the GS Radiology department is considered to be within earshot for Rooms 1 through 5. Indirect Supervision in ER means that a Registered Radiographer is in the ER and is readily available.
accessible to assist the student. Indirect Supervision on portables means there is a Registered Radiographer on the nursing unit floor with the student and is readily accessible to assist the student. *Telephone or pager communication is not considered immediate access.*

**Policy:**

A. All students must be **directly supervised** by a Registered Radiographer at all times during the student’s performance or observation of any procedure for which the student has not completed a Clinical Competency Evaluation or when performing repeated radiographs. Once a student has earned competency credit he/she may perform examinations under the following conditions:

1. First year students may perform non-contrast studies with indirect supervision once they have achieved competency credit for that particular procedure. **At no time during the first year will the first year student perform contrast studies with anything less than direct supervision.**
2. Second year students may perform all contrast and non-contrast studies with indirect supervision once they have achieved competency credit for that particular procedure. **EXCEPTION: Venipuncture should always be performed under Direct Supervision.**

B. Surgery rotations require **direct supervision** for both first year and second year students.

C. ER rotations are allowed **indirect supervision** once competency has been achieved on the exam. **There should always be a Registered Radiographer in the ER when a student is performing an exam.**

D. **All repeat radiographs**, regardless of student level or competency, **must be performed under the direct supervision of a Registered Radiographer.**

E. Students are not to be utilized for the purpose of “cheap labor” or as a replacement for a staff technologist, transporter, etc. They are here for the specific purpose of learning and developing skills in the field of medical radiography. During clinical hours students are expected to be in their assigned areas at all times.

1. During times when there are no procedures being performed in the student’s assigned area, they can be reassigned to another clinical area, provided they remain under the clinical supervision guidelines and do not displace a student assigned to that area. These changes should be approved by the Clinical Instructor and/or the Education Coordinator. If neither is available, changes will be approved by the person in charge of the clinical area.
2. At times when there are no available alternate areas or procedures being performed, students are encouraged to study.

F. There are **no clinical responsibilities** related to patient care that are specifically or exclusively “student responsibilities”.

1. Students are expected to assist in all areas, but are not to be the person exclusively assigned to specific tasks. An example of improper student assignment would be cleaning up after a messy barium enema case because the technologist does not want to or because the technologist feels that the task is “student responsibility.” By the same token students are not excused from tasks such as cleaning up after a barium enema because “they are not paid to do dirty work”.
2. The technologists and students should work together to accomplish the quality delivery of patient care and simultaneously meet the educational objectives of the program.
3. Clerk duties
a. Students may need to answer phones, take messages, make copies of images, direct patients and family to areas of the hospital, etc.

G. Students may be requested to perform other tasks related to the operation of the department. This is permissible provided a student is not involved in a procedure.

H. During unusual circumstances within the department (e.g. disasters) the students will assist as needed to provide quality patient care and smooth operation of the department.

1) It remains the responsibility of the technologist / student to utilize all available immobilization and image receptor holding devices. **ALARA**: As Low As Reasonably Achievable; is our primary guideline for radiation exposure both to ourselves as well as our patient.

In accordance with radiation protection guidelines (NCRP Report No. 105, Sec. 8.4.4), “Students should not have the responsibility of routinely holding patients during diagnostic radiology procedures. **Patients should be held only after it is determined that available restraining [positioning] devices are inadequate.** Individuals holding patients for x-ray procedures should be provided with lead aprons and lead gloves and should be positioned so that no part of their body is exposed to the direct radiation beam.”

2) In the cases where holding a patient or image receptor during an exposure is mandatory, the responsibility should fall to someone acceptable in accordance with recognized radiation protection measures.

Recommended qualifications of a holding person:

- Must be 18 years of age or older
- May be a parent, guardian, or other relative.
- Must not be pregnant
- Must not be routinely exposed to radiation due to occupation

I. Scheduled Procedure/Positioning Lab Practice sessions will be supervised by either the instructor of record for the Lab course, Program Education coordinator, or Registered Technologist as appropriate for the session.

1) Students will not cause radiography personnel or students to be exposed to radiation during practice sessions.

2) Formal practice sessions will be conducted under direct supervision.

**GSH RADIOLOGY DEPARTMENT COLLIMATION PRACTICE**

Currently, students are encouraged to place the side marker on the correct side at a distance of two finger widths from the part shadow. The collimated field edge should be no more than two finger widths from the outside marker edge.

Exceptions:
Trauma extremity exams may require a longer collimated field per the ordering physician.
Orthopedic Surgeons may require a different collimation used.
Small parts may not need a 3 – 4 inch collimated field edge, use your best judgment in this case.

MARKER PLACEMENT

All images produced are required to have markers to indicate side and student / technologist identity. GS Radiology Department policy is to be followed while at this location. See department manager for full details; the following are the basics for marker use.

- Markers are to be placed on the image receptor;
- Markers are to be placed correctly for side and patient orientation
- Location of marker placement is to be outside of pertinent anatomy and within the collimated field;
- If needed, Markers may be placed on the table but not on the patient.

Other clinical sites may use different standards for marker placement. Students are to follow the policy of the clinical site they are attending.

- Digital markers should only be used as a last resort and only placed by or under the supervision of the technologist.
- Images submitted for competency review found to not follow these guidelines will be subject to penalty on marker placement / use.

STUDENT TRANSPORTATION OF PATIENTS

The student should never be used exclusively for transporting patients for the department. However, transporting patients by a student may be necessary in the following circumstances:

- Students are allowed to transport patients on which they are to or have performed exams.
- Technologists should accompany the student.
- On occasion, students may transport for other modalities in radiology when transported patient exams were observed by the student or when technologists are also transporting patients for other modalities.

CLINICAL ROTATIONS OUTSIDE OF GSH RADIOLOGY DEPARTMENT

Good Samaritan Radiography Program utilizes Clinical Education Settings outside of Good Samaritan. Students are required to rotate through these facilities. Transportation to and from these outside facilities is at the student’s expense and risk. Travel to these facilities will be viewed the same as travel to and from Good Samaritan.
These outside facilities have the contractual right to refuse to allow any student to return to their facility if the student has demonstrated behavior that is in violation of that facility’s policies or is detrimental to the quality of patient care or the safety and well-being of staff and/or patients of that facility. Students who fall into this category will be assigned alternate clinical assignments (if available) at the Education Coordinator’s discretion. If no alternate areas are available the student could be dismissed from the program. Severe violations of other institution’s policy will be reviewed and may result in removal of the student from the GS Radiography Program unless sufficient written justification for remaining in the program is approved by the program officials.

Contrast Media Injection / Venipuncture Policy

The purpose of this policy is to insure appropriate safeguards for the patient, the student, the Department of Radiology, and Good Samaritan in reference to the administration of intravenous contrast media by the student. The following policies will apply for the IV administration of contrast agents by students of the Good Samaritan Radiography Program:

1. **Only second year students** are permitted to inject contrast media and **only** after having received education in contrast media, venipuncture, CPR, and potential reactions to contrast media. This stipulation includes patients with or without existing IV lines.

2. To achieve competency, a minimum of two patient venipunctures must be done in the presence of a Registered Radiographer or Nurse.
   - Venipuncture practices may be completed at Daviess and GS Hospitals only.
   - Venipuncture competencies can only be performed in the Diagnostic, CT or MRI areas at Good Samaritan.
   - The student will then be approved for venipuncture and injection of contrast agents by the GS Medical Director of the Radiology Department, Radiology Department Director and the Education Coordinator or Program Instructor.
   - Evidence of this approval will be in written documentation.

3. **Upon achieving competency, the student will be allowed to perform venipunctures and inject contrast at Good Samaritan and Daviess Community Hospital.**

4. **The student must be under direct supervision for all venipuncture procedures/practices and/or IV contrast administration.** Direct supervision means there is a Registered Radiographer or Nurse, who has been approved by the Medical Director of the Radiology Department to administer contrast agents, present in the room during the performance of the entire injection and during the post-injection time period during which allergic reactions are most likely to occur.
5. The student will adhere to hospital guidelines related to standard precautions for bloodborne pathogens throughout the venipuncture process.

6. The student shall not exceed two attempts to establish an intravenous site on any patient. At this point the supervising Registered Radiographer or Nurse should take over.

7. **First year students are not permitted to inject contrast media.**
   - This restriction includes the pushing of the syringe plunger, even though the Registered Radiographer or Nurse inserted the needle into the vein or IV tubing.
   - First year students can assist in filling syringes with contrast media if this activity is supervised by a Registered Radiographer or Nurse.

---

**RADIATION EXPOSURE**

Persons entering the Radiography profession must be aware that they will receive some radiation exposure and must willingly accept the slight risks associated with it. All efforts are made in the Radiography Program to maintain personnel exposures to the lowest possible levels. Current standards limit occupational exposure to 5000 millirem (mRem) annually. Students’ exposure dose limits are set lower at 2000 millirem (mRem) annually. The program utilizes the principle of ALARA, As Low As Reasonably Achievable, to keep radiation exposures to a minimum.

Dosimeter reports are reviewed monthly and quarterly by the Radiation Safety Officer (RSO). If the Radiation Safety Officer considers the recordings high (over 166 mRem per month) or indicate a pattern of high exposure, an investigation will be initiated. High readings and patterns of high exposure will be discussed with the Education Coordinator. Circumstances that may have attributed to the exposure and Radiation Protection Standards will be reviewed with the student. The student’s clinical schedule may be adjusted upon the findings of the investigation.

---

**RADIATION MONITORING**

All students are provided with a personal monitoring dosimetry badge. Dosimetry badges are to be worn at the collar level of the student’s uniform and on the outside of the lead apron at the collar level (worn outer most layer). Dosimetry badges are changed each month and it is the responsibility of the student to make sure the badge is changed on the specified date so it will be returned with all other badges. Badges are to be kept hung on the badge holder at the end of the day. Students who are at away clinical sites should place their badges on that facilities badge holder at the end of the day when they are going to be returning there for clinical rotations the next day(s). Badges are to be kept away from heat sources, out of the sun and away from microwaves. Students are shown their exposure reports each month and are required to initial their reading.
Copies of the reports are posted in the department and kept on file in the classroom and the Radiology Department office as well.

Tampering with or intentionally irradiating personal radiation monitoring devices is grounds for immediate dismissal from the program.  

**PREGNANCY POLICY**

The declaration of pregnancy must be in writing and is voluntary, but it is highly recommended. It should be noted that the declaration can be revoked at anytime. Revoking of the declaration of pregnancy must also be in writing.

Upon the students’ declaration, the student will meet with the Radiation Safety Officer (RSO) to review radiation safety standards. The student’s dosage history will be reviewed by the RSO. During pregnancy, fetal dosimetry badge readings may not exceed 0.5 rems (or 500 mRem) for the entire pregnancy. If the student’s exposure record indicates a fetal dosage above the limited amount during pregnancy, the student’s clinical assignments will be adjusted at the discretion of the Education Coordinator, RSO and Program staff.

**PRECAUTIONS**

Studies have shown that normal work and rotation schedules can be observed by all students throughout a pregnancy, without exceeding an embryo / fetus dosimetry reading of 500 mRem in 40 weeks.

A pregnant student who voluntarily declares her pregnancy will have one of the following options from which to choose:

a. The student may continue in the Radiography Program until such time as her personal physician determines that she is unable to continue, based on her physical condition, not on radiation exposure. Such a student will be treated in the same manner as any other student who, because of a temporary physical condition, is unable to report for classes or clinical practice.
   o Adherence to this option may result in extending the time of enrollment so that the student can accomplish missed course work, clinical competencies and clinical time required for graduation.

b. The student may request a Medical Leave of Absence from the program for a period not to exceed one year. The student will be reinstated into the program at the appropriate time for completion of the required program courses and competency requirements.

*Rev. 4/07; reviewed 4/09*
RADIATION GUIDELINES – PREGNANT STUDENTS

Upon voluntary declaration of a student’s pregnancy to the Education Coordinator of the Radiography Program, certain guidelines will become effective if that student wishes to continue in the program.

1. The student will be required to wear a fetal dosimetry badge at waist level. When wearing a wrap around or two lead aprons, the fetal badge will be worn under the apron.

2. The student will maintain her scheduled clinical rotation.

3. During mobile examinations and fluoroscopic procedures, the student will wear two aprons or use a wrap-around apron.

4. The total exposure to the student’s fetal dosimetry badge is to be kept at 0.5 rems (500 mRem) or less over the entire gestational period.

5. The student is provided the following information.

MAGNETIC RESONANCE SAFETY INSTRUCTION/SCREENING

Safety education is required for staff members that provide patient care in the magnetic environment. Prior to entering the MRI environment, all new Radiology students must go through an MRI Safety In-Service Program. Documentation of attendance will be kept on file for the duration of the students’ program time.

SAFETY PROCEDURE

Procedures for All Persons Entering the Magnetic Field

1.1. Prior to their rotations in MRI, All students will complete the following:
   • read and complete the MRI Safety and Important Information Checklist
   • View the MRI Safety video (MRI Safety for Non-MRI Personnel, 2006, ICPME)
   • Fill out a GSH/MRI–Non Patient or Hospital Employee History and Screening Safety Form.
   • The information will be reviewed by the MRI technologist prior to the students’ rotations in MRI
   • Documentation will be kept on file for the duration of the students’ program time.

1.2. MRI Staff will be responsible for screening all radiology personnel, students and equipment entering the MRI scanning environment.

1.3. For students deemed unable to enter the MRI suite, rotations in this area will be altered.
   • Students will be required to complete all written assignments given to students rotating in this area.
• Non-rotating students will be able to interview technologists and department manager to learn about this modality.
• Alternate rotation area will be assigned

REFERENCES

Good Samaritan MRI Department will follow the guidelines recommended by the Joint Commission on implementing the four zone concept as defined by the ACR Guidance Document for Safe MR Practices: 2007.

For MRI Safety information and guidelines, Good Samaritan will use the following web sites.
• www.MRI safety.com – Frank G. Shellock, Ph.D. / Emanuel Kanal MD.
• www.IMRSER.org
• www.acr.org
CLINICAL COMPETENCY EVALUATION PROGRAM

The Clinical Competency Evaluation Program (CCEP) of Good Samaritan Radiography Program consists of eight interrelated divisions and sections on grade assessment and records. The divisions are as follows:

I. Didactic Instruction
   Previously discussed

II. Clinical Education

   A. Clinical / Procedure Laboratory Sessions
      1. The Instructor will give instruction and demonstrations of various examinations / projections.
      2. The class is divided into groups of at least two members. Each group will meet for approximately one hour of positioning lab in available exam room or other appropriate area of the department with the Instructor.
      3. The Instructor will demonstrate the positioning of each projection included in the unit and answer any questions.
         - Bony landmarks and central ray locations will be discussed.
         - Equipment manipulation will be demonstrated.
         - Anatomy to be demonstrated on each projection will be identified.
      4. Following the demonstration by the Instructor the student will practice positioning a fellow student for all the procedures included in the unit. The Instructor closely observes and assists in the student’s performance.
         - Practice sessions may cover one or more laboratory sessions, depending on the level of difficulty.

   B. Clinical Block Test (CBT)
      1. The clinical block test will be given in a laboratory session following demonstration, practice and review.
      2. The student will be expected to simulate all examinations or projections listed on the Clinical Block Test form.
      3. Each projection of a radiographic examination is graded on a scale of 1-10 points with 10 being the highest score. The following items make up the criteria for evaluation:
         a. Source to image distance (1)
         b. Position of part (AP, PA, Obl and Lat.) (2)
         c. Centering of central ray (1)
         d. Angle of central ray (degrees & direction) (1)
e. Image receptor size (1)
f. Image receptor orientation (CW, LW) (1)
g. Collimation and Shielding (2)
h. Presence and location of ID Markers (R/L, arrow) (1)

4. The student must achieve a score of 80% or higher to pass and be able to move on to the next positioning lab.

5. If a student does not score an 80% on the block test, the Instructor will review the material with the student and retest.

6. As a penalty, the student’s score will be reduced by 5 percentage points on the retest examination.

7. If the student fails the initial retest, 10 percentage points will be deducted from the second retest.

8. If the student fails the second retest he/she may be placed on academic probation for the remainder of the semester. The student has until the end of the semester to pass the CBT. The best score obtainable will be 80%. All additional CBT must be passed to successfully complete the clinical course.

**POSITIONING LAB CURRICULUM**

<table>
<thead>
<tr>
<th>Summer Semester, First Year</th>
<th>Spring Semester, First Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest I (Chest Viscera)</td>
<td>Foot &amp; Toes</td>
</tr>
<tr>
<td>Chest II (Bony Thorax)</td>
<td>Toes &amp; Ankle</td>
</tr>
<tr>
<td>Abdomen I (KUB, Upright, Decubitus)</td>
<td>Lower Leg</td>
</tr>
<tr>
<td><strong>Fall Semester, First Year</strong></td>
<td><strong>Knee I</strong></td>
</tr>
<tr>
<td>Hand/Fingers</td>
<td>Knee II</td>
</tr>
<tr>
<td>Wrist I</td>
<td>Femur &amp; Pelvis</td>
</tr>
<tr>
<td>Wrist II</td>
<td>Hip, Ilium &amp; Sacroiliac joints</td>
</tr>
<tr>
<td>Forearm &amp; Elbow</td>
<td>Lumbar Spine</td>
</tr>
<tr>
<td>Humerus &amp; Elbow</td>
<td>Thoracic Spine &amp; Sacrum and Coccyx</td>
</tr>
<tr>
<td>Shoulder</td>
<td>Cervical Spine</td>
</tr>
<tr>
<td>Clavicle &amp; AC Joint</td>
<td>Skull I</td>
</tr>
<tr>
<td>Abdomen II</td>
<td>Skull II</td>
</tr>
<tr>
<td>Abdomen III</td>
<td></td>
</tr>
</tbody>
</table>

**III. Procedure Practice Guidelines with Direct Supervision**

A. **After passing the Clinical Block Test:**

1. The student may begin counting practice procedures on patients under direct supervision of a registered radiographer.

2. The student must record the patient ID number, date of exam, exam performed in the clinical log book; tech will initial the practice.

3. A minimum of three exams are needed prior to attempting competency exam.
B. **When attempting a competency the following criteria must be met:**

1. Registered Technologist or Clinical Instructor must be present to observe and evaluate.
2. One student per exam per patient; No sharing of exams or patients with multiple examinations.
3. Anatomical markers should be visible on all practice and competency exams.
4. Three previous exams must have a Registered Technologist’s signature or initials in the clinical log book next to the exam completed.

C. **Record of Clinical Education for Radiography Students**

1. The student must have recorded a minimum of three exams (specific procedure, MRUN numbers, exam date, and tech initials) for each procedure that he/she wishes to perform for a competency evaluation. **NO PATIENT STICKERS ALLOWED.**
2. Maintenance of this log book is the sole responsibility of the student. Loss of this book shall result in the student having to acquire three additional practice exams for each competency challenge, unless the student can provide documented proof of practices listed in the lost record.
3. This log book contains sensitive information. The student must be aware that failing to keep this information secure is a HIPAA violation and could result in dismissal.
   a) If you are given a sticker from a tech, write only the information necessary in your book and destroy the sticker. **DO NOT** put these stickers in your ASRT log book. **Place stickers in the green trash bag for destruction.**
   b) Only use the MRUN number, exam type and date of exam.
   c) This log book is a part of your clinical uniform and therefore you must have it on/with you during rotations. You are not to leave it unattended for *any* reason.
   d) Technical factors are best put in your Merrill’s pocket guide as your ASRT log book will be turned in for destruction at the end of your program.
4. Tampering, destruction or theft of another students log book will result in a minimum of a written disciplinary action to a maximum of dismissal from the program.
IV. Clinical Competency Evaluation Description

A. Part “A” of the evaluation form can only be completed by a Registered Radiographer. Part “B” must be completed by the Clinical Instructor, Education Coordinator or designee before competency has been achieved.

B. The student must inform the technologist prior to the beginning of the examination that they want to attempt the competency.

C. During the evaluation, the Registered Radiographer will observe the student’s performance.
   1. If the Registered Radiographer must intervene for any reason during the procedure, the competency attempt is terminated. (NOTE: Techs may ask suggestive questions to lead student to determine any errors for correction prior to exposure. [i.e.: Have you checked everything?] This will not terminate the competency, unless student fails to make appropriate corrections.)
   2. If a radiograph must be repeated because of the student’s error, the competency attempt is terminated.

D. Evaluation of images (Part B of the competency form):
   1. The student must be able to correctly answer questions concerning the radiographs, procedure, patient care and pathology, techniques, etc (according to student education level).
      o Away Site CI or Supervising Tech will review & score these with the student.
      o Program Instructors will review competencies completed at GSH Sites only.
   2. Competency is achieved with a grade of 90% or higher on Part B.

E. After successfully completing a Clinical Competency Evaluation Program (CCEP), Program Instructors will indicate completion in the appropriate space on the CCEP Chart under the student’s name.
   1. The CCEP Chart is posted on the student bulletin board in the diagnostic area of the radiology department of each clinical site.
   2. CCEP charts are also located on the Program intranet website, accessible by students and CI’s.
   3. This chart provides the staff radiographers with an updated list of each student’s completed competencies. (CI’s or students should check, print and post an updated chart regularly.)

F. After successful completion of the CCEP, the student is able to perform the procedure with indirect supervision, with exceptions:
   1. IV Contrast studies.
o Second year students who have completed pharmacology course work and the IV lab may perform IV starts and contrast injections for practice and competency, primarily at Good Samaritan. Clinical site discretion whether students may perform practices at other sites.

o Venipuncture and contrast injections are to be under direct supervision only.

2. Any repeat of a radiograph must be done in the presence of a Registered Radiographer (Direct Supervision).

H. Competency Distribution

1. First year students are expected to complete a minimum number of competencies per the following schedule (Completing additional competencies is encouraged):

   o 1 competency by the end of the summer term (August break)
   o 3 competencies by midterm of the first fall semester (October break)
   o An additional 6 competencies by the end of the first fall semester (December break) for a total 10 competencies.
   o A minimum of 12 additional competencies are to be completed by the end of the first year spring term (May break) for a cumulative total of total of 22 competencies.

2. Second year students are expected to complete:
   
   ➤ A minimum of 6 additional competencies by the end of their summer term (August break);
   
   ➤ A minimum of 12 additional competencies by the end of the second fall term (2nd December break) for a cumulative total of 40 competencies;
   
   ➤ 12 additional competencies will be completed by the end of the second spring term (2nd May break) for a cumulative total of 52 competencies.

I. If a student fails to complete the required number of competencies by the above end of term timelines, one percentage point for each competency short for the minimum requirement will be deducted from the overall clinical grade for that particular grading period.

   ➤ Additional competencies completed may be carried forward to the next term as needed.

J. The ARRT sets minimum competency requirements. Programs are at liberty to modify these requirements according to exam types and quantities seen. Programs may increase but not decrease from the ARRT requirements.

1. Examinations on the Clinical Competency Evaluation Program (CCEP) chart designated “M” are mandatory exams;
32 of the 37 examinations in this category must be performed on actual patients.

No more than 5 of the 37 may be simulated for competency determination.

2. Examinations on the CCEP chart designated “E” are elective exams.
   > Students must demonstrate competency on at least 15 of the 34 listed elective procedures.
   > A minimum of 10 performed on actual patients.

3. Exams chosen for simulations will be determined by program faculty.

4. Failure to complete the required number of exams on actual patients will result in the student extending his/her clinical experience beyond the end of the program until such time this requirement is met or by the end of the program extension.
   > If the number of competencies is not met by the end of the extension, the student will be dismissed from the program, ARRT readiness status will be revoked, etc.

V. Clinical Grade Assessment

A. The first year student’s summer clinical* grade is evaluated and graded in the following areas:
   1. Clinical Block Tests – 35% of the clinical grade
   2. Student Performance Evaluations – 35% of the clinical grade
   3. Clinical Competency Evaluations – 30% of the clinical grade

   * Summer terms will not have CI evaluations.

B. The first year student’s fall & spring clinical grade is evaluated and graded in the following areas:
   1. Student Performance Evaluations – 30% of the clinical grade
   2. Clinical Competency Evaluations – 35% of the clinical grade
   3. Clinical Instructor Evaluation – 35% of the clinical grade

C. The second year student’s summer clinical* grade is evaluated and graded in the following areas:
   1. Clinical Competency Evaluations – 50% of the clinical grade
   2. Rotation Evaluations – 50% of the clinical grade

   * Summer terms will not have CI evaluations.

D. The second year student’s fall & spring clinical grade is evaluated and graded in the following areas:
   1. Clinical Competency Evaluations – 35% of the clinical grade
   2. Student Performance Evaluations – 30% of the clinical grade
   3. Clinical Instructor Evaluation – 35% of the clinical grade
E. Procedure/Positioning Labs II & III

- Clinical Block Tests – 100% of the Lab grade

The clinical grading scale for first and second year students is as follows:

- 93-100        A
- 85-92         B
- 77-84         C
- 70-76         D
- Below 70      F

- A grade of “C” must be maintained in all clinical courses. Failure to do so is grounds for dismissal from the program.

VI. Procedure for Obtaining Clinical Competency

A. Clinical Block Test – must pass with an 80% or higher.

B. Procedure Practice – must have performed the procedure a minimum of three times.
   1. A record of the patient ID number, date of procedure, procedure performed and technical factors used should be kept in the Record of Clinical Education for Radiography Students (Technical factors may be in Merrill’s Pocket Guide also).
   2. The three practice exams must have a Registered Technologist’s signature in the clinical log book next to the exam completed.
   3. Images should show the student’s lead marker as documentation.

C. Clinical Competency Evaluation – Part “A” of the evaluation is to be completed by the supervising Registered Technologist.
   1. The technologist is to be made aware of the competency attempt before the start of the exam. Once the exam is initiated the student can not indicate to the technologist that they want to attempt the competency.

D. Final Evaluation of the Images as related to the examination will be conducted by the Education Coordinator, Clinical Instructor or designee within one week of the date the exam was performed. (5 academic days, excludes weekends, breaks and holidays)
   1. Failure to complete this requirement will necessitate repeat of the entire competency examination.

E. The student will have documented practice procedures performed and recorded on the Clinical Competency Form for the review of the program faculty or designee.

VII. Clinical Evaluations

The following evaluations used to assess the performance and calculate clinical grade are described as:
A. **First Year Student’s Clinical Block Test** – This evaluation is used to establish that the student understands the positioning of the anatomical areas of study. **The student must receive an 80% or higher to pass.**

B. **First & Second Year Student Performance Evaluation** – The evaluation form is completed by the students’ supervising technologist. It is used to assess the student’s performance during clinical rotations. The evaluations are completed via E*Value. The students will receive a summary of their overall clinical experience quarterly.

1. **The students are advised to check with their Technologists within a couple of days to make sure they have completed the evaluation.**

   **The technologist must complete the Student Performance Evaluations via E*Value by the end of two weeks after receiving notification.**

C. **First & Second Year Student Clinical Competency Evaluation** –

1. The Registered Radiographer completing part A is to hand the competency evaluation back to the student.

2. Part B is to be completed by the Clinical Instructor, Education Coordinator or a designee upon the request of the student.

   ➢ Away Site CI or Supervising Tech will review & score these with the student.

   ➢ Program Instructors will review competencies completed at GSH Sites only.

3. With successful completion of the competency evaluation, the first year student is able to perform the procedure with indirect supervision (excluding IV contrast studies, portable and surgery exams and repeats.)

   ➢ Students will have **ONE week (5 academic days) to satisfactorily evaluate their images without penalty of losing the competency.** It is the students’ responsibility to have these competencies reviewed and submitted by the expiration date of 1 week from date of exam. **This excludes holidays, weekends & breaks.**

D. **First & Second Year Student’s Clinical Instructor Evaluation** –

1. This is based on the Clinical Instructor’s evaluation of the student and his/her ability to work with others and to perform various duties involved in the rotation.

2. Clinical Instructor Evaluations will be conducted at the end of the fall semester (December) and spring semester (May) of each academic year.
E. **Student Evaluation of the Clinical Instructors** – this is a method of allowing the students to anonymously evaluate the Clinical Instructor’s performance. These evaluations are completed at the end of the fall and the spring semesters.

F. **Student Evaluation of the Clinical Site** – this gives the students the opportunity to comment on the effectiveness and educational value of the clinical site. This form is to be **submitted within three business days post rotation**. An automatic notification from E*Value will be sent to the student at the end of the rotation. This form is to be filled out on E*Value.

G. **Student Evaluation of the Technologist** – This gives the students the opportunity to comment on the technologist they worked with. **This form is to be submitted within three business days post rotation (Wednesday)**. The student will fill out this form on E*Value at the same time as the Site evaluation form. **No notification will be sent for this form.** The form is found under the tile “Evaluations”, then “On-the-Fly” on the E*Value website. **Failure to complete this evaluation on time will result in no evaluation notice sent to your technologist and a grade of zero (0%) entered for that rotation evaluation.**

VIII. **Counseling**

This is a means of discussing the student’s attitude, motivation and behavior. Any problems that are detected can be brought to the attention of the student so he/she can take corrective steps before it becomes a crisis. Any verbal counseling will be documented and placed in the students’ file.

A. **Clinical Progress Counseling**– this type of counseling will be in the form of the Clinical Instructor evaluation of the student. The student’s current overall clinical grade will be issued to the student on the semester transcript.

1. **If a student’s clinical grade is determined to have fallen below 80%**, an academic counseling report will be initiated and the student placed on academic probation until the end of the term.

B. **Disciplinary Counseling** – A “Disciplinary Counseling Form” will be completed for any infraction of Program or Hospital policy. Refer to the section “Student Conduct” of this handbook.

IX. **Records**

A. Attendance – The student’s hours of attendance will be tracked and recorded using E-Value clocking and spreadsheet documents.

B. All completed clinical block tests will be recorded and placed in the student’s clinical file.
C. All completed rotation evaluations, student performance evaluations and technologist evaluation forms will be recorded and stored on the E*Value system.

D. All clinical instructor evaluations will be recorded and placed in the student’s clinical file.

E. All clinical competency evaluations will be recorded and stored in the student clinical file.  

Rev. 4/09, reviewed 3/13

X. **Course and Instructor Evaluations**

A. Students will evaluate each course at the end of each term

B. Students will evaluate didactic & clinical instructors at the end of each term

➢ This information will be used to monitor and improve the program structure, curriculum, textbook choices, and instructional delivery methods.

Rev. 3/13
## ARRT CLINICAL COMPETENCY

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>PROCEDURE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THORAX</strong></td>
<td><strong>PELVIC GIRDLE</strong></td>
</tr>
<tr>
<td>*M Routine Chest</td>
<td>*M Pelvis</td>
</tr>
<tr>
<td>*M Wheelchair or Cart Chest</td>
<td>*M Hip</td>
</tr>
<tr>
<td>*M Ribs</td>
<td>*M Cross Table Lateral Hip, Trauma</td>
</tr>
<tr>
<td><strong>E Decubitus Chest</strong></td>
<td><strong>E Sacrum &amp; Coccyx</strong></td>
</tr>
<tr>
<td><strong>E Sternum</strong></td>
<td><strong>E Sacroiliac Joints</strong></td>
</tr>
<tr>
<td><strong>E Soft Tissue Neck, Larynx</strong></td>
<td><strong>E Scoliosis Series</strong></td>
</tr>
<tr>
<td><strong>ABDOMEN &amp; BILIARY SYSTEM</strong></td>
<td><strong>CONTRAST STUDIES</strong></td>
</tr>
<tr>
<td><strong>M Abdomen Supine – KUB</strong></td>
<td><strong>E Upper GI Series</strong></td>
</tr>
<tr>
<td><strong>M Abdomen – Upright</strong></td>
<td><strong>E Air contrast Barium Enema</strong></td>
</tr>
<tr>
<td><strong>E Decubitus Abdomen</strong></td>
<td><strong>E Small Bowel Series</strong></td>
</tr>
<tr>
<td><strong>E Intravenous Urography</strong></td>
<td><strong>E Esophagus Study</strong></td>
</tr>
<tr>
<td><strong>E Cystogram or Voiding Cystogram</strong></td>
<td><strong>E Cystogram or Voiding Cystogram</strong></td>
</tr>
<tr>
<td><strong>E Upper GI Series</strong></td>
<td><strong>E ERCP</strong></td>
</tr>
<tr>
<td><strong>E Myelography</strong></td>
<td><strong>E Myelography</strong></td>
</tr>
<tr>
<td><strong>E Arthrography</strong></td>
<td><strong>E Arthrography</strong></td>
</tr>
<tr>
<td><strong>E Hysterosalpingogram (HSG)</strong></td>
<td><strong>Surgery</strong></td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td><strong>M C-Arm Requiring more than 1 image</strong></td>
</tr>
<tr>
<td><strong>M C-Arm Requiring manipulation around sterile field</strong></td>
<td><strong>PORTABLE</strong></td>
</tr>
<tr>
<td><strong>M Portable Chest</strong></td>
<td><strong>M Portable Chest</strong></td>
</tr>
<tr>
<td><strong>M Portable Abdomen</strong></td>
<td><strong>M Portable Abdomen</strong></td>
</tr>
<tr>
<td><strong>M Portable Orthopedics</strong></td>
<td><strong>M Portable Orthopedics</strong></td>
</tr>
<tr>
<td><strong>PEDIATRICS</strong></td>
<td><strong>6 or Younger Chest</strong></td>
</tr>
<tr>
<td><strong>E 6 or Younger Chest</strong></td>
<td><strong>E 6 or Younger Upper Extremity</strong></td>
</tr>
<tr>
<td><strong>E 6 or Younger Lower Extremity</strong></td>
<td><strong>E 6 or Younger Abdomen</strong></td>
</tr>
<tr>
<td><strong>E 6 or Younger Mobile Study</strong></td>
<td><strong>GERIATRIC–PHYSICALLY/COGNITIVELY</strong></td>
</tr>
<tr>
<td><strong>M Chest Routine</strong></td>
<td><strong>M Upper Extremity</strong></td>
</tr>
<tr>
<td><strong>M Lower Extremity</strong></td>
<td><strong>GENERAL PATIENT CARE COMPETENCIES</strong></td>
</tr>
<tr>
<td><strong>M CPR</strong></td>
<td><strong>M Vital Signs (BP, P, R T &amp; Pulse Ox)</strong></td>
</tr>
<tr>
<td><strong>M Sterile and Aseptic technique</strong></td>
<td><strong>M Venipuncture</strong></td>
</tr>
<tr>
<td><strong>M Patient Transfer (Movement)</strong></td>
<td><strong>M O₂ Administration</strong></td>
</tr>
</tbody>
</table>

By the end of your first year you should have completed a minimum of 22 Competency exams. See Handbook pg. 83-84; (H) - Competency Distribution.
**Mandatory** – To fulfill this requirement you must complete the 37 “Mandatory” competencies; **minimum of 32 must be on patients, 5 may be simulated.**

**Elective** – To fulfill this requirement you must complete 15 of the 34 “Elective” competencies; 10 of the 15 exams must be on patients (leaving 5 possible simulations).

- **Head work** – Students must **select at least one** of the 8 elective procedures from this section.
- **Fluoroscopy Studies** – Student must select either UGI or BE plus one other elective procedure from this section.
- **Trauma** is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, modifications to equipment positioning, etc. as defined by ARRT.
- **Geriatric patient** is defined as one who is physically or cognitively impaired due to age. Physically impaired – uses a walker, wheel chair, bed ridden, etc. from conditions (such as Parkinson’s or arthritis) that are associated with age. Cognitively impaired – dementia, Alzheimer’s, etc.

**Demonstration of competence includes** requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, positioning skills, radiation safety, image processing, and image evaluation. (ARRT)

**General Patient Care**

Requirement: Candidates must demonstrate competence in all six patient care activities listed below. The activities should be performed on patients; however, simulation is acceptable (see endnote) if state or institutional regulations prohibit candidates from performing the procedures on patients.

(These are not counted as part of your required number of examination competencies.)

<table>
<thead>
<tr>
<th>General Patient Care</th>
<th>Date Completed Competence</th>
<th>Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital signs (blood pressure, pulse, respiration, temperature, pulse oximeter)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile and Aseptic technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venipuncture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer of patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of patient medical equipment (e.g., oxygen tank, IV tubing)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Student Orientation
Checklist for Daviess Community Hospital Radiology Department

The clinical instructor and/or his or her designee will be responsible for discussing and/or showing the student the various locations and procedures while in the Radiology Department.

___ Introduction and tour of the hospital and department
___ Department Rules and Regulations
___ Infection Control
___ Know proper procedure for disinfecting all x-ray equipment
___ Proper use of telephone
___ Hazardous Materials and location of MSDS book
___ Importance of confidentiality
___ Location of supplies
___ Departmental protocols for procedures performed
___ Fire and Safety procedures
___ Location of fire extinguishers
___ Location of fire alarm-pull stations
___ Emergency Exits
___ Location of crash cart
___ Proper procedure to call a code

_________________________________  ______________
Student Signature                       Date

_________________________________  ______________
Clinical Instructor or Designee Signature Date

Place this in the student’s clinical file at Daviess Community Hospital.

Send a copy to the program office.
Rev. 2/2015; reviewed 1/13
Student Orientation
Checklist for Gibson General Hospital Radiology Department

The clinical instructor and/or his or her designee will be responsible for discussing and/or showing the student the various locations and procedures while in the Radiology Department.

____ Introduction and tour of the hospital and Department
____ Department Rules and Regulations
____ Infection Control
____ Know proper procedure for disinfecting all x-ray equipment
____ Proper use of telephone
____ Hazardous Materials and location of MSDS book
____ Importance of confidentiality
____ Location of supplies
____ Departmental protocols for procedures performed
____ Fire and Safety procedures
____ Location of fire extinguishers
____ Location of fire alarm-pull stations
____ Emergency Exits
____ Location of crash cart
____ Proper procedure to call a code

_________________________________  __________
Student Signature                       Date

_________________________________  __________
Clinical Instructor or Designee Signature Date

Place this in the student’s clinical file at Gibson General Hospital.

*Send a copy to the program office.*
*Rev. 11/02; reviewed 1/13*
Student Orientation
Checklist for Lawrence County Memorial Hospital Radiology Department

The clinical instructor and/or his or her designee will be responsible for discussing and/or showing the student the various locations and procedures while in the Radiology Department.

___ Introduction & tour of the hospital & Department
___ Department Rules & Regulations
___ Infection Control
___ Know proper procedure for disinfecting all x-ray equipment
___ Personal Protection Equipment (PPE) location and how they are used
___ Proper use of telephone
___ Hazardous Materials & location of MSDS book
___ Importance of confidentiality
___ Location of supplies
___ Departmental protocols for procedures performed
___ Fire & Safety procedures
___ Location of fire extinguishers
___ Location of fire alarm-pull stations
___ Emergency Exits
___ Location of crash cart
___ Proper procedure to call a code
___ Show where forms are located
___ Show where lead aprons are located

_________________________________ ______________
Student Signature Date

_________________________________ ______________
Clinical Instructor or Designee Signature Date

Place this in the student’s clinical file at Lawrence County Memorial Hospital.

Send a copy to the program office.

Rev. 3/07; reviewed 1/13
Student Orientation
Checklist for Richland Memorial Hospital Radiology Department

The clinical instructor and/or his or her designee will be responsible for discussing and/or showing the student the various locations and procedures while in the Radiology Department.

___ Introduction & tour of the hospital & Department
___ Department Rules & Regulations
___ Infection Control
___ Know proper procedure for disinfecting all x-ray equipment
___ Personal Protection Equipment (PPE) location and how they are used
___ Proper use of telephone
___ Hazardous Materials & location of MSDS book
___ Importance of confidentiality
___ Location of supplies
___ Departmental protocols for procedures performed
___ Fire & Safety procedures
___ Location of fire extinguishers
___ Location of fire alarm-pull stations
___ Emergency Exits
___ Location of crash cart
___ Proper procedure to call a code
___ Show where forms are located
___ Show where lead aprons are located

_________________________________________  ________________
Student Signature                       Date

_________________________________________  ________________
Clinical Instructor or Designee Signature  Date

Place this in the student’s clinical file at Richland Memorial Hospital. Send a copy to the program office.
Rev. 5/2015
Good Samaritan Clinical Education
Transport
Checklist

Student: _______________________________ Date(s): _______________________________

Please place a check in the appropriate box upon completion of instruction or review of the various topics. Return completed, check list, to a Program faculty or drop box in the Diagnostic viewing area.

☐ Checks ID: arm band, chart, room #, requisition

☐ Able to operate O2: on / off and setting flow

☐ Able to move patient properly

☐ Informs nurses when taking Patients

☐ Appropriately cleans wheelchairs and carts

☐ Able to understand requisitions

☐ Able to locate the floors and rooms

☐ Knows proper procedures for transporting isolation patients

☐ Shows initiative by actively participating

Evaluator Comments:

______________________________________________________________________________

______________________________________________________________________________

Evaluator: _______________________________ Date: ________________________________

rev. 2/15; reviewed 5/15
Good Samaritan Clinical Education
Office
Checklist

Student: _______________________________ Date(s): __________________________

Please place a check in the appropriate box upon completion of instruction or review of the various topics.
Return completed, check list, to a Program faculty or drop box in the Diagnostic viewing area.
Students should be able to perform these duties by the end of their rotation.

➢ Date Completed

☐ _______Able to pull electronic jackets and to check for comparisons
☐ _______Able to perform File Clerk’s duties (Image Release, Patient Info, etc)
☐ _______Knows phone functions: answering, hold, transferring, & paging
☐ _______Miscellaneous communication duties (Phone etiquette, AIDET, CD construction, etc)
☐ _______Showed initiative by actively participating

Evaluator
Comments:____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Evaluator: ___________________________ Date: __________________________

rev. 2/15; reviewed 5/15
Good Samaritan Clinical Education
CT
Checklist

Student: ________________________________

Date(s): ________________________________

Please place a check in the appropriate box upon completion of the various topics / skills. Return completed check list to a Program faculty or drop box in the Diagnostic viewing area.

- [ ] Date Completed
- [ ] Knows basic principles and protocols for CT scanning procedures.
- [ ] Knows Patient Preparation for CT exam (History, Screening, Attire, Etc.).
- [ ] Knows and understands CT Oral / IV contrast and use of Power Injector.
- [ ] Understands and recognizes the basic principles of a 3D and MPR Work station.
- [ ] Can identify the different imaging planes (Transverse, Coronal, Sagittal, Etc.).
- [ ] Can identify basic & various anatomical structures in the CT scan being performed.
- [ ] Knows and understands patient safety in CT (radiation, contrast & power injector).
- [ ] Student’s attitude and initiative to participate in learning and understanding CT.
- [ ] Present at all times during rotation.

Evaluator Comments:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Evaluator: ________________________________ Date: ________________________________

Reviewed 2/15; revised 5/15
Good Samaritan Clinical Education
Special Procedures/Interventional
Checklist

Student: ___________________________  Date(s): ______________________

Please place a check in the appropriate box upon completion of the various topics / skills. Return completed, check list, to a Program faculty or drop box in the Diagnostic viewing area.

☐  Date Completed

☐  ______ Know where to pick up requisitions
☐  ______ Verifies orders before starting procedures
☐  ______ Understands & demonstrates sterile techniques
☐  ______ Be able to pull up patient on computer (specials) & enter for exam
☐  ______ Know how to PACs images
☐  ______ Showed initiative by actively participating in exams
☐  ______ Present at all times during the rotation

Evaluator Comments:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Evaluator: ___________________________

Date: __________________________

Reviewed 2/15; revised 5/15
Good Samaritan Clinical Education
MRI Checklist

Student: ________________________________  Date(s): _____________________

Please place a check in the appropriate box upon completion of the various topics / skills. Return completed, check list, to a Program faculty or drop box in the Diagnostic viewing area. Students should be able to answer or identify each of the following key points.

☐ Date Completed
☐ _____ Knows basic principles of MRI & MRI safety in a strong magnetic field environment.
☐ _____ Knows Patient Preparation for MRI exam (History, Screening, Attire, Etc.).
☐ _____ Can recognize different MRI scan coils (cameras) and understands function of each.
☐ _____ Understands and can recognize difference of T1 & T2 weighted images and purpose.
☐ _____ Can identify the different imaging planes (Transverse, Coronal, Sagittal, etc.).
☐ _____ Can identify basic & various anatomical structures in the MRI scan being performed.
☐ _____ Understands the difference in “Ferrous” and “Non Ferrous” materials.
☐ _____ Student’s attitude and initiative to participate in learning and understanding MRI.
☐ _____ Present at all times during rotations

Evaluator Comments: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Evaluator: ________________________________ Date: __________________________
Good Samaritan Clinical Education
Surgery Checklist

Student: ________________________________  Date(s): ___________________  

Please place a check in the appropriate box upon completion of instruction or review of the various topics. Return completed, check list, to a Program faculty or drop box in the Diagnostic viewing area. Students are to be able to identify or answer the following points by the end of their program rotations in surgery.

<table>
<thead>
<tr>
<th>Topic</th>
<th>TECH</th>
<th>DATE</th>
<th>STUDENT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of surgery scrubs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instruction on proper attire for various surgeries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of recovery rooms and various surgery suites</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanation of sterile areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage location of C-arms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set-up of C-arm units</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movement of C-arms (brakes, swivels etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation of C-arm controls (exposure, manipulation and storage etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know the location of the lead aprons and thyroid shields.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know location of disinfectant spray cleaner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know proper procedure for disinfecting x-ray equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know location of scheduling boards for OR, SDSC, &amp; ENDO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location of GU rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operation of GU radiographic equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows initiative by actively participating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Evaluator: ________________________________  Date: ____________________________

Reviewed 2/15; revised 5/15
Clinical Competency Education
Performance Objectives

Clinical Performance & Clinical Competence (psychomotor)

1. Maintain radiation protection for patient, self and staff
2. Maintain a neat, clean and well stocked area
3. Manipulates equipment in a safe and competent manner (diagnostic, portable, c-arm, etc.)
4. Appropriately utilize the department’s imaging system (CR, PACS)
5. Able to prepare room & equipment for fluoroscopy procedures
6. Properly set up and utilize the digital fluoroscopy
7. Position and assist patients movement appropriately
8. Utilize proper body mechanics
9. Attend to the comfort and modesty of the patients
10. Demonstrate appropriate preparation & handling of contrast medias
11. Participate in procedures with proper supervision
12. Demonstrate working knowledge of procedures
13. Utilize standard (universal) precautions and infection control measures
14. Follow medical and surgical asepsis
15. Works well with physicians and staff
16. Demonstrate self confidence in procedure performance
17. Demonstrates initiative
18. Adheres to program and department policies
19. Appears neat and well groomed
20. Wears appropriate uniform
21. Appropriately display picture ID & program patch
22. Properly wears dosimetry badge at all times
23. Utilize anatomical markers correctly
24. Arrive for clinical assignments punctually
25. Remain in assigned area
26. Adhere to meal and break time limits
Problem Solving Skills & Critical Thinking *(cognitive)*

1. Able to adjust positioning for atypical patient
2. Maintain composure with changes in work routine
3. Demonstrate organization of tasks and procedures
4. Able to recognize priorities in level of patient care
5. Able to utilize appropriate transfer devices
6. Able to handle multiple radiographic exams on a single patient (trauma and non trauma)
7. Able to evaluate radiographs / images and make appropriate changes if needed
8. Able to adjust technical factors according to various body habitus
   
   1. Able to correct positioning and technique errors

Communication Skills *(affective domain)*

1. Identify the patient and introduces self
2. Communicates with the patient in a manner they understand
3. Communicates with physicians in a professional manner
4. Communicates with family members appropriately
5. Explains the exam to the patient prior to the exam and keeps them informed
6. Give appropriate post exam instructions
7. Keeps patient information confidential
8. Communicates to other medical staff using appropriate terminology
9. Appropriately relay written patient history to the Radiologist
10. Demonstrate professional ethics and respect for the patient
11. Able to accept constructive criticism
12. Maintain a professional attitude

*rev. 9/04; reviewed 7/09*

Good Samaritan Modality Objectives

1. Able to describe the exams performed in the modality.
2. Describe the procedure / exam request and scheduling process used in modality.
3. Identify the modalities imaging process.

*Reviewed 2/15; revised 5/15*
Clinical Performance & Clinical Competence (psychomotor)
1. Maintain radiation protection for patient, self and staff
2. Maintain a neat, clean and well stocked area
3. Manipulate equipment in a safe and competent manner (diagnostic, portable, c-arm, etc.)
4. Measure to determine correct SID for various exams
5. Able to set manual and AEC (photo time) techniques appropriately
6. Able to utilize the tomography equipment for IVP’s and other required tomograms
7. Properly utilize the Computerized Radiography (CR) system
8. Properly utilize the PACS system
9. Able to position and assist patients movement confidently
10. Assure patient is not left unattended
11. Demonstrate appropriate preparation & handling of contrast medias
12. Participate in procedures with proper supervision according to the program’s supervision policy
13. Demonstrate working knowledge of procedures performed in the various rooms
14. Utilize standard (universal) precautions and infection control measures
15. Follow medical and surgical asepsis
16. Work well with physicians and staff
17. Develop self confidence in procedure performance
18. Demonstrate initiative
19. Adhere to program and department policies
20. Present a professional appearance by being and well groomed
21. Wear appropriate uniform according to the program’s dress code policy
22. Always have your picture ID & program patch appropriately displayed
23. Film badge properly worn at all times
24. Utilize anatomical markers on all exams that you are performing
25. Arrive for clinical assignments punctually
26. Adhere to dinner time limit

Problem Solving Skills & Critical Thinking (cognitive)
1. Able to adjust positioning for atypical patient
2. Maintain composure with changes in work routine
3. Demonstrate organization of tasks and procedures
4. Able to recognize priorities in level of patient care
5. Knowledgeable of and able to perform life saving procedures
6. Able to handle multiple radiographic exams on a single patient (trauma and non trauma)
7. Able to evaluate radiographs (images) and make appropriate changes if needed
8. Able to adjust technical factors according to various body habitus
9. Able to correct positioning and technique errors
Communication Skills (affective domain)

1. Identify the patient and introduces self
2. Communicate with the patient in a manner they understand
3. Communicate with physicians in a professional manner
4. Communicate with family members appropriately
5. Explain the entire exam to the patient prior to and during the exam
6. Keep patient information confidential
7. Communicate to other medical staff using appropriate terminology
8. Appropriately relay written patient history onto the requisition for the Radiologist
9. Demonstrate professional ethics and respect for the patient
10. Able to accept constructive criticism
11. Able to maintain a professional attitude

reviewed 2/15; revised 5/15
Clinical Education
Performance Evaluation

Student’s Name: _____________________ Rotation Assignment: ____________________

Rotation Dates: _____________________ First Year / Second Year
Circle the appropriate year

Check appropriate box
Score on a scale of 1 – 4 (1 = unacceptable, 2 = somewhat, but needs improvement, 3 = most of the time, & 4 = excellent) according to the student’s education and experience. If the question does not apply to the student, indicate by checking N/A.

“This evaluation will be anonymous.”
A summary of the student’s clinical rotation evaluations will be given to them quarterly.

Evaluations will be completed via E*Value.
Evaluations need to be submitted within 3 days of the end of the rotation by student and 2 weeks by the technologist for the student to get full credit.

### Clinical Performance & Clinical Competence (psychomotor)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Maintains a neat, clean and well stocked area</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Manipulates equipment/materials in a safe and competent manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Properly utilizes department’s imaging system (CR, digital fluoroscopy, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Attends to the comfort and modesty of the patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>Utilizes standard (universal) precautions and radiation protection for patients and staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>Works well with physicians and staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates self confidence and a working knowledge of procedures performed</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrates initiative and participates at appropriate level</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9.</td>
<td>Adheres to program/dept. policies (appearance, markers, break time limits, punctuality)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10.</td>
<td>Remains in assigned area</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### Problem Solving Skills & Critical Thinking (cognitive)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Able to adapt/adjust to atypical patient or situation</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Organized and able to recognize priorities in level of patient care</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Able to handle multiple radiographic exams on a single patient (Trauma and non-trauma)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Able to evaluate radiographs / technical factors and make appropriate changes if needed</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1</td>
<td>Communicates appropriately and effectively:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>with patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>with family</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Communicates appropriately and effectively</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>with staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>pre and post exam instructions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Complies with HIPAA</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accepts constructive criticism</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Maintains professional attitude</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Evaluator’s Comments:
____________________________________
____________________________________
____________________________________
____________________________________
____________________________________
____________________________________

Evaluator’s Signature ____________________________ Date ____________________________

Evaluations must be completed and returned to the Program office by the end of the following rotation with the exception of the final rotation of the term which needs to be submitted immediately. Failure to have this form completed by the deadline will result in a 0% for that evaluation.

Any circumstances not allowing the evaluation to be completed, such as Technologist on vacation following the rotation, illness or etc, “MUST BE REPORTED DIRECTLY TO THE CLINICAL INSTRUCTOR PRIOR TO THE DEADLINE”

rev. 2/2015; reviewed 1/13
Technologist / Rotation Evaluation

Technologist Name: ______________________

Rotation Assignment: ____________________  Rotation Dates: ____________________

This evaluation will be used to evaluate the effectiveness of the Technologist you worked with the most and your clinical rotation.

“This evaluation will be anonymous.”
A quarterly summary of the Technologist’s evaluations will be given to the Technologist and the Assistant Director of the Radiology.

Check appropriate box
Score on a scale of 1 – 4 (1 below standards & 4 meeting standards) according to the Technologist’s performance with you.

<table>
<thead>
<tr>
<th>Technologist Evaluation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates understanding of the Clinical Competency System</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Complies with the Clinical Supervision Policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Provides direct supervision during any repeat exposures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Supports the educational process of the program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Stresses the importance of patient confidentiality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Provides appropriate clinical instruction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Knowledgeably answers questions about procedures and protocols</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is available to assist with exams</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Demonstrates a willingness to assist the student</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Provides positive feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Demonstrates a positive and professional attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Is a good mentor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
# Technologist / Rotation Evaluation

**Rotation Assignment:** ____________________  **Rotation Dates:** ____________________

Check appropriate box

**Score on a scale of 1 – 4 (1 below standards & 4 meeting standards) according to the area you were assigned to during this rotation.**

**Rotation Evaluation**  
"ANY RATING OF 2 AND BELOW REQUIRES AN EXPLANATION"

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> This rotation was beneficial to my learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> I was able to achieve competencies/practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> The number of exams in which I actively participated with met my expectations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> I understood the operation of the imaging equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5.</strong> I was able to manipulate the imaging equipment in an effective and safe manner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> The equipment was in good working order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> I understood how procedures were done in this area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong> Protocols and technical factors were available for my use</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Student’s Signature** ____________________  **Date** ____________________

rev. 2/2015; reviewed 2/2015
Clinical Education
Performance Evaluation
SPECIAL PROCEDURES/INTERVENTIONAL

Student’s Name: ______________________  First Year / Second Year
Rotation Dates: ______________________  (Circle the appropriate year)

Check appropriate box
Score on a scale of 1 – 4 (1 below standards & 4 meeting standards) according to the student’s education and experience. If the question does not apply to the student, indicate by checking N/A

This evaluation will be anonymous.
A summary of the student’s clinical rotation evaluations will be given to them quarterly.

“ANY RATING OF 2 AND BELOW REQUIRES AN EXPLANATION”

Clinical Performance & Clinical Competence (psychomotor)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Maintains radiation protection for patient, self and staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Maintains a neat, clean and well stocked area</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Manipulates equipment in a safe and competent manner (portable, c-arm etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Appropriately utilizes the department’s imaging system (CR, PACS, etc)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>Prepares room &amp; equipment for procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>Properly sets up sterile trays/fields</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7.</td>
<td>Positions and assists patient movement appropriately</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8.</td>
<td>Utilizes proper body mechanics</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9.</td>
<td>Attends to the comfort and modesty of the patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10.</td>
<td>Demonstrates appropriate preparation &amp; handling of contrast media</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11.</td>
<td>Participates in procedures with proper supervision</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12.</td>
<td>Demonstrates working knowledge of procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13.</td>
<td>Utilizes standard (universal) precautions and infection control measures</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14.</td>
<td>Follows medical and surgical asepsis</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15.</td>
<td>Works well with physicians and staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16.</td>
<td>Demonstrates self confidence in procedure performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17.</td>
<td>Demonstrates initiative</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18.</td>
<td>Adheres to program and department policies</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
### Problem Solving Skills & Critical Thinking (cognitive)

<table>
<thead>
<tr>
<th>Task</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusts for atypical patient or situation</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Maintains composure with changes in work routine</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Demonstrates organization of tasks and procedures</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Able to recognize priorities in level of patient care</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Able to utilize appropriate transfer devices</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Able to handle multiple tasks as applicable</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Able to evaluate radiographs / images and make appropriate changes if needed</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Able to adjust technical factors according to various body habitus</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Able to correct positioning and technique errors</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

### Communication Skills (affective domain)

<table>
<thead>
<tr>
<th>Task</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies the patient and introduces self</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Communicates with the patient in a manner they understand</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Communicates with physicians in a professional manner</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Communicates with family members appropriately</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Explains the exam to the patient prior to the exam and kept the patient informed</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Gives appropriate post exam instructions</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Keeps patient information confidential</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Communicates to other medical staff using appropriate terminology</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Able to appropriately relay written patient history to the Radiologist</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Demonstrates professional ethics and respect for the patient</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Accepts constructive criticism</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Maintains professional attitude</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

Evaluator’s Comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Evaluator’s Signature ______________________  Date _______________________

Evaluations must be completed and returned to the Program office by the end of the following rotation with the exception of the final rotation of the term which needs to be submitted immediately.

Any circumstances not allowing the evaluation to be completed, such as Technologist on vacation following the rotation, illness or etc, “MUST BE REPORTED DIRECTLY TO THE CLINICAL INSTRUCTOR PRIOR TO THE DEADLINE”
**CLINICAL INSTRUCTOR PERFORMANCE EVALUATION**

Student Name:_________________________ Evaluation Date:_________________________

Evaluation Period:____________________ Evaluation Score:_________________________

**Total Hours Missed:** (-) **Total Hours Made Up:** = **Hours To Be Made Up:**

**Overall Clinical Grade at time of Evaluation:** ________________________________

Scores based on a scale of 1 - 10 (1 below standards & 10 meeting standards)

### Clinical Performance & Clinical Competence

<table>
<thead>
<tr>
<th>Task</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in procedures at appropriate level based on training</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Maintains neat, clean, and well stocked work environment</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Manipulates equipment in a safe and competent manner (diagnostic, portable, c-arm, etc.)</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Demonstrates organization of tasks and procedures</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Positions and assists patient movement confidently</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Demonstrates appropriate preparation &amp; handling of contrast media</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Demonstrates working knowledge of procedures performed</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Properly sets up and utilizes the digital fluoroscopy</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Properly utilizes Computerized Radiography (CR)</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Maintains radiation protection for patient and staff</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Utilizes universal precautions and infection control measures</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Works well with physicians and staff</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Self confidence in procedure performance</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Demonstrates initiative</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Adheres to program and department policies</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Neat and well groomed</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Wears appropriate uniform</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Picture I.D. &amp; program patch appropriately displayed</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Film badge worn properly at all times</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Utilizes anatomical markers</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Arrives for clinical assignments punctually</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Remains in assigned area</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Adheres to lunch and break time limits</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
</tbody>
</table>

### Problem Solving Skills & Critical Thinking

<table>
<thead>
<tr>
<th>Task</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to adjust positioning for atypical patient</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Able to maintain composure with changes in work routine</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Able to recognize priorities in level of patient care</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Knowledgeable and able to perform life saving procedures</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Able to handle multiple radiographic exams on a single patient (trauma and non-trauma)</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Able to evaluate radiographs and make appropriate changes if needed</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Able to adjust technical factors according to various body habitus</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
</tbody>
</table>
**Communication Skills**

<table>
<thead>
<tr>
<th>Communication Skill</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates with the patient in a manner they understand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates with physicians in a professional manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates with family members appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explains the entire exam to the patient prior to and during the exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gives appropriate post exam instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keeps patient information confidential</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates to other medical staff using appropriate terminology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is able to appropriately relay written patient history to the Radiologist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CLINICAL INSTRUCTOR**

**COMMENTS:**


**STUDENT**

**COMMENTS:**


**STUDENT SIGNATURE:**_________________________  **DATE:**__________

**INSTRUCTOR SIGNATURE:**_________________________  **DATE:**__________

Reviewed 2/15; rev. 5/15
Examination Competency

Student Name:_________________________________ Date:_____________________________
Exam: ______________________________________ “Confidential Patient Information”
ID #:_________________________

Clinical competencies are to be performed in the presence of the Registered Technologist. The student must identify this exam as a competency attempt prior to starting the exam. Part two is to be completed within “ONE WEEK” of the date the exam was performed. A grade of 90% or above must be accomplished on the competency to pass. Examination will not be used toward competency credit if any radiographs were repeated because of positioning errors or if the student does not have their anatomical markers or the anatomical markers do not show up on the final image.

Part I. To be completed by Registered Technologist, directly observing the student’s performance
Projections:
A. ______________  B. ______________  C. ______________  D. ______________  E. ______________  F. ______________  G. ______________  H. ______________

Indicate a checkmark in Pass or Exemplary box if criteria are fulfilled or N/A if a criterion is not applicable.

This section of the Form is scored as Pass or Fail.

Clinical Performance & Clinical Competence

<table>
<thead>
<tr>
<th></th>
<th>Pass</th>
<th>Fail</th>
<th>Exemplary</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilized radiation protection and universal precautions</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Used anatomical markers appropriately</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Manipulates equipment in a safe and competent manner</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Positioned and assisted the patient confidently</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Properly utilized CR equipment</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Properly sets up and uses digital fluoroscopy</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Fluoroscopy start time</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Fluoroscopy end time</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Properly collimated to the body part being examined</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Properly sets up and utilizes supplies for exam</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Problem Solving Skills & Critical Thinking

<table>
<thead>
<tr>
<th></th>
<th>Pass</th>
<th>Fail</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to adapt/adjust to atypical patient/situation</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Organized and able to recognize patient care priorities</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Able to evaluate radiographs and adjust technical factors</td>
<td>[]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Communication Skills

Communication, pre and post-exam instructions, demonstrates empathy | [ ] | [ ] | [ ] |

Comments: ____________________________

Technologist signature     Date

Rotation Site: __________

113
**Part II. To be Completed by Education Coordinator, Clinical Instructors or designee.**

*ALL RATINGS REQUIRE AN EXPLANATION*

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can identify applicable imaging /evaluation criteria associated with exam</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2. Able to determine proper anatomical position is seen</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3. Can identify anatomy specific to projections</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4. Correct Central Ray placement for projection(s) (centering)</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>5. Proper collimation evident on images</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>6. Use of appropriate shielding evident or documented</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>7. Able to explain technique selected for the exam</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>8. Can relate exposure index numbers to patient dose and image resolution</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>9. Able to evaluate geometric properties and their impact on image (Foreshorten, elongation, magnification)</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>10. Proper use and location of anatomical markers</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>11. Explains proper use of exam’s modality (portable, CR, DR, fluoro, etc)</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>12. Identifies safe use of equipment and any immobilization devices used</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>13. Cites safety considerations regarding patient condition, positioning aids, IVs, catheters, etc.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>14. Identifies relevant pathology and how its impact technique selection</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

**Patient History/Chief Complaint/ Special Exam Set-up (Completed by Student)** (5 points)

<table>
<thead>
<tr>
<th></th>
<th>1 2 3 4 5 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

kVp ______ mA _______ Seconds ______ or mAs _______ Photocell: _______

kVp ______ mA _______ Seconds ______ or mAs _______ Photocell: _______

**C.I. / Technologist / Instructor's Feedback:** Corrections & Compliments

<table>
<thead>
<tr>
<th></th>
<th>1 2 3 4 5 6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Instructor's Signature:** ___________________________ Date Signed: ________________________

**Student's Signature:** ___________________________

Before attempting an examination for competency credit, the student must have completed classroom instruction, laboratory demonstration and practice, and the Clinical Block Testing for the anatomical region being examined. In addition, the student must have performed the procedure a minimum of three (3) times under direct supervision before attempting the competency.

**Record of Procedure Performance Under Direct Supervision**

*The three Practices REQUIRE signature of the Registered Technologist in the Record book.*

<table>
<thead>
<tr>
<th>Pt. ID #</th>
<th>Date</th>
<th>Clinical Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“Confidential Patient Information”

Reviewed 12/14, revised 2/16
Contrast Media Injection Competency Evaluation

“Confidential Patient Information”

Student Name: ________________________________

Patient # 1 ID #: __________ Date: __________ #1

Patient # 2 ID #: __________ Date: __________ #2

Technologist Signatures

A minimum of two patient venipunctures, with a 100% pass for both, must be performed in the presence of a Registered Radiographer or Nurse before receiving competency status. This can only be performed in Diagnostic, CT or MRI at Good Samaritan. Upon achieving competency, the student will be allowed to perform venipunctures and inject contrast at Good Samaritan Hospital and Daviess Community Hospital but must be under the direct supervision during the entire injection and post-injection time period, during which time allergic reactions are most likely to occur.

<table>
<thead>
<tr>
<th>A minimum of two patient venipunctures, with a 100% pass for both, must be performed in Diagnostic, CT or MRI at Good Samaritan. Upon achieving competency, the student will be allowed to perform venipunctures and inject contrast at Good Samaritan Hospital and Daviess Community Hospital but must be under the direct supervision during the entire injection and post-injection time period, during which time allergic reactions are most likely to occur.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name: ________________________________</td>
</tr>
<tr>
<td>Patient # 1 ID #: __________ Date: __________ #1</td>
</tr>
<tr>
<td>Patient # 2 ID #: __________ Date: __________ #2</td>
</tr>
<tr>
<td>Technologist Signatures</td>
</tr>
</tbody>
</table>

Technologist Signatures

Assembled IV contrast & equipment per patient size
Flushes butterfly IV tubing to rid tubing of air
Assess for “best site” of injection
Applies tourniquet appropriately
Properly puts on gloves
Palpates and locates appropriate vein
Cleanses the area with alcohol, circular motion
Maintains sterile injection site and equipment
Maintains beveled edge of needle on the up side
Communicates to the patient what they are doing
Properly makes access into the vein
Properly secures the butterfly with the tape
Removes tourniquet
Injects the contrast with the syringe pointed down
Periodically checks for blood return in tubing
Watches site for infiltration
Communicates with the patient during injection
Discontinues IV and applies 2x2 to stop bleeding
Properly handles & discards used needle & syringe
Properly takes off the gloves
Washes hands upon completion of injection
Periodically checks on patient as how they are doing

Comments:

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

rev. 2/15; revised 5/15
# Routine Projections for Competency at GSH

<table>
<thead>
<tr>
<th>EXAMS</th>
<th>“MINIMUM” Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Chest</td>
<td>PA &amp; Lateral</td>
</tr>
<tr>
<td>Chest, Wheelchair or Cart</td>
<td>AP &amp; Lateral</td>
</tr>
<tr>
<td>Ribs (Bilateral)</td>
<td>AP Upper, AP Lower, Oblique Lower &amp; Oblique Upper</td>
</tr>
<tr>
<td>Chest, Lateral Decubitus</td>
<td>Right or Left Decub as Ordered by Physician</td>
</tr>
<tr>
<td>Sternum</td>
<td>RAO &amp; Lateral</td>
</tr>
<tr>
<td>Finger or Thumb</td>
<td>PA, Oblique &amp; Lateral hand with lateral Digit involved</td>
</tr>
<tr>
<td>Hand</td>
<td>PA, Oblique &amp; Fan Lateral</td>
</tr>
<tr>
<td>Wrist</td>
<td>PA, Oblique &amp; Lateral</td>
</tr>
<tr>
<td>Forearm</td>
<td>AP &amp; Lateral</td>
</tr>
<tr>
<td>Elbow</td>
<td>AP &amp; Lateral</td>
</tr>
<tr>
<td>Elbow Trauma</td>
<td>AP (may use other trauma views), Lateral, &amp; Radial head</td>
</tr>
<tr>
<td>Humerus</td>
<td>AP Internal, AP External &amp; Lateral Elbow (include both joints)</td>
</tr>
<tr>
<td>Shoulder</td>
<td>AP, Grashey, Scapular Y &amp; Axillary</td>
</tr>
<tr>
<td>Trauma: Shoulder</td>
<td>AP &amp; Scapular Y or Transthoracic</td>
</tr>
<tr>
<td>Trauma: Upper Extremity (non-shoulder)</td>
<td>Initially Injured, (May use other trauma views) AP &amp; Lateral</td>
</tr>
<tr>
<td>Scapula</td>
<td>AP &amp; Tangential (Scapular Y)</td>
</tr>
<tr>
<td>Clavicle</td>
<td>AP &amp; AP Cephalad Angle (15-30 degree angulation)</td>
</tr>
<tr>
<td>AC Joints</td>
<td>Bilateral Exam \ AP without Weights &amp; AP with Weights</td>
</tr>
<tr>
<td>Toe</td>
<td>AP, Oblique, &amp; Lateral Foot w/ Lateral Digit of interest</td>
</tr>
<tr>
<td>Calcaneus (Os Calcis)</td>
<td>Axial &amp; Lateral</td>
</tr>
<tr>
<td>Foot</td>
<td>AP, Oblique &amp; Lateral</td>
</tr>
<tr>
<td>Ankle</td>
<td>AP, Oblique &amp; Lateral</td>
</tr>
<tr>
<td>Tibia &amp; Fibula</td>
<td>AP Proximal, AP Distal &amp; Lateral Proximal, Lateral Distal</td>
</tr>
<tr>
<td>(If Unable to do on a Single Image)</td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td>AP &amp; Lateral</td>
</tr>
<tr>
<td>Patella</td>
<td>AP Knee, Lateral Knee &amp; Sunrise</td>
</tr>
<tr>
<td>Femur</td>
<td>AP Proximal, AP Distal &amp; Lateral Proximal, Lateral Distal</td>
</tr>
<tr>
<td>Trauma: Lower Extremity</td>
<td>Initially Injured, (Splinted Extremity) AP &amp; Lateral</td>
</tr>
<tr>
<td>Upper Airway (Soft Tissue Neck)</td>
<td>AP &amp; Lateral</td>
</tr>
<tr>
<td>Cervical Spine</td>
<td>AP, Both Obliques, Odontoid &amp; Lateral</td>
</tr>
<tr>
<td>Trauma: Cervical Spine</td>
<td>Cross Table Lateral, AP, Both Oblique, Odontoid</td>
</tr>
<tr>
<td>Thoracic Spine</td>
<td>AP, Lateral &amp; Swimmers</td>
</tr>
<tr>
<td>Lumbar Spine</td>
<td>AP, Both Obliques, Lateral &amp; Lateral L5 S1 Spot</td>
</tr>
<tr>
<td>Pelvis</td>
<td>AP</td>
</tr>
<tr>
<td>Sacrum &amp; Coccyx</td>
<td>AP Cephalic Angle, AP Caudal Angle &amp; Lateral</td>
</tr>
<tr>
<td>Sacroiliac Joints</td>
<td>AP Axial 30 degrees Cephalic, LPO &amp; RPO 25 degrees</td>
</tr>
<tr>
<td>Hip</td>
<td>AP &amp; Frog-leg</td>
</tr>
<tr>
<td>Trauma: Hip</td>
<td>AP &amp; Cross Table Lateral</td>
</tr>
<tr>
<td>Scoliosis Series</td>
<td>AP of Entire Spine</td>
</tr>
<tr>
<td>Facial Bones/Zygomatic Arches</td>
<td>PA, Waters, Lateral &amp; Zygomatic Arches</td>
</tr>
<tr>
<td>Nasal Bones</td>
<td>Waters &amp; Both Laters</td>
</tr>
<tr>
<td>Paranasal Sinuses</td>
<td>Upright / PA Caldwell, Waters, Open Mouth Waters &amp; Lateral</td>
</tr>
<tr>
<td>Skull</td>
<td>PA, Towne’s &amp; Both Laters</td>
</tr>
<tr>
<td>Orbits</td>
<td>PA, Waters &amp; Both Rhese</td>
</tr>
<tr>
<td>Mandible</td>
<td>PA, Townes &amp; Both Obliques</td>
</tr>
<tr>
<td>Abdomen: Supine (KUB)</td>
<td>KUB</td>
</tr>
<tr>
<td>Abdomen: Multiple</td>
<td>KUB Supine, ABD Upright w/ Diaphragm or Decubitus for</td>
</tr>
<tr>
<td></td>
<td>ABD Upright w/ Diaphragm</td>
</tr>
<tr>
<td>Decubitus Abdomen</td>
<td>Left Lateral Decubitus Abdomen (Include diaphragm)</td>
</tr>
<tr>
<td>Acute Abdomen Series</td>
<td>AP Supine, AP Upright or Decub Abd, &amp; PA Chest</td>
</tr>
</tbody>
</table>
### Routine Projections for Competency at GSH

(Continued)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pediatric Chest, 6 or Younger</strong></td>
<td>PA &amp; Lateral</td>
</tr>
<tr>
<td><strong>Pediatric Lower Extremity, 6 or Younger</strong></td>
<td>Routine Images For Extremity</td>
</tr>
<tr>
<td><strong>Pediatric Upper Extremity, 6 or Younger</strong></td>
<td>Routine Images For Extremity</td>
</tr>
<tr>
<td><strong>Pediatric Abdomen, 6 or Younger</strong></td>
<td>KUB</td>
</tr>
<tr>
<td><strong>Pediatric Mobile Study, 6 or Younger</strong></td>
<td>AP Chest or AP &amp; Lateral Extremity</td>
</tr>
<tr>
<td><strong>Esophagus Study</strong></td>
<td>Questions, Room Set-up, Assist Patient &amp; Required</td>
</tr>
<tr>
<td><strong>Upper GI Series</strong>(Double Contrast)</td>
<td>Questions, Room Set-Up, Assist Patient &amp; Required</td>
</tr>
<tr>
<td><strong>Small Bowel Series</strong></td>
<td>Questions, Room Set-up, Assist Patient &amp; Required Image Sequence from the Beginning to the End</td>
</tr>
<tr>
<td><strong>Barium Enema (Single/Double Contrast)</strong></td>
<td>Questions, Room Set-Up, Upright KUB, Both Obls, PA, Angle Rectal, Decubs &amp; Ventral Decub</td>
</tr>
<tr>
<td><strong>Intravenous Urography</strong></td>
<td>Questions, Room Set-up, Scouts, Tomos, 5 MIN, Kidney, 10 min, KUB, 10 Min. Obls., 15 min. KUB</td>
</tr>
<tr>
<td><strong>Myelography</strong></td>
<td>Room Set-up, Assist Patient &amp; Required Image Sequence Per Radiologist</td>
</tr>
<tr>
<td><strong>Cystography / Cystourethrography</strong></td>
<td>Questions, Room &amp; Contrast Set-Up, Assisting with Catheter &amp; Patient and Image Sequence per Radiologist</td>
</tr>
<tr>
<td><strong>Mobile Chest</strong></td>
<td>AP</td>
</tr>
<tr>
<td><strong>Mobile Abdomen</strong></td>
<td>KUB</td>
</tr>
<tr>
<td><strong>Mobile Orthopedics</strong></td>
<td>AP &amp; Lateral Extremity</td>
</tr>
<tr>
<td><strong>C-Arm Procedure (Ortho- &amp; Non-Ortho-)</strong></td>
<td>C-Arm Set-Up and Manipulation and Required Images &amp; Fluoro per Surgeon</td>
</tr>
<tr>
<td><strong>Retrograde Urography</strong></td>
<td>Manipulation of Equipment and Required KUB Images &amp; Fluoro per Urologist</td>
</tr>
<tr>
<td><strong>ERCP</strong></td>
<td>Manipulation of Equipment &amp; Required Images &amp; Fluoro per Physician</td>
</tr>
<tr>
<td><strong>Arthrography</strong></td>
<td>Room Set-up, Assist Patient &amp; Required Image Sequence per Radiologist</td>
</tr>
</tbody>
</table>

*rev. 2/15; reviewed 2/2015*
### Routine Projections for Competency at DCH

<table>
<thead>
<tr>
<th>EXAMS</th>
<th>“MINIMUM” Views</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Chest</strong></td>
<td>AP or PA &amp; Lateral</td>
</tr>
<tr>
<td>Chest, 6 or Younger</td>
<td>AP or PA &amp; Lateral</td>
</tr>
<tr>
<td>Chest AP (Wheelchair or Cart)</td>
<td>AP or PA &amp; Lateral</td>
</tr>
<tr>
<td>Ribs</td>
<td>Single View Chest, AP Upper, AP Lower, Oblique Lower &amp; Oblique Upper</td>
</tr>
<tr>
<td>Chest; Lateral Decubitus</td>
<td>Always Both Sides; Right and Left</td>
</tr>
<tr>
<td>Sternum</td>
<td>Lateral &amp; RAO</td>
</tr>
<tr>
<td>Finger or Thumb</td>
<td>PA, Oblique &amp; Lateral Digit</td>
</tr>
<tr>
<td>Hand</td>
<td>PA, Oblique &amp; Lateral</td>
</tr>
<tr>
<td>Wrist</td>
<td>PA, Oblique &amp; Lateral</td>
</tr>
<tr>
<td>Forearm</td>
<td>AP &amp; Lateral</td>
</tr>
<tr>
<td>Elbow</td>
<td>AP, Lateral, &amp; Radial head view</td>
</tr>
<tr>
<td>Humerus</td>
<td>AP &amp; Lateral</td>
</tr>
<tr>
<td>Shoulder</td>
<td>AP External, Grashey Oblique, &amp; Axillary or Scapular “Y”</td>
</tr>
<tr>
<td>Pediatric Upper Extremity, 6 or Younger</td>
<td>AP &amp; Lateral (include shoulder to hand)</td>
</tr>
<tr>
<td>Foot</td>
<td>AP, Oblique &amp; Lateral</td>
</tr>
<tr>
<td>Ankle</td>
<td>AP, Mortise Oblique &amp; Lateral</td>
</tr>
<tr>
<td>Tibia &amp; Fibula</td>
<td>AP &amp; Lateral Both Joints</td>
</tr>
<tr>
<td>Knee Routine</td>
<td>AP (Bilateral) &amp; affected Lateral (Standing)</td>
</tr>
<tr>
<td>Patella</td>
<td>Sunrise and Lateral</td>
</tr>
<tr>
<td>Femur</td>
<td>AP Proximal / Distal &amp; Lateral Proximal / Distal</td>
</tr>
<tr>
<td><strong>Trauma – Supine</strong></td>
<td>Initially Injured, Splinted Extremity; AP or PA &amp; Lateral</td>
</tr>
<tr>
<td><strong>Pediatric Lower Extremity, 6 or Younger</strong></td>
<td>PA or AP, Lateral (include hip to ankle)</td>
</tr>
<tr>
<td>Scapula</td>
<td>AP &amp; Lateral</td>
</tr>
<tr>
<td>Clavicle</td>
<td>AP &amp; AP 20° Cephalad Angle</td>
</tr>
<tr>
<td>AC Joints</td>
<td>Bilateral Exam \ AP without Weights &amp; AP With Weights</td>
</tr>
<tr>
<td><strong>Trauma: Shoulder</strong></td>
<td>AP w/ External rotation, Grashey &amp; Axillary or “Y” if post reduction</td>
</tr>
<tr>
<td><strong>Trauma: Upper Extremity (non-shoulder)</strong></td>
<td>Initially Injured, (Splinted Extremity) AP &amp; Lateral</td>
</tr>
<tr>
<td>Toe</td>
<td>AP, Oblique &amp; Lateral Diget</td>
</tr>
<tr>
<td>Calcaneus (Os Calcis)</td>
<td>Axial &amp; Lateral</td>
</tr>
<tr>
<td>Facial Bones (Limited)</td>
<td>Waters &amp; Affected Lateral</td>
</tr>
<tr>
<td><strong>Complete</strong></td>
<td>Upright Waters, PA Axial, or Modified Waters, Lateral &amp; Submentovertex (SMV-jug handle)</td>
</tr>
<tr>
<td>Nasal Bones</td>
<td>PA, Waters &amp; Both Lateral</td>
</tr>
<tr>
<td>Paranasal Sinuses</td>
<td>Upright / PA Axial (Caldwell), Waters, Lateral &amp; Open-mouth Waters</td>
</tr>
<tr>
<td>Skull</td>
<td>AP or PA, Towne’s &amp; Both Lateral</td>
</tr>
<tr>
<td>Orbits</td>
<td>PA, Waters, Both Lateral &amp; Both Rhese</td>
</tr>
<tr>
<td>Zygomatic Arches</td>
<td>Waters, Lateral &amp; SMV</td>
</tr>
<tr>
<td>Mandible</td>
<td>PA, PA Axial, Bilateral axiolateral obliques</td>
</tr>
<tr>
<td>Upper Airway (Soft Tissue Neck)</td>
<td>Lateral &amp; AP (if requested)</td>
</tr>
<tr>
<td>Cervical Spine</td>
<td>AP, Both Obliques, Odontoid, Lateral &amp; Swimmers as needed</td>
</tr>
<tr>
<td><strong>Trauma: Cervical Spine</strong></td>
<td>AP, Cross-Table Lateral, Open Mouth Odontoid &amp; Swimmers (PRN)</td>
</tr>
<tr>
<td>Thoracic Spine</td>
<td>AP, Lateral &amp; Swimmers</td>
</tr>
<tr>
<td>Lumbar Spine</td>
<td>AP, Both Obliques, Lateral &amp; Lateral L5 S1 Spot</td>
</tr>
<tr>
<td>Pelvis</td>
<td>AP</td>
</tr>
<tr>
<td>Hip (non-trauma)</td>
<td>AP Pelvis &amp; Frog Lateral</td>
</tr>
<tr>
<td><strong>Trauma: Hip (Cross-Table Lateral)</strong></td>
<td>AP Pelvis &amp; Cross-Table Lateral, if no FX suspected Frog-leg Lateral</td>
</tr>
<tr>
<td>Scoliosis Series</td>
<td>AP of Entire Spine through the Hip Joints &amp; Lateral if initial encounter</td>
</tr>
<tr>
<td>Sacrum &amp; Coccyx</td>
<td>AP 15° Cephalic Angle, AP 10 Degree Caudal Angle &amp; Lateral</td>
</tr>
</tbody>
</table>
| Routine Projections for Competency at DCH  
(Continued) |  |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sacroiliac Joints</strong></td>
<td>AP Axial 15° Cephalic, LPO &amp; RPO 25 degrees</td>
</tr>
<tr>
<td><strong>Esophagus Study</strong></td>
<td>Questions, Room Set-up, Assist Patient, KUB Scout &amp; Required</td>
</tr>
<tr>
<td><strong>Abdomen: Supine (KUB)</strong></td>
<td>Overheads per Radiologist</td>
</tr>
<tr>
<td><strong>Abdomen: Multiple</strong></td>
<td>KUB Supine, KUB Upright &amp; PA Chest or Decubitus for KUB</td>
</tr>
<tr>
<td><strong>Pediatric Abdomen, 6 or Younger</strong></td>
<td>AP KUB</td>
</tr>
<tr>
<td><strong>Decubitus Abdomen</strong></td>
<td>Right or Left Lateral Decubitus Abdomen</td>
</tr>
<tr>
<td><strong>Upper GI Series (Double Contrast)</strong></td>
<td>Questions, Room Set-up, Assist Patient, KUB Scout, &amp; Required</td>
</tr>
<tr>
<td><strong>Small Bowel Series</strong></td>
<td>Overheads per Radiologist</td>
</tr>
<tr>
<td><strong>Barium Enema (Double Contrast)</strong></td>
<td>Questions, Room Set-up, Scout, Upright AP, Both Obliques, Both</td>
</tr>
<tr>
<td><strong>Intravenous Urography (w/ tomos &amp; Obs)</strong>*</td>
<td>Decubs, Angled Rectosigmoid, and (Prone) Lateral Rectum (after tip removal); Post Evac on Radiologists instruction</td>
</tr>
<tr>
<td><strong>Hysterosalpingogram (HSG)</strong></td>
<td>Rectosigmoid, Lateral Rectum, and AP Post Evacuation</td>
</tr>
<tr>
<td><strong>Cystography / Cystourethrography</strong></td>
<td>Questions, Room Set-up, Scout, AP Bladder &amp; Post Bladder view</td>
</tr>
<tr>
<td><strong>Adult (Limited) IVP (no tomos)</strong></td>
<td>Questions, Room Set-up, Scout, Nephrogram, 5 min. Small film</td>
</tr>
<tr>
<td><strong>C-Arm Procedure (Ortho- &amp; Non-Ortho)</strong></td>
<td>C-Arm Set-Up and Manipulation &amp; Required Images &amp; Fluoro Per Surgeon</td>
</tr>
<tr>
<td><strong>Retrograde Pyelography</strong></td>
<td>Manipulation of Equipment and Required KUB Images &amp; Fluoro per Urologist</td>
</tr>
<tr>
<td><strong>Arthrography</strong></td>
<td>Room Set-up/Sterile Field, Assist Patient &amp; Required Image</td>
</tr>
</tbody>
</table>

---

*rev. 7/15, revised 5/17*
# Routine Projections for Competency at GGH

<table>
<thead>
<tr>
<th>EXAMS</th>
<th>“MINIMUM” Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Chest</td>
<td>PA &amp; Left Lateral</td>
</tr>
<tr>
<td>Chest, 6 or Younger</td>
<td>PA &amp; Left Lateral</td>
</tr>
<tr>
<td>Chest, Wheelchair or Cart</td>
<td>AP &amp; Left Lateral</td>
</tr>
<tr>
<td>Ribs</td>
<td>PA Chest, AP or PA, Oblique Lower &amp; Oblique Upper</td>
</tr>
<tr>
<td>Chest, Lateral Decubitus</td>
<td>Right or Left Decubitus</td>
</tr>
<tr>
<td>Sternum</td>
<td>RAO &amp; Lateral</td>
</tr>
<tr>
<td>Finger or Thumb</td>
<td>AP, Oblique and Lateral</td>
</tr>
<tr>
<td>Hand</td>
<td>PA, Oblique &amp; Fan Lateral</td>
</tr>
<tr>
<td>Wrist</td>
<td>PA, Oblique &amp; Lateral</td>
</tr>
<tr>
<td>Forearm</td>
<td>AP &amp; Lateral</td>
</tr>
<tr>
<td>Elbow</td>
<td>AP, Lateral</td>
</tr>
<tr>
<td>Humerus</td>
<td>AP Internal, AP External</td>
</tr>
<tr>
<td>Shoulder</td>
<td>AP Internal and External, &amp; Grashey</td>
</tr>
<tr>
<td>Pediatric Upper Extremity, 6 or Younger</td>
<td>Routine Images for Extremity</td>
</tr>
<tr>
<td>Foot</td>
<td>AP, Oblique &amp; Lateral</td>
</tr>
<tr>
<td>Ankle</td>
<td>AP, Oblique &amp; Lateral</td>
</tr>
<tr>
<td>Tibia &amp; Fibula</td>
<td>AP, Lateral, AP &amp; Lateral Opposite Joint</td>
</tr>
<tr>
<td></td>
<td>(If Unable To Do On a Single Image)</td>
</tr>
<tr>
<td>Knee</td>
<td>AP Bilateral Standing with knee in slight flexion, Recumbent</td>
</tr>
<tr>
<td>Patella</td>
<td>PA Knee, Lateral Knee &amp; Sunrise</td>
</tr>
<tr>
<td>Femur</td>
<td>AP, AP Opposite Joint, Lateral &amp; Lateral Opposite Joint</td>
</tr>
<tr>
<td>Trauma: Lower Extremity</td>
<td>Initially Injured, (Splinted Extremity) AP &amp; Lateral</td>
</tr>
<tr>
<td>Pediatric Lower Extremity, 6 or Younger</td>
<td>Routine Images for Extremity</td>
</tr>
<tr>
<td>Scapula</td>
<td>AP &amp; Scapular Y (Arm Across Chest)</td>
</tr>
<tr>
<td>Clavicle</td>
<td>AP &amp; AP 15-25° Cephalad Angle</td>
</tr>
<tr>
<td>AC Joints</td>
<td>Bilateral Exam \ AP Without Weights &amp; AP With Weights</td>
</tr>
<tr>
<td>Trauma: Shoulder</td>
<td>AP Internal, Grashey and Garth methods</td>
</tr>
<tr>
<td>Trauma: Upper Extremity (non-shoulder)</td>
<td>Initially Injured, (Splinted Extremity) AP &amp; Lateral</td>
</tr>
<tr>
<td>Toe</td>
<td>AP, Oblique &amp; Lateral of Great Toe if Affected</td>
</tr>
<tr>
<td>Calcaneus (Os Calcis)</td>
<td>Axial &amp; Lateral</td>
</tr>
<tr>
<td>Facial Bones</td>
<td>PA Caldwell, Waters and Lateral of affected side</td>
</tr>
<tr>
<td>Nasal Bones</td>
<td>PA &amp; Both Laterals</td>
</tr>
<tr>
<td>Paranasal Sinuses</td>
<td>Upright / PA Caldwell, Waters &amp; Lateral</td>
</tr>
<tr>
<td>Skull</td>
<td>PA, Towne’s &amp; Both Laterals</td>
</tr>
<tr>
<td>Orbits</td>
<td>PA Caldwell, Waters &amp; Lateral of affected side</td>
</tr>
<tr>
<td>Zygomatic Arches</td>
<td>Townes, SMV, Bilateral Tangential Views</td>
</tr>
<tr>
<td>Mandible</td>
<td>PA, Townes, Both Obliques and Both Laterals</td>
</tr>
<tr>
<td>Upper Airway (Soft Tissue Neck)</td>
<td>AP &amp; Lateral (must include from Nasopharynx to Larynx)</td>
</tr>
<tr>
<td>Cervical Spine</td>
<td>AP, Odontoid &amp; Lateral</td>
</tr>
<tr>
<td>Trauma: Cervical Spine</td>
<td>Cross Table Lateral, AP, Odontoid, Swimmers</td>
</tr>
<tr>
<td>Thoracic Spine</td>
<td>AP, Lateral &amp; Swimmers</td>
</tr>
<tr>
<td>Lumbar Spine</td>
<td>AP, Lateral &amp; Lateral L5 S1 Spot</td>
</tr>
<tr>
<td>Procedure</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Pelvis</strong></td>
<td>AP</td>
</tr>
<tr>
<td><strong>Hip</strong></td>
<td>AP Pelvis &amp; (Frog-leg of Affected Hip)</td>
</tr>
<tr>
<td><strong>Trauma: Hip</strong></td>
<td>AP Pelvis &amp; Cross Table Lateral of Affected Hip</td>
</tr>
<tr>
<td><strong>Scoliosis Series</strong></td>
<td>AP of Entire Spine, Include Acetabulum</td>
</tr>
<tr>
<td><strong>Sacroiliac Joints</strong></td>
<td>AP 10° Cephalic Angle, AP 15 Degree Caudal Angle &amp; Lateral Rotation</td>
</tr>
<tr>
<td><strong>Esophagus Study</strong></td>
<td>Questions, Room Set Up, Assist Patient &amp; Required Overheads per Radiologist</td>
</tr>
<tr>
<td><strong>Abdomen: Supine (KUB)</strong></td>
<td>KUB</td>
</tr>
<tr>
<td><strong>Abdomen: Multiple</strong></td>
<td>PA Chest KUB Supine, KUB Upright to Include the Diaphragm or Decubitus for KUB Upright</td>
</tr>
<tr>
<td><strong>Pediatric Abdomen, 6 or Younger</strong></td>
<td>KUB</td>
</tr>
<tr>
<td><strong>Decubitus Abdomen</strong></td>
<td>AP or PA Left Lateral Decubitus</td>
</tr>
<tr>
<td><strong>Upper GI Series (Double Contrast)</strong></td>
<td>Questions, Room Set-up, Assist Patient &amp; Required Overheads Per Radiologist</td>
</tr>
<tr>
<td><strong>Small Bowel Series</strong></td>
<td>Questions, Room Set-up, Assist Patient &amp; Required Image</td>
</tr>
<tr>
<td><strong>Barium Enema (Double Contrast)</strong></td>
<td>Questions, Room Set-up, KUB Scout, Sigoid, KUB Upright, KUB Supine, Both Obliques, Both Decubs &amp; Ventricle Decub</td>
</tr>
<tr>
<td><strong>Intravenous Urography</strong></td>
<td>Questions, Room Set-up, KUB Scout, Tomo Scout (Tamos will be protocol of Radiologist), 3 min Kidneys, 5 min KUB, 10 min Obliques, 15 min KUB &amp; Post-void</td>
</tr>
<tr>
<td><strong>Myelography</strong></td>
<td>Room Set-up, Assist Patient, Cross Table Lateral Lumbar, Post</td>
</tr>
<tr>
<td><strong>Cystography / Cystourethrography</strong></td>
<td>Questions, Room &amp; Contrast Set-up, Assisting with Catheter &amp; Patient, KUB Scout, Fluoro Spots By Radiologist &amp; Post-void KUB</td>
</tr>
<tr>
<td><strong>Mobile Chest</strong></td>
<td>AP Upright</td>
</tr>
<tr>
<td><strong>Mobile Abdomen</strong></td>
<td>KUB or KUB &amp; Upright (Left Lateral Decub Per Dr.’s Request)</td>
</tr>
<tr>
<td><strong>Mobile Orthopedics</strong></td>
<td>AP &amp; Lateral Extremity</td>
</tr>
<tr>
<td><strong>Mobile Pediatric Study, 6 or Younger</strong></td>
<td>AP Chest or AP &amp; Lateral Extremity</td>
</tr>
<tr>
<td><strong>C-Arm Procedure</strong></td>
<td>C-Arm Set-Up and Manipulation &amp; Required Images &amp; Fluoro Per Surgeon</td>
</tr>
<tr>
<td><strong>Surgical Cholangiogram</strong></td>
<td>Manipulation of Equipment &amp; Required Images &amp; Fluoro Per Surgeon</td>
</tr>
<tr>
<td><strong>Retrograde Urography</strong></td>
<td>Manipulation of Equipment &amp; Required KUB Images &amp; Fluoro Per Urologist</td>
</tr>
<tr>
<td><strong>ERCP</strong></td>
<td>Manipulation of Equipment &amp; Required Images &amp; Fluoro per Physician</td>
</tr>
<tr>
<td><strong>Arthrography</strong></td>
<td>Room Set-up, Assist Patient &amp; Required Image Sequence Per Radiologist</td>
</tr>
<tr>
<td>EXAMS</td>
<td>“MINIMUM” Views</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Routine Chest</td>
<td>PA and Lt. Lateral</td>
</tr>
<tr>
<td>Chest, 6 or Younger</td>
<td>PA and Lt. Lateral</td>
</tr>
<tr>
<td>Chest, Wheelchair or Cart</td>
<td>AP, lateral as needed by radiologist</td>
</tr>
<tr>
<td>Ribs</td>
<td>PA and Lt. Lateral Chest, AP and RPO or LPO Ribs</td>
</tr>
<tr>
<td>Chest, Lateral Decubitus</td>
<td>PA or AP Chest, Both Decubitus</td>
</tr>
<tr>
<td>Sternum</td>
<td>PA and Lt. Lateral Chest, Both Anterior Obliques and Lateral</td>
</tr>
<tr>
<td>Finger or Thumb</td>
<td>PA hand, Oblique and, Lateral of the digit</td>
</tr>
<tr>
<td>Hand</td>
<td>PA, Oblique, Lateral</td>
</tr>
<tr>
<td>Wrist</td>
<td>PA, Oblique, Lateral *Scaphoid pain add navicular view</td>
</tr>
<tr>
<td>Forearm</td>
<td>AP and Lateral</td>
</tr>
<tr>
<td>Elbow</td>
<td>AP, Lateral and Lateral for Radial Head *tube angle 45˚</td>
</tr>
<tr>
<td>Humerus</td>
<td>AP and Lateral</td>
</tr>
<tr>
<td>Shoulder</td>
<td>AP, Grashey, and Axillary</td>
</tr>
<tr>
<td>Pediatric Upper Extremity, 6 or Younger</td>
<td>AP and Lateral</td>
</tr>
<tr>
<td>Foot</td>
<td>AP, Internal oblique, &amp; Lateral (dorsi-flex on all pts)</td>
</tr>
<tr>
<td>Ankle</td>
<td>AP, Internal oblique, &amp; Lateral</td>
</tr>
<tr>
<td>Tibia &amp; Fibula</td>
<td>AP and Lateral</td>
</tr>
<tr>
<td>Knee</td>
<td>Weight bearing AP and Lateral, Tunnel, &amp; Bilateral Sunrise</td>
</tr>
<tr>
<td>Patella</td>
<td>AP and Lateral</td>
</tr>
<tr>
<td>Trauma Knee – (fractures)</td>
<td>AP and Lateral (NON-weight bearing)</td>
</tr>
<tr>
<td>Patella</td>
<td>Same as knee</td>
</tr>
<tr>
<td>Femur</td>
<td>AP and lateral-to include both joints</td>
</tr>
<tr>
<td>Trauma: Lower Extremity</td>
<td>AP and lateral</td>
</tr>
<tr>
<td>Pediatric Lower Extremity, 6 or Younger</td>
<td>AP pelvis, AP and lateral lower extremity</td>
</tr>
<tr>
<td>Scapula</td>
<td>AP and lateral</td>
</tr>
<tr>
<td>Clavicle</td>
<td>AP, AP with 15 degree cephalic angle</td>
</tr>
<tr>
<td>AC Joints</td>
<td>AP with weights, AP without weights</td>
</tr>
<tr>
<td>Trauma: Shoulder</td>
<td>AP neutral rotation, Axillary &amp; Grashey</td>
</tr>
<tr>
<td>Trauma: Upper Extremity (non-shoulder)</td>
<td>AP and lateral</td>
</tr>
<tr>
<td>Toe</td>
<td>AP, Internal oblique, lateral if possible</td>
</tr>
<tr>
<td>Calcaneus (Os Calcis)</td>
<td>Tangential &amp; Lateral</td>
</tr>
<tr>
<td>Facial Bones</td>
<td>PA, Water’s, Lateral (affected side), SMV, AP Towne’s (center thru rami)</td>
</tr>
<tr>
<td>Nasal Bones</td>
<td>Water’s, both laterals</td>
</tr>
<tr>
<td>Paranasal Sinuses</td>
<td>PA, AP, Water’s, Lateral</td>
</tr>
<tr>
<td>Skull</td>
<td>Towne’s, PA, both laterals</td>
</tr>
<tr>
<td>Orbits</td>
<td>PA, Water’s, Rhese (both orbits)</td>
</tr>
<tr>
<td>Zygomatic Arches</td>
<td>PA, Water’s, SMV</td>
</tr>
<tr>
<td>Mandible</td>
<td>PA, AP Towne’s (center thru rami), both obliques</td>
</tr>
<tr>
<td>Procedure</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Upper Airway (Soft Tissue Neck)</td>
<td>AP, lateral (on inspiration)</td>
</tr>
<tr>
<td>Cervical Spine</td>
<td>AP, Odontoid, Lateral, Swimmer’s, Flexion &amp; Extension, &amp; both obliques</td>
</tr>
<tr>
<td>Trauma: Cervical Spine</td>
<td>Cross table lateral, AP, AP Odontoid, Swimmer’s or Modified Pawlow view</td>
</tr>
<tr>
<td>Thoracic Spine</td>
<td>AP, Lateral, Swimmer’s or Modified Pawlow</td>
</tr>
<tr>
<td>Lumbar Spine</td>
<td>AP, Lateral, L5-S1 Spot</td>
</tr>
<tr>
<td>Pelvis</td>
<td>AP</td>
</tr>
<tr>
<td>Hip</td>
<td>AP Pelvis and axiolateral</td>
</tr>
<tr>
<td>Trauma: Hip</td>
<td>AP Pelvis, AP Hip, Cross Table axiolateral (Danelius-Miller)</td>
</tr>
<tr>
<td>Scoliosis Series</td>
<td>AP Upright, Lateral Upright</td>
</tr>
<tr>
<td>Sacrum &amp; Coccyx</td>
<td>AP Sacrum, AP Coccyx, Lateral</td>
</tr>
<tr>
<td>Sacroiliac Joints</td>
<td>AP Sacrum, both posterior obliques</td>
</tr>
<tr>
<td>Esophagus Study</td>
<td>Right Anterior oblique, Lateral, Left anterior oblique as needed by radiologist</td>
</tr>
<tr>
<td>Abdomen: Supine (KUB)</td>
<td>AP KUB</td>
</tr>
<tr>
<td>Abdomen: Multiple</td>
<td>AP KUB, Upright KUB, Upright Diaphragm</td>
</tr>
<tr>
<td>Pediatric Abdomen, 6 or Younger</td>
<td>AP KUB</td>
</tr>
<tr>
<td>Decubitus Abdomen</td>
<td>AP KUB, Left lateral Decubitus</td>
</tr>
<tr>
<td>Upper GI Series (Double Contrast)</td>
<td>Right anterior oblique, lateral, AP, Right posterior oblique as needed</td>
</tr>
<tr>
<td>Small Bowel Series</td>
<td>Scout KUB, KUB every 20 minutes until barium reaches cecum</td>
</tr>
<tr>
<td>Barium Enema (Double Contrast)</td>
<td>As requested by radiologist</td>
</tr>
<tr>
<td>Intravenous Urography</td>
<td>KUB scout, KUB 1 min, 5 min, 10 min., 10 both posterior obliques</td>
</tr>
<tr>
<td>Myelography</td>
<td>KUB scout, KUB 15 min, KUB post void</td>
</tr>
<tr>
<td>Cystography / Cystourethrography</td>
<td>As requested by radiologist</td>
</tr>
<tr>
<td>Mobile Chest</td>
<td>AP or PA, lateral as needed by radiologist</td>
</tr>
<tr>
<td>Mobile Abdomen</td>
<td>AP</td>
</tr>
<tr>
<td>Mobile Orthopedics</td>
<td>AP &amp; Lateral Extremity</td>
</tr>
<tr>
<td>Mobile Pediatric Study, 6 or Younger</td>
<td>AP Chest or AP &amp; Lateral Extremity</td>
</tr>
<tr>
<td>C-Arm Procedure</td>
<td>As requested by physician</td>
</tr>
<tr>
<td>Surgical Cholangiogram</td>
<td>As requested by physician</td>
</tr>
<tr>
<td>Retrograde Urography</td>
<td>As requested by physician</td>
</tr>
<tr>
<td>ERCP</td>
<td>As requested by physician</td>
</tr>
<tr>
<td>Arthrography</td>
<td>As requested by radiologist</td>
</tr>
</tbody>
</table>

Rev 1/11; reviewed 3/2017
**Routine Projections at RMH**

<table>
<thead>
<tr>
<th>EXAMS</th>
<th>“MINIMUM” Views</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Chest</strong></td>
<td>PA and Lt. Lateral</td>
</tr>
<tr>
<td>Chest, Wheelchair or Cart</td>
<td>AP, lateral as needed by radiologist</td>
</tr>
<tr>
<td><strong>Lordotic Chest</strong></td>
<td>AP Apical Lordotic</td>
</tr>
<tr>
<td>Ribs</td>
<td>AP/PA above and below diaphragm, Oblique of affected side</td>
</tr>
<tr>
<td>Chest, Lateral Decubitus</td>
<td>PA or AP Chest, Affected side Down</td>
</tr>
<tr>
<td><strong>Sternum</strong></td>
<td>RAO Oblique and Lateral</td>
</tr>
<tr>
<td>Finger or Thumb</td>
<td>AP/PA, Oblique, Lateral</td>
</tr>
<tr>
<td><strong>Hand</strong></td>
<td>PA, Oblique, Lateral</td>
</tr>
<tr>
<td><strong>Wrist</strong></td>
<td>PA, Oblique, Lateral (Navicular/Scaphoid-PA-Ulnar Flexion, PA Ulnar Flexion Tube Angle)</td>
</tr>
<tr>
<td><strong>Wrist-Carpal Tunnel View</strong></td>
<td>Tangential Carpal Tunnel (Gaynor Hart)</td>
</tr>
<tr>
<td><strong>Wrist - Bone Age</strong></td>
<td>PA Lt Hand and Wrist</td>
</tr>
<tr>
<td><strong>Forearm</strong></td>
<td>AP and Lateral</td>
</tr>
<tr>
<td>Elbow</td>
<td>AP, External Oblique, Lateral (Medial Oblique)</td>
</tr>
<tr>
<td><strong>Humerus</strong></td>
<td>AP, Lateral (Trans-Thoracic Lateral)</td>
</tr>
<tr>
<td><strong>Shoulder</strong></td>
<td>AP External, Grashey, NEER’s method</td>
</tr>
<tr>
<td><strong>Foot</strong></td>
<td>AP, Internal Oblique, Lateral</td>
</tr>
<tr>
<td><strong>Feet Standing</strong></td>
<td>AP and Lateral Weight Bearing</td>
</tr>
<tr>
<td><strong>Ankle</strong></td>
<td>AP, Oblique (Mortise), and Lateral</td>
</tr>
<tr>
<td><strong>Tibia &amp; Fibula</strong></td>
<td>AP and Lateral</td>
</tr>
<tr>
<td><strong>Knee</strong></td>
<td>AP &amp; Lateral (Sunrise, Obliques, Tunnel, Standing Knees)</td>
</tr>
<tr>
<td><strong>Knees standing</strong></td>
<td>AP-Standing Bilateral, PA-45 Degree Flexion Bilateral</td>
</tr>
<tr>
<td><strong>Knee obliques</strong></td>
<td>AP Internal Oblique, AP External Oblique</td>
</tr>
<tr>
<td><strong>Knee- OTHER</strong></td>
<td>Sunrise, Tunnel</td>
</tr>
<tr>
<td><strong>Femur</strong></td>
<td>AP and Lateral</td>
</tr>
<tr>
<td><strong>Trauma: Lower Extremity</strong></td>
<td>AP and lateral</td>
</tr>
<tr>
<td>Scapula</td>
<td>AP and Lateral</td>
</tr>
<tr>
<td>Clavicle</td>
<td>AP/PA, AP Axial with 20 degree cephalic angle</td>
</tr>
<tr>
<td>AC Joints</td>
<td>AP with weights, AP without weights (Alternates: PA, Obliques)</td>
</tr>
<tr>
<td><strong>Trauma: Shoulder</strong></td>
<td>AP External, Grashey, Axillary (Scapular-Y View - if pt unable to perform Axillary for injury) or Transthoracic Humerus</td>
</tr>
<tr>
<td><strong>Trauma: Upper Extremity</strong></td>
<td>AP and lateral</td>
</tr>
<tr>
<td><strong>Calcaneus (Os Calcis)</strong></td>
<td>AP, Oblique, and Lateral (Sesamoid views)</td>
</tr>
<tr>
<td><strong>Facial Bones</strong></td>
<td>Lateral, Tangential/Axial</td>
</tr>
<tr>
<td><strong>Nasal Bones</strong></td>
<td>Water’s, Lateral (affected side), SMV, Caldwell</td>
</tr>
<tr>
<td><strong>Paranasal Sinuses</strong></td>
<td>Waters, SMV, PA, Caldwell, Lateral</td>
</tr>
<tr>
<td><strong>Skull</strong></td>
<td>Caldwell (PA), Towne, Bilateral Laterals</td>
</tr>
<tr>
<td><strong>Orbits</strong></td>
<td>Waters-upright, Caldwell, Bilateral Rhese, Lateral of affected side</td>
</tr>
<tr>
<td><strong>Zygomatic Arches</strong></td>
<td>Waters, PA, SMV</td>
</tr>
<tr>
<td><strong>Mandible</strong></td>
<td>PA, AP Towne’s (center thru rami), bilateral obliques</td>
</tr>
<tr>
<td><strong>TMJ’s</strong></td>
<td>Bilateral Law Open and Closed Mouth, Towne, AP</td>
</tr>
<tr>
<td><strong>Upper Airway (Soft Tissue Neck)</strong></td>
<td>Lateral only-on inspiration (AP if ordered)</td>
</tr>
<tr>
<td><strong>Cervical Spine</strong></td>
<td>AP, Odontoid, Bilateral Obliques, Lateral (Flexion/Extension, Pillars Views)</td>
</tr>
<tr>
<td><strong>Trauma: Cervical Spine</strong></td>
<td>Cross table lateral, AP, AP Odontoid, Swimmer’s or Modified Pawlow view</td>
</tr>
<tr>
<td><strong>Thoracic Spine</strong></td>
<td>AP, Lateral, Swimmer’s</td>
</tr>
<tr>
<td><strong>Lumbar Spine</strong></td>
<td>AP, Lateral, L5-S1 Spot (Flexion/Extension)</td>
</tr>
<tr>
<td><strong>Pelvis</strong></td>
<td>AP (Frog pelvis, Judet, Inlet/Outlet)</td>
</tr>
<tr>
<td><strong>Pelvis Trauma</strong></td>
<td>AP, AP w/ 25° Caudal, AP w 25° Cephalic angle</td>
</tr>
<tr>
<td><strong>Pelvis Acetabulum (Judet)</strong></td>
<td>RPO/LPO</td>
</tr>
<tr>
<td>Routine Projections for Competency at RMH (Continued)</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Pelvis Inlet/Outlet</strong></td>
<td>AP Inlet, AP Outlet</td>
</tr>
<tr>
<td><strong>Hip</strong></td>
<td>AP, Lateral (Cross-table Lateral)</td>
</tr>
<tr>
<td><strong>Trauma: Hip</strong></td>
<td>AP Pelvis, AP hip, axiolateral (Danelius-Miller – cross-table)</td>
</tr>
<tr>
<td><strong>Scoliosis Series</strong></td>
<td>Standing AP or Single view spine as ordered</td>
</tr>
<tr>
<td><strong>Sacroiliac Joints</strong></td>
<td>AP Sacrum-15° Cephalic angle, Lateral Sacrum/Coccyx, and AP Coccyx-10° Caudal angle</td>
</tr>
<tr>
<td><strong>Abdomen: Supine (KUB)</strong></td>
<td>AP KUB</td>
</tr>
<tr>
<td><strong>Abdomen: NG Placement</strong></td>
<td>High Centered AP</td>
</tr>
<tr>
<td><strong>Abdomen: Obstruction Series</strong></td>
<td>KUB, Upright abdomen to include both diaphragms, Left Lateral Decubitus (Dorsal Decub- if necessary)</td>
</tr>
<tr>
<td><strong>Adult Skeletal Survey</strong></td>
<td>AP and Lateral Skull, AP and Lateral C/T/L Spines, Bilateral AP Humerus, AP Chest w/ Rib Detail, AP Pelvis, AP Bilateral Femurs</td>
</tr>
<tr>
<td><strong>PEDIATRIC</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Chest, 6 or Younger</strong></td>
<td>PA and Lt. Lateral</td>
</tr>
<tr>
<td><strong>Pediatric Abdomen, 6 or Younger</strong></td>
<td>AP KUB</td>
</tr>
<tr>
<td><strong>Pediatric Upper Extremity, 6 or Younger</strong></td>
<td>AP and Lateral</td>
</tr>
<tr>
<td><strong>Pediatric Lower Extremity, 6 or Younger</strong></td>
<td>AP and Lateral lower extremity</td>
</tr>
<tr>
<td><strong>Pediatric Bone Survey for Abuse</strong></td>
<td>AP and Lateral Skull, AP and Lateral C-Spine, Lateral T/L Spine (on one film), AP Chest w/Rib Detail, Bilateral Oblique Ribs, AP Bilateral Upper Extremities, AP Bilateral Feet (on one image), AP KUB (bony technique include pelvis), AP Bilateral Lower Extremities (on one film)</td>
</tr>
<tr>
<td><strong>Pediatric Bone Survey for Metastatic Disease</strong></td>
<td>AP Skull to Include C-Spine, Lateral Skull to include C-Spine, AP T/L Spine, AP Chest w/Rib Detail, AP KUB (bony technique include pelvis), AP Bilateral Lower Extremities, AP Bilateral Upper Extremities</td>
</tr>
<tr>
<td><strong>Esophagus Study</strong></td>
<td>Right Anterior oblique, Lateral, Left anterior oblique as needed by radiologist</td>
</tr>
<tr>
<td><strong>Upper GI Series (Double Contrast)</strong></td>
<td>Right anterior oblique, lateral, AP, Right posterior oblique as needed</td>
</tr>
<tr>
<td><strong>Small Bowel Series</strong></td>
<td>Scout KUB, KUB every 20 minutes until barium reaches cecum</td>
</tr>
<tr>
<td><strong>Barium Enema (Double Contrast)</strong></td>
<td>As requested by radiologist</td>
</tr>
<tr>
<td><strong>Intravenous Urography</strong></td>
<td>KUB scout, KUB 1 min, 5 min, 10 min., 10 both posterior obliques, KUB 15 min, KUB post void</td>
</tr>
<tr>
<td><strong>Myelography</strong></td>
<td>As requested by the radiologist</td>
</tr>
<tr>
<td><strong>Cystography / Cystourethrography</strong></td>
<td>As requested by radiologist</td>
</tr>
<tr>
<td><strong>Mobile Chest</strong></td>
<td>AP or PA, lateral as needed by radiologist</td>
</tr>
<tr>
<td><strong>Mobile Abdomen</strong></td>
<td>AP</td>
</tr>
<tr>
<td><strong>Mobile Orthopedics</strong></td>
<td>AP &amp; Lateral Extremity</td>
</tr>
<tr>
<td><strong>Mobile Pediatric Study, 6 or Younger</strong></td>
<td>AP Chest or AP &amp; Lateral Extremity</td>
</tr>
<tr>
<td><strong>C-Arm Procedure</strong></td>
<td>As requested by physician</td>
</tr>
<tr>
<td><strong>Surgical Cholangiogram</strong></td>
<td>As requested by physician</td>
</tr>
<tr>
<td><strong>Retrograde Urography</strong></td>
<td>As requested by physician</td>
</tr>
<tr>
<td><strong>ERCP</strong></td>
<td>As requested by physician</td>
</tr>
<tr>
<td><strong>Arthrography</strong></td>
<td>As requested by radiologist</td>
</tr>
</tbody>
</table>
Routine Projections for Competency at RMH  
(Continued)

Standards for Radiographic Positions for Dr. Anand

<table>
<thead>
<tr>
<th>HIPs</th>
<th>Pelvis AP Weight Bearing (always with hip-additional charge), AP of affected hip (Non-Weight Bearing), Cross Table Lateral of affected hip, (Bilateral Hips Only if Ordered)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNEE</td>
<td>AP Weight Bearing, Lateral (Non Weight Bearing), Sunrise (Non Weight Bearing), Tunnel View (Non-Weight Bearing)</td>
</tr>
<tr>
<td>ANKLE</td>
<td>AP Weight Bearing, Lateral Weight Bearing, Oblique Weight Bearing (Oblique the patient, not the tube)</td>
</tr>
<tr>
<td>FOOT</td>
<td>AP Weight Bearing, Lateral Weight Bearing, Oblique (Non Weight Bearing)</td>
</tr>
<tr>
<td>SHOULDER</td>
<td>AP Oblique (Grashey View) Internal &amp; External Rotation (Merrill’s V1 pg 192), Axillary View, Acromial Inlet View (Neer), PA 10-15° Caudal or AP 10-15° Cephalic (Merrill’s V1 pg. 194)</td>
</tr>
<tr>
<td>ELBOW</td>
<td>AP, Lateral, and Oblique</td>
</tr>
<tr>
<td>WRIST / HAND</td>
<td>AP, Lateral, and Oblique</td>
</tr>
</tbody>
</table>

ALL POST-OP IMAGES ARE NON-WEIGHT BEARING

rev 5/2015
Appendix 1

ARRT ® Standards of Ethics

Last Revised: September 1, 2015
Published: September 1, 2015

PREAMBLE

The Standards of Ethics of the American Registry of Radiologic Technologists shall apply solely to persons holding certificates from ARRT that are either currently registered by ARRT or that were formerly registered by ARRT (collectively, Certificate Holders), and to persons applying for examination and certification by ARRT in order to become Certificate Holders (“Candidates”). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. The Standards of Ethics are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

American Registry of Radiologic Technologists®
1255 Northland Drive
St. Paul, MN 55120
(651) 687-0048, ext. 8580
www.arrt.org

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 radiologic technologist conducts him or her self in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.

5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.

8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.

2. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient’s right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

3. The radiologic 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.

See the entire Code of Ethics document at the ASRT or ARRT website.


American Society of Radiologic Technologists
15000 Central Ave. SE
Albuquerque, NM 87123-3909
1-800-444-2778
http://www.asrt.org
Appendix 2

Practice Standards


The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession for judging the quality of practice, service, and education. A profession’s practice standards serve as a guide for appropriate practice. Practice standards provide role definition for practitioners that can be used by individual facilities to develop job descriptions and practice parameters. Those outside the imaging, therapeutic, and radiation science community can use the standards as an overview of the role and responsibilities of the practitioner as defined by the profession.

The standards are divided into five sections: scope of practice, clinical performance, quality performance, professional performance, and advisory opinion.

➤ **Scope of Practice.** The scope of practice delineates the parameters of the radiography practice.

➤ **Clinical Performance Standards.** The clinical performance standards define the activities of the practitioner in the care of patients and delivery of diagnostic or therapeutic procedures. The section incorporates patient assessment and management with procedural analysis, performance, and evaluation.

➤ **Quality Performance Standards.** The quality performance standards define the activities of the practitioner in the technical areas of performance including equipment and material assessment, safety standards, and total quality management.

➤ **Professional Performance Standards.** The professional performance standards define the activities of the practitioner in the areas of education, interpersonal relationships, self-assessment, and ethical behavior.

➤ **Advisory Opinion Statements.** The advisory opinions are interpretations of the standards intended for clarification and guidance for specific practice issues.

**Radiographer Scope of Practice**

The scope of practice of the radiographer includes:

1. Performing diagnostic radiographic procedures.

2. Corroborating patient’s clinical history with procedure, ensuring information is documented and available for use by a licensed independent practitioner.

3. Maintaining confidentiality of the patient’s protected health information in accordance with the Health Insurance Portability and Accountability Act.
4. Preparing the patient for procedures, providing instructions to obtain desired results, gaining cooperation, and minimizing anxiety.

5. Selecting and operating imaging equipment, and/or associated accessories to successfully perform procedures.

6. Positioning patient to best demonstrate anatomic area of interest, respecting patient ability and comfort.

7. Immobilizing patients as required for appropriate examination.

8. Determining radiographic technique exposure factors.

9. Applying principles of radiation protection to minimize exposure to patient, self, and others.

10. Evaluating radiographs or images for technical quality, ensuring proper identification is recorded.

11. Assuming responsibility for provision of physical and psychological needs of patients during procedures.

12. Performing venipuncture where state statute(s) and/or institutional policy permits.

13. Identifying, preparing and/or administering medications as prescribed by a licensed practitioner.

14. Verifying informed consent for, and assisting a licensed independent practitioner with, interventional procedures.

15. Assisting licensed independent practitioner with fluoroscopic and specialized interventional radiography procedures.

16. Performing non-interpretive fluoroscopic procedures as appropriate and consistent with applicable state statutes.

17. Initiating basic life support action when necessary.

18. Providing patient education.

19. Providing input for equipment purchase and supply decisions.

20. Providing practical instruction for students and/or other health care professionals.

21. Participating in the department’s quality assessment and improvement plan.

22. Maintaining control of inventory and purchase of supplies for the assigned area.

23. Observing universal precautions.

24. Performing peripherally inserted central catheter placement where state statute(s) and/or lawful institutional policy permits.

25. Applying the principles of patient safety during all aspects of radiographic procedures, including assisting and transporting patients.

26. Starting and maintaining intravenous (IV) access per orders when applicable.
Radiography Clinical Performance Standards

**Standard One – Assessment**
The radiographer collects pertinent data about the patient and the procedure.

*Rationale*
Information about the patient’s health status is essential in providing appropriate imaging and therapeutic services.

**Standard Two – Analysis/Determination**
The radiographer analyzes the information obtained during the assessment phase and develops an action plan for completing the procedure.

*Rationale*
Determining the most appropriate action plan enhances patient safety and comfort, optimizes diagnostic and therapeutic quality, and improves efficiency.

**Standard Three – Patient Education**
The radiographer provides information about the procedure and related health issues according to protocol.

*Rationale*
Communication and education are necessary to establish a positive relationship.

**Standard Four – Performance**
The radiographer performs the action plan.

*Rationale*
Quality patient services are provided through the safe and accurate performance of a deliberate plan of action.

**Standard Five – Evaluation**
The radiographer determines whether the goals of the action plan have been achieved.

*Rationale*
Careful examination of the procedure is important to determine that expected outcomes have been met.

**Standard Six – Implementation**
The radiographer implements the revised action plan.

*Rationale*
It may be necessary to make changes to the action plan to achieve the expected outcome.

**Standard Seven – Outcomes Measurement**
The radiographer reviews and evaluates the outcome of the procedure.

*Rationale*
To evaluate the quality of care, the practitioner compares the actual outcome with the expected outcome.

**Standard Eight – Documentation**
The radiographer documents information about patient care, the procedure, and the final outcome.

*Rationale*
Clear and precise documentation is essential for continuity of care, accuracy of care, and quality assurance.
Radiography Quality Performance Standards

Standard One – Assessment
The radiographer collects pertinent information regarding equipment, procedures, and the work environment.
*Rationale*
The planning and provision of safe and effective medical services relies on the collection of pertinent information about equipment, procedures, and the work environment.

Standard Two – Analysis/Determination
The radiographer analyzes information collected during the assessment phase to determine the need for changes to equipment, procedures, or the work environment.
*Rationale*
Determination of acceptable performance is necessary to provide safe and effective services.

Standard Three – Education
The radiographer informs the patient, public, and other health care providers about procedures, equipment, and facilities.
*Rationale*
Open communication promotes safe practices.

Standard Four – Performance
The radiographer performs quality assurance activities.
*Rationale*
Quality assurance activities provide valid and reliable information regarding the performance of equipment, materials, and processes.

Standard Five – Evaluation
The radiographer evaluates quality assurance results and establishes an appropriate action plan.
*Rationale*
Equipment, materials, and processes depend on ongoing quality assurance activities that evaluate performance based on established guidelines.

Standard Six – Implementation
The radiographer implements the quality assurance action plan for equipment, materials, and processes.
*Rationale*
Implementation of a quality assurance action plan promotes safe and effective services.

Standard Seven – Outcomes Measurement
The radiographer assesses the outcome of the quality management action plan for equipment, materials, and processes.
*Rationale*
Outcomes assessment is an integral part of the ongoing quality management action plan to enhance diagnostic and therapeutic services.

Standard Eight – Documentation
The radiographer documents quality assurance activities and results.
*Rationale*
Documentation provides evidence of quality assurance activities designed to enhance safety.

Only the Scope of Practice, Clinical Performance Standards, and the Quality Performance Standards are listed here. See the entire Practice Standards document at the ASRT website.


American Society of Radiologic Technologists
15000 Central Ave. SE
Albuquerque, NM 87123-3909
1-800-444-2778
Appendix 3

Good Samaritan Safety Codes

SAFETY

The Hospital Safety Committee meets regularly to promote hospital and program safety and to review all incident reports. Students are asked to cooperate in helping to prevent injury to themselves, employees, patients and visitors by observing the following general rules for safety.

1. Avoid accidents by elimination of hazards.
2. Immediately report any unsafe condition(s) such as:
   a. Wet or slippery floors
   b. Equipment left in halls, walkways or on stairs
   c. Use of defective or broken equipment
   d. Careless handling or use of equipment
   e. Use of combustible materials near open flames
   f. Exposed wiring
3. Always be alert for safety factors on wheelchairs, stretchers, beds or other equipment that is used by patients.
4. Report any unsafe act or fire and safety hazard to your immediate supervisor or clinical instructor.

FIRE ALERT PROCEDURE

Procedures for a fire in immediate clinical area

Remember R.A.C.E.

R e scue: remove patients, visitors, and personnel from immediate danger and close door
A larm: alert other staff of the fire emergency. Activate the nearest fire alarm pull box. 
   Notify switchboard operator at #3911; stating what is on fire, location and your name.
C onfine: close all doors and windows
E xtinguish fire, if possible. Return to the fire and fight it with available extinguishers, fire hoses, blankets or other suitable materials. (Turn off electrical equipment or pull plugs, if applicable.) If the fire is beyond your limitations, try to contain the fire by closing all doors to the area of the fire and evacuate.

Fire Extinguisher Procedure: P.A.S.S.

P ull: Pull safety pin
A im: Aim the hose nozzle
Squeeze: Squeeze the handle
Sweep: Sweep side to side at the base of the fire

Procedures for the Clinical area with an overall Hospital Fire Alert:

1. Close door to your specific work area.
2. Do not turn off lights.
3. Reassure patient(s) and/or visitors, having them remain in the department
4. Remove all obstacles from halls and doorways
5. Remain in assigned area until further instructed.

Follow other facility’s procedures while at other clinical sites.
Procedures for the Welch Building / Classroom

1. **Notify all other** individuals in the building there is a fire.
2. **Call 911** to report the fire to the fire department. Give the location as “Good Samaritan’s Welch Diabetes Education Building, 615 DuBois Street”
3. (You must first dial a “9” to get an outside line and then dial 911 to reach the Fire Department.)
4. Call the switchboard operator 3911 stating what is on fire, its location and give your name. Also tell the operator that you have notified the fire department.
5. If possible, return at once to the fire and fight it with available extinguishers, blankets or other suitable materials. Turn off electrical equipment or pull plugs, if applicable.
6. If you are downstairs and fire is blocking your escape, use the alternate escape located in the EMT classroom Storage Closet.
7. **Upon evacuation, all personnel should go directly across from the Welch Building at 615 DuBois Street (opposite side of DuBois) and remain there as a group.**

Due to the location and size of the Welch building there should be a complete evacuation of the building.

**TORNADO WARNING**

A. **Tornado Watch:** Weather conditions indicate a high probability that tornadoes can be expected to develop.

B. **Tornado Warning:** A tornado has actually been sighted or indicated on radar.

Procedures for the clinical area during a Hospital Gray Alert:

1. **Avoid panic.** Guard your voice and actions so as not to alarm the patients and visitors.
2. It is not necessary to open windows.
3. Ambulatory patients are to be moved to the interior windowless rooms or hallways and seated on chairs or the floor.
4. Bedfast patients are to be moved into hallways if possible; if not, they are to be protected as much as possible from the danger of flying glass or debris in their rooms; close drapes and protect with blankets and pillows.
5. Visitors should be given the choice of staying with the patient, going to the cafeteria or leaving the hospital. Visitors entering the hospital during a Gray alert should be informed of the situation and direct them to the cafeteria.
6. **Lights are to remain on.**
7. Hospital personnel should remain in their respective work areas and take precautionary measures.
8. Hospital personnel on patient units are to remain there and assist with patient relocation, closing drapes, etc. under the direction of the charge nurse.
9. If there is structural damage to the facility **do not use the elevators** until checked by hospital maintenance. Check for imminent problems (gas leak, chemical hazards, casualties, water leaks etc.) in your area and call for help if needed. If odor of gas is present do not use equipment in area, do not turn lights on or off and do not use phones. If windows can be opened, do so for ventilation.
10. **Prepare for evacuation,** if instructed to do so by the Incident Command.
11. Prepare to implement other disaster plans as the situation warrants, such as Fire or External Disaster.
Procedures for the classroom, Welch Building, during a Tornado Warning

Individuals will be notified of a Tornado Warning by way of the Weather Alert Radio located in the classroom and the Hospital’s Emergency Warning System.

1. Avoid panic
2. It is not necessary to open windows
3. Remain in the classroom until the Tornado Warning is canceled.
4. Wait for any additional instructions.
5. Anyone entering the Welch Building, during a Tornado Warning, should be advised to stay until the Tornado Warning is cancelled.
6. If there is structural damage to the building check for imminent problems (gas leak, chemical hazards, casualties, water leaks etc.) in your area and call for help if needed. If odor of gas is present do not use equipment in area, do not turn lights on or off and do not use phones. If windows can be opened, do so for ventilation.
7. Prepare for evacuation, if instructed to do so by the Incident Command.
8. Prepare to implement other disaster plans as the situation warrants, such as Fire or External Disaster.

Individuals caught outdoors should seek shelter in a building. If this is not possible, they should take cover in ditches or culverts, lie down flat and cover exposed parts of their body.

Follow other facility’s procedures while at other clinical sites.

Rev. 4/07; reviewed 4/16

BOMB THREAT

“Treat ALL Bomb Threats SERIOUSLY” and Remain Calm – Do not cause unnecessary excitement.

Receipt of Threat:

If the threat is received by phone, it is important for the person receiving the bomb threat call to remain calm and to take notes of phone call with emphasis on the following:

1. Time of call and extension called
2. Caller’s identity: male/female, adult/juvenile
3. Origin of call: local, long-distance, internal, note number if phone has caller ID
4. Listen for voice characteristics: speech, language, accent, manner, and background noises
5. Ask for location of bomb, type of bomb, what it looks like, time set to go off
6. Record every word spoken
7. Note knowledge of Hospital from conversation

Notify the switchboard immediately and then report to the Command Center, located in Administration Conference Room A, with notes taken from the conversation with the caller.

If the bomb threat is in the form of a note, notify the switchboard immediately and then with the note, report to the Command Center; located in Administration Conference Room A.

Discontinue use of all cell and cordless phones and do not turn light switches on/off during conditions of a bomb threat. It is recommended that communication be made in person or by telephone (a land line).
All fire doors are to be closed when the alarm is sounded.

Search the area:
1. The instructor or supervisor will supervise the search.
2. Look for any package, box, sack or anything that is unusual or out of place.
3. Report any unusual object(s) and the location to the operator.
   ➤  DO NOT TOUCH OR MOVE IT!
4. If you do not find anything, report to the operator that “No bomb was found.”

EARTHQUAKE RESPONSE PLAN

Procedures during and following an Earthquake

1. Take cover immediately and brace yourself. The best shelter is under sturdy furniture or door frames away from falling glass or objects. Do not run into or out of buildings. The area immediately surrounding the building is hazardous because of falling glass or other debris.
2. Avoid panic. Try to stay calm and calm others around you. Remember after shocks are likely and can begin within minutes after the main quake.
3. Assess yourself. If you are injured; seek help.
4. Find out if anyone is injured and administer needed first aid and/or call for help.
5. Check for fires and extinguish and/or call for help.
6. Check for imminent problems (gas leak, chemical hazards, casualties, water leaks etc.) in your area and call for help if needed. If odor of gas is present do not use equipment in area, do not turn lights on or off and do not use phones. If windows can be opened, do so for ventilation.
7. Check for people who might be trapped and call for help.
8. Phone calls should be restricted to emergency use only.
9. Under no circumstances are you to leave your area unless you have notified your supervisor and/or instructor.
10. Elevators should not be used until checked by hospital maintenance. They may be damaged or dangerous.
11. Prepare for evacuation, if instructed to do so by the Incident Command.
12. Prepare to implement other disaster plans as the situation warrants, such as Fire, External Disaster.

Follow other facility’s procedures while at other clinical sites.

Rev. 4/07; reviewed 1/15
CODE STRONG (GSH)

Policy:
The hospital has the right and responsibility to require that patients, visitors, and staff meet reasonable standards of personal behavior while on hospital property. CODE STRONG has been designated as the code to be used when individuals are not meeting these standards.

Definition:
Reasonable Standards of Personal Behavior – Behavior which does not:

1. Interfere with the safe and effective care being offered a patient, or jeopardize the health, safety, or welfare of any patient, visitor, or staff.
2. Intimidate or threaten the person of any patient, visitor, or staff.
3. Interfere with the maintenance of the dignity and/or rights of a patient.
4. Intentionally impair, interfere with, or obstruct the orderly conduct, processes, and functions of the hospital.
5. Threaten the property of any patient, visitor, staff or hospital.
6. Interfere with the communication or collaboration between members of the health team.

Purpose:
1. To provide additional hospital personnel to assist in responding to any situation throughout the hospital involving an actual or potential behavioral emergency.
2. To provide for the safety, dignity, and rights of patients, visitors, and staff.

Implementation:
Sequence, Intervention/Scientific Rationale:

PATIENT BEHAVIORAL EMERGENCY:

1. A CODE STRONG is to be activated when:
   a. Staff (nurse, therapist, technician, etc) is not successful in calming a patient whose behavior creates risk of injury to self or others.
   b. It will take additional staff beyond those currently in the department or on the unit to de-escalate the situation.
2. To activate a “CODE STRONG”, call the Switchboard Operator at 3911 and report a CODE STRONG. Also, give the operator your name, location, building, and floor and/or department.
3. Implement hospital approved crisis prevention intervention techniques.

Nurse Manager, Department Director, House Supervisor, or designee with CPI (crisis prevention intervention) training assumes the role of charge person and is responsible for providing direction to those personnel responding to the CODE STRONG.

Rev. 1/11
ARMED INTRUDER RESPONSE PLAN

POLICY:
Good Samaritan strives to provide safe conditions for patients, hospital personnel, and any other persons on the hospital premises. The intent of this policy is to provide a common response to an active shooter throughout the campus. An Active Shooter situation will most likely unfold quickly, therefore to minimize the loss of life; staff should be prepared to enact this plan without obtaining authorization.

Armed Intruder Response Plan
How to respond when an active shooter is present
1. Run/Evacuate
   - Call GSH switch board (3911) and give information about intruders (number, location, etc)
2. Hide
   - Close and lock or block doors
   - Stay in room with patients that cannot be evacuated
3. Fight/Take Action
   - Use as last resort if life is in danger

See full Policy on GS intranet (Emergency Management/Disaster Manual) for full details

CODE BLUE

POLICY:
1. Hospital personnel will activate Code Blue in life threatening situations.
2. Available Hospitalists, ED Physicians, and code team will respond to the Code Blue.
3. In the absence of a physician, a registered nurse will assume responsibility to initiate Routine Standing Orders for Cardiopulmonary Arrest. An Advanced Cardiovascular Life Support (ACLS) trained registered nurse will assume charge until the first physician is available. Emergency Services Physician will attend all codes on the main campus. First Physician to arrive will take charge responsibility until ED Physician or attending physician or his/her designee arrives, and relinquishes charge responsibility.

PURPOSE:
To provide immediate care in life threatening situations.

See full Policy on GS intranet (Emergency Management/Disaster Manual) for full details

ASSESSMENT & PLANNING:
In the event a student is transporting a patient to the ED or providing patient care services and a patient becomes unresponsive:
1. Student will assess patient per Basic Life Support (BLS) training.
2. Student will call for help per hospital policy and begin Cardiopulmonary Resuscitation, if needed, until help arrives.
3. Once a Technologist, Nurse, or Physician arrives, student relinquishes responsibility of care. If instructed to do so, remains as support aide.
| Good Samaritan Radiography Program |
| INCIDENT REPORT |
| (Not a part of medical record) |

<table>
<thead>
<tr>
<th>Incident date</th>
<th>Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Affected person</th>
<th>Patient</th>
<th>Employee</th>
<th>Visitor</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________</td>
</tr>
<tr>
<td>____________________</td>
</tr>
<tr>
<td>____________________</td>
</tr>
<tr>
<td>____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of occurrence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition of victim:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before incident:</td>
</tr>
<tr>
<td>____________________</td>
</tr>
<tr>
<td>____________________</td>
</tr>
<tr>
<td>After incident:</td>
</tr>
<tr>
<td>_________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seen by physician:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physician name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Action taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________</td>
</tr>
<tr>
<td>_______________</td>
</tr>
<tr>
<td>_______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Witness:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Witness:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
</tr>
</thead>
</table>

| Facility copy original (White) |
| Attorney copy (Blue) |
| Insurance copy (Yellow) |
Appendix 5

Marker Reorders:

1. All students are required to have radiographic markers to be used in the clinical setting.
2. These will be used to identify each image you create. They are your signature and shall not be loaned to or used by another student or technologist.
3. You are required to have two sets; one to use and one for when you lose all or part of the set in use. It will be the responsibility of the student to replace the “second set” when it is put into use.
4. You can not perform exams without your markers; therefore, they are part of your uniform and you can not be in clinical without them.

The program orders markers through:

Universal Medical, Inc.
www.universalmedicalinc.com
800-423-2767

Questions: info@universalmedicalinc.com
Ordering: Order using online order system

You may order from this company or choose a different company when ordering replacement markers. However, the markers used during clinical rotations must be the approved style for the program with your assigned identifying number; no exceptions.

(Yours will have your assigned numbers until you complete the program. Once you have completed program you may order the markers you want and which are acceptable by your employer.)
APPENDIX 6

MRI Safety Screening Sheet

GOOD SAMARITAN HOSPITAL
EMPLOYEE SCREENING FORM

EMPLOYEE NAME ____________________________________________
DATE OF BIRTH __________________________ AGE ______________
EMPLOYEE ID BADGE NUMBER __________________________________

EMPLOYEE DEPARTMENT _______________________________________

The following items can interfere with a MRI. (Example: Watches, Hairpins, Hairpieces or Wigs, Jewelry.) Please remove these personal items containing metal and the MRI staff will assist you in putting them in a safe place. Please let the MRI staff know if any metal you cannot remove.

(ALL QUESTIONS MUST BE CHECKED AND ANSWERED "Yes" or "No"

ABSOLUTE CONTRAINDICATIONS
1. Cardiac Pacemaker or Internal Pacemaker lead, wires or Defibrillator
   YES NO
2. Previous brain surgery with Brain Aneurysm Clips/Surgical Clips in head
   YES NO
3. Inner Ear Surgery/Prostheses (Cochlear or Stapes Implant)
   YES NO
4. Metal Fragments in Eyes
   YES NO
5. Neuro, Bone or Bladder Stimulators (Implanted electrodes inside the body)
   YES NO
6. Infusion pump or Insulin Pump inside the body
   YES NO
7. Is there any chance that you are pregnant?
   YES NO
8. Have you ever done sheet metal work, grinding or welding
   YES NO

1. Open Heart Surgery? (Bypass) ____________ Date ____________
   YES NO
2. Artificial Heart Valve? ______________ Date ____________
   YES NO
3. Cardiac, Renal, Iliac or Other _stem? _______ Date ____________
   YES NO
4. Hearing Aide? ____________________________
   YES NO
5. Dentures, Partial Plates or Dentures with magnetic fasteners?
   YES NO
6. Eye Prosthesis or Implant? (False eye with metal parts or magnetic fastener)
   YES NO
7. Body piercings? _______________What area?
   YES NO
8. Ventricular or Spinal Shunt? (Implanted catheter or tube in brain or spinal cord)
   YES NO
9. Bullets, Shrapnel or any Metal Fragments within the Body?
   YES NO
10. Wire Sutures, Wire Mesh, Surgical or Metal Clips from any surgeries
    YES NO
11. Fractured Bones treated with Metal Rods, Plates, Pins, Screws, Nails or Clips?...
    YES NO
12. Joint Replacements? _______ What part of body?
    YES NO
13. Harrington Rods? (Steel rods implanted in the spine from back surgery)
    YES NO
14. Prosthesis/Artificial Limbs?
    YES NO
15. Penile Implant?
    YES NO
    YES NO
17. Have you had any surgery in the past eight(8) weeks?
    YES NO

I understand this safety form and will not take anything metal in the scan room, for example (stethoscope, scissors, mop bucket, pocket knife, etc.).

Signature: ___________________________ ___________________________
(Employee or legal guardian) Date: __________________________

History/Screening form reviewed

By: ___________________________

Skull (Orbits) cleared by Radiologist _________

144
This Page Left Blank
INDEX

Acknowledgement & Program Officials 8-9
Academic Probation 40
Administrative Probation 39
Allegations of Program Non-Compliance with the JRCERT Standards 46
Appeals Process 44
  Appeals Process - Informal Grievance Process 45
  Appeals Process - Formal Grievance Process 45
Articulation Agreement with VU & GS Radiology Program 53
Associated Websites (Radiography) 58
Attendance Policy and Procedures 22
  Attendance – Absence & Tardies 24
  Attendance – Bereavement Leave 27
  Attendance – Inclement Weather Policy 26
  Attendance – Make up Course Work 25
  Attendance – Medical Leave of Absence 28
  Attendance – Medical Leave of Absence Return Check List 29
  Attendance - Program Semester Breaks & Holidays 30
  Attendance - Temporary Disability Policy 29
Automobile Parking and Operations 32
Certification & Licensure 57
Class / Clinical Schedule 69
Class Officers 37
Clinical Phone Numbers 68
Confidentiality Statement 13
Contact Information, Program 24
Course and Instructor Evaluations 88
Curriculum Grading System 40

Clinical Competency
Clinical Competency Chart, ARRT 89
Clinical Competency Chart, General Patient Care Competencies 90
Clinical Competency Distribution 83
Clinical Competency Evaluation Program (CCEP) 79
Clinical Competency, Procedures for Obtaining 85
Contrast Media Injection Competency Evaluation Form 115
Examination Competency Form 111

Clinical Education Performance Evaluation Forms & Objectives
Clinical Education Evening Performance Objectives 103
Clinical Education Performance Evaluation Form 105
Clinical Education Performance Evaluation Special Procedures 109
Clinical Education Performance Objectives 102
Clinical Education Technologist / Rotation Evaluation 109
Clinical Instructor Evaluation Form 111
GSH Modality Observation Objectives 102
### Forms

#### Clinical Education – Clinical Site Orientation Checklists
- Daviess Community Hospital 91
- Gibson General Hospital 92
- Lawrence County Memorial Hospital 93
- Richland Memorial Hospital 94

#### Clinical Education – GSH Rotation Area Checklists
- Registration / Office 96
- Surgery 100
- Transport 95

#### Clinical Education – Modalities Checklists
- Computed Tomography (CT) 97
- Magnetic Resonance Imaging (MRI) 99
- Special Procedures (Interventional Procedures) 98

Examination Competency Form 113
Incident Report Form 141
Course & Instructor Evaluations 88

#### Graduation
- Graduation - Graduate Follow-up 58
- Graduation - Placement Services 58
- Graduation - Recognitions 57

#### Policy & Procedure
- Clinical Grade Assessment (V) 84
- Clinical Guidelines 61
- Clinical Health and Safety Policy 65
- Clinical Rotations Outside of GSH Radiology Dept. 73
- Clinical Student Scope of Practice 61
- Clinical Supervision Policy 70
- Contrast Media Injection/Venipuncture Policy 74
- Counseling 38
- Counseling Descriptions 87
- Criminal Background Check 15
- Disciplinary Action, Student Conduct and Conditions for 38
- Dismissal, Grounds for Immediate 43
- Drug /Alcohol Testing 42
- Electronics 33
- Evaluation Description Guidelines (VII) 85
- Evaluation, Courses & Instructors 88
- Felony or Misdemeanor Conviction 14
- Field Trips 37
- Financial Aid 54

#### Good Samaritan
- Good Samaritan Mission & Vision Statements 10
- Good Samaritan Organizational Chart 9
- Good Samaritan Statement of Quality 10
<table>
<thead>
<tr>
<th>Good Samaritan Radiology Department &amp; Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Samaritan Radiology Department Philosophy</td>
</tr>
<tr>
<td>Good Samaritan Radiology Department Scope of Service</td>
</tr>
<tr>
<td>Good Samaritan Radiology Program Mission Statement</td>
</tr>
<tr>
<td>Good Samaritan Radiology Program Outcomes</td>
</tr>
<tr>
<td>Good Samaritan Radiology Program Goals</td>
</tr>
<tr>
<td>GSH Radiology Department Collimation of Images Policy</td>
</tr>
<tr>
<td>ISDH Student Permit</td>
</tr>
<tr>
<td>Liability Insurance</td>
</tr>
<tr>
<td>Library &amp; Learning Resources</td>
</tr>
<tr>
<td>Marker Placement Policy</td>
</tr>
<tr>
<td>Non-Discrimination Policy Statement</td>
</tr>
<tr>
<td>Personal Appearance</td>
</tr>
<tr>
<td>Positioning Lab Curriculum</td>
</tr>
<tr>
<td>Practice Standards and Code of Ethics</td>
</tr>
<tr>
<td>Pregnancy Policy</td>
</tr>
<tr>
<td>Pregnancy Radiation Exposure</td>
</tr>
<tr>
<td>Pregnant Students – Radiation Guidelines</td>
</tr>
<tr>
<td>Procedure Practice Guidelines (with Direct Supervision) (III)</td>
</tr>
<tr>
<td>Procedure Practice Guidelines (with In-Direct Supervision) (F)</td>
</tr>
<tr>
<td>Program Completion Requirements</td>
</tr>
<tr>
<td>Program Contact Information</td>
</tr>
<tr>
<td>Program Course Descriptions</td>
</tr>
<tr>
<td>Program Curriculum Outline</td>
</tr>
<tr>
<td>Radiation Monitoring (Dosimeters)</td>
</tr>
<tr>
<td>Records</td>
</tr>
<tr>
<td>Reporting Incidents (Accidents)</td>
</tr>
<tr>
<td>Right to Access to Student Records</td>
</tr>
<tr>
<td>Scholarships</td>
</tr>
<tr>
<td>Sickness or Accidents</td>
</tr>
<tr>
<td>Smoking and Tobacco Free Policy</td>
</tr>
<tr>
<td>State Ethical Eligibility</td>
</tr>
<tr>
<td>Student Dress Code</td>
</tr>
<tr>
<td>Student Lockers</td>
</tr>
<tr>
<td>Student Services</td>
</tr>
<tr>
<td>Telephone Calls</td>
</tr>
<tr>
<td>Textbooks &amp; Program Patches</td>
</tr>
<tr>
<td>Transfer of Credits</td>
</tr>
<tr>
<td>Tuition - Refund Policy</td>
</tr>
<tr>
<td>Visitors</td>
</tr>
<tr>
<td>VU Associates Degree Option</td>
</tr>
<tr>
<td>Withdrawal from the Program</td>
</tr>
<tr>
<td>Workplace Harassment</td>
</tr>
<tr>
<td>Projections &amp; Protocols</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Routine Projections for Competency, DCH</td>
</tr>
<tr>
<td>Routine Projections for Competency, GGH</td>
</tr>
<tr>
<td>Routine Projections for Competency, GSH</td>
</tr>
<tr>
<td>Routine Projections for Competency, LCMH</td>
</tr>
<tr>
<td>Routine Projections for Competency, RMH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1 Standard of Ethics</td>
</tr>
<tr>
<td>Appendix 2 Practice Standards</td>
</tr>
<tr>
<td>Appendix 3 Safety</td>
</tr>
<tr>
<td>Armed Intruder Alert</td>
</tr>
<tr>
<td>Bomb Threat – (GSH)</td>
</tr>
<tr>
<td>Code Blue – (GSH)</td>
</tr>
<tr>
<td>Code Strong - (GSH)</td>
</tr>
<tr>
<td>Earthquake Response Plan – (GSH)</td>
</tr>
<tr>
<td>Fire Alert Procedure – (GSH)</td>
</tr>
<tr>
<td>Tornado Warning</td>
</tr>
<tr>
<td>Appendix 4 Incident Report form</td>
</tr>
<tr>
<td>Appendix 5 Reordering Markers</td>
</tr>
<tr>
<td>Appendix 6 MRI Safety Screening Sheet</td>
</tr>
<tr>
<td>Appendix 7 GSH Radiology Dept. Organizational Chart</td>
</tr>
</tbody>
</table>