

2016

Midwestern State University



BS in Radiologic

Technology

Program

Clinical Handbook

Midwestern State University

Robert D. and Carol Gunn College of Health Sciences and Human Services

Bachelors of Science in Radiologic Technology Program

STUDENT CLINICAL HANDBOOK

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Note: This handbook is prepared for use by students in the Bachelor of Science in Radiologic Technology Program and contains specific information about the Radiologic Technology Program. For general MSU policies, see the MSU student handbook and catalog.

The information in this handbook is current at the time it is printed. However, policies, guidelines, and procedures are subject to change without notice. The Chair of Radiologic Sciences will make final interpretation of program policies and procedures.

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CLINICAL PROGRAM FACULTY

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AFFILIATE HOSPITALS AND CLINICAL SITES

Clinical Affiliates

Baylor Medical Center at Carrollton, Carrollton, TX**
Bowie Memorial Hospital, Bowie, TX**
Clay County Hospital, Henrietta, TX
Denton Regional Medical Center, Denton, TX**
Electra Hospital, Electra, TX
Graham Regional, Graham, TX**
Kell West Regional Hospital, Wichita Falls, TX
Medical Center of Lewisville, Lewisville, TX**
Medical City of Dallas Hospital, Dallas, TX**
Methodist Charlton Medical Center, Dallas, TX**
Methodist Dallas Medical Center, Dallas, TX**
Navarro Regional Hospital, Corsicana, TX**
North Texas Medical Center, Gainesville, TX**
San Angelo Community Medical Center, San Angelo, TX**
Shannon Medical Center, San Angelo, TX**
Southwestern Medical Center, Lawton, OK**
United Regional Health Care System, Wichita Falls, TX
Wilbarger General Hospital, Vernon, TX**
Wise Regional Health System, Decatur, TX**

Students are assigned to only one affiliate institution for the duration of their clinical education. Students are rotated to other affiliates as needed to meet clinical competencies.

Additional Clinical Sites*

Clinics of North Texas - Midwestern Site, Wichita Falls, TX
Methodist Mansfield Medical Center, Mansfield, TX**
Texas Scottish Rite Hospital for Children, Dallas, TX**
Texoma Cancer Center, Wichita Falls, TX

*Students may be assigned to these additional clinical sites to meet clinical competencies.

** These clinical sites are more than or approximately 1 hour travel from the main campus of
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Midwestern State University.

THE CLINICAL ENVIRONMENT

Introduction

The student's clinical experience will be different from the academic environment in which he/she is accustomed. The success of the student to function and learn in the clinical setting depends in part on how he/she approaches and deals with the differences.

Patient care is of utmost importance in the radiology department. The patient's welfare is considered first above all other considerations. The first priority of patient care is consistent with the goals and needs of clinical education. Occasionally, this reality dictates the scheduling and conducting of educational activities is flexible.

Compared to the learning activities conducted on campus in the classroom setting, the learning activities in the clinical setting are frequently less structured. The student must take a more active and responsible role for integrating the academic preparation the student had with the individual examinations being observed and/or performed.

Generally in the classroom setting, students work independently as they pursue their academic goals. In the clinical setting, the student must pursue his/her educational goals within the overall goals of the department to deliver quality patient services efficiently and effectively. Rather than function independently, the student becomes a part of a health care delivery team and must function cooperatively to achieve educational and departmental goals.

Another difference between the academic environment and the clinical environment is the student's performance of an examination to produce a diagnostic image. When students produce diagnostic images of acrylic phantoms in the on campus laboratory, the attention is narrowly focused on the mechanics of producing the diagnostic image. Since live patients are not exposed to produce images in on-campus laboratory learning, there was no need to be concerned or cautious about the welfare of the "patient." In the clinical situation, students must develop the ability to expand their awareness of the patient as a person as well as the mechanics of producing diagnostic images of optimum quality.

Clinical skills can be developed by following a systematic step-by-step approach. The following sequence of steps will generally produce outstanding technologists:

- **Academic Preparation**
- **Observation**
- **Assisting and Performing Examinations under the Supervision of a Qualified Radiologic Technologist**
- **Competency Evaluation**
- **Performance Maintenance**

Academic Preparation

The student is considered academically prepared by successfully completing didactic

courses in imaging physics, imaging principles and techniques, anatomy and physiology, diagnostic imaging positioning, etc. before entry into the clinical environment.

Observation

The student's initial activities in the clinical environment will consist primarily of observing qualified radiologic technologists at work.

Assisting and Performing Examinations under the Supervision of a Qualified Radiologic Technologist

Once the student is comfortable in the diagnostic imaging exposure room, he/she will be given an opportunity to assist and perform diagnostic imaging procedures under the supervision of a qualified radiologic technologist. Students will not perform diagnostic imaging examinations without direct supervision until competency on the selected examination is obtained.

Competency Evaluation:

When the student believes he/she is able to perform a particular examination by himself/herself, the student will ask the Clinical Instructor or a qualified radiologic technologist to perform a competency evaluation for the examination when the next patient for the selected examination arrives. The student's performance will be documented on a Competency Evaluation Form as well as the list of competency examinations. If competency is achieved on the selected examination, the student will be marked as competent on the examination. If competency is not achieved, the examination must be repeated until competency is achieved. In addition, all diagnostic images submitted as completed competencies will be visually evaluated by the Clinical Coordinator or Assistant Clinical Coordinator. Final approval of competency evaluations will be by the Clinical Coordinator or Assistant Clinical Coordinator, *regardless of prior approval by Clinical Instructor or designate.*

Performance Maintenance

Once the student passes the Competency Evaluation for a particular examination, the student will need additional practice to maintain and perfect his/her skill. The student may now perform the examinations which they have shown competency with indirect supervision (a qualified radiologic technologist must be in an adjacent room or area but not necessarily in the exposure room). However, if a repeat examination should become necessary for factors over which the student had control; a qualified radiologic technologist must be present to provide direct supervision. The student must have the qualified radiologic technologist who was present for the repeat performance of the examination, initial his/her logbook, thus documenting the technologist was present for the repeat performance.

When the student is assigned or rotates to another room, the student should show his/her list of competencies to the qualified radiologic technologist so the technologist knows exactly which examinations the student can perform alone and which examinations must be closely supervised.

CLINICAL POLICIES AND PROCEDURES

In an effort to promote excellence in the professional and ethical conduct of students and to provide the highest quality of medical care for patients, the following policies are currently in effect for students in the Midwestern State University (MSU) Bachelor of Science in Radiologic Technology (BSRT) program.

Before Placement at Clinical Site

BACKGROUND INVESTIGATION POLICY

The BSRT program is committed to ensuring public and professional trust and providing safe patient care. In order to meet this goal, background checks, finger printing, and drug screening of students is required. Many of our clinical education settings require additional criminal background investigations of all employees and students. To comply with these requirements, accepted students will be asked to submit to these tests to ascertain the student's suitability for clinical rotations.

Criminal Background Check

All students will be required to submit to a criminal background check facilitated by CertifiedBackground.com before clinical rotation. The background check will include, but is not limited to, a review of prior criminal records, review of nationwide sexual offender records, review of nationwide healthcare fraud and abuse records, review of the nationwide Patriot Act records, review of residency history, and Social Security verification. Students with any felonies on the criminal record will be ineligible for admission into the MSU BSRT Program. The submission of any false information to MSU BSRT program shall be cause for immediate dismissal. Students are responsible for the payment of the criminal background check. *The criminal background check included criminal records for counties in the state of Texas; additional counties outside of Texas will be searched for an additional fee.

Drug Screening Test Policy

Students are required to submit for 10 panel urine drug screening (cocaine, amphetamines, barbiturates, benzodiazepines, marijuana, opiates, phencyclidine, propoxyphene, methadone, and synthetic opiates) before clinical rotation and at any time in the program. The student will be responsible for payment of the screening test. If the student tests positive for any illegal substance, he/she will be withdrawn from the program immediately. Non-negative results will be processed further and may require additional testing. Additional drug screening will be at the student's expense. Failure to pass drug screening will result in immediate dismissal from the program. The submission of any false information to MSU BSRT program shall be cause for immediate dismissal

This information will remain confidential and will only be viewed by the Radiologic Science Program Chair or designee. Any criminal conviction which is found during the background investigation that may deem a student unsuitable for clinical rotations will be considered on a case by case basis. Additional information regarding the conviction may be

required in order to make an informed decision. The background investigation will be made available to clinical education settings that require such. Individuals at the Clinical Education Setting, who are authorized to make decisions regarding an individual's eligibility to attend a setting, will inform the Program Chair if a student will be allowed to attend clinical at that setting. If an offense appears on the criminal background check that disqualifies the student from attending clinical experiences, the clinical site(s) will notify the program regarding any students' disqualification for attending clinical at that site. The student will receive written notification. Students who receive notification of ineligibility and who wish to dispute the results of the background investigation may follow the College of Health Sciences and Human Services Grievance Procedure.

If a student has been convicted of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations, these must be reported to the American Registry of Radiologic Technologists (ARRT). All alcohol and /or drug related violations must be reported. All potential violations must be investigated by the ARRT in order to determine eligibility. Individuals must file a pre-application with the ARRT in order to obtain a ruling of the impact of their eligibility for the examination. This pre-application may be submitted at any time either before or after entry into an accredited program. For pre-application contact the ARRT at:

ARRT
1225 Northland Dr.
St. Paul, MN 55120-1155
Tel: (651) 687-0048

CARDIOPULMONARY RESUSCITATION (CPR)

A course in CPR must be completed **before** the student enters the clinical phase of the program and must be current through the end of clinical. When the student has completed the CPR course, a copy of the card is to be submitted to Undergraduate Program Secretary to be kept in the student's clinical file.

STUDENT MALPRACTICE COVERAGE

BSRT students must carry professional liability insurance during the clinical education phase of the training. These fees are to be paid online at the MSU BSRT webpage <http://mwsu.edu/academics/hs2/radsci/bsrt/index> through the Program Fees link. The liability insurance is effective on the day clinical education begins and ends on the day the BSRT program is completed. The coverage is only valid during the students scheduled clinical hours. Cost of the insurance is approximately \$18.00 per academic year or any portion of the academic year. Students will be asked to pay for this insurance the semester before the start of clinical education.

HEALTH INSURANCE

Students are responsible for any personal injury that occurs at the university or hospital.

Purchase of Health/Accident Insurance is required. A copy of student insurance information is to be submitted to the Undergraduate Program Secretary and kept in the student's file. It is students' responsibility to keep this information current.

Any MSU student may purchase health insurance through the university. Students can contact Vinson Health Center for additional information.

<http://www.mwsu.edu/healthcenter/index>

Immunization Requirements

Each student entering the clinical environment is required to have the following immunizations according to Texas state law:

1. MMR (measles, mumps, rubella)
2. DT (diphtheria, tetanus)
3. Varicella (Chicken Pox)
4. TB (tuberculosis) screening
5. Hepatitis B
6. Influenza

All required immunizations must be completed prior to the first day of clinical. The first Hepatitis B shot must be taken by Oct. 1. Students who have not completed their immunizations will **not** be allowed to participate in clinical until cleared by the MSU Vinson Health Center. The Vinson Health Center requires all shot records be forwarded to them, and the Vinson Health Center may provide immunizations on an appointment basis only.

CLINICAL ASSIGNMENTS

Because of the locations of the clinical education centers and all centers are full-service medical facilities; students are assigned to only one major affiliate institution for the duration of the clinical education. Students are rotated to other affiliates as needed to satisfy learning objectives.

Clinical site assignment will be determined by:

- Recommendations from faculty
 1. Performance
 2. Integrity
 3. Attitude
 4. Ability to work as a team member with faculty and students
- Site availability
- GPA ranking at the end of the first professional semester (professional courses and Anatomy & Physiology I & II courses)
- MSU cumulative GPA
- Hometown
- Date of submitted application
- On campus athlete or band (must be an approved by Clinical Coordinator)

- Student preference for clinical sites

The students will declare clinical site preferences at the end of the fall semester, and the program will announce assignments at the beginning of the spring semester. Opportunities to transfer, if available, will be made known approximately 60 days before clinical education begins. Clinical sites are located in a wide geographic area in addition to Wichita Falls. Students are responsible for their own transportation, housing, and living expenses during their off-campus clinical courses. Additionally, students must also arrange to have Internet access while enrolled in online courses off-campus.

Situations may arise during the clinical experience that may necessitate a transfer to another clinical site. The BSRT program will make every effort to make the transfer as easy as possible. Any expenses incurred because of this transfer will be the sole responsibility of the student.

Obtaining Clinical Competencies

During the course of the third semester of clinical education, the student will be afforded the opportunity to rotate to a clinical site of higher level of patient care to obtain competencies which are not normally observed at the currently assigned site. Any additional expense of this change will be incurred by the student.

TRANSPORTATION POLICY

It is the student's responsibility to provide his/her own travel to and from class and clinical education sites. Neither the college nor the clinical sites assume any responsibility or liability for student transportation needs.

During Clinical Rotation

Responsibilities of Students in the Hospital

The primary function of the hospital is patient care. Under no circumstances should the presence of students reduce the quality of patient care. It is the student's responsibility to:

- Follow the administrative policies established by the radiology department and the hospital.
- Students must report to the assigned work center at least 10 minutes prior to the scheduled time clinical time.
- Notify the Clinical Instructor and Clinical Coordinator no later than 30 minutes before the student's scheduled time in case of illness or absences which are beyond the student's control.
- Wear radiation monitoring badge as outlined in the handbook.
- Check with radiologic technologists and/or Clinical Instructor before leaving the assigned work center.

- Follow the directions provided by the radiologic technologists and/or Clinical Instructor
- Ask for advice when indicated. **DO NOT** experiment with patients. Be industrious and ask questions.
- Do not discuss clinical information with patients, relatives, or anyone outside the radiology department.

Professional Behavior Policy

As a representative of MSU, the BSRT program, the assigned clinical institution, and the entire profession of the radiologic sciences, it is of paramount importance the student maintains the highest standards of professionalism.

The students are expected to conduct themselves on a professional level. Professional conduct is reflected in attitude and in communication with physicians, supervisors, co-workers, and patients.

Professional conduct includes, but is not limited to:

Commitment to Excellence

- refrains from performing any professional service which requires competence that one does not possess or which is prohibited by law unless the situation morally dictates otherwise;
- strives to exceed expectations at all times;
- commits to life-long learning by taking responsibility for one's own learning and accurately reflecting on the adequacy of one's knowledge, skill development and personal barriers to accomplishing learning and growth;
- takes responsibility for learning in group settings by being present, prepared and engaged;
- strives for mastery learning appropriate for one's level of training;
- reflects with colleagues on the success of group work.

Honesty and Integrity

- identifies truthfully and accurately one's credentials and professional status
- communicates appropriately in an honest and timely manner;
- accurately represents actions and events;
- avoids cheating, plagiarism, misrepresentation of the truth;
- reflects on one's personal reaction to encounters with others and accepts responsibility for personal actions;
- recognizes, appropriately discloses and manages conflicts of interest; is forthcoming with information; does not withhold and/or use information for power;
- admits mistakes.

Compassion

- recognizes and responds to the fears, suffering and hopes of patients and their

- respects confidentiality of patients;
- assists colleagues in dealing with the challenges of professional work.

Respect for Others

- respects confidentiality of patients;
- recognizes and respects personal and sexual boundaries;
- avoids bias (e.g., gender, race, age, sexual orientation) in interactions with others; articulates and embraces the many positive aspects of difference among people and demonstrates awareness of how such differences affect personal interactions;
- demonstrates a commitment to resolving conflicts in a collegial manner;
- shows sensitivity and respect for the needs, feelings, ideas and wishes of others in clinical and education settings;
- demonstrates humility in interactions with others;
- recognizes that appropriate dress and appearance demonstrate respect for others and for the profession.

Professional Responsibility

- is present and punctual for scheduled activities;
- takes responsibility to notify others for unavoidable absence or tardiness;
- copes with the challenges, conflicts, and ambiguities inherent in professional work;
- identifies and appropriately deals with problematic behaviors of oneself and colleagues;
- being cognizant of and adhering to the chain of command.
- appropriately displaces clinical responsibilities when personal needs demand it;
- adheres to established professional codes of conduct;
- practices according to accepted standards of care;
- identifies ethical issues in professional situations and acts in an ethical manner.
- regards as strictly confidential, all information concerning each patient and refraining from discussing this information with any unauthorized individual, including the patient.

Social Responsibility

- understands and actively addresses the multiple social factors that threaten the health of patients;
- actively works for appropriate social change to improve the health of populations;
- models healthy behaviors.

Altruism

- places the interests of others above self-interest;
- is able to give up some personal needs to meet needs of patients.

Examples of unprofessional behaviors include, but are not limited to:

- Gossip
- Disclosure of medical information with patients or relatives
- Discussions pertaining to clinical in public areas (e.g. elevators, cafeterias)
- Discussions of inappropriate subject matter within hearing of patients, visitors, etc.
- Consumption of food in patient areas (including gum)
- Excessive noise
- Inappropriate jokes
- Loitering

In addition, the student will adhere to the following policies while at the clinical facility:

1. Smoking, smokeless tobacco, eating, drinking, or chewing gum is permitted only in the lounge or designated areas.
2. Students will not leave their assigned area at any time without permission.
3. Students will not remain in the radiology department after clinical hours except when on duty.
4. When not actively engaged in diagnostic imaging work or other duties, students will remain in their rooms and not congregate in offices, halls, or other rooms.
5. Personal telephone calls are not encouraged. No one will be called from working area except in an emergency.
6. Patients will not be left unattended.
7. Electronic devices, such as pagers and cellular phones, are not permitted in patient care areas.
8. Students will wear uniforms only during assigned clinical hours.

Students are responsible for their own actions and must not engage in any activities considered unprofessional or non-conducive to proper patient care. Failure of a student to maintain a professional conduct may result in reduction of clinical grade, course failure, and possible expulsion from the program.

If a student encounters a problem in the clinical environment, contact the Clinical Instructor immediately.

HIPAA

All patient records are confidential in nature. Requests for information concerning a patient should be referred to the supervising technologist or the clinical instructor. Students are expected to maintain confidentiality in a professional manner.

In accordance with Health Insurance Portability and Accountability Act (HIPAA) of 1996, all patient information will be confidential. Students will maintain the privacy of

protected health information by limiting discussion of protected health information to private areas and conference rooms; not discussing health information outside the health care facility unless such discussion is with an appropriate faculty member and in private; not discussing protected health information with other students; refraining from copying any part of the medical record for use outside of the health care facility.

Students can learn more about HIPAA through an online presentation available on the Gunn College of Health Sciences & Human Services homepage:

<http://www.mwsu.edu/Assets/documents/academics/hs2/hipaa.swf>

APPROPRIATE USE OF SOCIAL NETWORKING WEBSITES

Social networking websites provide unique opportunities for students to get to know one another, share experiences, and keep in contact. As with any public forum, it is important that users of these sites are aware of the associated risks and act in a manner which does not embarrass or shame the students, the BSRT Program, and the University. It is also important to ensure patient information is not made publicly available.

The BSRT Program has adopted the following guidelines to assist students in carefully using these sites:

A. Personal Privacy

- Set students' profiles on social networking sites so that only those individuals whom the students have provided access may see their personal information.
- Evaluate photos of students that are posted to these sites and "untagging" photos that depict the student in what may be construed as compromising situations.
- Be aware of the security and privacy options available to them at any sites where students post personal information. Keep in mind privacy settings are not impervious, and information can be shared willingly or unwillingly with others, even with "Friends Only" access.

B. Protection of Patient Information

- Comments made on social networking sites should be considered the same as if they were made in a public place in the clinical setting.
- HIPAA rules apply online, and students may be held criminally liable for comments that violate HIPAA.
- Remember that simply removing the names of patients does not make them anonymous.
- Family members or friends of that patient or of other patients the student is caring for may be able to determine to whom the student is referring based on the context.

C. Professionalism

- Use of these sites can have legal ramifications. Comments made regarding care

- of patients or that portray the student or a colleague in an unprofessional manner can be used in court or other disciplinary proceedings.
- Statements made under students' profiles are attributable to the student and are treated as if the student verbally made that statement in a public place.
 - Use discretion when choosing to log onto a social networking site at school. Keep in mind the use of these sites during lecture and clinical assignments are prohibited.
 - Keep in mind photographs and statements made are potentially viewable by future employers.

Students may be subject to disciplinary actions within the University for comments that are either unprofessional or violate patient privacy. Each student is representing MSU and the BSRT Program when logging on to a site and making a comment or posting a photograph.

RADIATION MONITORING

It is the goal of this program to keep radiation exposure to students as low as reasonably achievable. Each clinical site RSO maintains the exposure reports and students are required to review their reading quarterly. Exposure review by the students will be verified by the Clinical Instructor and documented on semester Professional Development Evaluation.

NCRP Report # 102 will be used to establish maximum dose values.

1. At least one month before students start their clinical education, the Clinical Coordinator will provide each Clinical Instructor with a list of students who will start clinical. The clinical instructor will insure a radiation monitoring badge will be available for each student on the first day of clinical.
2. Students will wear their radiation monitoring badge when at clinical and will follow the storage policy and other related policies of the clinical affiliate (radiation monitoring badge should remain at affiliate).
3. The Clinical Instructor will post a copy of the monthly/quarterly report so it is accessible to students.
4. If a student receives an exposure over a 30-day period that exceeds 100 millirems, the MSU Radiation Safety Officer will conduct an investigation.

Additional rules to be followed concerning radiation monitoring badge use are:

1. Radiation monitoring badges are to be worn any time students are working in the energized lab on campus or at the clinical affiliate to which they are assigned.
2. Radiation monitoring badges should not be allowed to get wet.

PREGNANCY POLICY

The Pregnancy Policy is consistent with applicable federal regulations and state laws. Every effort will be made to protect the well-being and privacy of the student. All students are informed of the risks of radiation exposure during pregnancy and have the option of declaring or not declaring their pregnancies. A pregnant student may voluntarily notify the MSU Radiation Safety Officer and Department Chair. A student may rescind a pregnancy notification in writing at any point for any reason without explaining the reason. After declaring pregnancy, students have the option to continue in the program without any modifications or they may select from the following options:

1. During the first two semesters, the MSU Radiation Safety Officer and the Laboratory Instructors will be sure the student is monitored during laboratory classes.
2. During the final three semesters, the MSU Radiation Safety Officer, the Clinical Coordinator, and the Clinical Instructors will be sure the student is monitored during clinical hours.
3. Pregnant students will be provided an additional personal radiation monitoring badge to be worn at waist level under any lead apron (when applicable) and be identified as the fetal dose monitor.
4. The student radiation exposure will be continuously monitored. If the fetal dose monitor reaches 500 mrems, the student will be removed from clinical assignments in radiation areas.
5. If the student exceeds the maximum permissible dose, she will be withdrawn from all clinical courses for the remainder of the pregnancy.
6. Attendance, absence, and make-up policies will be equally enforced.

WORKPLACE HAZARDS

The Occupational Safety and Health Administration (OSHA) is an agency of the United States Department of Labor to prevent work-related injuries, illnesses, and deaths by issuing and enforcing rules (called standards) for workplace safety and health. OSHA aims to ensure employee safety and health in the United States by working with employers and employees to create better working environments. Students are educated about workplace hazards including but not limited to the following:

- Standard precautions
- Communicable disease awareness

- Fire safety
- Hazardous materials (chemical, electrical, bomb threats, etc.)
- Blood-borne pathogens

Contagious Diseases Policy

Students entering the BSRT Program must be aware, like all healthcare workers, they will be exposed to various contagious diseases during their training and career. Precautions to be taken are outlined in the MSU Patient Care course. Additional information regarding contagious diseases is provided by each clinical facility. The students are encouraged to use any protective devices available.

If the student should be the carrier of a contagious disease, the student must contact the Clinical Coordinator immediately. A temporary suspension of training may be necessary for legal reasons and for the protection of patients.

Most contact will be with patients who have not yet been diagnosed with a contagious disease and therefore, the precautionary procedure of wearing gloves is of paramount importance. Students will use strict isolation techniques if the patient has been diagnosed as having a contagious disease. ***Students may not refuse to perform radiologic services for patients diagnosed or suspected of having a contagious disease.***

Student must use gloves and other protective or precautionary measures (consistent with institutional policies) for all procedures in which there may be contact with body fluids (urine, blood, excretion, saliva, etc.).

The following disciplinary actions will be administered for noncompliance to this policy:

1. First offense- retraining on universal precautions
2. Second offense - one day suspension from clinical
3. Third offense - a three day suspension from clinical
4. Fourth offense - termination from the program

Professional Appearance Policy

Hospitals and their employees are expected to set examples of cleanliness and appearance. The "Dress Code" of the clinical site will set minimum standards. Students are expected to meet or exceed these standards. Items listed in the dress code generally include:

1. Clean and pressed uniform.
2. Clean and polished shoes.
3. Clean hands and fingernails. (If fingernail polish is worn, it must be in light natural colors. No bright or unusual colors such as red, black, orange, blue, etc.)
4. Hair must be kept neat and clean and, if long, must be pulled up off the collar.

- No bright or unnatural hair colors. No extreme hairstyles.
5. A mustache or beard is permitted so long as it is kept neatly trimmed.
 6. Excessive perfume and cosmetics are not permitted as determined by the Clinical Instructor.
 7. Only a wedding ring, watch, and one small stud earring in each ear is allowed. No necklaces or bracelets or other adornments are allowed. (Only exception is Med-Alert and religious medallions which are to be worn inside the tunic).
 8. Body adornments (including but not limited to tattoos or facial piercings) must be covered or removed.

Specific Uniform Policy

The uniform will consist of the following:

1. Maroon tunic top and white or maroon pants. (to be purchased from a specific manufacturer)
2. White or dark colored shoes. (Nursing shoes preferred, but white or dark colored tennis shoes with no color stripes, insets, etc. will be allowed.)
3. White or maroon lab coat is optional.
4. Program patch to be sewn on the left sleeve no more than 2 inches from the shoulder seam on both tunic and lab coats (to be purchased at the University Bookstore).
5. Radiation monitoring badge.
6. Name tag.
7. Image markers.

Proper attire includes all of the items listed above. Each student must have at least three uniforms. If a student is not in proper uniform, the Clinical Instructor or Clinical Coordinator will send the student home and require the student to return to clinical properly attired. Clinical time missed should be made up the same day. In the event a trip home is necessary, the student will be counted tardy for the day.

At no time are student uniforms to be worn while the student is working as an employee or volunteer of a clinical facility. If working hours are scheduled immediately following clinical hours, the student must change clothing prior to beginning paid or volunteer work.

WORK DURING CLINICAL EXPERIENCE

Outside Employment

Faculty is aware some students must work; however, classes, including Clinical Practicum, are scheduled with learning objectives in mind so student employment must be scheduled around courses. It is not possible to adjust course schedules for individual employment needs. No student's clinical schedule will be adjusted to accommodate the student's outside employment schedule or his/her commute to the clinical setting. It is in violation of Texas State law for student radiologic technologists to perform radiologic

procedures outside of the scope of clinical courses. In accordance with this law, students may not log paid hours as a part of their clinical experience nor may they count paid experiences as a part of their course experience.

Student Employment in Health Care Setting Policy

Students employed at any clinical facility or who volunteer time at a clinical facility will not be allowed to receive credit for student time or competencies performed during those working hours. Student time and competencies will only be performed during regularly scheduled clinical hours.

Any student who attempts competencies during paid employee time or any time outside clinical hours may be removed from the program.

During the second clinical semester, students may request a “call back” for competencies not generally seen during regular day time clinical hours. The student can request a “call back” by informing the Clinical Instructor or a supervising radiologic technologist of the procedure and the student’s contact information. “Call backs” can be made provided another student is not already scheduled on a shift requested to be “called back,” and the already scheduled student is not in need of the competency in question. The student who receives a “call back” must arrive in the regular Midwestern State University uniform to perform these “call back” competencies.

Students who are performing duties related to their employment must not use student time cards or wear any part of the student uniform including name tags or program patches.

Absence and Tardiness Policy

Absences

Two (2) days of clinical absences are allowed each semester. For each absence after the two allowable absences, the returning student **must** bring a physician's note and a receipt of service from the care provider, and the student will be required to make-up the days missed after the 2-day allowance. For each clinical day missed after the 2-day allowance, 5 points per absence will be subtracted from the final clinical grade. The student will be required to make up the days missed, and the make-up time must start within two weeks. Excessive absences (more than 3) will result in a referral to the Department Chair and/or the Dean of the college and may result in a dismissal from the program. Unexcused absences will not be tolerated. If extenuating circumstances occur (for example: surgery, car accidents, death in family), the Clinical Coordinator will make arrangements on an individual basis.

Tardiness

Time missed because of tardiness should be made up at the end of the assigned shift the **same day**. This will be recorded as a tardy. Three (3) tardies within one semester will result in the deduction of 5 points from the final clinical grade.

Illness/Injury Guidelines

If the student becomes ill prior to the start of his/her shift and the student feels he /she cannot perform his/her duties or may be contagious, the student should stay home. The student must contact the Clinical Instructor or a supervisor **and** Clinical Coordinator at least 30 minutes before the beginning of an assigned shift if an absence is going to occur.

If the student becomes ill at the clinical site, he/she will notify the Clinical Instructor immediately before leaving the facility. If the student is injured outside the clinical environment, and the injury prevents the attendance of clinical rotations, the student must provide a physician's note or statement of injury from a physician before the absence(s) will be excused. Notes from physicians at the clinical facility will not be accepted unless accompanied by a copy of the emergency room statement of service.

If the student is injured at the clinical site, notify the Clinical Instructor immediately. If the student needs to be seen by a physician, the student may check into the emergency room or leave to seek the attention of his/her own physician. The hospital may not have any responsibility for payment of emergency room charges or any other charges incurred by the student as a result of his/her injury, so the decision to seek treatment is up to the student. If the injury causes a student to miss clinical time, a physician's note is required for excused absence credit. The student may be required to provide a physician's release for return to work depending on the circumstances of the injury. The Clinical Coordinator should be informed of all absences.

Inclement Weather Policy

In cases of bad weather or severe weather conditions, the student must use his or her own judgment when deciding whether or not to attend clinical. The student will inform the Clinical Instructor as soon as possible. If schools in the student's clinical area are canceled, the absence will be excused.

Academic Instruction during Clinical Education

Even though a greater portion of the student's time is devoted to clinical education after the fourth semester, academic growth and responsibilities continue to be a very important part of the student's professional technical development and proficiency. Each semester the student will participate in special courses offered by MSU. The format of instruction may differ significantly from what the student has been accustomed to in the first two semesters. These courses are administered within the typical on-campus classroom setting, in the form of seminars, and are held two to four times per semester. Attendance is mandatory.

Clinical Hours Policy

The student's clinical education will be scheduled for 32 hours per week. Clinical

assignments may not exceed 10 clock hours in any one day. The first clinical semester will be scheduled for dayshift and with an option to do two weeks of weekends and/or evening shift. During the second and third clinical semesters, clinical hours are scheduled for dayshift and two weeks of weekend and/or evening shifts (excluding holidays). If a holiday falls on a weekday, that day will count as the day off, and the student will not get an additional day off during that week. Within the 32 hours for clinical, one hour for critique class and one hour for discussion will be scheduled weekly. Day shift hours can be anytime between 5:00 am to 7:00 pm.

Combined didactic and clinical hours are not to exceed 40 hours per week.

Magnetic Resonance Imaging (MRI) Screening Policy

Before any student is allowed to perform a rotation in MRI, the MRI form must be completed and reviewed by the Clinical Coordinator, Clinical Instructor, and the MRI supervisor. If a student is contraindicated to perform a rotation in the MRI area, the Clinical Coordinator will adjust the student's clinical requirements to ensure the safety of the student. The form is located under Clinical Forms in this handbook and under Forms in the Academic Handbook.

Mammography Policy

No males or females may observe and/or participate in mammography examinations.

Venipuncture

Venipuncture is a procedure commonly performed at the clinical education setting. Venipuncture training occurs in the MSU Patient Care class. This practice is required as an ARRT clinical competency requirement. Students in the professional curriculum may perform venipuncture if approved by the clinical site after appropriate training.

Clinical Grievance Policies

Students

It is the policy of the MSU BSRT program to work with students in finding fair and equitable solutions to problems, including any student grievance, appeal, question, misunderstanding, or discrimination. Students are urged to take problems concerning clinical education to their Clinical Instructor.

1. The student should first take his or her problem or question to their Clinical Instructor. Usually the Instructor will have direct knowledge about the subject and is best qualified to resolve the situation.
2. If the student and Clinical Instructor are unable to find a solution or answer

within a reasonable amount of time, the student may then bring the matter to the attention of the Clinical Coordinator. The student should feel free to discuss the matter fully.

3. Should a satisfactory and impartial solution not result from step 2, the student may pursue the matter through the Department Chair.

All students will have the option of appointing a person to accompany them during the grievance procedure.

Hospital/University

In the event the hospital requests a student be removed from the facility permanently, three subsequent courses of action may take place:

1. If the situation is based on a problem specific to the facility and would not prevent the student from completing the program, the university may assign a student to another facility.
2. If the facility is willing to accept the student with full disclosure, the student will be allowed to complete the program.
3. The student will not be allowed a second transfer unless the facility is no longer functioning or policies at the facility change so students are no longer accepted.

If the situation is based on unacceptable, intolerable, or illegal actions by a student which violate the clinical policies set forth in this handbook or which violate any local, state, or federal laws, the student will be removed from the clinical site and released from the program. Under these circumstances, a student will not be allowed to reenter the program at any time in the future.

CLINICAL SUPERVISION

Clinical Instructor

Each clinical facility has one or more Clinical Instructor(s). In addition to their responsibilities of day-to-day operations in the department, these individuals are responsible for the supervision of the student's clinical education. This includes scheduling students through appropriate departmental work centers and assuring they are assigned to qualified technologists; reviewing performance evaluations and rotation appraisals to determine the level of supervision necessary for each student and when he or she can work independently in a given situation; performing competency and professional development evaluations on each student per semester; scheduling and conducting weekly image critiques; and being available to assist, advise, and counsel students. Clinical Instructors enforce supervision and repeat of unsatisfactory image(s) policies. In addition, Clinical Instructors monitor each student's clinical exam record or log sheet weekly.

Clinical Coordinator

One MSU faculty member is given responsibility for assisting in the organization, supervision, and coordination of the clinical education courses in each of the affiliated hospitals. This responsibility includes assisting in establishing procedures, guidelines, and manuals for the clinical education component of the curriculum, serving as a liaison between the academic and clinical faculty, and maintaining communications between the affiliates and the University. The Clinical Coordinator is also responsible for assisting the Clinical Instructors as needed and integrating and relating the curriculum objectives for the classroom and clinical portions of the program to make the educational experiences as relevant and as well coordinated as possible. The Clinical Coordinator also participates in the clinical education experience by observing students at the affiliate sites and by being available to advise and counsel students. Additionally, the Clinical Coordinator visually evaluates diagnostic images submitted for completed competencies for final approval. Supervision policies are enforced and monitored through the periodic clinical site visits by the Clinical Coordinator.

Assistant Clinical Coordinator

The Assistant Clinical Coordinator position is under the guidance of the Clinical Coordinator. The Assistant Clinical Coordinator performs duties as assigned by the Clinical Coordinator and the program officials which include items discussed above. This includes serving as liaison between the academic and clinical faculty and maintaining communications between the affiliates and the University. The Assistant Clinical Coordinator also participates in the clinical education experience by observing students at the affiliate sites and by being available to advise and counsel students and visually evaluate diagnostic images submitted for completed competencies for final approval. Supervision policies are enforced and monitored through the periodic clinical site visits by the Assistant Clinical Coordinator.

Supervision of Students Policy

The activities of a student must be monitored by a qualified radiologic technologist. Until a student demonstrates competence in a given diagnostic procedure, all of the student's clinical assignments must be directly supervised. The following definitions will be utilized in the supervision policy.

Direct Supervision Policy*

All clinical assignments must be carried out under the direct supervision of a qualified radiologic technologist until the student demonstrates competence in a given procedure.

The following are parameters of direct supervision by a qualified radiologic technologist:

1. Reviews the request for examination in relation to the student's achievements.
2. Evaluates the condition of the patient in relation to the student's achievements.
3. Physically present in the room during the performance of the examination.

4. Reviews and approves the images taken.

*Indirect Supervision Policy**

Once a student successfully completes an exam for competency, he/she may perform the procedure with indirect supervision. Indirect supervision is defined as supervision provided by a qualified radiologic technologist who is immediately available to assist the student regardless of the level of student achievement.

“Immediately Available” is interpreted as the presence of a qualified radiologic technologist adjacent to the room or location where a diagnostic imaging procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use including bedside and surgical procedures.

*Repeating Unsatisfactory Images Policy**

In the event a repeat of unsatisfactory image(s) of an examination being performed by a student is required, the non-diagnostic image must be critiqued by a qualified radiologic technologist, and direct assistance by a qualified radiologic technologist must be given to the student while repeating any image(s). The qualified radiologic technologist must sign his or her initials in the student’s logbook documenting the technologist was present for repeat imaging.

* These supervision and repeat unsatisfactory images policies are also enforced and monitored through the periodic clinical site visits by the Clinical Coordinator and/or Assistant Clinical Coordinator. While the clinical sites are provided a copy of this handbook, personal visits completed by the Clinical Coordinator and/or Assistant Clinical Coordinator, ensure standardization. In addition, Clinical Instructors monitor each student’s clinical exam record or logbook weekly.

REQUIRED CLINICAL EDUCATION DOCUMENTATION

The following explanations tell how different forms will be used to evaluate the student's progress in the hospital environment. The student will be issued forms as needed by his/her Clinical Instructor.

Forms to be completed by the student

Several forms are to be completed by the student during the clinical education.

Orientation Checklist

This checklist must be complete by the 4th week of the first clinical semester. The student will turn the orientation checklist into his/her Clinical Instructor, who will submit the form to the MSU Clinical Coordinator at the end of the semester.

Purpose: This form allows the student, clinical personnel, and MSU BSRT program assurance the student is introduced to all different facets of the hospital and the radiology department.

Checklists for Room Familiarization

The student is expected to complete the Checklist for Room Familiarization located at the back of the Clinical Handbook for each exposure room the first time the student rotates through the exposure room. The student will turn checklists into his/her Clinical Instructor who will submit the form to the MSU Clinical Coordinator at the end of the semester.

Purpose: This form allows the student to become familiar with equipment found in each diagnostic imaging room. Certain items on the checklist are important, and the student should know what the items are and where to find them. If the equipment specifications are not readily available, ask the qualified radiologic technologist or Clinical Instructor for the specifications. The student may research the item in the operator's manual provided by the equipment manufacturer. The student should not hesitate to discuss this list with the qualified radiologic technologist or Clinical Instructor.

Clinical Examination Record (Log)

It is the student's responsibility to maintain a daily log of all examinations the student observes, assists with, and performs. Repeat images and/or examinations are to be documented in the logbook and the qualified radiologic technologist present for the repeat diagnostic image and/or examination must initial logbook. This log **must** remain intact and will be turned in periodically to the Clinical Instructor, the Clinical Coordinator, and/or Assistant Clinical Coordinator for evaluation.

List of Competency Examinations

This form identifies **all** of the examinations in which the student will be required to successfully achieve competency and identifies most of the examinations the student will encounter during his/her clinical education period. Before students can perform any examination by themselves, they must demonstrate to a qualified radiologic technologist or Clinical Instructor that they can perform the examination satisfactorily. A minimum number of competencies are required for each clinical semester and are listed under the clinical semester descriptions.

The List of Competency Examinations will be issued to the student when he/she enters the clinical education phase of training. It is the student's responsibility to keep the List of Competency Examinations up to date and to have the form readily available when the student is in the clinical site.

Image Repeat Analysis

In order to properly assess the technical progress of the student, an analysis of the number of repeated diagnostic images and reasons for repeats should be completed at least once per semester by the student under the supervision of the Clinical Instructor. A report of repeat percentages should be forwarded to the MSU Clinical Coordinator by the end of each semester.

Clinical Evaluation by the Student (Student Evaluation of Clinical Site Form and Clinical Instructor Evaluation Form)

An evaluation of the clinical experience by the student is to be completed at times deemed by the Clinical Coordinator. This information includes identification of the site's strengths and weaknesses. Results from these evaluations will be used to help the clinical sites identify problem areas and seek improvements. These forms are anonymous and will promote better communication between university faculty and clinical site personnel, which in turn will help raise the level of student evaluation of the clinical experience. These evaluations include: Evaluation of Clinical Instructor by the Student and Evaluation of Clinical Site by the Student.

Forms to be completed by the Clinical Instructor/ Qualified Radiologic Technologist

Several forms are to be completed by the Clinical Instructor and/or the Qualified Radiologic Technologists working with the students during the clinical education.

Professional Development Evaluation

This evaluation is completed by the student's Clinical Instructor at the end of each semester. It constitutes a portion of the student's clinical grade.

Purpose: The student's conduct in the clinical setting is judged by the general public to

determine a department's professional level. Appropriate conduct is a broad category encompassing a number of considerations including comprehension of examinations, quality of work, organization of work, quantity of work, patient rapport, performance under pressure, interpersonal relationships, initiative, judgment, attendance/punctuality, personal appearance, and professional ethics. The Clinical Instructor will solicit comments from other radiology personnel concerning the student's overall performance.

Competency Evaluations

When the student feels proficient in an examination, the student will ask the Clinical Instructor or qualified radiologic technologist to complete a Competency Evaluation. The Clinical Instructor or qualified radiologic technologist will complete the evaluation with no interruption unless a compromise of patient and/or equipment welfare is questionable. Competency Evaluations are Pass/Fail only and count as a part of the student's clinical grade.

Upon completion of each competency, the student will show competency diagnostic images for evaluation by the Clinical Coordinator and/or Assistant Clinical Coordinator. The Clinical Coordinator and/or Assistant Clinical Coordinator have the final word in the acceptance or denial of clinical competencies by signing Clinical Competency Evaluation Form and checking Approved or Denied on the form.

Simulations are approved and arranged by the Clinical Coordinator. Students should make every effort to obtain all examinations on live patients. Failure to complete all competencies by the end of the third clinical semester will result in an Incomplete being assigned as the grade, and the student will have thirty (30) days from the first day of the next semester to complete the competencies and final grade will be reduced by a letter grade.

Definition of Terms

American Registry of Radiologic Technologists (ARRT): The purposes of the Registry include encouraging the study and elevating the standards of radiologic science, as well as the examining and certifying of eligible candidates and periodic publication of a listing of registrants.

Clinical Coordinator: The MSU faculty member who is directly responsible for communications between the clinical facility and MSU.

Clinical Instructor: The qualified radiologic technologist designated at each clinical facility to be responsible for the supervision of the clinical education of students assigned to that facility.

Competency: The student has performed the procedure independently, consistently, and effectively during the course of his or her formal education.

Department Chair: The current Chair of the MSU Radiologic Sciences Program.

Direct supervision: Supervision of the student by a qualified radiologic technologist who personally reviews the request for examination in relation to the student's achievements; evaluates the condition of the patient in relation to the student's achievements; is physically present in the room during the performance of the examination; and reviews and approves the images taken.

Indirect supervision: Supervision provided by a qualified radiologic technologist who is immediately available to assist the student regardless of the level of student achievement.

Immediately available: The presence of qualified radiologic technologist adjacent to the room or location where a diagnostic imaging procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use including beside and surgical procedures.

Qualified Radiologic Technologist: Technologists who are certified through the American Registry of Radiologic Technologists (ARRT) and if the clinical site is in the state of Texas, the Texas Medical Radiological Technologist (MRT).

Radiology department: The department or area of the hospital or clinical facility which performs imaging procedures, using various techniques of visualization, with the diagnosis and treatment of disease using any of the various sources of radiant energy.

Supervisor: The person who supervises radiologic technologists, clerical staff, and other support personnel of the radiology department and/or other imaging areas of the radiology department.

Medical Radiologic Technologist: A radiologic technologist who is licensed through the Department of State Health Services as a medical radiologic technologist. All working

radiologic technologists within the state of Texas must be certified as a medical radiologic technologist.

Unsatisfactory image: An image of undiagnostic quality as determined by the qualified radiologic technologist, Clinical Instructor, or Clinical Coordinator because of patient positioning, exposure factors, motion, artifacts, etc. Unsatisfactory images performed by a student must be repeated with direct supervision by the qualified radiologic technologist.

SAMPLE CLINICAL FORMS



MAGNETIC RESONANCE IMAGING (MRI) SCREENING FORM
Midwestern State University Bachelors of Science in Radiologic Technology

WARNING: Certain implants, devices, or objects may be hazardous to you. Do not enter the MRI system room or MRI environment if you have any question or concern regarding an implant, device, or object.

The MRI system magnet is **ALWAYS** on!

Please go through the list below. If you answer yes to any of the following, please visit with your clinical coordinator before entering the MRI environment.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aneurysm clip(s)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cardiac pacemaker
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Implanted cardioverter defibrillator (ICD)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Electronic implant or device
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Magnetically-activated implant or device
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neurostimulation system
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spinal cord stimulator
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Internal electrodes or wires
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bone growth/bone fusion stimulator
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cochlear, otologic, or other ear implant
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insulin or other infusion pump
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Implanted drug infusion device
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any type of prosthesis (eye, penile, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart valve prosthesis
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eyelid spring or wire
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Artificial or prosthetic limb
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Metallic stent, filter, or coil
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shunt (spinal or intraventricular)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vascular access port and/or catheter
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radiation seeds or implants
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swan-Ganz or thermodilution catheter
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medication patch (Nicotine, Nitroglycerine)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any metallic fragments or foreign bodies (metal in eyes, shrapnel, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wire mesh implant
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tissue expander (e.g., breast)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Surgical staples, clips, or metallic sutures
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Joint replacement (hip, knee, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bone/joint pin, screw, nail, wire, plate, etc.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	IUD, diaphragm, or pessary
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dentures or partial plates
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing aid (Remove before entering MR system room)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other medically implanted device



MAGNETIC RESONANCE IMAGING (MRI) SCREENING FORM
Midwestern State University Bachelors of Science in Radiologic Technology

IMPORTANT INSTRUCTIONS

Before entering the MRI environment or MRI system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern
BEFORE you enter the MR system room!

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form.

Name of Student: _____

Signature of Student: _____

Date _____

MIDWESTERN STATE UNIVERSITY
Bachelors of Science in Radiologic Technology Program

ORIENTATION CHECKLIST

TASK	Tech Initial
1. Tour of Facility	_____
2. Tour of department	_____
3. Policy & Procedures	_____
a. Location of Policy & Procedure Manual	_____
b. Orientation to chain of command	_____
4. Location of Equipment	_____
a. Carts	_____
b. Wheelchairs	_____
c. IV poles	_____
d. Oxygen tanks	_____
e. Crash carts	_____
f. Emergency drug trays	_____
g. Suction	_____
h. Telephones	_____
5. Disaster/ Code/ Fire Procedures	_____
6. Telephone Orientation	_____
7. Personal item storage	_____
8. Smoking policy	_____
9. Parking policy	_____
10. Clock-in, clock-out procedure	_____
11. Restroom key	_____

Clinical Instructor Signature

Date

Student Signature

Date

Orientation checklist Rev July 2016

MIDWESTERN STATE UNIVERSITY
CHECKLIST FOR ROOM FAMILIARIZATION

NAME: _____ DATE: _____

Exposure Room: _____

Manufacturer of equipment: _____

Maximum mA: _____ Shortest exposure time: _____

mAs meter: Yes _____ No _____ Line voltage compensator: Yes _____ No _____

Make and model of x-ray tube: _____

Focal spots: large _____ mm Small _____ mm

RPM of anode: Low mA _____ High mA _____

Tube rating charts available: Yes _____ No _____

Location of emergency cut-off switch: Yes _____ No _____

Maximum heat capacity of anode: _____ HU

Longest permissible exposure at 100 kVp, 300 mA = _____

Technique charts available: Yes _____ No _____ Automatic Timer: Yes _____ No _____

Bucky Table

What type x-ray table is used? _____

How much does it tilt? Head _____ Foot _____

What table attachments are available for this room, _____

What is used to clean the table top? _____

Grid Table: Ratio _____ Lines/inch _____ Focal range. _____

Upright Bucky: Yes _____ No _____ Ratio _____ Lines _____ Focal range _____

Fluoroscopic Equipment

Fluoroscopy attachment: Yes _____ No _____ Timer: Yes _____ No _____

Image intensifier: Yes _____ No _____ Input size _____ inches

Can image resolution be changed? 512 or 1024

Brightness control: Manual _____ Automatic _____

Is there a viewing system on remote control? Yes ___ No ___

Cine: Yes ___ No ___ Video tape recorder: Yes ___ No ___

Spot imaging camera: Yes ___ No ___ Size _____

Type of spot imaging device or digital? Front loader _____ Rear loader _____ Digital _____

Type of grid used: _____

What cassette sizes can be used? _____

What spot image combinations can be taken? _____

Is a compression cone available? Yes ___ No _____

How do you use the vertical safety lock? _____

What is the fluoroscopic tube-table-top distance? _____

What filtration is used for fluoroscopy? _____

Tomography

What are the degrees of arc? _____

What are the fulcrum ranges? _____

Emergency Supplies

Emergency cart or tray? Yes ___ No ___ Oxygen: Yes ___ No ___

Wall suction: Yes ___ No ___ Mobile suction: Yes ___ No ___

Emergency cut down tray: Yes ___ No ___ Emesis basin: Yes ___ No ___

Airway: Yes ___ No ___

Accessory Equipment

How many lead aprons are available? _____ How many lead gloves are available? _____

What is the lead equivalency of the aprons? _____

How many lead shields are available to cover portions of x-ray cassettes? _____

Are sandbags available? Yes ___ No ___ How many? ___ Are gonadal shields available? Yes ___ No ___

_____ Clinical Instructor Signature

Student Signature

MIDWESTERN STATE UNIVERSITY STUDENT NAME _____
Bachelor of Science in Radiologic Technology
CLINICAL EXAMINATION RECORD (LOG)

Total # of Images Total # Repeats

Clinical Instructor's Signature

**RADIOLOGIC SCIENCE
MIDWESTERN STATE UNIVERSITY
REPEAT ANALYSIS**

NAME _____

DATE

HOSPITAL

This analysis is for the clinical period from _____ to _____.

Reasons for repeats # (number of images)

1. Too Dark _____
 2. Too Light _____
 3. Patient Motion _____
 4. Centering _____
 5. Positioning _____
 6. Other _____

- A) Total # of radiographic images taken during this time period. _____
 - B) Total # of repeats taken during this time period _____
 - C) Calculate to get % repeats. $\frac{B}{A} \times 100$ _____

1. Analyze the above information and give reasons for repeated radiographic images.
 2. What is the most common reason for repeat?
 3. How can you correct this problem?

Student Signature

Clinical Instructor Signature

MIDWESTERN STATE UNIVERSITY
RADIOLOGIC SCIENCES
LIST OF COMPETENCY EXAMINATIONS

UPPER EXTREMITY	RT	DATE	HEAD AND NECK	RT	DATE
Finger			Skull		
Thumb			Facial Bones		
Hand			Sinuses		
Wrist			Nasal Bones		
Forearm			Mandible		
Elbow			Soft Tissue Neck		
Humerus			Orbits*		
Shoulder			T.M.J.s*		
Clavicle			Zygomatic Arches*		
Scapula			CT Head		
A-C Joints*					
Upper Extremity – Pediatric (0-5)					
Portable					
LOWER EXTREMITY		DATE			
Foot			CONTRAST STUDIES		DATE
Os Calcis			Upper GI Series		
Toes			Esophagram or Barium Swallow		
Ankle			Small Bowel Series		
Lower Leg					
Knee					
Patella					
Femur					
Hip					
Lower Extremity – Pediatric (0-5)					
Portable					
TRUNK AND SPINE		DATE			
Chest			SURGERY		DATE
Pediatric Chest (0-2)			Hip		
Chest - Wheelchair or Stretcher (2 view)			OR Cholangiogram		
Portable Chest			C-arm		
Sternum			Other		
Ribs (Above D) or (Below D)					
Abdomen (2 View)					
Abdomen - Decubitus			OBSERVATION ONLY***		DATE
Abdomen - Portable			Venogram		
Pelvis			Cerebral Arteriogram or CTA		
Cervical Spine			Abdominal Angio (selective) or Run Off or Heart Cath.		
Thoracic Spine			Arthrogram		
Lumbar Spine					
Sacrum*					
Coccyx*					
NOTE:	* These examinations may be evaluated by simulation.				
	*** No Competency Evaluations will be done from this group.				

Revised 05/11

MIDWESTERN STATE UNIVERSITY
Bachelors of Science in Radiologic Technology
STUDENT EVALUATION OF CLINICAL TRAINING SITE

Name of Clinical Training Site _____ Dates _____

Rank the following factors according to the experience received during the above evaluation period.

	Poor	Fair	Average	Good	Excellent
1. Student was introduced to the hospital facility, department, and staff.	1	2	3	4	5
2. Student felt welcome in department	1	2	3	4	5
3. Student was instructed on the responsibilities in assigned areas	1	2	3	4	5
4. Supervising technologist's ability to communicate with students	1	2	3	4	5
5. Supervising technologist's time to teach students	1	2	3	4	5
6. Supervising technologist's ability to instruct students	1	2	3	4	5
7. Technologists' supervision and availability to students	1	2	3	4	5
8. Responsibility given to students	1	2	3	4	5
9. Student's relationship with the radiologist(s)	1	2	3	4	5
10. Adequate variety of procedures performed	1	2	3	4	5
11. Quality of technical work	1	2	3	4	5
12. Quality of patient care	1	2	3	4	5
13. Cleanliness of department	1	2	3	4	5

14. Availability of positioning aids	1	2	3	4	5
15. Radiation protection practices were followed	1	2	3	4	5
16. Student felt a caring attitude from technologists to patients	1	2	3	4	5
17. Student felt a caring attitude and pride towards profession from technologists	1	2	3	4	5
18. Quality of Equipment	1	2	3	4	5
19. Explanation of exam given to student by technologists	1	2	3	4	5
20. Explanation of exam given to patient by technologists	1	2	3	4	5

Best Features of Department

Areas Needing Improvement

Comments on all statements rated 1 or 2

MIDWESTERN STATE UNIVERSITY
Bachelors of Science in Radiologic Technology
EVALUATION OF CLINICAL INSTRUCTOR

CLINICAL INSTRUCTOR'S NAME: _____

CLINICAL SITE: _____

DATE: _____

This is an evaluation of your clinical instructor. It has been designed to help the instructor to improve his/her teaching methods. Please answer all questions sincerely and as constructively as possible. Circle or fill in a number on the scale. **PLEASE COMMENT ON ANY RATING BELOW A "5" AT THE END OF THIS EVALUATION.**

Rate on a scale of 1 - 10 with: 1 = Never
 5 = 50% of the time
 10 = Always

RESPONSIBILITY

The instructor utilizes assignments, demonstrations, and other aids to reinforce retention levels.

1 2 3 4 5 6 7 8 9 10

STUDENT RAPPORT

The instructor is courteous to the student and willingly answers questions.

1 2 3 4 5 6 7 8 9 10

INSTRUCTIONS

The instructor gives instructions clearly.

1 2 3 4 5 6 7 8 9 10

KNOWLEDGE

The instructor is knowledgeable on subject material pertaining to his/her department.

1 2 3 4 5 6 7 8 9 10

TECHNICAL SKILL

The instructor has the knowledge and necessary manual skills to demonstrate procedures.

1 2 3 4 5 6 7 8 9 10

ORGANIZATION

The instructor is organized and presents radiological procedures in a logical sequence.

1 2 3 4 5 6 7 8 9 10

ROLE MODEL

The instructor exhibits positive characteristics to aid in students' professional development.

1 2 3 4 5 6 7 8 9 10

PERSONAL APPEARANCE

The instructor has a professional appearance.

1 2 3 4 5 6 7 8 9 10

DISCIPLINE

The instructor demonstrates proper disciplinary methods to all students fairly and consistently.

1 2 3 4 5 6 7 8 9 10

AVAILABILITY

The instructor is available to educate students, answer questions, and provide feedback on performance.

1 2 3 4 5 6 7 8 9 10

COMMENTS:

Midwestern State University
CLINICAL COMPETENCY EVALUATION FORM

Student: _____ Date: _____
 Examination/Procedure: _____ Clinical Indications: _____
 Patient X-ray #: _____
 Radiologist Interpretation: _____

The student will notify the clinical instructor or staff technologist when ready to perform a competency. The examination procedure will be monitored by the evaluator. All skills must be passed to successfully complete a competency.

	YES	NO	N/A
1. EVALUATE REQUEST Checks patient's identification (ID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PATIENT PREPARATION Dresses patient, gives explanation of procedure, identified no contradictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ROOM PREPARATION Room clean, obtains supplies, sets up for procedure, and uses proper cassettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PROFESSIONALISM Projects a professional attitude, uses good communication skills, respects patient, and is efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PERSONAL AND PATIENT SAFETY Uses standard precautions and proper body mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PATIENT POSITIONING Gives proper breathing instructions and uses proper alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. EQUIPMENT Uses proper SID and tube angulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. RADIATION SAFETY Uses shielding, collimation, and no repeats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. EXPOSURE FACTORS Sets correct technique, ACE and focal spot size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. IMAGE EVALUATION Critiques images proficiently, markers and patient information properly displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. EXAM COMPLETION Discharges patient completes paperwork and room cleaned up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____ PASS/FAIL _____

Technologist Signature: _____ Date: _____

Clinical Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Evaluator: _____ Approved _____ Denied _____ Date: _____

CT HEAD CLINICAL PERFORMANCE EVALUATION FORM

Student: _____

Date: _____

Examination/Procedure: **CT Head**

Clinical Indications: _____

Patient X-ray #: _____

CTDI: _____ DLP: _____

Radiologist Interpretation: _____

The student will notify the clinical instructor or staff technologist when ready to perform a exam. The examination procedure will be monitored by the evaluator. All skills must be passed to successfully complete exam.

	YES	NO	N/A
1. EVALUATE REQUEST Checks patient's identification (ID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PATIENT PREPARATION Dresses patient, gives explanation of procedure, checks for possible pregnancy and prepares consent form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ROOM PREPARATION Room clean, obtains supplies, sets up for procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PROFESSIONALISM Projects a professional attitude and uses good communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PERSONAL AND PATIENT SAFETY Uses universal precautions and proper body mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PATIENT POSITIONING Gives proper breathing instructions and part centered properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. EQUIPMENT MANIPULATION Properly manipulated gantry based on patient condition in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. RADIATION SAFETY Uses shielding & collimates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. SELECTS CORRECT PROTOCOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. IMAGE EVALUATION Critiques cross-sectional images proficiently and patient information is properly displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. EXAM COMPLETION Discharges patient, completes paperwork and room cleaned up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pass/Fail

COMMENTS: _____

Technologist Signature: _____

Date: _____

Clinical Instructor Signature: _____

Date: _____

Student Signature: _____

Date: _____

Clinical Coordinator Final Approval: _____ Yes or No

Date: _____

1st SEMESTER IN CLINICAL PROFESSIONAL DEVELOPMENT EVALUATIONMIDWESTERN STATE UNIVERSITY
RADIOLOGIC SCIENCE PROGRAM

STUDENT: _____ DATE: _____

CLINICAL SITE _____ SCORE: _____

Directions: Place an "X" in the box which best describes the student's performance during the evaluation period.

1. COMMUNICATION AND CONCERN FOR PATIENT

Sincere care of patients. Explains exam. Excellent communication	<input type="checkbox"/> Shows very little concern for patient needs. Lacks communications skills.	<input type="checkbox"/> Shows concern for patient, but lacks communication skills.	<input type="checkbox"/> Good communication and patient care	<input type="checkbox"/>
--	--	---	--	--------------------------

2. PROFESSIONAL AND ETHICAL BEHAVIOR

Lacks professional attitude and appearance.	<input type="checkbox"/> Always respectful of patient and staff. Excellent appearance.	<input type="checkbox"/> Usually shows respect for patient and staff. Neat appearance.	<input type="checkbox"/> Needs to improve in some areas.	<input type="checkbox"/>
---	--	--	--	--------------------------

3. PUNCTUALITY AND ATTENDANCE

Is often late or absent	<input type="checkbox"/> Is very punctual, is never late or absent.	<input type="checkbox"/> Is occasionally late or absent.	<input type="checkbox"/> Rarely late, and never absent.	<input type="checkbox"/>
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4. ACCEPTANCE OF CRITIQUE

Accepts critique in adult and professional manner.	<input type="checkbox"/> Willing to learn, usually accepts critique very well.	<input type="checkbox"/> Takes critique personally or becomes defensive when critiqued.	<input type="checkbox"/> Takes critique personally and becomes argumentative when critiqued.	<input type="checkbox"/>
--	--	---	--	--------------------------

5. ADAPTABILITY

Adapts to department routine and is flexible in work assignments.	<input type="checkbox"/> Does not adapt to department routine and is not flexible in work assignments	<input type="checkbox"/> Needs to improve in adapting to department routines and being more flexible	<input type="checkbox"/>
---	---	--	--------------------------

6. CLEANLINESS OF ROOM AND EQUIPMENT CARE

Fails to keep a clean environment or occasionally abusive of equipment	<input type="checkbox"/> Avoids cleaning and stocking room. <input type="checkbox"/> Must be reminded to care for equipment.	<input type="checkbox"/> Keeps neat room and cares for equipment	<input type="checkbox"/> Keeps a clean and stocked room is careful with equipment. Sets example.	<input type="checkbox"/>
--	---	--	--	--------------------------

7. TECHNICAL ABILITIES

Positioning and/or technique skill are what they should be at this Time in the program	<input type="checkbox"/> Tries to improve skills beyond what is expected at this time in the program.	<input type="checkbox"/> Is lacking in technical skills which should be present at this time in the program.	<input type="checkbox"/>
--	---	--	--------------------------

8. ORGANIZATION

Has room prepared for exam; Very organized	<input type="checkbox"/>	Adequate, but occasionally organization is lacking.	<input type="checkbox"/>	Rarely plans ahead. Does not seem to care about organization.	<input type="checkbox"/>
---	--------------------------	---	--------------------------	--	--------------------------

9. CONSISTENCY

Very weak on consistency, shows no concern about developing skills.	<input type="checkbox"/>	Develops consistent results very quickly. Very few errors.	<input type="checkbox"/>	Shows some consistent results but needs to develop skills in some exams.	<input type="checkbox"/>
---	--------------------------	--	--------------------------	--	--------------------------

10. PATIENT SAFETY

Follows good patient safety practices. Asks questions or seeks help when appropriate.	<input type="checkbox"/>	Follows basic patient safety practice, but occasionally forgets to ask questions or seek instruction.	<input type="checkbox"/>	Often needs to be reminded of patient safety. Will not seek or avoids instruction when appropriate.	<input type="checkbox"/>
---	--------------------------	---	--------------------------	--	--------------------------

11. RADIATION PROTECTION PRACTICES

Follows basic radiation protection practices.	<input type="checkbox"/>	Is lax about radiation safety for self or patient.	<input type="checkbox"/>	Exceeds the basic radiation protection practices.	<input type="checkbox"/>
---	--------------------------	--	--------------------------	---	--------------------------

12. PATIENT HISTORY

Must be reminded to obtain patient history or to read procedure request.	<input type="checkbox"/>	Occasionally needs to be reminded to obtain history or to read the request.	<input type="checkbox"/>	Consistently obtains patient history and reads request.	<input type="checkbox"/>
--	--------------------------	---	--------------------------	---	--------------------------

What was your overall opinion of the student's performance during this evaluation period?

- Is performing beyond what is expected, sets example.
- Is performing at a level with their peers, very positive attitude.
- Is performing at a level with their peers, good attitude.
- Is slightly below the performance of their peers, but seems to have the ability and attitude to improve.
- Is not performing as expected. Does not seem to have an interest in improving or lacks motivation.

COMMENTS:

SIGNATURES:

CLINICAL INSTRUCTOR: _____

STUDENT: _____
I was given the opportunity to discuss this evaluation.

2nd & 3rd SEMESTER IN CLINICAL PROFESSIONAL DEVELOPMENT EVALUATIONMIDWESTERN STATE UNIVERSITY
RADIOLOGIC SCIENCE PROGRAMSTUDENT: _____ DATE: _____
CLINICAL SITE _____ SCORE: _____

Directions: Place an "X" in the box which best describes the student's performance during the evaluation period.

1. COMMUNICATION AND CONCERN FOR PATIENT

Sincere care of patients. Explains exam. Excellent communication.	<input type="checkbox"/> Shows very little concern for patient needs. Lacks communications skills.	<input type="checkbox"/> Shows concern for patient, but lacks communication skills.	<input type="checkbox"/> Good communication and patient care.	<input type="checkbox"/>
---	--	---	---	--------------------------

2. PROFESSIONAL AND ETHICAL BEHAVIOR

Lacks professional attitude and appearance.	<input type="checkbox"/> Always respectful of patient and staff. Excellent appearance.	<input type="checkbox"/> Usually shows respect for patient and staff. Neat appearance.	<input type="checkbox"/> Needs to improve in some areas.	<input type="checkbox"/>
---	--	--	--	--------------------------

3. PUNCTUALITY AND ATTENDANCE

Is often late or absent	<input type="checkbox"/> Is very punctual, is never late or absent.	<input type="checkbox"/> Is occasionally late or absent.	<input type="checkbox"/> Rarely late, and never absent.	<input type="checkbox"/>
-------------------------	---	--	---	--------------------------

4. ACCEPTANCE OF CRITIQUE

Accepts critique in adult and professional manner.	<input type="checkbox"/> Willing to learn, usually accepts critique very well.	<input type="checkbox"/> Takes critique personally or becomes defensive when critiqued.	<input type="checkbox"/> Takes critique personally and becomes argumentative when critiqued.	<input type="checkbox"/>
--	--	---	--	--------------------------

5. ADAPTABILITY

Adapts to department routine and is flexible in work assignments.	<input type="checkbox"/> Does not adapt to department routine and is not flexible in work assignments.	<input type="checkbox"/> Needs to improve in adapting to department routines and being more flexible.	<input type="checkbox"/>
---	--	---	--------------------------

6. CLEANLINESS OF ROOM AND EQUIPMENT CARE

Fails to keep a clean environment or occasionally abusive of equipment.	<input type="checkbox"/> Avoids cleaning and stocking room. Must be reminded to care for equipment.	<input type="checkbox"/> Keeps neat room and cares for equipment.	<input type="checkbox"/> Keeps a clean and stocked room is careful with equipment. Sets example.	<input type="checkbox"/>
---	---	---	--	--------------------------

7. TECHNICAL ABILITIES

Positioning and/or technique skills are what they should be at this time in the program.	<input type="checkbox"/> Tries to improve skills beyond what is expected at this time in the program.	<input type="checkbox"/> Is lacking in technical skills which should be present at this time in the program.	<input type="checkbox"/>
--	---	--	--------------------------

8. ORGANIZATION

Has room prepared for exam; Very organized	<input type="checkbox"/>	Adequate, but occasionally organization is lacking.	<input type="checkbox"/>	Rarely plans ahead. Does not seem to care about organization.	<input type="checkbox"/>
---	--------------------------	---	--------------------------	--	--------------------------

9. CONSISTENCY

Very weak on consistency, shows no concern about developing skills.	<input type="checkbox"/>	Develops consistent results very quickly. Very few errors.	<input type="checkbox"/>	Shows some consistent results but needs to develop skills in some exams.	<input type="checkbox"/>
---	--------------------------	--	--------------------------	--	--------------------------

10. PATIENT SAFETY

Follows good patient safety practices. Asks questions or seeks help when appropriate.	<input type="checkbox"/>	Follows basic patient safety practice, but occasionally forgets to ask questions or seek instruction.	<input type="checkbox"/>	Often needs to be reminded of patient safety. Will not seek or avoids instruction when appropriate.	<input type="checkbox"/>
---	--------------------------	---	--------------------------	--	--------------------------

11. RADIATION PROTECTION PRACTICES

Follows basic radiation protection practices.	<input type="checkbox"/>	Is lax about radiation safety for self or patient.	<input type="checkbox"/>	Exceeds the basic radiation protection practices.	<input type="checkbox"/>
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12. PATIENT HISTORY

Must be reminded to obtain patient history or to read procedure request.	<input type="checkbox"/>	Occasionally needs to be reminded to obtain history or to read the request.	<input type="checkbox"/>	Consistently obtains patient history and reads request.	<input type="checkbox"/>
--	--------------------------	---	--------------------------	---	--------------------------

What was your overall opinion of the student's performance during this evaluation period?

- Is performing beyond what is expected, sets example.
- Is performing at a level with their peers, very positive attitude.
- Is performing at a level with their peers, good attitude.
- Is slightly below the performance of their peers, but seems to have the ability and attitude to improve.
- Is not performing as expected. Does not seem to have an interest in improving or lacks motivation.

COMMENTS: _____

STUDENT RADIATION DOSIMETRY REPORT REVIEWED _____

Student Signature

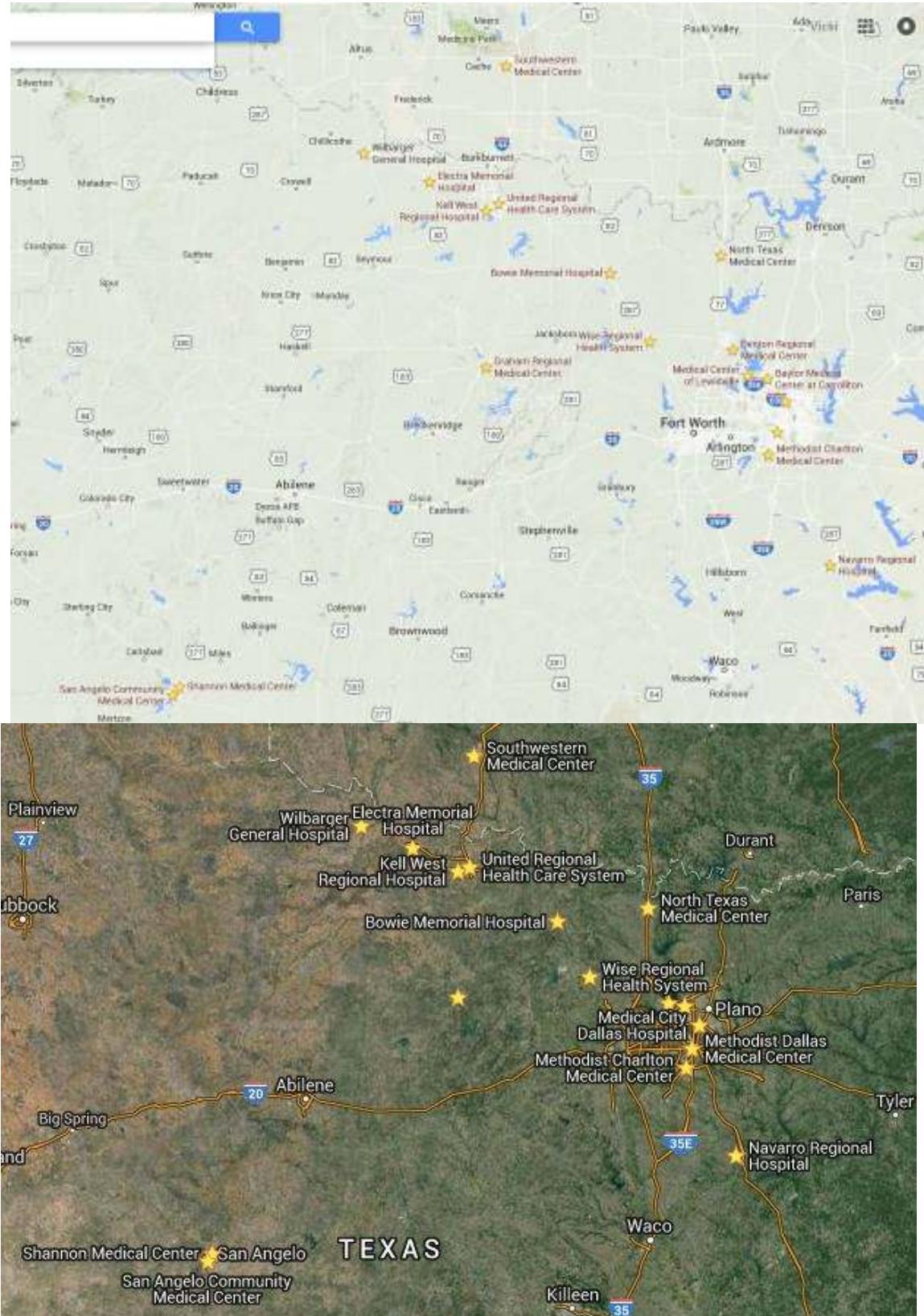
SIGNATURES:

CLINICAL INSTRUCTOR: _____

STUDENT: _____

I was given the opportunity to discuss this evaluation.

CLINICAL AFFILIATIONS



CLINICAL AFFILIATION DISTANCE FROM MIDWESTERN STATE UNIVERSITY

Clinical Affiliates

Baylor Medical Center at Carrollton, Carrollton, TX**
 Bowie Memorial Hospital, Bowie, TX**
 Clay County Hospital, Henrietta, TX
 Denton Regional Medical Center, Denton, TX**
 Electra Hospital, Electra, TX
 Faith Community Hospital, Jacksboro, TX
 Graham Regional, Graham, TX**
 Kell West Regional Hospital, Wichita Falls, TX
 Medical Center of Lewisville, Lewisville, TX**
 Medical City of Dallas Hospital, Dallas, TX**
 Methodist Charlton Medical Center, Dallas, TX**
 Methodist Dallas Medical Center, Dallas, TX**
 Navarro Regional Hospital, Corsicana, TX**
 North Texas Medical Center, Gainesville, TX**
 San Angelo Community Medical Center, San Angelo, TX**
 Shannon Medical Center, San Angelo, TX**
 Southwestern Medical Center, Lawton, OK**
 United Regional Health Care System, Wichita Falls, TX
 Wilbarger General Hospital, Vernon, TX**
 Wise Regional Health System, Decatur, TX**

Distance from MSU

126 miles- 2 hrs
 49.5 miles- 48 mins
 20 miles- 21 mins
 106 miles- 1hr 45mins
 32 miles- 32 mins
 52 miles- 52 mins
 61 miles- 1 hr
 5 miles- 7 mins
 121 miles- 2 hrs
 138 miles-2 hrs 15 mins
 148 miles-2 hrs 16 mins
 142 miles-2 hrs 15 mins
 195 miles-3 hrs
 84 miles- 1hr 30 mins
 241 miles-3 hrs 30 mins
 234 miles-3 hrs 30 mins
 59 miles- 1 hr
 2.7 miles- 7 mins
 56 miles- 1 hr
 77 miles- 1 hr

Additional Clinical Sites

Clinics of North Texas - Midwestern Site, Wichita Falls, TX
 Methodist Mansfield Medical Center, Mansfield, TX**
 Texas Scottish Rite Hospital for Children, Dallas, TX**
 Texoma Cancer Center, Wichita Falls, TX
 Texoma Cancer Center of Sherman, Sherman, TX**

2.6 miles- 7 mins
 136 miles- 2 hrs
 140 miles- 2 hrs
 4.7 miles- 7 mins
 118 miles- 2 hrs

** These clinical sites are more than or approximately 1 hour travel from the main campus of Midwestern State University

ACKNOWLEDGMENT OF 2016 EDITION OF CLINICAL HANDBOOK
BACHELOR OF SCIENCE IN RADIOLOGIC TECHNOLOGY

My signature below indicates I have read and understand the contents of this clinical handbook. I agree to abide by the policies and procedures outlined and understand I am responsible for adhering to them. I understand noncompliance can result in disciplinary action up to and including dismissal from the radiologic technology program.

Print Name

Student Signature

Date