

Carrington College

MEDICAL RADIOGRAPHY PROGRAM



Clinical Education Handbook

For
Students, Clinical Instructors, and
Clinical Coordinators

*Medical Radiography Program
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Introduction to Clinical Education

In order to ensure effective clinical education in the Medical Radiography program at Carrington College, each student, Clinical Instructor and Clinical Coordinator participating in clinical education must have a full understanding of their respective responsibilities and of the considerations involved with a competency-based system of evaluation. It is the intent of the competency-based system to provide an objective and uniform method of evaluating the clinical performance of students.

This handbook has been designed to provide students, Clinical Instructors and Clinical Coordinators with the necessary information regarding policies, procedures and expectations which govern the students enrolled in clinical education.

This handbook may not be considered a complete statement of all policies of Carrington College or of the Medical Radiography program. Further information is provided in the Carrington College [Academic Catalog](#) and the [Student Handbook](#). Additional policies may from time to time be issued by the Medical Radiography Program Director or other College administrators. The Clinical Education Handbook is meant to be a guide to assist students, Clinical Instructors and Clinical Coordinators as they work together to train and evaluate student progress toward the goal of becoming competent radiologic technologists.

This handbook is subject to change and may be amended at the discretion of the Medical Radiography program. Please read the following pages and ask for further explanation on points you feel need clarification.

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Faculty and Administration

The following personnel are identified:

- Carrington College President
Donna M. Loraine
- Regional Director of Operations
Leigh Christopherson
- National Dean, Hospital Programs
Kelly M. King
- Program Director
Lawrence Dongilli
- Clinical Coordinator
Lars Shevalier
- Didactic Faculty
Ben Lipke
Doug Sprague
Andrew Cady
Lori Hobbs

Clinical Education Settings

Carrington College currently maintains clinical affiliations with JRCERT affiliated hospitals and clinics in several states across the country. These affiliates serve as clinical education settings where students are assigned under the supervision of qualified professionals. Enrollment in the program signifies the student's agreement that he or she will attend clinical education at the settings randomly selected at the College for the hours and times assigned by the College. Clinical education settings affiliated with Carrington College's Medical Radiography program are subject to change.

Overview of Clinical Education

Clinical education course work helps to integrate the cognitive aspect with the psychomotor and affective skills required of a student in the Medical Radiography program. During clinical education, the knowledge (cognitive skills) that students have acquired through classroom and laboratory study on campus is applied in actual medical settings, working with actual patients under the supervision of qualified professionals. Through this "hands-on" experience of performing the duties of a radiologic technologist, the student learns the practical skills (psychomotor skills) and the professional behaviors (affective skills) required by the profession.

At Carrington College, clinical education follows successful completion of three semesters of academic instruction in classrooms and labs on campus. Thus, the student has mastered considerable intellectual or cognitive knowledge of the field prior to clinical education. Clinical education focuses on the new challenges of learning to apply this knowledge in actual practice. The general model of clinical education has the student begin by observing and assisting a radiologic technologist in the execution of duties. As the student acquires experience, he or she moves from passive observation to assisting the radiologic technologist in radiographic examinations. The rate at which the student progresses are dependent upon the ability of the student to comprehend and perform the various assigned tasks.

As the student gains experience in the various examinations, the student moves to an independent clinical performance stage. At this point, the student actually performs the examination under direct supervision of a radiologic technologist. **Direct supervision** means that the qualified radiologic technologist:

1. Reviews the request for the examination in relation to the student's achievement;
2. Evaluates the condition of the patient in relation to the student's achievement;
3. Is present during the conduct of the examination, and
4. Reviews and approves the radiographs.

After demonstrating competence in performing a specific radiographic procedure while directly supervised by a radiologic technologist, the student may then be permitted to perform those procedures under indirect supervision. **Indirect supervision** means that the qualified radiologic technologist reviews, evaluates and approves the procedure as indicated above and 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 radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

Note

According to the JRCERT's "Standards for an Accredited Educational Program in the Radiologic Sciences", 2014 edition, the supervising radiologic technologist MUST be present in the radiographic room if any repeat exposures are made.

Key Personnel in Clinical Education

The Clinical Coordinator

The Clinical Coordinator is a full-time faculty member of the Carrington College Medical Radiography program who has been approved by the Joint Review Committee on Education in Radiologic Technology (JRCERT) on the basis of training and experience to perform as a Clinical Coordinator. The Clinical Coordinator is the College's instructor who is responsible for the training and evaluation of the student assigned to one of the clinical courses in the fourth, fifth or sixth semesters.

During the student's second semester, the students are assigned their clinical education settings. This program provides that every student shall be assigned to clinical education settings with the opportunity to achieve all required competencies within the forty-eight weeks that comprise the clinical education portion of the program.

Once the student has begun attending the clinical education setting, the Clinical Coordinator begins regular visits to the setting to observe, train and supervise the student. The Clinical Coordinator also meets with the Clinical Instructor to review the student's progress. The Clinical Coordinator may visit each student every semester, but will adjust the schedule as necessary to assure that the student's progress is monitored appropriately and clinical education is proceeding as expected. When "in person" visits are not possible, the Clinical Coordinator performs supervision and advisement with the student and Clinical Instructor by telephone or other acceptable means of communication.

The Clinical Coordinator receives periodic reports on the student's progress from the Clinical Instructor and combines this information with the Clinical Coordinator's own observations to provide the student with ongoing guidance and direction. At the semester mid-term, the Clinical Instructor summarizes student progress to that point. Significant issues where the student's progress in the cognitive, psychomotor or affective skills are below expectations will result in a written notice of the area to be improved by the end of the semester in order for the student to pass the clinical course. This information will be compiled by the Clinical Coordinator and presented to the student for improvement, if necessary.

At the end of the semester, the Clinical Coordinator evaluates the student's progress and assigns a grade for the course. Other duties of the Clinical Coordinator include but are not limited to:

1. Receiving and verifying student attendance and reporting it to the Registrar on a timely basis,
2. Problem solving student and site issues to assure that program mission and goals are met,
3. Evaluating each clinical education setting against program objectives and accreditation criteria,
4. Evaluating each Clinical Instructor according to program objectives and accreditation criteria,
5. Participating in staff meetings and other activities designed to evaluate program effectiveness and to assure coordination of didactic education and clinical education.

The Clinical Instructor

The Clinical Instructor is a professional radiologic technologist employed by a clinical education setting who has been approved by the JRCERT on the basis of training and experience to perform as a Clinical Instructor. The Clinical Instructor is the student's direct supervisor while the student is attending the clinical education setting.

The Clinical Instructor assigns the student to specific responsibilities and tasks at the clinical education setting and provides training and evaluation of the student's performance of those tasks and responsibilities. The Clinical Instructor provides the Clinical Coordinator periodic evaluations of the student's progress in cognitive, psychomotor and affective skills by phone or email, when necessary. These, taken together with the scheduled written evaluations by the Clinical Instructor indicate to the Clinical Coordinator whether or not the student is progressing toward the goal of becoming a competent radiologic technologist.

The Clinical Instructor also verifies the student's weekly time sheet by signing to signify that the sheet accurately reflects the student's actual hours of attendance, exclusive of lunchtime or other significant breaks away from the department. The Clinical Instructor documents any significant incidents involving the student so that the College may respond appropriately, particularly where the student's conduct raises disciplinary questions or questions the student's suitability to continue in the clinical education setting or in the profession.

Finally, the Clinical Instructor cooperates with the Carrington College Medical Radiography program staff by attending periodic meetings with the Clinical Coordinator to assure that the College benefits from the Clinical Instructor's feedback about the clinical education of students and to assure that the Clinical Instructor remains attuned to the program's mission, goals, policies and procedures for the clinical education of students.

Competency Based Clinical Education

How it Works

The intent of competency-based education is to provide an objective and uniform method of evaluating the clinical performance of students in the program. Clinical education involves three phases: observation, assistance, and performance.

In the initial phase of clinical education, the student observes radiographic technologists in the execution of their duties with actual patients at the clinical education setting. During this phase the Clinical Coordinator, Clinical Instructor, or other professional radiologic

technologist that the student is observing will direct the student's attention to specific steps and critical procedures to facilitate the student's learning. The student first learns through this passive observation mode, and then progresses to a more active mode of assisting the radiologic technologist. The rate at which the student progresses from observer to assistant depends on the specific procedure involved and the ability of the student to comprehend and assimilate the necessary skills.

As the student gains experience in each of the various procedures, the student gradually moves to an independent clinical performance stage. At this point, the student actually performs the examination under the **direct supervision of a radiologic technologist**. The student is responsible for assuring that proper supervision is provided for every exam they perform.

"Direct supervision" means that the qualified practitioner:

1. Reviews the request for the examination in relation to the student's achievement;
2. Evaluates the condition of the patient in relation to the student's achievement;
3. Is present while the conducting the examination, and
4. Reviews and approves the radiographs.

Note

It is critical that all clinical students understand the requirements for Direct Supervision and that they at all times assure that they do not perform any procedure prior to establishing competency in that specific procedure without having a qualified radiologic technologist present and observing!

Failure to observe this requirement is very serious and will result in disciplinary action.

When the student feels confident that he or she has mastered a specific procedure, the student asks a qualified radiologic technologist to evaluate the student performing the procedure. Ordinarily the student will ask the Clinical Instructor or Clinical Coordinator for this evaluation. The student then presents the evaluating radiologic technologist with the student's clinical notebook, which contains a form for each procedure that directs the evaluator's attention to critical elements of the student's performance. If the evaluator, using this form, finds that the student has demonstrated professional competence in the procedure, the evaluator "signs off" on that competency. After demonstrating competence in performing a specific radiographic procedure, the student may then be permitted to perform procedures under **indirect supervision**. The student is responsible for assuring that proper supervision is provided for every exam they perform.

"Indirect supervision" means that the qualified practitioner

- 1) Reviews, evaluates and approves the procedure as indicated above.
- 2) 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 radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

Note

It is critical that all clinical students understand the requirements for Indirect Supervision and that they at all times assure that they do not perform any procedure after establishing competency in that specific procedure without having a qualified radiologic technologist immediately available!

“Repeat Examinations” are any exposures that must be made for any reason. All Repeat Examinations must be made under Direct Supervision. This is true notwithstanding that the student has already been checked off as competent in the procedure and notwithstanding the reason the repeat is necessary.

Note

According to the JRCERT, “Standards for an Accredited Educational Program in the Radiologic Sciences”, 2014, the supervising radiologic technologist MUST be present in the radiographic room if any repeat exposures are made. It is critical that all clinical students understand and observe this requirement! Failure to observe this requirement is very serious and will result in disciplinary action.

During the student's clinical education, their competency performance is evaluated primarily by the Clinical Instructors on an on-going basis. The student is evaluated on the specific radiographic examinations as outlined in this handbook. In addition, the Clinical Instructor provides the Clinical Coordinator with ongoing feedback on the student's progress in demonstrating necessary affective skills, as previously determined.

Students are assigned to a site as a learning experience and are not to be considered or utilized as support staff at any time. Students are encouraged to report to their assigned Clinical Coordinator any actual or perceived violations of this policy.

This methodology of “crawl-walk-run” is also appropriate for teaching, training and evaluation of the student on evening/weekend rotation, typically called “non-traditional assignments,” as this is outside the scope of the normal 5AM-7PM weekday rotation, or “traditional assignment.” The non-traditional assignment is valuable to the student for experience in extreme trauma, emergency surgery, and other conditions of an emergent nature that may otherwise be encountered only rarely during the traditional assignment times.

Affective Skills Evaluation

The competency based evaluation described above primarily focuses on the student's demonstration of the knowledge (cognitive) and skills (psychomotor) required of radiographic technologists. The third critical important area of development in the education of the

radiologic technologist is professional behaviors or affective skills. Carrington College evaluates the following affective skills throughout the student's education:

- Attendance – being at work for hours scheduled
- Responsible - accountable for one's actions
- Respectful to others – patients, peers, supervisors
- Communicates clearly and appropriately – receptive and expressive skills
- Takes initiative – self-starter who pitches in
- Cooperation – team player works well with others
- Follows direction – listens and carries out supervisor orders
- Seeks supervision – where appropriate
- Professionalism – adheres to the policies and procedures of the profession
- Positive attitude – expects and seeks good outcomes

The Clinical Coordinator, using personal observation and reports from the Clinical Instructor and other professionals at the clinical education setting, evaluates each student as either “satisfactory” or “unsatisfactory” at the mid-point and the end of each semester. Unsatisfactory ratings at the mid-point result in a written warning to the student as to the deficiencies that must be corrected. Unsatisfactory ratings at the end of a semester result in the student failing the semester.

Clinical Rotation Master Plan

Clinical education occurs during the fourth, fifth and sixth semesters, each of which is sixteen weeks long. During the fourth and fifth semesters, the student is assigned a specific schedule at a clinical education setting for forty hours per week. During the sixth semester, the student is assigned a schedule of thirty-two and one half hours per week at a clinical education setting. During these three semesters, students can be assigned to at least two different clinical education settings that together will allow the student the opportunity to achieve competencies in a full range of required and elective procedures. No student can graduate without demonstrating the knowledge, skill, and professionalism demanded of entry level radiologic technologists, and no student can graduate without documenting 46 mandatory and elective competencies.

This handbook has been designed to provide the student with the necessary information regarding policies, procedures and expectations which govern the students enrolled in clinical education. This facilitates understanding and scheduling for students and the clinical education centers. As much as possible, the beginning and/or end of the clinical rotation is set to coincide with the academic semester.

Master Plan

The first clinical rotation begins when the student has successfully completed all courses scheduled in the first, second and third semesters of the program. This list of courses may be found in the Carrington College Academic Catalog. Students must pass all these courses with a grade of “C” or better. Students should note in the Medical Radiography Program Student Handbook that grades in didactic courses are based not only on demonstration of the knowledge and skill encompassed by the course, but also on the student’s demonstration of the affective or professional qualities expected of a professional radiologic technologist. Please see the Academic Catalog <http://carrington.edu/carrington-college/catalog/> for more information regarding the attendance policy.

Students who successfully complete all course requirements of the first three semesters are enrolled in RAD 209, Clinical Education I. This is a 640-hour course in which the student is assigned by the College to an approved clinical education setting for forty hours per week for sixteen weeks. A student who fails this or subsequent clinical courses, or who fails to attain the required hours, will likely experience subsequent interruption or delays in clinical assignments and in graduation. The grading standard for RAD 209, RAD 253 and RAD 283, the clinical education courses, may be found in the syllabus for each course. In general, grades are based on the assessment by the Clinical Coordinator assigned to the student of the student’s cognitive, psychomotor and affective skills in relation to the student’s performance in the clinical education setting. This assessment is based on regular reports

from the Clinical Instructor at the clinical education setting that reviews the student's knowledge, skills and professionalism; on the Clinical Coordinator's observations of the student; and on the student's attainment of competencies in various procedures as described below.

The second clinical rotation begins when the student successfully completes the fourth semester and moves on to the fifth. Fifth semester students are enrolled in RAD 253, Clinical Education II, which consists of assignment to a clinical education setting for forty hours per week for sixteen weeks, a total of 640 hours. Again, students must complete the required hours within the sixteen weeks and receive a passing grade in order to be assured that they can move directly to the next semester without interruption.

The third clinical rotation begins when the student successfully completes the fifth semester and moves on to the sixth. Sixth semester students are enrolled in RAD 283, Clinical Education III, which consists of assignment to a clinical education setting for thirty-two and a half hours per week for sixteen weeks, a total of 520 hours. Students are also enrolled in RAD 308, Radiography Registry Review this semester.

Generally, this requires student attendance in the online Radiography Registry Review course for at least six hours per week for the sixteen-week semester. Students must complete the required clinical attendance, the required clinical competencies, and RAD 308 within the sixteen-week semester while receiving a passing grade in the clinical and score a minimum of 90% on the final exam in the review course in order to be assured that they can progress toward graduation without interruption.

Evening and/or Weekend Student Learning Experience.

Traditional assignments have been defined by JRCERT as any scheduled clinical hours between 5:00 AM and 7:00 PM Monday through Friday. Hours outside this parameter are termed non-traditional assignments and must be supported by the school as well as the clinical site for the learning and experiential benefit of the student. JRCERT stated that evening and weekend assignments should occur only after students have acquired the knowledge to benefit from them. As such, Carrington College sends only second-year students to clinical sites. In order for all students to have an equitable chance at observing non-traditional hours, the Clinical Coordinator in collaboration with the site's Clinical Instructor will ensure that of the scheduled 1,800 clinical hours, a cumulative 5% (90 hours) of those described non-traditional hours are scheduled for the student over the 12-month clinical rotation cycle. In any case, students' clinical clock hours spent in evening and/or weekend assignments must not exceed 25% of the total clinical clock hours.

Didactically, learning objectives pertaining to non-traditional hours learning are covered in depth in Patient Care, Medical Ethics and the Law, and Radiographic Procedures. An entire chapter is devoted to trauma and surgery in Radiographic Procedures Class

Assignment of Rotations

The assignment of students to clinical sites takes multiple factors into consideration. These factors include: clinical site availability, geographic location of students, and skill level. Site availability can vary from one semester to another due to site work load and changes in staffing levels. For geographic location, the program takes into consideration the distances students will have to travel. For Clinic II and Clinic III

rotations, students are advanced to medical centers/hospital-type settings to further their skill, be exposed to more diverse patient populations and complete required competencies

The Clinical Rotation Master Plan provides that every student shall be assigned to clinical education settings such that a student of average accomplishment, initiative and confidence will have the opportunity to achieve all required competencies within the forty-eight weeks that comprise the clinical education portion of the program.

As of January 2017, The American Registry of Radiologic revised the competency requirements to the following:

- Ten mandatory general patient care activities;
- 37 mandatory imaging procedures;
- 15 elective imaging procedures selected from a list of 34 procedures;
- One of the 15 elective imaging procedures must be selected from the head section;
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section, one of which must be either upper GI or contrast enema,

Furthermore, the candidate MAY perform simulations either on patients or on phantoms without actually activating the x-ray beam. The list of required and elective competencies is included in the 3-ring binder clinical handbook.

The patient population and load at each clinical education setting determines which procedures are done frequently and which are infrequent or not done at all at the location. Consequently, not every clinical education setting can provide the student with sufficient experience to achieve all competencies, but some can. Therefore, the College's Clinical Education Master Plan provides that the Clinical Coordinator will monitor each student's competency achievement and assure that each student is assigned to clinical education Settings that together will give the student the opportunity to achieve all needed competencies. Achievement of competencies by each student is monitored throughout each semester, and if it becomes apparent that a student is unexpectedly not being provided appropriate opportunities at a given setting, then the student will be reassigned unless adjustments at the setting can remedy the problem.

It is generally expected that the student will achieve not less than 17 mandatory competencies by the completion of the fourth semester, and not less than a total of 32 mandatory competencies by the end of the fifth semester. A student achieving only these minimum expectations will have to achieve an additional 18 competencies in the sixth semester, to reach the necessary 52 total.

In addition to placing students in assignments that assure them the full range of opportunity to achieve necessary competencies, the College is cognizant that it may be necessary for students to rotate through several clinical education settings during their training in the Medical Radiography program. Therefore, some students may be assigned to a minimum of two clinical education settings. This procedure is designed to increase learning experiences by exposing the student to a wide variety of administrative styles, diagnostic procedures, and imaging equipment. Exceptions to this policy are made when the circumstances assure a well-rounded and complete education.

Students who achieve all required and elective competencies with at least six weeks remaining in the sixth semester can request that they be allowed to “rotate” through an advanced modality. Therefore, upon completion of all required competencies, the clinical student will select for one observation one of these three listed advanced modalities: Computed Tomography (CT), Magnetic Resonance Imaging (MRI) or Ultrasound Sonography (U/S). Since all clinical sites have these as a minimum, all students will have an equitable chance of observing one. Carrington College cannot promise that specialty experiences beyond the competencies needed for graduation can be made available since this availability depends on factors at clinical education settings out of the control of the College such as staffing and patient load. The program makes every effort to afford all students the opportunity to observe advanced modalities.

Note

Student preferences for assignment to specific clinical education settings or to specific locations or locales may be considered by the College in making clinical assignments. However, the College makes no warranty that student preferences will be met and it is the responsibility of each student to attend whatever clinical setting the College assigns for the duration assigned. Similarly, it is the responsibility of each student to attend for the hours assigned, which may include day, evening or weekend hours. Failure by a student to meet these responsibilities may result in discipline as set forth in the College Catalog, up to and including expulsion from the program.

Clinical Education Matriculation

As previously described, the design of the Medical Radiography program includes three semesters of didactic education, with each semester including 16 weeks of instruction. This is followed by the clinical education portion of the program, which is distributed over three semesters in the second year of the program. Once the student has entered the clinical segment of the program the minimum time that a student will spend in actual clinical education is 48 weeks, exclusive of holidays, absences, or other time not in attendance.

This matriculation plan was designed for the average student enrolling in the Medical Radiography program. This student will be able to achieve all necessary competencies for graduation within the 48 weeks allotted for clinical education. Students who require additional clinical opportunities due to their own failure to meet course requirements in the time allotted will not be allowed to occupy clinical education setting spots designated for other students who are progressing normally. In other words, the opportunity to complete clinical education after the expected time of completion will be subject to availability with those who are progressing normally having preference. This holds true regardless of the reason a student fails to complete within the expected six semesters.

Note

In order to continue in the program, students are expected to achieve a minimum level of performance each semester in order to progress to the next clinical course. The minimum requirements are published on the clinical course syllabus distributed at the beginning of each semester.

It is the program's policy that once the clinical site is chosen, the student is obligated to complete the training at that site. If for some unforeseen *valid* reason, the student must drop and re-enter and is required to select a different clinical site, the following directive will apply. The returning student will be afforded an opportunity to engage a new clinical site only *after* the students who will be going on their first clinical rotation have completed their selection. After their selection is completed, the returning student may petition for any of the remaining, non-selected sites he/she chooses. In effect, the returning student *will not* compete with the second semester students during their site selection.

Clinical Education Schedules

Day to day scheduling and room or technologist assignments will be made by the Clinical Instructor at each clinical education center as best meets the educational needs of the student.

Each student assigned to a clinical education setting will have a weekly schedule approved in advance by the Clinical Coordinator and the Clinical Instructor. This schedule will provide starting and ending times for each day of the week and will total not more than forty hours per week. Students may be assigned to day or evening shifts. Some assignments may include weekend hours. Students should be allowed the same time as staff radiologic technologists in the institution for coffee and lunch breaks. Regular lunch breaks taken away from the workstation cannot be counted as hours of attendance in clinical training. Thus, a day that begins at 7:30 AM and ends at 4:00 PM with a half hour lunch break is an 8.0-hour day, not an 8.5-hour day for attendance purposes.

Students can volunteer to attend more than forty hours in a week, but the decision to do so is the student's. Still, only forty hours per week can be credited to clinical attendance each week. The Clinical Coordinator and the Clinical Instructor must approve any deviation from the approved schedule in advance. This includes any change in starting or ending times, and change in days of the week, and any temporary change such as the student volunteering to work additional hours. Students will only be credited with actual hours of attendance that are pre-approved. If a student attends hours that are not pre-approved, those hours will not be recorded toward satisfying course requirements.

Every effort will be made to give students advance notice of changes in required schedules as needed due to changes in staffing or circumstances at the clinical education setting. Clinical schedules will NOT be changed to accommodate student work schedules or to accommodate other personal situations of the student.

Non-Traditional Clinical Hours

Based upon the Eight (8) criteria for evening and weekend rotations promulgated by JRCERT, the school will ensure that, of the required 1800 clinical hours, a cumulative 5% (90 hours) of non-traditional hours (see pg. 10) are scheduled for the student over the 12-month clinical rotation cycle. Documentation will be recorded by the student in a separate section of the student's time sheet and faxed to the college weekly. In no case will the hours logged exceed the maximum allowed by JRCERT, that is, 25% of the total clinical hours scheduled.

Record of Clinical Education Time

All students are required to be present in their assigned areas for clinical education during the hours established by the Clinical Coordinator and Clinical Instructor. Students may not

leave the radiology department or clinical education setting without notifying the Clinical Instructor or the Clinical Instructor's designee.

The student must accurately record time of arrival and departure and actual hours of attendance on a time sheet provided by the College. The student must sign this time record and obtain the signature of the Clinical Instructor verifying the time sheet. The student is responsible to assure that this properly completed and signed time sheet is turned into the Clinical Coordinator weekly no later than the time established by the Clinical Coordinator. Time sheets that are improperly completed will be returned to the student to fill in correctly before hours will be recorded toward the clinical hours required. If a student falsifies time records by reporting inaccurate hours or by falsifying signatures, they will be subject to a code of conduct hearing that may result in discipline, up to and including expulsion from the program.

Attendance

Regular attendance is essential to academic and professional success. A major part of the training during the clinical experience is being imbued with the regular attendance habit that will transfer over to an employment setting, where you as a new hire are already experienced and capable of being to the place of employment on time, every time. Please see the [Academic Catalog](#) for more comprehensive information.

Vacation and Holidays

Vacations during clinical courses are not allowed. Students may not attend clinical rotations during school-observed holidays. Students may not be assigned to clinical settings on holidays that are observed by the sponsoring institution.

Clinical Education Conduct

Students are expected to conduct themselves in a professional manner at all times during clinical education. These rules simply indicate the exact elements of professional behavior and conduct for Carrington College Medical Radiography students.

The clinical education experience is designed to encourage responsibility in a professional and ethical environment and this includes behavior such as cooperation, accepting constructive criticism and dependability.

Students are expected to consider all aspects of the Medical Radiography program in the clinical education setting and the patient to be totally confidential. These aspects are not to be discussed with other students, friends or family outside of the clinical education setting. Violation of this professional trust will result in discipline that may include dismissal from the program, even for a first offense

Students must refrain from making personal telephone calls on institutional telephones except in the case of an emergency. Public phones are to be used for all non-institutional business. It should be understood that personal phone calls during scheduled training hours are to be restricted to emergencies.

Smoking by students is not permitted in the clinical education setting; clinical education settings are considered to be smoke free environments.

A student may only visit friends or family who are patients according to hospital rules and regulations and only during non-clinical education hours. Remember that students are not permitted in hospitals during non-clinical education hours unless visiting according to hospital policy.

Dress Code

The official Medical Radiography program uniform shall be worn at all times when engaged in clinical education as a member of the Carrington College Medical Radiography program, or attire designated by the facility. This uniform is not to be worn for purposes other than Carrington College courses. This includes employment of any type at any health care facility

Refer to the Carrington College [Student Handbook](#) regarding dress code.

ARRT Code of Ethics

Students are expected to follow the American Registry of Radiologic Technologists Code of Ethics.

This code serves as a guide that radiologic technologists evaluate their professional conduct as it relates to patients, health care consumers, employers, colleagues, and other members of the medical care team. The Code is intended to assist radiologic technologists in maintaining a high level of ethical conduct.

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

knowledge with colleagues, and investing new and innovative aspects of professional practice. One means available to improve knowledge and skill is through professional continuing education.

Any violation of the Carrington College Code of Conduct or ARRT's Code of Ethics may result in a Code of Conduct Hearing as found in the [Student Handbook](#).

The Patient's Bill of Rights

Students are expected to cooperate with the American Hospital Association's Patient's Bill of Rights.

The Patient's Bill of Rights was designed to inform patients of their rights while in a hospital. As a student radiologic technologist who will be experiencing clinical education in several hospitals, you are obligated to respect these rights.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms of the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his behalf. He has the right to know, by name, the physician responsible for his care.
3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.
5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have permission of the patient to be present.
6. The patient has the right to expect that all communications and record pertaining to his care should be treated as confidential.

- 7.** The patient has the right to expect that within its capacity, a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
- 8.** The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by names, which are treating him.
- 9.** The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
- 10.** The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby his physician or a delegate of the physician of the patient's continuing health care requirements following discharge informs him.
- 11.** The patient has the right to examine and receive an explanation of his, regardless of source of payment.
- 12.** The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

Student Responsibilities

All students are subject to the rules and regulations established by the affiliating Clinical Education Setting, as well as the Program and College rules.

Due to increasing concern about the care of patients with infectious diseases, students are strongly advised to be educated about and responsible for their interactions with infectious patients. Individual clinical education settings may have institutional rules regarding health examinations or inoculations for employees or students working in the facility. Students must comply with these rules wherever they apply.

Infectious Diseases

Students are advised to follow the exact procedures established by the clinical education settings, primarily isolation techniques, in caring for patients.

Students should report any contact with communicable disease in accordance with the policies of the clinical education setting in which the contact occurs and to the Clinical Coordinator.

Additionally, Occupational Safety and Health Act (OSHA) amendments suggest that all individuals who are involved in clinical education in acute-care or long term care facilities should be vaccinated for Hepatitis B. The exception is for pregnant individuals. After delivery, the student should seek vaccination as soon as a physician gives permission.

Prior to the start of clinical education, the student must provide proper documentation of:

- Provide negative TB test results. If the test results are more than 12 months old, they must be from a two-step test. If applicants have a history of a positive TB test, a chest X-ray is required;
- Provide proof of childhood MMR immunization OR titer;
- Provide proof of Hepatitis B vaccination OR written refusal;
- Provide proof of chickenpox immunization (in the absence of a history of having had chickenpox);
- Submit to drug screening and background checks immediately prior to clinical rotations, the results of which could affect eligibility to participate in clinical rotations.

NOTE: For Hepatitis B, if you choose to decline, a Student Hepatitis B Information/Declination Form, provided by the Program Director, may be submitted declining Hepatitis B

vaccination. Declining this immunization may impact students' ability to participate in clinical education.

Students with an infectious disease, other than a common cold, may not attend clinical education. The student should inform the Clinical Coordinator and the Clinical Instructor immediately upon diagnosis. The student must provide medical documentation to the Clinical Coordinator. The student will not be reassigned to clinical education until a doctor's release has been presented to the Clinical Coordinator.

Incidents

It is very important that hospitals have a record of all incidents in case of litigation. Students are responsible for following this prescribed format for reporting incidents:

- An institutional incident report and a college incident report must be filled out immediately.
- A copy of the institutional incident report and a college incident report must be forwarded to the Program Director immediately.
- Students who fail to report incidents per this policy may be subject to disciplinary action through the student code of conduct. Please see the [Student Handbook](#) for more information.

Radiation Protection and Monitoring

Students in the Medical Radiography Program at Carrington College shall practice appropriate radiation safety procedures in protecting themselves, their patients, and other personnel from unnecessary exposure.

Students will not operate fluoroscopic equipment of any type at any time under any circumstances when human subjects are involved unless directly supervised by a physician or qualified radiologic technologist who is physically present in the room. Students are not to be involved in holding patients during routine radiographic procedures and should not be present in the room during a routine radiographic exposure.

Film Badges

Policy

All students in the Medical Radiography program will wear a film badge at the collar at all times when using ionizing radiation during clinical education and energized laboratory procedures. During fluoroscopy, the film badge will be worn outside the lead apron at the collar. If a thyroid collar is worn, the film badge should be worn outside the collar.

The following guidelines are provided in order to facilitate the student's understanding and awareness of radiation safety by utilization of their personal Thermoluminescent Dosimetry (TLD) badge reports.

- A. Annual occupational dose limits: 0.05 Sv (5 rem);
- B. A lens dose equivalent (annual) of 0.15 Sv (15 rem);
- C. A shallow dose equivalent (annual) of 0.50 Sv (50 rem) to the skin of the whole body or to the skin of any extremity;
- D. Dose equivalent to an embryo/fetus during the entire pregnancy does not exceed 5 mSv (0.5 rem).

Carrington College encourages the student to adhere to As Low As Reasonably Achievable (ALARA); and avoid exceeding the threshold limits set by the International Council on Radiation Protection and Measurement (ICRP) **20 mSv**. (MilliSieverts).

Each student is responsible for his or her badge. Loss or accidental exposure of a film badge shall be reported to the Clinical Coordinator immediately. A telephone message shall be left the day of the incident with a significant incident report to follow in person as soon as possible. If the badge is lost or damaged, the student will not be allowed to continue clinical education until a new badge is issued. This could result in considerable loss of clinical time and will result in corrective action. Students will be assessed for all loss badge charges.

Film badges should never be left in your car!

Procedure

If these threshold dose limits are exceeded, the student will closely monitor his/her subsequent readings along with the Clinical Coordinator (Radiation Safety Officer), the Clinical Instructor and the Program Director.

High readings are investigated, discussed with the student and documented by the Program Director. A continuation of exceeding dose limits may require removing the student from exposure to ionizing radiation at the clinical facility.

MRI Safety

The JRCERT has designated in Objective 4.3 MRI safety as having the same potential concerns in magnetic resonance environment as radiation safety. Therefore, in RAD 180, Pathology, Carrington presents an MRI Safety video, which includes a test. Upon completion of this, the student then signs and dates an MRI Safety Letter stating they have been made aware of the potential hazards. This completed letter is then placed in the student's clinical files.

Illness or Pregnancy Note

The first trimester of a pregnancy is the most critical time as far as exposure to ionizing radiation is concerned. It is preferred that students suspecting the start of a pregnancy give notice to the Clinical Instructor, Clinical Coordinator and the Program Director as soon as possible to allow clinical education assignments to be modified to minimize fetal exposure during this critical time.

According to United States Nuclear Regulatory Commission (USNRC) guidelines a pregnancy must be declared in writing to the Program Director in order to activate the pregnancy policy options. Once done, the student will be given a copy of the USNRC Regulatory Guide 8.13. A student has the right to NOT declare pregnancy OR to undeclare a pregnancy at any time.

Students who become ill or pregnant during enrollment in the program are encouraged to seek advice from their personal physician and assistance from the Office of Student Disability Services at adacarrington@carrington.edu.

- Some clinical sites may require a letter from your physician each semester verifying that you are able to perform the physical tasks required during that clinical rotation and that you have been properly advised of the potential risks to you and/or your baby of contact with blood borne pathogens, common chemicals agents commonly used at the medical practices, and exposure to radiation when applicable.
- Students may consult with their instructor their clinical rotation and the risks to them and/or their pregnancy, but this consultation should not take the place of consultation with their personal physician or the Office of Disability Services.

- Student take full responsibility for the health of his/herself and/or her fetus if electing to continue in the program and that the attending physician states it is safe for the student to continue in the program.
- Adhere to the attendance and readmission policies of Carrington College and the Nursing program.
- Notify the faculty of any significant changes that may affect clinical/classroom attendance.
- After delivery of the baby, obtain a written release from the physician stating that the student is capable of attending class and clinical sessions.

Note: The student has the right to revoke her declaration in writing at any time.

The student's total accumulated exposure during her pregnancy shall not exceed 0.5 rem, not to exceed 50 mr in any month. In the event this exposure is exceeded; the student shall be barred from any clinical education for the remainder of the pregnancy.

In addition to having the students still on campus initial their radiation badge reports, the campus will ensure that the reports are sent to the clinical students, whereby they will initial receipt documenting that they are aware of the results and have checked the total accumulated exposure dose. This will be accomplished within 30 days of the school's receipt of the badge reports from the manufacturer.

Clinical Evaluation Program

Radiologic technologists must be competent in both the art and science of radiography. The science of radiography is the radiation physics, anatomy, pathology and other knowledge needed to produce diagnostic radiographs. The art of radiography is the ability of the radiologic technologist to accurately and consistently position and care for the patient while producing those images. Both the science and art are practiced and perfected in the clinical setting. Carrington College Medical Radiography Program will evaluate the student's skill in both science and art through a clinical evaluation system.

The concept of competency based education is firmly established in the Medical Radiography program's clinical evaluation system. According to a student's demonstration of clinical competency, a student may complete clinical requirements either on time or later than the projected date of graduation.

Students must successfully complete all required clinical assignments prior to graduation from the Medical Radiography program and are strongly encouraged to complete as many assignments as possible beyond the minimum requirement for graduation.

Radiologic technologists must have the ability to care for patients in a professional and ethical manner. To assist students in developing these skills, the Carrington College Medical Radiography program evaluates all aspects of student progress toward becoming a professional radiologic technologist while in the clinical program.

The Clinical Coordinator and Clinical Instructors not only evaluate students' proficiencies in required and elective procedures, but they will also grade cognitive ability to remember critical information and to apply it appropriately to solve real world problems. They also evaluate professional attributes such as the ability to work closely with a variety of patients and other health care professionals, acceptance of responsibility for personal actions, dedication, initiative, ethical decision making, attendance and punctuality and manner and appearance. Students are advised from time to time regarding areas where they can improve, and the student's response to this advice can itself demonstrate whether he or she has what it takes to be trusted with professional responsibility.

Final grades in clinical courses will reflect progress in demonstrating the knowledge, skills and professional maturity required of professional radiologic technologists.

Competencies

Clinical competencies are achieved by performing radiographic procedures on patients at the clinical education center. A student must continue to attempt each specific procedure until that procedure is mastered. The number of attempts before mastery does not affect the clinical grade. In anything, students who take the initiative to perform as many exams as possible before and after attaining competency are likely to develop their skills more fully and achieve a higher grade.

No more than one competency will be granted for the same procedure. For example, a portable wrist will not count as a wrist and a portable orthopedic.

Students are responsible for arranging for a qualified evaluator to be present during the competency. Clinical instructors, registered staff radiologic technologists or college faculty may do the observation and evaluation of the student's procedural skills during the competency. Competencies may be rejected by the Clinical Coordinator if deemed necessary due to failure of evaluators to note errors during the competency (gross positioning errors, wrong markers, etc.).

Note

Simulation of infrequent or limited volume examinations is at the discretion of the Clinical Coordinator after reviewing current radiography practice at the assigned clinical education center. However, in no case may more than eight of the thirty-six mandatory competencies be simulated. Electives may be simulated if it is not feasible to perform on a patient.

Imaging Critiques

Image critiques must be completed for all competencies and must be completed with the actual radiographs image produced for the original competency. The only exception is when there is documented proof by the Clinical Instructor of missing images. In this case, students may substitute images from the same procedure on another patient for the image critique portion of the competency. Image critiques must be reviewed within one month of the performance of the examination.

All portions of the procedure must be critiqued even though they are not part of the required competency projections or positions.

Image critiques may be filled out during clinical time only with permission of the Clinical Instructor. When the caseload is heavy, students are expected to be actively involved in performing or assisting with radiographic procedures.

Proficiencies

A student must first be competent in a procedure before proficiency may be obtained. Proficiencies are designed to encourage students to strive for continued improvement in radiographic skills even though competency has already been achieved. Proficiency is not required for a specific procedure, but rather is required for a group of procedures. For example, there may be two proficiencies required for the axial skeleton in a given semester.

The Clinical Coordinator or Clinical Instructor may challenge any competency at any time and require the student to demonstrate mastery of the procedure. If the student fails to demonstrate competency on a challenged competency, then the Clinical Coordinator will remove that competency from the student's list of accomplished competencies until competency is reestablished in a subsequent procedure.

Registry Review

RAD 308, Radiography Registry Review, is a required course scheduled during the sixth semester concomitant with RAD 283, Clinical Education III. This course is presented online which necessitates the student having access to a Windows-equipped computer, preferably a PC. An Apple-manufactured computer does not work well with this software program.

Carrington College's Student Handbook, describes online course requirements, which will be re-iterated when the student enters the sixth semester and signs on to this class/website.

Clinical Advising

All students enrolled in radiographic clinical education are evaluated and advised regarding their ability to care for patients in a professional and ethical manner. Serious deficiencies in any of the cognitive, psychomotor or affective domains will result in the student failing the clinical course. Failure of a clinical course triggers a mandatory conference with the student, Clinical Coordinator and Program Director to determine whether the student can remediate the deficiency and then progress forward; whether the student must repeat the clinical semester in its entirety; or whether the student is dismissed from the program.

The advising program is conducted via several documents:

Monthly progress report

This form is utilized by the Clinical Coordinator to receive feedback from the Clinical Instructor regarding the student's progress in knowledge, skill and professional conduct. The student and Clinical Coordinator will discuss any reports of negative or positive nature.

Mid-semester Evaluation

Approximately halfway through the semester, the Clinical Coordinator prepares a summary of the student's progress to this point. This report is discussed with the student. If the student has been marked as showing unsatisfactory progress in the cognitive, psychomotor or affective domains, a plan to remediate the deficiency is agreed to and documented.

Final semester evaluation

During the final two weeks of the semester the Clinical Coordinator prepares a summary report on the student's progress and assigns a pass/fail grade for the semester. As mentioned previously, any serious deficiency in any of the cognitive, psychomotor or affective domains will result in the student failing the clinical course.

Evaluation Forms

Samples of evaluation forms can be found in the Appendix.

Appendix

Several sample evaluation forms can be found here:

- Clinical Competency Evaluation;
- Clinical Instructor's Monthly Student Progress Report; and
- End Semester Evaluation.

Carrington College, Spokane Campus
 Medical Radiography Program
 Clinical Competency Evaluation

MANUAL TECHNIQUES - Students should use manual techniques whenever possible.

Student: _____ Date/Time: _____

Exam: _____ Exam Reference: _____

Be sure to adhere to HIPAA guidelines

KEY	<u>Minimum 3 required in all categories</u>
5 - Excellent	2 - Needs Improvement
4 - Above Average	1 - Unacceptable
3 - Average	

1. Communication	5	4	3	2	1	_____
Clear patient instructions						
Patient history taken						
2. Radiation Protection	5	4	3	2	1	_____
Collimation						
Lead shielding						
Other guidelines followed						
3. Positioning	5	4	3	2	1	_____
Pertinent anatomy demonstrated						
Correct CR placement						
Patient considerations						
4. Technique Factors	5	4	3	2	1	_____
Diagnostic quality achieved						
5. Identification	5	4	3	2	1	_____
Correct patient/correct exam						
Correct anatomical markers						
Permanent patient ID						
6. Equipment/Image Receptor	5	4	3	2	1	_____
Proper cassette/film combination						
Proper cassette size						
Proper tube/bucky selection and manipulation						
Positioning aids						
7. Documentation:	5	4	3	2	1	_____
Paperwork completed neatly, timely and correctly						

Instructor's Signature _____ **Student Signature** _____

Signatures are required for competency to be valid

Clinical Instructor's Monthly Student Progress Report

For the Month of _____, 201_____

To be completed by the Clinical Instructor and faxed to Carrington College at the **end of the month**.

Grading criteria is on the reverse. Fax Number 509-319-2510. Send page 1 only.

Student Name:		CI Name:
Course Competencies	Score	Comments
Specific evaluation criteria are found in the syllabus	1-5	For any score of 3 or less provide comments to assist student
1. Educational Focus Demonstrates a commitment to learning and a respect of the educational opportunity		
2. Knowledge of Exams Demonstrates a thorough knowledge of what is required to efficiently produce radiographs		
3. Quality of Exams Demonstrates the ability to consistently produce radiographs of diagnostic quality.		
4. Film Critique Demonstrates the ability to identify films that are not of diagnostic quality and correct the films with one repeat. Students are expected to be able to critique films without significant input from an RT; however, an RT must be present during all repeat exams.		
5. Occupational Skills Demonstrates an efficient and organized approach to exams		
6. Patient Communication Demonstrates the ability to communicate with patients about the procedure.		
7. Inter-Staff Communication Demonstrates the ability to communicate with facility staff professionally and effectively.		
8. Self Directed Demonstrates the ability to stay productive with educationally valid activities.		
9. Critical Thinking Demonstrates the ability to analyze and solve problems. Students are encouraged to adapt procedures to fit unusual situations; however, they are to be expected to check with appropriate facility staff before taking action in unusual situations		
10. Professional Ethics Consistently demonstrates the ability to act in accordance with the ASRT Code of Conduct and the policies of Carrington College and the clinical facility.		

Course Competencies	Clinical Expectations
1. Educational Focus	5 - Always willing to participate in exams and uses free time for study or practice 4 - Always willing to participate in exams and uses the bulk of any free time for study or practice 3 - Usually willing to participate in exam but does not use free time for study or practice <3 - Hesitant or reluctant to participate in exams
2. Knowledge of Exams	5 - Able to do <u>80%</u> of protocol exams without referring to books or asking for help 4 - Able to do <u>70%</u> of protocol exams without referring to books or asking for help 3 - Able to do <u>60%</u> of protocol exams without referring to books or asking for help <3 - Requires the assistance of an RT for more than 60% of protocol exams
3. Quality of Exams	5 - Less than 15% of the exams require repeat views 4 - Less than 25% of the exams require repeat views 3 - Less than 35% of the exams require repeat views <3 - More than 35% of the exams require repeat views
4. Film Critique	5 - Able to critique <u>90%</u> of films with the CI 4 - Able to critique <u>80%-89%</u> of films with the CI 3 - Able to critique <u>70-79 %</u> of films with the CI <3 - Unable to properly critique at least 70% of the films with the CI
5. Occupational Skills	5 - Smooth and organized during <u>95%</u> of protocol exams; does not need to look at textbooks during the exam 4 - Smooth and organized during <u>85%</u> of protocol exams; does not need to look at textbooks during the exam 3 - Organized during protocol exams; needs to refer to RT or reference books during the exam on fewer than 1/2 of exams <3 - Unorganized during exam and must refer to reference books or an RT during the exam on more than 1/2 of exams
6. Patient Communication	5 - Always able to discuss protocol exams with patients in a manner that is understandable and professional 4 - Able to discuss most protocol exams with patients in a manner that is understandable and professional 3 - Requires some assistance from the RT to explain protocol exams that is understandable and professional <3 - Unable to explain protocol exams to patients in a manner that is reassuring even with the assistance of an RT
7. Inter-Staff Communication	5 - Always communicates with facility staff members professionally and effectively 4 - Always communicates with facility staff members effectively; needs to improve professional communication 3 - Usually able to communicate effectively but not always <3 Struggles to communicate effectively with facility staff
8. Self Directed	During your externship it is your responsibility to manage and use your time effectively. Your learning priorities are: 1) Exams, 2) Maintaining records, 3) Maintaining the exam rooms, 4) Front Office responsibilities, 5) Other site specific duties, and 6) study for the Registry Exam (This priority becomes #2 for 6th semester students).
9. Critical Thinking	5 - Always able to recognize and adapt to unusual situations. 4 - Usually able to recognize and adapt to unusual situations. 3 - Usually able to recognize unusual situations; often needs help adapting procedures to fit the situation. <3 - fails to recognize unusual situations and fails to adapt procedures to fit the situation
10. Professional Ethics	It is expected that you will always act professionally and ethically. Instances where you do not will be dealt with on a case by-case basis and maybe grounds for additional disciplinary action based on the disciplinary policy. <3 -If the breach of professional behavior compromises patient safety, confidentiality, privacy, or health care

Carrington College, Spokane Campus
END SEMESTER EVALUATION
Medical Radiography Program
Fax to 509-319-2510

Student's Name _____ Date _____

Clinical Education Site _____ Date _____

Evaluator(s) _____

Grading: Using the following scale, please rate the student's current level of performance. Satisfactory scores (3.0 or above) must be achieved in each category. Any area student does not achieve 3 or above, please specify changes needed to improve performance.

5 = Superior, near perfect

4 = Above average, student performs at or above expected level of education

3 = Average, student performs at expected education level

2 = Below average, student needs improvement and performs below expected education level

1 = Unacceptable, student performs below expected level and does not meet the specific standard

*Grading scale allows for evaluator to use mixed numbers in evaluating 3.25, 4.5, etc.

I. Professional Ethics

_____ The student utilized hospital resources appropriately, maintains confidentiality, and interacts with patients and medical staff in a positive manner.

Comments: _____

II. Patient Care/Interpersonal Relations

_____ The student exhibits positive verbal and non-verbal communication with patients and medical staff, is able to explain procedures to patients, listens well and shows willingness for improvement.

Comments: _____

III. Work Conduct

_____ The student adheres to program policy regarding work schedule and responsibilities, uses time in a productive manner, and participates in all levels/types of examination.

Comments: _____

IV. Occupational Skills

_____ The student completes exams effectively in a timely manner utilizing standard precautions, applies radiation protection measures, set appropriate technical exposure factors and discriminate between diagnostic and non-diagnostic radiographs and can identify radiographic anatomy.

Comments: _____

V. Problem Solving/Critical Thinking Skills

_____ The student displays confidence in skills while recognizing limitations, performs tasks in a logical manner and analyzes performance for continual self improvement and competency.

Comments: _____

Number of performance Competencies attempted _____

Number of performance Competencies passed on first attempt _____

The student MUST achieve an average of 75% of competencies passed on the first attempt or an unsatisfactory evaluation will result.

Student's signature _____ Date _____

Clinical Instructor's signature _____ Date _____

Clinical Coordinator's signature _____ Date _____