2025 Student Clinical Handbook

Summa Health Smart Start Radiologic Technology Program

Disclosure

Summa Health reserves the right to make changes without notice in the Radiologic Technology curriculum, scheduling, policies and procedures to preserve the high standards for approval and accreditation of the Radiologic Technology Program.

HUR-25-76912/GW/08-25 SSRT CLINICAL

Contents

SSRT Clinical Practice Overview

Competency-based Clinical Education is the name of a program which has been developed and approved by the American Society of Radiologic Technologists (ASRT). The purpose of this program is to provide the student radiographer with a method of clinical evaluation within a degree-based radiologic technology program. Competency-based Clinical Education ensures that each student is fairly evaluated on their radiographic skills.

Summa Health Smart Start Radiologic Technology (SSRT) program is affiliated with a variety of clinical practice settings to provide the student with a diverse and adequate clinical practice education. Clinical site placement is nondiscriminatory in nature and solely determined by the program.

Clinical education courses are conducted at Summa Health hospitals, clinics and/or imaging centers. The student will be monitored for progress throughout the duration of the program. During clinical rotations, students will receive formal evaluations, receive coaching and critique, maintain various records/documents, and complete competency evaluations to meet ARRT Clinical Competency Requirements.

Formative and summative methods are used to identify the student's strengths and deficiencies as they progress through clinical practice education. Strengths will be built upon, and deficiencies identified and addressed to maximize learning outcomes and opportunities for success.

The following pages will explain the Competency-based Clinical Education Program, and the student's role in the process.

Clinical Education Setting (CES)

- Summa Health System — Akron Campus
- Summa Health System — Barberton Campus
- Green YMCA
- Allied Medical Centers
  - Stow-Kent, Wadsworth, Tallmadge, White Pond, Cuyahoga Falls, Medina, Rootstown
- Many of these clinical sites also include orthopedic offices.

Clinical Preceptor List

A clinical preceptor is a registered radiologic technologist assigned to supervise, guide and evaluate the SSRT program students assigned to their department.

Each CES will have a designated clinical preceptor.

Terminology

There are many terms unique to the Competency-based Education Program. In order that you may understand the remainder of this handbook, consider the following definitions.

- **Competency:** The student's ability to perform within a realm of limited supervision and assume those duties and responsibilities set forth in course and clinical objectives. The minimum level of competency is 85%.
- **Category:** A group of radiographic examinations that exemplify an area of the human body. For example: lower extremity. The student is assigned a new category each semester.
- **ARRT Skill Evaluation:** The procedure in which a student's performance in one of the following patient care skills is evaluated. Patient skill evaluations to complete are vital signs, patient transport, oxygen administration, venipuncture and injection, sterile and aseptic technique. Forms are located at the end of the handbook.
- **Simulation:** The student performs a radiographic examination on a live subject (not a patient) and simulates the exposure, or an X-ray phantom may be used as a "patient" and the procedure may be simulated with an exposure. In both cases a radiograph of the area of interest shall be critiqued by the student.
- **Direct Supervision:** A Radiologic Technologist is present in the radiographic room while a student is performing an X-ray examination. If a student has not tested-out on a specific exam, they must be under direct supervision while performing such exams. In addition, surgery, fluoroscopic procedures, all portable exams and repeat exposures require direct supervision.
- **Indirect Supervision:** A Radiologic Technologist is available for consultation with the student but is not necessarily present in the radiographic room during an X-ray examination. Although the Technologist may not be present in the room, in an appropriate indirect supervision situation, they must be within calling distance.

General Clinical Information

All clinical courses are subject to special scheduling dates which may or may not follow UA's semester dates and/or the academic calendar.

Clinical Experience: The student is expected to help the staff as much as possible by either helping with a patient exam or performing the exam. The students are placed in a clinical site as a learning modality, and we wish to fully utilize this clinical experience as much as possible. Students must understand and adhere to the policies the clinical site requires prior to working in that clinical site.

Clinical Assignment: Students will attend a variety of Summa Health clinical sites throughout the program. Students do not get to pick their clinical assignments. Students should not rely upon the availability of a clinical site in a particular geographical location. The Clinical Coordinator will establish the specific student clinical assignments and rotation for each clinical rotation/site. Students may be expected to commute to an additional clinical site (other than the initial clinical site assigned) to obtain the complete education of the SSRT program. The Program Director and Clinical Coordinator must approve all student rotations.

The clinical shift schedule will be determined by the assigned Clinical Coordinator in conjunction with the Program Director. Typically, the clinical shifts are first shift with the exception of second and third shift rotations. Lunches and breaks will be at the discretion of the clinical preceptor. The program follows JRCERT guidelines for clinical rotation hours. Clinicals will not exceed 40 hours per week, and no more than 10 hours per day.

It is the student's responsibility to establish a working relationship with their clinical site. Failure to do so will result in the student being dismissed from the clinical setting and therefore the program.

Continuity of Operations/ Contingency Plan

In the event Summa Health initiates a restriction of student rotations:

- The SSRT Program will follow the guidelines and protocols implemented for restricting student rotations at Summa Health.
- The program director will work with the imaging managers to evaluate the anticipated timelines and extent of restrictions.
- If cancelation of didactic and/or clinical rotations are necessary, the program director will notify students immediately and present all known information of the situation(s)
- Students will be updated by Summa Health email and/or group text and will be instructed to check frequently.
- For complete restriction short-term (2-4 weeks), no alternate plan advised.
- For complete restriction long-term (>4 weeks), didactic classes will resume using on-line format.
- Clinical education will be determined on a case-by-case basis, following the guidelines put in place by SSRT, ARRT and JRCERT.
- All clinical competency requirements must be complete.
- The restrictions will be evaluated, updated and communicated to students as information becomes available.
- The goal of the program is to continue the program with minimal interruptions, allowing the students to complete their education in a specified timeframe.

Unacceptable Clinical Conduct

The following are examples of unacceptable conduct but are not limited to:

- Possessing drugs or liquor or engaging in their use while on a clinical assignment.
- Sleeping on clinical assignments.
- Engaging in theft of any article from the clinical education setting (CES).
- Engaging in any immoral conduct while on clinical assignments.
- Habitual or excessive tardiness and/or absenteeism from clinical assignments. (See attendance policy)
- Smoking on college premises or clinical sites.
- Presenting with the smell of smoke on clothes/personal belongings.
- Eating in areas not specifically designated for that purpose.
- Loitering in the Radiology Department at times not specific for clinical assignments.
- Completing an attendance record for another student.
- Falsification of timecards/attendance records. This includes falsification of times and signatures.
- Loitering in technologists lounge area.
- Acceptance of any type of gratuity or “tip” from a patient or patient’s family.
- Breaching patient confidentiality.
- Violation of Supervision Policy

Clinical Prep, Labs and Simulations

Prior to being allowed to conduct radiographic procedures on actual patients, the student will receive classroom instruction on anatomy, physiology, patient care considerations, radiation protection, and the procedural steps related to the exam.

The student will demonstrate knowledge of the procedure and related content on a written examination. The student must successfully simulate the category of examinations in the laboratory and practice while at the clinical setting.

During the simulation, the student will role-play taking radiographs. Under most circumstances, the

patient flow during clinical practicum will be sufficient to allow each student the opportunity for evaluation without resorting to simulation for ARRT competency check off requirements. However, circumstances may necessitate the implementation of simulation.

For SSRT Program requirements, the following exams may not be simulated: barium enemas, UGI's, esophagrams, and C-arm procedures. These exams must be performed on patients. Should the Radiologist not perform overhead images on these exams, this portion of the exam may be simulated.

Student Supervision Policy

The SSRT program has adopted and strictly enforces policies for student supervision.

Direct Supervision

Students must be directly supervised*:

- Until competency is achieved.
- Repeat images (Regardless of level of competency).
- Surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

*The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- Reviews the procedure in relation to the student's achievement,
- Evaluates the condition of the patient in relation to the student's knowledge,
- Is physically present during the conduct of the procedure, and
- Reviews and approves the procedure and/or image.

Direct Supervision (Repeat Images)

Students must be under the Direct Supervision of a qualified radiographer when repeating ALL unsatisfactory images. Regardless of the student's level of competency, 100% of repeated images must occur under Direct Supervision.

During repeated images, the presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices.

- At no point during the clinical education training may a student perform a repeat image without the Direct Supervision of a registered technologist.
- The student must have the supervising ARRT Registered Technologist initial the Repeat Log supplied by the student.
- The Repeat Log will be turned in to the Clinical Coordinator and will be maintained in the student's clinical file to document compliance.

Indirect Supervision

Students may perform procedures under Indirect Supervision on imaging procedures the student has achieved and demonstrate competency. The definition of indirect supervision will be as follows:

1. Student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.
   - Immediately available is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed.
   - Immediately available has also been interpreted as a qualified radiographer being within "calling distance" of where the procedure is being performed.

*Regardless of level of competency, students must always be under "direct supervision" during repeated images, surgical and all mobile, including mobile fluoroscopy, procedures.

Failure to comply with the SSRT supervision policies as stated above may result in disciplinary action up to and including dismissal from the program.

The Competency Procedure

The student begins their clinical participation by first assisting a practicing Radiologic Technologist in performing radiographic examinations. This participation moves from a passive mode of observation to a more active role of assisting.

As the student gains experience in various radiographic procedures, they gradually move into an independent role, with limited supervision. Before any independence is allowed, the student must first prove competence in the specific procedure.

Once a student passes a written test, participates in lab, and have practiced positioning several times, they will be eligible for competency.

Until competency is demonstrated, the student will remain under direct supervision.

1. The student must contact an authorized ARRT certified and registered technologist and verbally request to test for competency. The student must make the request **before** interaction with the patient and once approved, must test for competency unless directed otherwise by the supervising technologist. The clinical preceptor or authorized ARRT registered Technologist has professional discretion to approve or deny the request to test for competency and may abort the testing procedure at any time, for any reason.
2. Once approved to test for competency, the student cannot receive assistance in any way, unless assistance is an expected component of the procedure. The procedures must be performed independently, and assistance will terminate the testing process, and the student will remain non-competent on that procedure.
   a. The student must independently perform every aspect of the examination, including patient care, room preparation, and post procedure activities.
   b. The evaluating technologist may not prompt, assist, or talk to the student during the testing process.
   c. Only one student may test for competency on a patient with multiple procedures ordered.
3. The students' performance will be evaluated by the testing technologist, based upon the ARRT's standards of competency.
4. To complete the competency process, the evaluator will determine if the student has achieved competency by filling out the competency evaluation form located at the back of this handbook.
   • An 85% or above is considered a passing grade for competency
   a. "Competent" (Pass): the evaluating technologist finds the student competent on the procedure evaluated.
      i. The student may now perform this procedure under Indirect Supervision standards, with the exception of repeated images, fluoroscopy, surgical, and all mobile procedures
   b. "Not Competent" (Fail): the evaluating technologist determines the student is not competent on the procedure and will need further experience and remediation prior to subsequent attempts to competency.
      i. The student must continue to perform this procedure under Direct Supervision standards.
5. The clinical coordinator or clinical preceptor may revoke a competency if it is determined that it does not meet, and/or has not maintained, ARRT or SSRT's program standards. In the event a competency is revoked, it must be completed again meeting the set forth standards.

Each of the four (4) clinical semesters of training, the student must complete a specific number of exams from the list of procedures at the back of this handbook. The number of evaluations that students must accomplish each semester is defined within each syllabus. The only persons allowed to grade the student on exams performed on patients are the clinical preceptors, staff radiologic technologists, Clinical Coordinator, and the Program Director.

The simulated tests will be performed by the Program Director or Clinical Coordinator

It is the student's responsibility to make sure they are graded on exams performed, and the grading technologist will place completed form in a SSRT lock box.

The Clinical Coordinator will review grades and determine if the percentage is correct. If a form is incorrectly marked or if the math is incorrect, the Program Director/Clinical Coordinator reserves the right to correct it.

For both clinical and laboratory competencies, a grade below 85% will be considered failing and must be repeated at a later date after remediation has occurred.

Remediation will consist of a plan and simulation of the exam with either the Clinical Coordinator or Program Director. The student must complete the remediation process according to the timeline designated by the Program Director. A student will have one (1) attempt to pass the remediation evaluation.

- **Failure to pass on the second attempt on a previously failed exam at clinicals, or in the laboratory, will result in a failing grade for the course and dismissal from the Program.**
- **A total of three (3) separate laboratory exam failures during the first fall semester will result in a failing grade for the course and dismissal from the program.**
- **A total of three (3) separate failures, either clinical or laboratory, during the program will result in dismissal from the Program.**

If a student demonstrated incompetence on an exam competency they had previously passed, the attending clinical preceptor/technologists may revoke the passed competency.

In this case, the student isn't penalized, but they must retest with direct supervision until the exam competency is again passed.

Clinical Safety Procedures

Students are expected to follow all safety procedures and guidelines as follows:

1. Students must properly verify identification of the patient before performing any radiographic or fluoroscopic examination using two patient identifiers as set by Summa Health.
2. Students must verify and perform the correct radiographic examination on the patient. Procedures are only to be performed with a physician's order.
3. Students must verify the possibility of pregnancy of a female patient, obtain an accurate history while abiding by the guidelines set by each clinical site, prior to performing a radiographic examination.
4. Immobilizing procedures or devices are to be used whenever possible for patients who cannot cooperate or when the examination requires strict motion control. Students are not permitted to hold image receptors nor patients during radiation exposure at any time, in any circumstance. Summa Health personnel, guests, or patient family members may be asked to assist when other restraints are not possible. The assisting person is to be provided with and must wear a protective apron and gloves.
5. Gonad shields are to be applied to patients of reproductive age when the presence of the shield will not obscure clinically significant information.
6. Students assisting registered technologists with mobile unit operation are responsible for the safety of themselves and others in the immediate area of the patient. The student will assist the technologist in:
   a. Providing lead aprons for personnel less than 6 feet from the patient
   b. Assuring that only the patient is within the path of the primary X-ray beam
   c. Removing all others to a distance of at least 6 feet from the patient during exposure
7. Collimation is to be used to restrict the primary beam to the area of clinical interest. At no time should the beam be larger than the image receptor. Selection of technical factors should be appropriate for the radiographic examination.
8. Students are not permitted to expose themselves or other students with radiation at any time.

9. Lead aprons are required to be worn by students and personnel conducting or assisting in fluoroscopic examinations.
10. Doors to radiographic and fluoroscopic rooms are an integral part of shielding and should be closed during all X-ray exposures.
11. Students should assist the technologist they are working with to ensure a clean working environment. Any unsafe condition which cannot be immediately corrected must be reported to the team leader on duty.
12. Image receptors should be cleaned with the correct solutions after each direct patient use. Image receptors are placed in plastic bags when in direct contact with the patient.
13. Students may not inject iodinated contrast medium or administer medication.
14. Keeping the patient's radiation exposure low is a major priority, thus the ALARA (As Low As Reasonably Achievable) Principle will be followed at all times using these recommendations:
    a. Avoid errors
    b. Avoid repeat exposures
    c. Collimate
    d. Use at least 40" SID
    e. Use the highest kVp that is consistent with acceptable image quality
    f. Provide appropriate lead shielding during the examination
15. Students should report any safety errors to their assigned radiographer or clinical preceptor.
16. Students rotating through MRI must complete safety training provided by the hospital and fill out the screening form to be reviewed by MRI personnel prior to entering the MRI zone areas.
17. Fire safety procedures are to be followed in accordance with the assigned clinical areas.
18. Students are not permitted to use computers at clinical sites for any other reason outside of timekeeping and documentation purposes.
19. Students are not permitted to use electronic devices such as cell phones, tablets, air pods, or laptops during clinical hours except during their lunch period.

Spot Checks

Spot checks will be given at the clinical sites by the SSRT Clinical Coordinator or the Program Director. The lab competency form will be used to grade your proficiency. If a student fails a spot check, the student will immediately be remediated upon that specific exam.

- **Failure of 2 spot checks a semester will result in a failing clinical grade.**
- **Failure of three (3) total spot checks throughout the Program will render the student as subject to dismissal from the Program.**

Forms Completed by Clinical Preceptor

Clinical Site Orientation (beginning of each new clinical site)

The clinical site orientation form (located at the end of the handbook) must be completed by the clinical preceptor during the first week a student is at a new clinical education site. Completion of the clinical site orientation documents that the student is cognizant of the clinical site's policies and procedures, including hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

It is the student's responsibility to verify the form is completed.

Equipment Orientation: (beginning of each new clinical site)

The Equipment Orientation forms (located at the end of the handbook) must be completed by the clinical preceptor during the first week a student is at a new clinical site or is working with new equipment. The Equipment Orientation documents the student has been oriented with the equipment and can operate it safely and efficiently.

The Equipment Orientation form is completed by the clinical preceptor and can be viewed by the student upon completion; however, **it is the student's responsibility to verify the form is completed.**

Competency Evaluation (demonstrating Procedural Competency)

The SSRT program is competency based, and students must demonstrate competence to meet the Radiography Clinical Competency Requirements listed in the ARRT Radiography Certification Handbook. Competency evaluations must be completed by the clinical preceptor designated by SSRT or a staff ARRT registered Radiologic Technologist. Direct Supervision Standards must be followed on all procedures until testing for competency is complete and the clinical preceptor has submitted the competency evaluation form. Only after successful testing for competency, deemed competent by an ARRT certified and registered technologist, and submission of the competency evaluation form, can a student perform that procedure under Indirect Supervision Standards.

*Regardless of level of competency, students must always be directly supervised during repeated images, surgical and all mobile, including mobile fluoroscopy, procedures.

Evaluation of Student's Overall Clinical Performance

The Evaluation of Student's Clinical Performance form (located at the end of the handbook) is used to evaluate and document the student's overall clinical performance and is completed by the clinical preceptor. The form is designed to identify student strengths and deficiencies. Deficiencies can be appropriately addressed by the student, clinical preceptor, clinical staff, clinical coordinator, program director, and strengths can be reinforced and built upon.

It is the student's responsibility to ensure the form is completed by the clinical preceptor. After the clinical preceptor has submitted the form, the student can view the evaluation and must comment on the evaluation. The comments must be professional, constructive, and indicate a plan for improvement.

An Evaluation score of less than 85% will trigger a cooperative action plan that includes the student, clinical preceptor, and clinical coordinator. The clinical preceptor and clinical coordinator will conduct frequent counseling sessions with the student until areas of concern have adequately improved.

Anecdotal Notes

The Clinical Coordinator will be maintaining anecdotal notes concerning the student's performance during clinical practicum, if needed. These notes are intended to keep accurate documentation of incidences or excerpts of a student's clinical experience.

Forms Completed by the Student

Time Records (Daily)

Radiologic Technology Students must accurately record time during clinical education. Time records will be recorded and maintained by a website-based time keeping system. The student must enter time with the Clock In/Out function using a designated clinical site computer and are strictly prohibited from using any personal device. ACEMAPP records the exact time and GPS location when a student clocks in/out. Recording clinical education time with a personal device, or outside of the assigned imaging department, will constitute falsification of records and may result in program dismissal.

If the student is going to be tardy, absent, or leave early the clinical call in procedure must be followed. See Attendance Policy.

Clocking in late or clocking out early is considered time absent and will follow the Attendance Policy. If a student is with a patient at the end of the day, the student must complete the exam prior to clocking out and should never leave a patient or procedure because of time. Time spent beyond the student's clock out time does not accrue and cannot be used at a later date.

The student must be the only person to clock themselves in or out and they may not clock in/out another student. The student should not let his or her account information be known to anyone. Allowing or asking someone else to clock them in/ out will constitute Falsification of Records.

Daily Log

The daily log of exams allow the student to record their clinical experience, allows the clinical coordinator to analyze the volume and variety of procedures and track constant alignment of the program course content with the corresponding clinical education.

Throughout the clinical day, it is advised that the student record procedures in a Health Insurance Portability and Accountability Act (HIPAA) compliant method and then transfer it to the online platform. The daily log of exams (located at the end of the handbook) should be updated daily; however, it must be updated at minimum weekly.

The student must be able to locate procedures they have performed upon the clinical coordinator's request.

Repeat Examination Log

The student will maintain, and turn in, a hard-copy repeat examination log (located at the end of the handbook) to document compliance with SSRT supervision policy. **The following are required on the Repeat Log:** HIPAA compliant patient ID, examination, reason for the repeat, and the supervising technologist's initials. The technologist that supervised the repeat must physically initial the repeat log. The Repeat Log must be turned in at a date indicated by the clinical coordinator.

Evaluation of Clinical Education Setting (CES), Clinical Preceptor, Clinical Coordinator and Program Director

The student will complete the Clinical Education Setting Evaluation (located at the end of the handbook) at the end of each rotation to provide the SSRT program insight of the clinical experience from a student's point of view and identify areas of improvement.

In addition to the CES evaluation, the students will also evaluate the clinical preceptor, clinical coordinator, and program director (forms located at the end of the handbook). This process allows the student to provide constructive feedback on the staff's performance of effectively instructing, coordinating and evaluating the student's clinical education.

This feedback is anonymous and is used to improve the student's clinical experience and overall program effectiveness. The student is encouraged to be completely candid and honest: however, comments must remain professional and constructive in nature.

Dress Code Policy

All SSRT students are expected to present a professional appearance to maintain a positive public image and /or a professional clinical environment as appropriate. It is expected that students will follow this policy whenever they are at Summa Health. This also includes an expectation of demonstrating good judgment coming to and from clinical assignments as well as classes.

The overall appearance is expected to be functional, conservative, and conducive to safety in the performance of clinical objectives.

The following guidelines apply to BOTH clinical and class settings:

- Students are responsible for maintaining appropriate levels of personal hygiene.
- Aftershaves, colognes or perfumes are strictly prohibited.
- Identification badges are to be worn at collar level so they can be easily visualized as well as being on the outermost layer of clothing. Lanyards are not permitted.
- If the student works as an employee of a health facility, they may not wear SSRT clinical attire or student ID badge.

Clinical Apparel - Program approved scrub sets with embroidered program logo. Layering T-shirts must be black, white or gray and worn underneath scrub top. When students are scheduled in OR rotation, they are expected to wear OR scrubs. OR scrubs are not to be taken home and must be changed into daily. Shoes must be clean and workplace safe and not made out of mesh material. Open-toed shoes, crocs, sandals, high-top tennis shoes are not permitted. Black and white colored shoes are preferred.

In accordance with the Summa Health's policy for utilization of Standard Precautions and in compliance with the OSHA Blood-borne Pathogen Standards, the SSRT program will provide personal protective equipment in the form of either a fluid resistant or impervious gown. Such equipment is available in each department. Scrub clothes are not considered to be personal protective equipment either by Summa Health or the OSHA standards.

Class Apparel - Clothing must be clean and free of rips or stains. Refrain from wearing clothing with offensive or distracting words or imagery. Clothing should cover shoulders, avoid excessive cleavage and have appropriate hemlines. No bottoms that come up any higher than mid-thigh, no undergarments visible.

Articles of clothing that are worn for religious or cultural reasons are permitted as long as they comply with clinical policies.

False eyelashes are not permitted.

Hair should be neat, clean and worn appropriately for position. Extreme hair styles and/or non-natural/ fad colors are not appropriate. For infection control purposes hair shouldn't hang over or come in contact with patients or equipment. Hair length below the neck shall have hair pulled back off the face and tied securely.

Facial Hair - Beards, mustaches and sideburns must be neat and well groomed. Male students who choose not to wear a beard must be clean-shaven without the appearance of stubble. Students who use a tight-fitting respirator are not permitted to have facial hair that interferes with the face piece seal or valve function.

Nails - In accordance with the CDC recommendations, fingernails should be kept well- groomed with the length not to extend greater than 1/4" beyond the fingertip. Clear polish is preferable over colored polish. If polish is worn, it cannot be chipped, cracked or peeling. Artificial fingernails, acrylic extenders, dipped and shellac are not permitted.

Jewelry & Body Piercings - Jewelry should not be excessive in style or amount. Earrings are to be worn only on the ear. Hoops are to be no larger than dime size. No ear plugs/gauges. No jewelry is allowed in other visibly pierced locations including permanent jewelry. Facial jewelry other than earrings or single nose stud is not permitted.

Tattoos may be visible so long as the images or words do not convey violence, discrimination, profanity, sexually explicit content, gang or other group affiliation, extremist philosophy, or depict illegal activities. Tattoos may not be obscene or offensive.
Identification badges are to be worn around the collar so they can be easily visualized as well as being on the outermost layer of clothing. Lanyards are not permitted.

Inappropriate attire will result in a verbal warning the first time and a VIOLATION OF POLICY: WARNING NOTICE (VOP) for each subsequent incident. The student may be sent home to change, if the Clinical Instructor determines it to be necessary.

FireArms Policy

All firearms and other deadly weapons of any kind are strictly prohibited on the premises of Summa Health.

Electronic Use Policy

Cell phone use is strictly prohibited during clinical rotations with the exception of lunch and breaks.

Failure to comply with policy will result in disciplinary action.

Accident or Injury

Students experiencing an accident at a clinical site requiring medical attention should seek treatment at the nearest appropriate institution at the expense of the student, unless otherwise indicated by the clinical setting.

The SSRT Clinical Coordinator should be notified at the earliest time circumstances permit. Required clinical site documentation should be completed, and copies should be submitted to the SSRT Clinical Coordinator as soon as possible.

The injured student must also fill out the SSRT injury form (located at the end of the handbook).

Communicable Diseases

Healthcare personnel must exercise constant vigilance to ensure that the spread of infectious diseases is prevented. SSRT students will be involved in direct patient care and in the preparation of sterile supplies. They have a special obligation to ensure that they are aware of the protective measures for both them and the patients that they come in contact with and follow those guidelines at all times. The mission of providing the best quality healthcare requires that all hospital personnel understand this obligation.

The SSRT program assumes no liability for injury, infection or illness that may occur as a result of classroom or clinical experiences. Any injury, no matter how severe, should be immediately reported to faculty and immediate supervisor in the clinical area. SSRT students may be required to submit a healthcare provider's release allowing the student to return to class/clinical experiences. Any SSRT student that suspects they have been in contact with a person with a communicable disease should report this to faculty and their immediate supervisor in the clinical area. The student will also contact their physician. If the physician deems isolation or quarantine is needed, the student will be sent home. Isolation or quarantine measures will be addressed individually per case and as recommended by their private physician and under the advice of the Ohio Department of Health. Students are responsible for their own health costs.

Student Communicable Disease Exposures:

If a student experiences communicable disease exposure (i.e. Pertussis, Neisseria meningitidis, TB, etc.) during their participation in the SSRT Program or Clinical Experience at Summa Health, the process below will be followed.

1. When a communicable disease exposure is identified at a Summa Health facility by the Summa Infection Prevention Team, they will notify parties involved in patients' care of the exposure, departments involved, and dates of exposure.
2. The SSRT's Clinical Coordinator will review and determine what students may have been involved in the exposure and when.

3. The exposed students will then be notified by the SSRT's Clinical Coordinator.
4. The student will follow the procedure according to the assigned CES.
5. The student should then reach out to their healthcare provider for assistance with treatment or follow-up needed for the exposure.

Health Insurance

Neither SSRT nor the clinical affiliates assume responsibility for medical expenses that may be charged to the SSRT student for incidents occurring during their clinical experience. Therefore, the students are urged to **purchase and maintain personal health insurance**.

If a student already have a policy, they are urged to check the details of coverage. If an injury occurs while the student is participating in clinical education, the emergency room facilities will be made available to the student.

However, the student will be billed for services rendered.

Student Recreation and Wellness Services provides affordable treatment for acute injury and illness, women's health and mental health concerns.

For more information see, Student Health Services: Applicable Fees: The University of Akron, Ohio.

Professional Liability Insurance *Due to direct patient contact, the Summa Health professional liability insurance which provides* coverage to students only while you are assigned to the clinical site in a student capacity.

Cardiopulmonary Resuscitation (CPR)

Students will be learning in the clinical environment and radiographing patients who are in critical condition or have sustained life-threatening injuries. Knowledge of resuscitation techniques is imperative.

All accepted SSRT students and alternates will receive CPR training during orientation if they don't already have certification.

It is the student's responsibility to keep certification current for the duration of their education.

Drug Screening

Radiologic technology students are subject to drug screenings at any time throughout the duration of the program per the request of clinical affiliates or authorized Summa Health program representatives. Failure to cooperate, tampering with the test or process, and/or a positive drug screen documenting illegal drug use will result in dismissal from the program. Students may be responsible for associated fees.

The SSRT program policy prohibits all students from unlawful manufacture, distribution, dispensing, possession, or use of alcohol or controlled substance while on the grounds of the clinical sites or the academic campus.

Reporting for class or clinicals while under the influence of alcohol, prescription or illegal drugs, or narcotics, or other chemical, or in a physical condition making it unsafe to practice clinically or participate as a student is unacceptable.

The abuse of drugs or alcohol is unsafe for faculty students and patients. The student is required to complete drug screening test at a facility designated by the program.

All test results, positive or negative, will be sent to the appropriate program administrator.

In the event of a positive test result, students will not be permitted into clinical settings.

If any student demonstrates an impaired ability to perform job duties, is suspected of alcohol or drug abuse, or is suspected of violating this policy, they will be removed from the classroom or clinical area.

The student will be immediately required to submit to a medical evaluation and/or a drug or alcohol screening. If any detectable level of alcohol/drugs not accountable for by prescription, is discovered the student will be required to submit to complete a treatment program for rehabilitation to remain in the program.

If the student refuses to obtain treatment, they may either withdraw or fail the course. The medical examination may be requested by program faculty.

Falsification of Records

Integrity and transparency are paramount in any medical profession. Falsification of any records, clinical/programmatic and/or electronic/hard copy, may lead to immediate dismissal from the program.

Disciplinary Action Process

SSRT students are expected and required to conduct themselves in a professional manner at all times.

- **A verbal warning notice** as the first step of the probation process of unsatisfactory performance. Documentation must be signed by both parties (forms located at the end of the handbook).
- **A written warning notice** (Student Conduct/Violation of Policy: Warning Notice) is the second step of the probation process. These notices will be issued soon after the problem is identified. (forms located at the end of the handbook).

Progressive violations will warrant immediate removal from the program. Failure to improve behavior following a written warning will result in removal from the program.

The criteria for receiving a warning notice include but are not limited to:

- Unsafe clinical practice
- Errors in recording pertinent clinical data
- Failure to safely adopt basic patient care skills in actual patient care situations resulting in actual or potential patient harm.
- Failure to demonstrate sound judgment relative to the student's degree of radiography curriculum completion.
- Unsafe or inappropriate diagnostic service to the patient.
- Failure to follow universal precautions or blood-borne pathogens processes.
- Failure to establish effective working relationships with clinical site team members in providing patient services.
- Failure to establish effective relationships with patients.
- Violation of the ARRT (www.arrt.org) codes of ethics.
- Evidence that a student is under the influence of alcohol or an illegal drug while at a clinical site. The student will be removed from the clinical site immediately. If there is reason to believe that a student is under the influence of drugs and/or alcohol, they will be required to undergo drug and/or alcohol testing immediately. If the student refuses to submit to a test or the student's test returns a positive result, the student will be immediately removed from the program.
- Excessive tardiness.
- Dress code violations.

- Unethical behavior, i.e., lying, cheating, stealing, etc.
- Repeated failure to submit required written work in the clinical area or repeated lateness in submitting work.
- Failure to meet the clinical guidelines and competency levels of the SSRT program.
- Failure to comply with the Student Code of Conduct Student Handbook.
- Failure to comply with HIPAA laws.
- Failure to comply with Electronic Use Policy.

Student's Reply to the Student Conduct/VOP: Warning Notice

The student is required to reply to the warning notice within one week, using the Student Violation of Policy Reply (form located at the end of the handbook).

The student's reply must show evidence of problem solving regarding the identified unsatisfactory behaviors.

The reply must include the following:
- Student's perception of the problem
- Awareness of the seriousness of the warning notice
- Methods that will be utilized to correct the problem

Resolution of the Student Conduct/VOP: Warning Notice

At the end of the established probationary period, the student and the instructor will again have a conference to discuss the effectiveness of the corrective action taken.

If the student has progressed to another clinical area during this time, the student will be evaluated by both the instructor who issued the Student Conduct/Violation of Policy: Warning Notice and the current instructor.

1. If the student shows satisfactory improvement, the warning notice will be resolved. A written evaluation of the student's progress will be submitted, signed and dated by both the instructor(s) and the student. This will remain on file until the student graduates. Copies go to the Program Director, clinical instructor and the student.
2. If the behavior that originally elicited the warning notice reoccurs, the student will automatically fail the clinical portion of that course, thus fail the course and be dismissed from the SSRT program.
3. If the student does not show satisfactory improvement after receiving a warning notice, the recommendations of the issuing instructor will be followed.

Changes in Clinical Schedule Due to a Student Conduct/VOP: Warning Notice if Warranted

When issued a Violation of Policy: Warning Notice, students:
1. Will not progress to any clinical area where the notified problems cannot be evaluated until the warning notice has been resolved, unless otherwise specified by the instructor.
2. Will have their schedule arranged, if possible, by the instructor in consultation with the Program Director to prevent loss of academic time.
3. Will be held back in their program by the Program Director if the schedule rearrangement is not possible.

Personal Problem Solving

If any SSRT student is having difficulties maintaining the program course work, personal conflicts, or complaints regarding the program, the following individuals may be contacted to assist the student:

Program Director ..... Sherri Cole Ph.D. MBA, RT(R)(M) (ARRT) **234.475.0099**
Clinical Coordinator ..... Kelsey Adair B.S.R.T. (R) **234.475.0240**

Specific lecture or lab issues will be first brought to the attention of the instructor teaching the class.

Informal Complaint Procedure

The Summa Health Radiologic Technology program makes a conscious and continuous effort to provide an exceptional learning experience. To assist in providing the best experience possible, we encourage you to bring "complaints" or items of potential improvement to our attention.

This process is designed for those items that fall short of the formal grievance procedure. However, they will be taken seriously, analyzed to determine if a pattern of complaint exists that could negatively affect the quality of the educational program, and acted upon when appropriate. To ensure the most accurate and complete collection of complaints, an Informal Complaint Form is attached to the back of this handbook. When completing this form, you may choose to remain anonymous; however, please provide enough detail so that we can best address your concerns.

After completing the form, please direct it to the program director by scheduling an appointment, email, standard mail, or it can be anonymously submitted to the SSRT program director.

Grievance and Appeals Policy

The program grants a student the ability to file grievances and appeals for program specific issues regarding, but not limited to, any violation, misinterpretation or inequitable application of any existing policy, procedure or regulation. The steps below must be followed for all appeals:

1. The student must first attempt to informally resolve the issue with the party or parties involved within five business days of the occurrence.
2. Formal Grievance Process: If the issue is not resolved through informal discussions or the student feels uncomfortable pursuing informal resolution, the following formal grievance process should be followed:

Step 1: Submit Written Grievance

- The student must submit a Grievances and Appeal form located in the back of the SSRT Student Handbook, clearly outlining the issue, the steps taken to resolve it informally, and the desired outcome. This written grievance should be submitted to the Program Director.

Step 2: Program Director Review

- The Program Director will review the grievance and meet with the student to discuss the issue in more detail. The Program Director may also consult with other faculty, staff, or clinical site supervisors as necessary. A decision will be provided in writing within ten (10) business days.

Step 3: Appeal Process

- If the student is not satisfied with the Program Director's decision, they may escalate the grievance to the SSRT Grievance Committee.

Note: The decision of the Advisory Board is final.

Radiation Safety

Radiation Safety / Dosimetry Badges

Students must demonstrate competency in radiation safety during the first semester of the SSRT program. Students are not allowed to expose themselves or fellow students to ionizing radiation while in the positioning lab or at the clinical sites. Students not following radiation safety guidelines for themselves, fellow radiographers, classmates, patients and the public will receive counseling and be issued a verbal warning. Any further violations will result in an escalation of the normal disciplinary process.

All students enrolled in the SSRT program will be issued dosimetry badges. Dosimetry badge exposure records will be in the possession of the Clinical Coordinator/Program Director. Each quarterly report is available for each student. Upon review of their exposure record each student must initial their exposure record on the report.

Occupational Exposure both at the SSRT program and Summa Health endorse the ALARA (As Low As Reasonably Achievable) philosophy. The intent of the program is to keep radiation dose to the patients, students and radiographers as low as possible. Students must observe the guidelines given for radiation protection and are required to wear a dosimeter during clinical education.

- Dosimetry badges are changed on a quarterly basis. The student is responsible for exchanging badges with the clinical coordinator on a timely basis. Badges must be returned at the completion of training, and this includes badges which the student may have replaced.
- Clinical dosimetry badges will be worn by student radiographers when in the clinical setting. Clinical dosimetry badges will be worn on the collar. If lead aprons are worn, the dosimetry badge MUST be positioned outside the lead apron with the front side of the badge facing outward. Failure to wear a badge will result in the issuance of a Violation of Policy: Warning Notice and an unexcused absence (students will be dismissed from the day's activities).
- Specific lab dosimetry badges will be provided for each student. These badges will remain in the laboratory in a designated location. Students will be responsible for picking up the badge, wearing it, and returning it to the designated laboratory location. Students will not be allowed to participate in lab without a laboratory dosimetry badge. Failure to wear the assigned dosimetry badge will result in the issuance of a Violation of Policy: Warning Notice.

If a student's dosimeter reading exceeds 2.5 mSv quarterly, the following actions will be taken:

- An "Investigation of Radiation Exposure" form is forwarded to the student by the Clinical Coordinator and is discussed with the Radiation Safety Officer at the student's assigned clinical site upon completion. This investigation is to be completed within thirty (30) days of receiving the radiation exposure report from the dosimetry company.
- The student will meet with the Program Coordinator and Clinical Coordinator to discuss the findings of the investigative report.
- A written plan to reduce exposure will be made and copies will be forwarded to the student, Clinical Coordinator, Program Coordinator, and the clinical site's radiation safety committee.
- The student will receive additional instruction on radiation safety and protection.

Any student who exceeds the maximum permissible dose of 2.5 mSv quarterly, will be restricted from the following clinical activities: participation in special procedures, fluoroscopy, surgery and mobile radiography for a period of one month.

Exceeding the maximum dose limits twice during training will result in dismissal from the program.

State and Federal Safety Law Compliance

The Joint Commission (TJC) and the State of Ohio recognize the clinical affiliates. The program expects the students to follow the radiation safety and safety policies as set forth by the program and its clinical affiliates. The program is responsible for assuring the clinical affiliates comply with the Federal and State agencies. The Program Coordinator will ask the clinical affiliates to submit current compliance letters when the filed documents expire.

Students will not hold image receptors during any radiographic procedure and **will not hold patients** during any radiographic procedure - an immobilization method is the appropriate standard of care. Students found holding image receptors or holding patients will receive a Violation of Policy (VOP).

During fluoroscopy, mobile radiography and other examinations where student radiographers may become exposed to secondary or scatter radiation, the student is required to wear a lead apron (.5 mm Pb eq.).

SSRT students must step out of the fluoroscopy exam once the timer exceeds 10 minutes. Students can then observe the study from the console. Students can re-enter the room once the fluoroscopy exposures are finished for the exam.

Program X-Ray Radiation Safety Policies And Lab Rules

- Students using the program's energized laboratory must be under the supervision of a qualified radiographer in the lab.
- The X-ray rooms and/or portable X-ray unit will not be turned on without an instructor present.
- X-ray room generator switches will be in the off position when the X-ray rooms are not in use.
- The portable X-ray unit's power switch will be in off position when not in use and are plugged into the wall.
- Under no circumstances will students or faculty make exposures on each other while in the X-ray rooms or while using the portable X-ray unit.
- Exposures will be taken on phantoms only.
- Everyone must be behind the lead lined glass or 6 feet from the portable X-ray unit during exposures.
- Doors must be closed prior to any exposure in the X-ray rooms or in using the portable X-ray unit.
- If you suspect that you have been inappropriately exposed to ionizing radiation, submit a written report of the incident to the Program Director.
- Report any equipment malfunctions or unsafe conditions to an instructor.
- Do not move phantoms alone or without the instructor's knowledge.
- X-ray rooms and the portable X-ray units must be cleaned and organized by students at the end of each lab session.
- The digital image receptors must be properly turned off and placed in the resting locations while not being used.
- Careless or repeated actions that jeopardize safety of individuals or that harm equipment (including but not limited to X-ray equipment and phantoms) may result in disciplinary action up to and including dismissal from the program.

MRI Safety Information

Students are required to go through MRI safety training prior to rotating through this modality. This comprehensive safety training is presented in class. Students will each fill out a screening form (located at the end of the handbook) that will be kept in the students' files and reviewed by MRI Department personnel to ensure the safety of the student during their rotation. Students are required to notify the program if the status of any information pertaining to the screening form changes. In the event that it is deemed unsafe for a student to enter the MRI scan room for a medical reason, an alternative assignment will be offered to the student.

Some examples of items that may pose a health hazard to personnel in the MRI area:

- Pacemaker or defibrillator
- Neurostimulator system
- Brain or aneurysm clips
- Hearing aids/ear implants
- Metallic implants
- Dentures or dental implants
- Vascular access port
- Artificial joints or limbs
- Implanted/infusion/insulin pump
- Medication patches with foil
- Permanent makeup or tattoos

When rotating through MRI, it is vital that students remove any metallic objects from their person before entering the MRI Department.

Examples of items that will need to be removed are as follows:
- Electronic devices such as cell phones, tablets, laptops and smart watches
- Wallets that include coins, money clips or cards with magnetic strips
- Hearing aids
- Metallic jewelry, watches, hair clips or pins
- Pens, paper clips, keys
- Articles of clothing with zippers, buttons, snaps, hooks, etc.

Attendance Policy

Successful completion of the educational programs at Summa Health requires a significant commitment of time for class work and outside study each day. Attendance is always required, as only complete attendance in all coursework will enable a student to benefit fully from instructors' identification of subject matter relevance, classroom information and discussion extending beyond the scope of course texts, laboratory exercises, and practical clinical experiences.

The SSRT attendance policy is a "no fault" policy, which means students will accrue "occurrences" for unscheduled absences and tardies regardless of the reason (except in cases of protected or scheduled and approved absences). To eliminate fault as a basis for determining whether an absence or tardiness is excused or unexcused, this no-fault system is established:

Corrective action for attendance issues will generally be progressive and based on a rolling 12-month period. Although occurrences will roll-off a student's record after twelve (12) months, the Program Director reserves the right to consider excessive or patterned absences, lateness and/or early departures over the course of a student's attendance and determine whether accelerated corrective action, up to and including termination from the program, is warranted.

Clinical and class corrective action process will fall under the following occurrence system:

Corrective action will generally be administered as follows:
- **Verbal Coaching Session: Total of four (4) occurrences.**
- **Written Corrective Action: Total of six (6) occurrences.**
- **Final Warning Corrective Action: Total of seven (7) occurrences.**
- **Termination of Education: Total of eight (8) occurrences.**

Unscheduled absence - Student will be issued one (1) occurrence for each unscheduled absence.

Exception - Unscheduled absences of one or more scheduled consecutive shifts will be treated as one occurrence if due to a student's extended illness or the extended illness of the student's child. For absences beyond three scheduled consecutive shifts, the student should request a Leave of Absence (form located at the end of the handbook). Program Director may request with HR approval that student provide a doctor's note upon their return to work to substantiate the need for the extended absence. Students who falsify the reason for their consecutive absences to fall within this exception will receive corrective action, up to and including program dismissal.

Tardy Students - will be issued one-half (1/2) occurrence for each tardy. To follow Summa's attendance policy for employees, a tardy is considered 6 minutes past start time. For example, the start time is 8:00, if a student clocks in at 8:06 or any time after they are considered tardy.

Failure to record clinical time (missed punches) - Students who negligently fail to clock in/out or inaccurately record clinical hours two or more times in a semester, or in consecutive pay periods, will be issued one occurrence.

Under no circumstances, should a student clock in or out for another student. This is considered fraud and both students will be held accountable.

Students who fraudulently record clinical time or have a pattern of failing to properly record clinical time may be subject to accelerated corrective action, up to and including termination.

No-call / No-show - A single "No- Call/No-Show" could result in a Final Warning Corrective Action. If a student fails to report to clinical for two consecutive scheduled shifts without timely notification, Program Director may consider the student to have voluntarily resigned their position without notice. Two non-consecutive "No-Call/No-Show" incidents within twelve (12) months could result in immediate termination of the program.

Employment of SSRT Students

1. All students have the privilege to obtain any type of employment while enrolled in the Radiologic Technology Program. It is recommended that students accepting employment allocate adequate time for academic responsibilities.
2. Students who accept employment at a clinical site cannot be scheduled as an employee during the same time as normally scheduled clinical assignments. It is the responsibility of the student to avoid conflicts in scheduling. A student may NOT be paid or viewed as employee while scheduled in the clinical area as a student. The student is responsible for assuring that this does not happen. If this occurs, the student may be immediately dismissed from the program.
3. A student who is working as an employee is NOT eligible for competencies evaluations. In the event that this occurs, the student may be immediately dismissed from the program.
4. A student who is working as an employee may NOT utilize the SSRT radiation badge. This is to be worn when assigned to the clinical area as a student only.

Leave of Absence

A leave of absence from the SSRT program may be considered when a student is absent greater than 3 clinical days or 3 class/lab days within a semester. A leave of absence may include, but is not limited to emergency medical reasons, pregnancy, jury duty or military leave. The student is required to notify the program director of the leave of absence prior to the expected leave and submit a request (form located at the end of the handbook). Requests must be submitted at least 1 week in advance.

Each leave of absence will be handled on a case-by-case basis and clinical hours/assignments will be made up at the discretion of the program director; however, some absences may result in the inability of the student to progress in the respective program. In this event, the student must follow the readmission policy.

Pregnancy Policy

Declared Pregnancy Policy - It is the philosophy of the SSRT program to provide all students a safe environment for clinical experience and training. Furthermore, students that are diagnosed pregnant are assigned and monitored in an environment that should be within the regulations on Prenatal Radiation Exposure that are set out by the U.S. Nuclear Regulatory Commission.

In compliance with Nuclear Regulatory Commission Regulations regarding the declared pregnant student, female students have the option of whether to inform program officials of pregnancy. A student who declares pregnancy will submit the Pregnancy Declaration form to the program director (form located at the end of the handbook).

A student who declares pregnancy can choose one of the following options for completing the SSRT program. At any time, the student may change from one option to another at any time during the

pregnancy if all program objectives, courses and competencies are completed and is in writing to the program director.

Option 1 - Continuing the training without modification or interruption. This option means that the student would agree to attend and complete all classes, clinical assignments, and competencies in a manner consistent with peers within the guidelines set forth by the SSRT staff. The student will also have to purchase a fetal dosimeter to monitor radiation exposure to the fetus. Dosimeter shall be worn at waist level underneath lead and will be exchanged monthly until pregnancy term is complete.

Option 2 - Continuing the training with modification of clinical assignments. This option means the student would have the choice to delay clinical assignments and/or competencies in areas, such as fluoroscopy, portables and surgery. The student will have to purchase a fetal dosimeter to monitor radiation exposure to the fetus. Dosimeter shall be worn at waist level underneath lead and will be exchanged monthly until pregnancy term is complete. Even though every effort would be made for the student to accomplish the clinical assignments and/or competencies during the clinical portion of the program, to accomplish this successfully the training may need to be extended.

Option 3 - If there is space in the next class, the student may withdraw from the program for a one-year leave of absence from class and the clinical setting and then come back into the program at the beginning of the same semester, same place where the student stopped out. The student would become a member of the subsequent class.

The student will also be required to follow the National Council on Radiation Protection and measurement (NCRP) dose limits for the embryo and fetus in occupational exposed women, which is no more than 0.5 rem (5.0 mSv) during the entire gestational period and no more than 0.05 rem (0.5 mSv) in any month, both with respect to the fetus. It is the policy of the program to instruct all students on radiation protection procedures with respect to the embryo/fetus.

Withdrawal of Declaration Pregnancy Policy - If a student decides to reverse their pregnancy status and UN-declare pregnancy, they can submit a form to the program director (form located at the end of the handbook). When submitted, the student's un-declaration of pregnancy reverts status to the same rights and expectations as existed prior to when pregnancy was declared.

Visit the following website for information and links concerning embryo/fetus irradiation and monitoring: https://www.nrc.gov/reading-rm/doc-collections/cfr/part020/full-text.html

Clinical Absence Procedure

If a student will be absent, tardy or need to leave early:

- The student must inform the clinical preceptor and clinical coordinator/program director at least 30 minutes prior to occurrence.
- Make note in ACEMAPP with explanation.
- Students will have to make up clinical time that is outside the two days designated for student time off. Any additional missed time will be made up during finals week and seasonal breaks.

In addition to the occurrence system, students will be penalized by reduction of grade in the event of excessive absences as follows:

1-2 Occurrences- 0 points off final clinical grade
3 Occurrences- 5 points off final clinical grade
4 Occurrences- 10 points off final clinical grade
5 Occurrences- 15 points off final clinical grade
6 Occurrences- 20 points off final clinical grade
7 Occurrences or more- 25 points off final clinical grade

Because attendance issues are often correlated with other workplace problems, corrective action for attendance may be combined and accelerated with corrective action related to other student deficiencies (behavior, performance, etc.).

Course credit will be given only if the student is present at least 90 percent of the time and completes all course requirements with a passing grade. Should absences exceed 10 percent of scheduled course time, the student will fail the course with a grade of "XF." In cases where a student is awarded an "XF" due to absences resulting from extenuating circumstances, a written appeal may be submitted to the program director and must follow the appeals policy outlined in the program handbook.

Should a student's absences exceed 20%, the "XF" may not be appealed.

Inclement Weather Policy

Inclement weather may result in hazardous road conditions. As a result, each student should make safety their first priority and use their own judgment in reaching Summa Health and/or their assigned clinical site.

- If the University is closed due to weather conditions, students will not attend classes or clinical for the duration of the campus closing.
- Time missed due to official campus closings will not contribute to the attendance policy.
- Class and/or clinical make-up day(s) may be scheduled at the instructor, clinical coordinator or program director's discretion.
- Scheduled class and/or clinical make-up day(s) will be subject to the attendance policy in the same manner as a regularly scheduled class/ clinical period.
- If the University of Akron is closed, the clinical coordinator will contact the clinical sites.

Forms

Orientation Checklist

Student Name: _____ Date: _____

Clinical Site: _____

Clinical Preceptor will review all the following items:

- Parking and appropriate entrances
- Storage for personal items-coats, bookbags, dosimeters
- Computer access for punching in/out
- General clinical site information: history, bed capacity
- Introductions to staff
- Safety procedures: Response to codes, fire regulations, security, disaster plan, infection control guidelines, and standard precautions
- Contact information and process for calling off, tardy, or reporting incidents
- Orientation to department: patient transportation, imaging protocols, equipment operation, order requisitions
- Ancillary equipment and supplies: sponges, grids, tape, contrast media, lead aprons, crash carts, linens
- Clean supply
- Student information: access to forms and clinical schedule
- Clinical site tour: office, outpatient area, offices, ER, OR, ICU, cafeteria, other ancillary departments
- PACS process

Student Signature: _____

Clinical Preceptor Signature: _____

X-Ray Room Orientation Checklist

Student Name: _____ Date: _____

Clinical Site: _____

Form completed by clinical preceptor Students should be able to demonstrate the following:		Task Complete
In the room:		
1	Locate linens	
2	Locate immobilization devices	
3	Locate radiation protection	
4	Supplies	
5	Demonstrates movement of X-ray tube both manual and automatic if applicable	
6	Float Table	
7	Raise and lower table	
8	Can properly align X-ray tube with upright and table buckys (40" & 72")	
9	Identify measuring tape	
10	Demonstrate collimation	
11	Add 15 deg cranial/caudal angles align with bucky and measures SID	
12	Locate immobilization devices	
13	Set the IR and X-ray tube up for a horizontal beam lateral	
At the control panel:		
1	Set up for a PA chest	
2	Locate AEC cells	
3	Adjust/set technique	
4	Select wall bucky, table bucky, table top	
5	Make an exposure with no one in the room	

Student Signature: _____

Clinical Preceptor Signature: _____

Portable X-Ray Unit Orientation Checklist

Student Name: _____ Date: _____

Clinical Site: _____

Form completed by clinical preceptor Students should be able to demonstrate the following:		Task Complete
1	Locate storage areas for all portable X-ray units	
2	Plug and unplug portable safely	
3	Identify radiation protection	
4	Locate image receptor	
5	Locate grid	
6	Locate exposure switch	
7	Locate battery charger	
8	Drive the portable without difficulty	
9	Unlock tube head and move it around in different directions	
10	Successfully logs into portable	
11	Open worklist	
12	Select test study	
13	Can adjust technique	
14	Apply collimation	
15	Ensure self and surrounding people are at least six feet away from source	
16	Informed personnel of intent to initiate exposure	
17	Take exposure	

Student Signature: _____

Clinical Preceptor Signature: _____

C-Arm Orientation Checklist

Student Name: _____ Date: _____

Clinical Site: _____

Locate/Operate		Completed	N/A
Steering mechanisms/locks			
Connect C-arm to monitors			
Power button			
Enter patient and study information			
Recall Study			
Exposure buttons			
Technical factors (kVp and mAs)			
Low Dose			
Pulse			
Contrast & brightness on monitor			
Collimation			
Image orientation			
C-Arm movements			
Height			
Horizontal			
Telescope			
Tilt			
Oblique			
Wag			
Fluoro timer reset			
Image save			
Move image to other screen			
Recall Image			
Review images			
Printing			
Send to PACS			
C-arm Storage			
Only expose when physician orders			
Ensure staff is wearing radiation protection			

Student Signature: _____

Evaluator Signature: _____

Flouroscopy Room Orientation Checklist

Student Name: _____ Date: _____

Clinical Site: _____

Form completed by clinical preceptor Students should be able to demonstrate the following:		**Task Complete**
In the room:		
1	Locate contrast	
2	Locate linens	
3	Locate immobilization devices	
4	Locate radiation protection	
5	Supplies	
At the table:		
1	Remove and apply foot board	
2	Stand/lay table down	
3	Raise/lower table	
4	Tube movement superior/inferior	
5	Apply tube angle cranial/caudal	
6	Move table	
7	Change SID	
8	Apply collimation	
At the panel:		
1	Stand/lay table down	
2	Select study	
3	Apply collimation	
4	Modify Technique	
5	Make an exposure when no one is in the room	

Student Signature: _____

Clinical Preceptor Signature: _____

Clinical Competency Documentation Derived From AART Requirements

Imaging Procedures – 36 Mandatory & 15 Elective Required / 10 Simulations Allowed

Bold and Underlined = Eligible for Simulation

(*= Trauma requires modifications in positioning due to injury with monitoring of patient's condition)

Imaging Procedures	Mandatory or Elective	Patient or Simulation	Date Completed	Verified By
Chest and Thorax				
Chest Routine	M			
Chest AP (Wheelchair or Stretcher)	M			
Ribs	**M**			
Chest Lateral Decubitus	**E**			
Sternum	**E**			
Upper Airway (Soft-Tissue Neck)	**E**			
Sternoclavicular Joints	**E**			
Upper Extremity				
Thumb or Finger	**M**			
Hand	M			
Wrist	M			
Forearm	M			
Elbow	M			
Humerus	**M**			
Shoulder	M			
Clavicle	**M**			
Scapula	**E**			
AC Joints	**E**			
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*	M			
Trauma Upper Extremity, (Non-Shoulder)*	M			
Lower Extremity				
Toes	**E**			
Foot	M			
Ankle	M			
Knee	M			
Tibia-Fibula	**M**			
Femur	**M**			
Trauma: Lower Extremity*	M			
Patella	**E**			
Calcaneus (Os Calcis)	**E**			
Spine and Pelvis				
Cervical Spine	M			
Thoracic Spine	**M**			
Lumbosacral Spine	M			
Cross-Table (Horizontal Beam) (Lateral Spine Patient Recumbent)	**M**			
Pelvis	M			
Hip	M			
Cross-Table (Horizontal Beam) (Lateral Hip Patient Recumbent)	**M**			
Sacrum and/or Coccyx	**E**			
Scoliosis Series	**E**			
Sacroiliac Joints	**E**			

Clinical Competency Documentation Derived From AART Requirements

Imaging Procedures – 36 Mandatory & 15 Elective Required / 10 Simulations Allowed

Bold and Underlined = Eligible for Simulation

(*= Trauma requires modifications in positioning due to injury with monitoring of patient's condition)

Imaging Procedures	Mandatory or Elective	Patient or Simulation	Date Completed	Verified By
Head				
Skull	**E**			
Facial Bones	**E**			
Mandible	**E**			
Temporomandibular Joints (TMJ's)	**E**			
Nasal Bones	**E**			
Orbits	**E**			
Paranasal Sinuses	**E**			
Abdomen				
Abdomen Supine	M			
Abdomen Upright	**M**			
Abdomen Decubitus	**E**			
Intravenous Urography	E			
Fluoroscopy Studies - Candidates must select two procedures from this section and perform per site protocol				
Upper GI Series, Single or Double Contrast	E			
Contrast Enema, Single or Double Contrast	E			
Small Bowel Series	E			
Esophagus (NOT Swallowing Disfunction Study)	E			
Cystography/Cystourethrography	E			
ERCP	E			
Myelography	E			
Arthrography	E			
Hysterosalpingography	E			
Mobile C-Arm Studies				
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	**M**			
Surgical C-Arm Procedure (Requiring Manipulation Around Sterile Field)	**M**			
Mobile Radiographic Studies				
Chest	M			
Abdomen	M			
Upper or Lower Extremity	M			
Pediatrics (Age 6 or Younger)				
Chest Routine	**M**			
Upper or Lower Extremity	**E**			
Abdomen	**E**			
Mobile Study	**E**			
Geriatric Patient (At least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)				
Chest Routine	M			
Upper or Lower Extremity	M			
Hip or Spine	E			

Competency Evaluation Form

Student Name: _____ Date: _____ Exam: _____

Accession Number: _____ Actual/Simulation Mandatory/Elective
Pediatric: (6 and younger) Geriatric: (65 and older)

Part 1: 50 Points Total *=Automatic Failure if not Completed		5-Met Expectations	3-Required Prompting	0-Failed
1	Properly prepares room with all supplies and equipment and reviews Physician order			
2	Properly identifies and prepares patient for exam*			
3	Obtains history from patient including pregnancy status			
4	Communicates effectively with patient and staff			
5	Student selects patient name, procedure information, technical factors **prior** to positioning patient*			
6	Utilizes critical thinking skills			
7	Utilizes gonadal shielding as appropriate			
8	Completes exam in appropriate time frame based on student's competency level			
9	Correctly orients and annotates images			
10	Provides post exam intructions and cleans room			

Total:

Part 2: 5-Met Expectations, 3-Required Prompting, 0-Failed Total Varies with Number of Positions			Positions				
1	Collimates to area of interest						
2	Places marker within light field prior to exposure on appropriate side without obscuring anatomy						
3	Correctly positions anatomy						
4	Correct central ray with anatomy						
5	Correct central ray with image receptor						
6	Proper SID/tube angle						
7	Appropriate breathing instructions						
8	Image critique: Specify 3 anatomic areas visualized on images						
9	Repeats: 1=3 points, more than 1=0 points						
10	Technique	kVp:					
		mAs:					
		Technique Score:					
		Total:					

85% and above is considered passing

Final Total:

Student Signature: _____

Evaluator Signature: _____

Spot Check Evaluation

Student Name: _____ Date: _____ Exam: _____

Actual/Simulation Mandatory/Elective

Part 1: 50 Points Total *=Automatic Failure if not Completed		5-Met Expectations	3-Required Prompting	0-Failed
1	Properly prepares room with all supplies and equipment and reviews Physician order			
2	Properly identifies and prepares patient for exam*			
3	Obtains history from patient including pregnancy status			
4	Communicates effectively with patient and staff			
5	Student selects patient name, procedure information, technical factors **prior** to positioning patient*			
6	Utilizes critical thinking skills			
7	Utilizes gonadal shielding as appropriate			
8	Completes exam in appropriate time frame based on student's competency level			
9	Correctly orients and annotates images			
10	Provides post exam intructions and cleans room			

Total:

Part 2: 5-Met Expectations, 3-Required Prompting, 0-Failed Total Varies with Number of Positions			Positions				
1	Collimates to area of interest						
2	Places marker within light field prior to exposure on appropriate side without obscuring anatomy						
3	Correctly positions anatomy						
4	Correct central ray with anatomy						
5	Correct central ray with image receptor						
6	Proper SID/tube angle						
7	Appropriate breathing instructions						
8	Image critique: Specify 3 anatomic areas visualized on images						
9	Repeats: 1=3 points, more than 1=0 points						
10	Technique	kVp:					
		mAs:					
		Technique Score:					
		Total:					

85% and above is considered passing

Final Total:

Student Signature: _____

Evaluator Signature: _____

C-Arm Competency Evaluation Form

Student Name: _____ Date: _____

Accession Number: _____ Exam: _____

Plane: Single/Double Clinical Site: _____

Scoring: 5-Tasks completed without prompting, 3-Minimal prompting, 0-Could not complete after prompting			5	3	0
1	Successfully locates and drives C-arm into OR suite				
2	Places C-arm on correct side for case				
3	Demonstrates appropriate steps for plugging in the C-arm				
4	Turns on C-arm and enters patient and study information				
5	Ensures OR staff has proper radiation protection				
6	Does not contaminate sterile field				
7	Positions monitor correctly for physician				
8	Selects correct features for case (cine loop, frames/second, subtraction)				
9	Successfully maniplulates C-arm per physician's request				
10	Informs OR staff before exposure				
11	Able to explain settings in exposure factors (regular, low dose, pulse)				
12	Readjusts image orientation if needed				
13	Can successfully save, image swap, apply magnification, adjust contrast/brightness per physicians request				
14	Play cine or retrieves saved images for physician				
15	Print images/Sends selected images to PACS				
16	Document fluoro time				
17	Disinfect C-arm after procedure				
18	Turns off C-arm and safely unplugs cords				
19	Returns equipment to proper storage area				
20	Exhibits professionalism throughout procedure				
	85% and above is considered a passing grade	**Total Points:**	**/100**		

Student Signature: _____

Evaluator Signature: _____

Fluoroscopy Competency Evaluation

Student Name: _____ Date: _____ Exam: _____

Accession Number: _____ Dose: _____ Fl Time: _____

Part 1: 75 Points Total *=Automatic Failure if not Completed		5-Met Expectations	3-Required Prompting	0-Failed
1	Reviews order and understands exam including special instructions			
2	Prepares room for exam: table postition, foot board, monitors, supplies			
3	Prepares contrast correctly			
4	Correctly selects patient from worklist and exam*			
5	Properly identifies patient and introduces self*			
6	Confirms order with patient and obtains accurate history including pregnancy status and prep			
7	Thoroughly explains procedure to patient and answers questions			
8	Patient is properly changed for exam and drape for modesty			
9	Ensures self and personel has appropriate radiation protection			
10	Provides quality patient care throughout exam			
11	Communicates effectively with patient, R.T. and Radiologist/R.A.			
12	Manuevers equipment efficiently, aware of radiation source and personal dose			
13	Complies with Standard Precautions Policy			
14	Provides patient with post procedural instructions			
15	Demonstrates self-confidence appropriate for skill level			

Total:

Part 2: 5-Met Expectations, 3-Required Prompting, 0-Failed Total Varies with Number of Positions			Positions				
1	Collimates to area of interest						
2	Places marker within light field prior to exposure on appropriate side without obscuring anatomy						
3	Correctly positions anatomy						
4	Correct central ray with anatomy						
5	Correct central ray with image receptor						
6	Proper SID/tube angle						
7	Appropriate breathing instructions						
8	Image critique: Specify 3 anatomic areas visualized on images						
9	Repeats: 1=3 points, more than 1=0 points						
10	Technique	kVp:					
		mAs:					
		Technique Score:					
		Total:					

85% and above is considered passing

If at a clinical site that the Radiologist/R.A. makes majority of exposures, students must identify positions, anatomy, and critique images post procedure

Student Signature: _____

Total:

Evaluator Signature: _____

Daily Log

Student Name: _____ Clinical Site: _____

Date	Exam	Accession Number

Repeat Log

Student Name: _____ Clinical Site: _____

Date	Exam	Reason for Repeat	Supervising RT

Remedial Action For Failed Clinical Competency/Spot Check

Student Name: _____ Date: _____

Exam: _____ Clinical Site: _____

Reason for Failure:

Identifying Patient _____

Technical Factors _____

Positioning _____

Other _____

Competency/Spot Check

Detailed Explanation: _____

_____

_____

_____

_____

_____

_____

_____

_____

Remedial Action Given:

Information Review: Patient Care/Technique/Positioning/Other _____

_____

_____

_____

_____

Practice Exams: Must complete 3 successfully and have R.T. sign after each

1. _____

2. _____

3. _____

Student has successfully completed the remediation process and can now attempt competency.
Reattempt must be completed by: _____

Student Signature: _____

Clinical Preceptor Signature: _____

Patient Care Competency Documentation Derived From AART Requirements

Student Name: _____

SSRT students must be CPR certified throughout the program and must demonstrate competency in the following nine patient care procedures. Procedures should be performed on patients, whenever possible, but simulation is acceptable.

General Patient Care	Date Completed	Competence Verified By
CPR/BLS Certified		
Vital Signs: Blood Pressure		
Vital Signs: Temperature		
Vital Signs: Pulse		
Vital Signs: Respiration		
Vital Signs: Pulse Osimetry		
Sterile and Medical Aseptic Technique		
Venipuncture		
Assisted Patient Transfer (Slider Board, Mechanical Lift, Gait Belt)		
Care of Patient Medical Equipment (Oxygen Tank, IV Tubing)		

Venipuncture can be simulated by demonstrating aseptic technique on another person, but then inserting needle into artificial forearm or suitable device.

Monitoring Patient Vital Signs

Objective
To measure a patient's vital signs of temperature, pulse, respiration and blood pressure

Equipment
- Thermometer
- Blood pressure kit

Procedure
On completion of this laboratory activity, the student will be able to:

1. Temperature – Oral Method
a. Place the oral thermometer under the patient's tongue.
b. Ensure that the thermometer is kept in place until a stable reading is obtained.
c. Read the oral thermometer and record the reading.

2. Respiration
a. Measure a patient's respiration by observing the patient's chest or abdomen for a 60-second period.
b. Record the number of respirations per minute.

3. Pulse
a. Measure a patient's pulse rate at the radial artery near the wrist for a 60-second period.
b. Record the patient's pulse rate per minute.

4. Blood Pressure
a. Obtain a sphygmomanometer and stethoscope.
b. Properly place the cuff of the sphygmomanometer on the patient's upper arm midway between the elbow and shoulder.
c. Inflate the cuff above the systolic pressure to stop blood flow to the arm.
d. With the stethoscope placed over the brachial artery in the antecubital fossa of the elbow, slowly release the cuff of the sphygmomanometer.
e. When the first sound of blood flow is heard through the stethoscope, record the systolic pressure reading.
f. When the sound of blood flowing through the arm ceases, record the diastolic pressure reading.

Comments:

_____

_____

_____

_____

Evaluator Signature: _____ Date: _____

Student Signature: _____ Date: _____

Patient Transfer Techniques

Objective
To demonstrate proper wheelchair and cart transfer techniques

Equipment
• Wheelchair and cart

Procedure
On completion of this laboratory activity, the student will be able to:

1. Standby Assist Wheelchair Transfer	Yes	No
a. Position the wheelchair at a 45-degree angle to the table.		
b. Move the wheelchair footrests out of the way and be sure that the wheelchair is locked.		
c. Instruct the patient to sit on the edge of the wheelchair seat.		
d. Instruct the patient to push down on the arms of the chair to assist in rising and then stand up slowly.		
e. Direct the patient to reach out and hold onto the table with the hand closest to the table and then turn slowly until he or she feels the table behind him or her.		
f. Instruct the patient to hold the table with both hands and then sit down.		
g. If the table is too high or too low, lower or raise table height to accommodate patient and assist in transfer.		
2. Assisted Standing Pivot Wheelchair Transfer	**Yes**	**No**
a. Position the wheelchair at a 45-degree angle to the table with the patient's strongest side closest to the table. If the patient has loose-fitting clothes, place a transfer belt around the patient's waist.		
b. Move the wheelchair footrests out of the way and be sure that the wheelchair is locked.		
c. Direct the patient to sit on the edge of the wheelchair seat, providing assistance as needed.		
d. Instruct the patient to push down on the arms of the wheelchair to assist in rising.		
e. Bend at the knees, keeping the back straight. Grasp the transfer belt with both hands. Block the patient's feet and knees to provide stability, especially for paraplegic and hemiplegic patients.		
f. Assist the patient in rising to a standing position.		
g. Ask the patient whether he or she is feeling all right. If the patient reports any feelings of dizziness or exhibits any of the other signs of orthostatic hypotension, let him or her stand for a moment until the feeling subsides.		
h. Pivot the patient toward the table until the patient can feel the table against the back of the thighs.		

i. Ask the patient to support him/herself on the table with both hands and sit down, assisting as necessary.		
j. Help the patient to sit by gradually lowering him or her to the table.		
3. Two-Person Wheelchair Lift	**Yes**	**No**
a. Plan for the lift by locating an assistant who will lift the patient's feet as you lift the patient's torso.		
b. Lock the wheelchair, remove the armrests, swing away or remove the leg rests, and direct the patient to cross his or her arms over the chest.		
c. Stand behind the patient, reach under the patient's axillae, and grasp the patient's crossed forearms. Direct the assistant to squat in front of the patient and cradle the patient's thighs in one hand and the calves in the other hand.		
d. On command, lift the patient to clear the wheelchair and move the patient as a unit to the table.		
4. Cart Transfer with a Slider Board	**Yes**	**No**
a. Bring the radiographic table alongside the cart and assure that it won't float during patient transfer.		
b. Move the cart alongside the table, preferably on the patient's strong or less affected side. Place it as close to the table as possible and then secure it by depressing the wheel locks.		
c. The patient is rolled away from the table while the slider board is placed halfway underneath both the patient and the draw sheet.		
d. Return the patient to a supine position.		
e. Use the draw sheet to move the patient gently onto the table.		
f. If necessary, the patient may be rolled again to remove the moving device.		
5. Cart Transfer without a Slider Board	**Yes**	**No**
a. Move the cart alongside the table, preferably on the patient's strong or less affected side. Place it as close to the table as possible and then secure it by depressing the wheel locks.		
b. Begin by rolling up the draw sheet on both sides of the patient. Be sure that the draw sheet is completely under the patient and straightened before the transfer.		
c. Support the patient's head and upper body from the far side of the radiographic table. Direct an assistant to support the patient's pelvic girdle from the cart side and a second assistant to support the patient's legs from the table side		
d. Cross the patient's arms over the chest to avoid injury or interfering with a smooth transfer.		
e. Direct the assistant supporting the pelvic girdle to stand on the opposite side of the cart, and make sure that the cart does not move away from the table during the transfer.		
f. On command, grasp the rolled-up draw sheet and slowly pull the patient to the edge of the cart. On a second command, slowly lift and pull the patient onto the table.		

Evaluator Signature: _____ Date: _____

Student Signature: _____ Date: _____

Oxygen Administration

The Clinical Preceptor will initial and date each activity, signifying successful completion.

Objective
Assess student's understanding of oxygen therapy.

O^2 Activities:	RT Initials	Date
Identify the parts of a wall oxygen outlet, determine that all equipment is available and in working order. Demonstrate setup for oxygen administration in an emergency situation.		
Assess PSI on a portable oxygen tank. Determine if sufficient oxygen is available for transporting a patient.		
For a patient being transported to the imaging department with oxygen, review physician orders for how much oxygen the patient is to receive (flow rate or concentration), method of administration, and frequency (continuous or PRN). Assess accuracy of delivery.		
Evaluate positioning of the nasal cannula on a patient.		
Evaluate positioning of an oxygen mask on a patient.		
IV Tubing Activity:	**RT Initials**	**Date**
Evaluate the students' ability to reposition and manipulate IV tubing.		

What happens to the location of the distal end of the endotracheal tube based on the position of the head?

Evaluator Signature: _____ Date: _____

Student Signature: _____ Date: _____

Venipuncture and Intravenous Drug Injection

Objective
To demonstrate the proper technique for venipuncture and intravenous drug injection

Equipment
- Disposable non-latex gloves
- Butterfly needle
- Syringe
- Alcohol swabs
- Cotton 4x4
- Venipuncture Training Arm Kit

Procedure
a. Wash hands thoroughly.
b. Check the patient's identification.
c. Explain the procedure to the patient.
d. Assemble all needed supplies and prepare the drug for administration.
e. Put on disposable gloves.
f. Once an appropriate site for venipuncture has been selected, cleanse it with an alcohol swab using a circular motion while moving from the center to the outside.
g. Apply a tourniquet above the site using sufficient tension to impede the flow of blood in the vein. Ask the patient to open and close the fists to distend the vein fully. When the vein has been identified, ask the patient to hold the fist in a clenched position.
h. To stabilize the vein, place the thumb on the tissue just below the site and gently pull the skin and vein toward the hand.
i. Hold the needle with the bevel facing upward. Pinch the wings of the butterfly needle together tightly.
j. Insert the needle next to the vein at a 15-degree angle, and gently advance it into the vein. Blood will flow back into the tubing when the needle is correctly positioned.
k. If the tubing of the butterfly needle has not previously been filled with solution, allow the blood to flow from the hub before attaching the syringe to ensure that no air bubbles are contained in the system.
l. Remove the tourniquet and inject the drug.
m. Unless otherwise instructed, remove the needle and apply gentle pressure to the site with a cotton 4x4.
n. Dispose of the syringe and needle properly.
o. Chart all relevant information.

Comments:

_____

_____

_____

_____

Evaluator Signature: _____ Date: _____

Student Signature: _____ Date: _____

Sterile and Aseptic Technique

Opening a Sterile Package

Objective

To demonstrate the proper technique for opening a sterile package

Equipment

- Sterile package and table

Procedure

On completion of this laboratory activity, the student will be able to:

1. Open a Sterile Package on a Table

a. Place the package on the center of the surface with the top flap of the wrapper set to open away from himself or herself.
b. Pinch the first flap on the outside of the wrapper between the thumb and index finger by reaching around (not over) the package. Pull the flap open and lay it flat on the far surface.
c. Use the right hand to open the right flap and the left hand to open the left flap.
d. Grasp the turned-down corner and pull the fourth and final flap down, being sure not to touch the inner surface of any of the package with an un-sterile object such as a sleeve.

2. Open a Sterile Package While Holding It

a. Hold the package in one hand with the top flap opening away from you.
b. Pull the top flap well back and hold it away from both the contents of the package and the sterile field.
c. Drop the contents gently onto the sterile field from about 6 inches above the field and at a slight angle, making sure that the package wrapping does not touch the sterile field at any time.

Comments:

_____

_____

_____

_____

Evaluator Signature: _____ Date: _____

Student Signature: _____ Date: _____

Sterile and Aseptic Technique

Sterile Gowning Technique

Objective

To demonstrate the proper sterile technique for self-gowning and gowning another person

Equipment

• Surgical gown

Procedure

On completion of this laboratory activity, the student will be able to:

1. Self-Gowning

a. Stand about 12 inches from the sterile area, pick up the gown by the folded edges, and lift it directly up from the package.
b. Step back from the table, making sure no objects are near the gown. Grasp the gown at the shoulders, hold it at arm's length, allow it to unfold, do not shake.
c. Face the inside of the gown and, holding it by the shoulder seams, raise the arms up and slip into the sleeves.
d. Direct an un-sterile assistant to stand behind and reach inside the sleeves, grasp the sleeves and pull them gently to adjust the gown.
e. For the open method of gloving, the sleeves are pulled over the hands. For the closed method of gloving, the sleeves are pulled while keeping the hands and fingers covered.
f. Direct an assistant to fasten the back and waistband of the gown.

2. Gowning Another

a. After gowning and gloving using sterile technique, pick up the sterile gown by the neck band, hold it at arm's length, and allow it to unfold.
b. Hold the gown by the shoulder seams with the outside facing you.
c. Protect your sterile gloves by cuffing both hands under the gown's shoulders.
d. Direct the person being gowned to slip the arms into the sleeves in a downward motion until the hands emerge from the sleeves.
e. Direct a non-sterile circulating person to pull the gown up and fasten the back and waistband.
f. You, as a sterile, gowned and gloved person pull the gown sleeves down over the hands being careful that your gloved hands do not touch their bare hands.

Comments:

_____

_____

_____

_____

Evaluator Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Modality Rotation Evaluation

Student Name: _____

Date: _____

Modality Rotation: MRI, CT, Mammography, Cardiovascular/IR Lab

At the conclusion of your indicated rotation, complete the following questions:

What procedures did you observe?

How is this area similar to diagnostic radiography?

In what way(s) does this area differ from diagnostic radiography?

Would you consider this area as a career option? Why?

How might this rotation be improved?

Comments:

_____

_____

_____

_____

Evaluator Signature: _____ Date: _____

Student Signature: _____ Date: _____

MRI Screening Form

Student Name: _____ Date: _____

Clinical Site: _____

Does any of the following pertain to you?	Yes	No	Important Instructions
Aneurysm Clips			The following must be removed before entering MRI suite: Cell phone, keys, hair pins, barrettes, jewelry (including body piercing jewelry). Watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, and any other magnetic objects
Cardiac Pacemakers			
Implanted Cardioverter Defibrillator (ICD)			
Electric implant/device			
Magnetically-activated implant/device			
Neurostimulation System			
Spinal Cord Stimulator			
Cochlear Implant/Implanted Hearing Device			
Insulin/Infusion Pump			
Any type of prosthesis/implant			
Any metallic fragments/foreign body in eye			
Any external/internal metallic object			
Any bodily accidents involving metal Ex: BB, bullets, shrapnel			
Any chance of pregnancy			
Transdermal patches with metal backing			
Mesh, wire sutures, staples, rods, screws, plates, pins			
Urinary implant/penile implant			
IUD			
Wig/weave/hairpiece			
Body piercing/permanent makeup/jewelry/tattoos			

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

Student Signature: _____

Form Reviewed By: _____

Leave of Absence Request

Student Name: _____ Date: _____

Requested date of absence(s): _____

Semester: _____

Clinical Rotation Location: _____

My plan to make-up the missed time is as follows: _____

_____

_____

_____

_____

_____

_____

Student's Signature: _____

Clinical Coordinator's Signature: _____

Program Director's Signature: _____

Directions: Complete form one (1) week prior to requested date of absence. Retain a copy for your own records

Declared Pregnancy Form

In accordance with the NRC's regulation at 10 CFR 20.1208, "Dose to Embryo/Fetus"
I, _____ , am declaring that I am pregnant. I became pregnant
_____ (month and year). The potential due date is _____ .

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not exceed 0.5 mSv (50 mrem) unless that dose has already been exceeded between the time of conception and submitting this letter. I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

As a student in the SSRT Program, I choose one of the following options:

_____ **Option 1** - Continuing the training without modification or interruption. This option means that I would agree to attend and complete all classes, clinical assignments, and competencies in a manner consistent with her peers within the guidelines set forth by the SSRT staff. The student will also have to purchase a fetal dosimeter to monitor radiation exposure to the fetus. Dosimeter shall be worn at waist level underneath lead and will be exchanged monthly until pregnancy term is complete.

_____ **Option 2** - Continuing the training with modification of clinical assignments. This option means I would have the choice to delay clinical assignments and/or competencies in areas, such as fluoroscopy, portables, and surgery. I will have to purchase a fetal dosimeter to monitor radiation exposure to the fetus. Dosimeters shall be worn at waist level underneath lead and will be exchanged monthly until pregnancy term is complete. Even though every effort would be made for me to accomplish the clinical assignments and/or competencies during the program, to accomplish this successfully the training may need to be extended.

_____ **Option 3** - If there is space in the next class, I may withdraw from the program for a one year leave of absence from class and the clinical setting and then come back into the program at the beginning of the same semester, same place where I stepped out. I would become a member of the subsequent class.

Student Signature: _____

Program Director Signature: _____

Clinical Coordinator Signature: _____

Withdrawal of Declaration Pregnancy Form

I, _____ , have previously declared my pregnancy on _____ . I now wish to withdraw my declaration of pregnancy. My withdrawal of pregnancy reverts my status to the same rights and expectations that existed prior to becoming pregnant.

Student Signature: _____

Program Director Signature: _____

Clinical Coordinator Signature: _____

Disciplinary Action Form

Student Name: _____ Date: _____

CES: _____ Notice: Verbal/Written

What is the reason for Disciplinary Action? _____

_____

_____

_____

Plan for Resolution: _____

_____

_____

_____

Probation Period (if Applicable): _____

Follow Up: _____

_____

_____

Student Signature: _____

Clinical Coordinator Signature: _____

Program Director Signature: _____

Clinical Preceptors Signatures (if Applicable): _____

Grievance and Appeal Form

Student Name: _____ Date: _____

Who is involved? _____

_____

_____

Describe in detail what the grievance/appeal is about.: _____

_____

_____

In your opinion, what is an appropriate solution? _____

_____

_____

Resolution: _____

_____

_____

Grievant Signature: _____

Program Director Signature: _____

Clinical Coordinator Signature: _____

Student Violation of Policy Reply

Summa Health Radiologic Technology Program

Student Name: _____ Date: _____

My perception of the problem: _____

_____

_____

_____

My awareness of the seriousness of the problem: _____

_____

_____

_____

Steps I will implement to correct the problem: _____

_____

_____

_____

Student's Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

This form is due within three (3) days in issuance of Corrective Action Notice/Written Warning/VOP.

Summa Health™

SSRT Informal Complaint Form

Student Name (Unless Anonymity is Preferred): _____

Date: _____

Please describe in detail what the complaint is and parties involved. _____

_____

_____

_____

_____

_____

Resolution: _____

_____

_____

_____

_____

_____

Please submit this form to the program director by scheduling an appointment, email, standard mail, or it can be anonymously submitted via office mailbox.

Student Signature (if applicable): _____

Program Director Signature: _____

Clinical Coordinator Signature: _____

Exposure to Communicable/Infectious Disease Form

Student Name: _____ Date: _____

Clinical Site: _____

Date of Exposure: _____ Patient MRN: _____

Disease: _____

How were you exposed? _____

_____

_____

_____

Plan: _____

_____

_____

_____

Student Signature: _____ Date: _____

Clinical Preceptor Signature: _____ Date: _____

Clinical Coordinator Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Summa Employee Health Representative: _____ Date: _____

Injury Form

Student Name: _____ Date and Time of Injury: _____

Clinical Site: _____ Clinical Preceptor: _____

Parties Involved: _____

_____

_____

Location: _____

Description of Injury: _____

_____

_____

_____

_____

Resolution Plan: _____

_____

_____

_____

_____

Student Signature: _____

Program Director Signature: _____

Clinical Coordinator Signature: _____

Employee Health Representative: _____

Clinical Education Setting (CES) Evaluation Conducted By Student

First Year/Second Year Semester: _____

Clinical Site: _____

Students are to Evaluate the Clinical Education Setting		5-Exceeds Expectations	3-Meets Expectations	0-Doesn't Meet Expectations
1	CES provides a safe and clean environment			
2	CES provides a variety of exams and patients			
3	CES is respectful of diverse cultures			
4	CES provides ample time in each rotation: Fluoroscopy, surgery, emergency room and portables			
5	CES follows direct and indirect supervision			
6	CES provides a positive learning experience			
7	CES allows students to perform radiologic procedures based on competence level			
8	Students are able to apply what they learned in class at CES			
9	CES follows clinical schedule			
10	CES has positive outlook on SSRT program			
		Total:		**/50**

1. What do you like about this Clinical Education Setting?

2. What can this Clinical Education Setting improve?

Clinical Preceptor Evaluation Conducted By Student

First Year/Second Year Date: _____

Clinical Site: _____

	Clinical Preceptor does the following:	5-Exceeds Expectations	3-Meets Expectations	0-Doesn't Meet Expectations
1	Maintains professional appearance			
2	Is in attendance majority of the semester			
3	Utilizes time effectively while at the clinical site			
4	Observes and assists students with radiographic procedures			
5	Provides high quality patient care			
6	Assists with orientation checklists, competencies and evaluations			
7	Provides constructive criticism			
8	Is approachable with concerns			
9	Is a role model and has a positive attitude towards the program and profession			
10	Is knowledgable in subject matter			
11	Assists in the student development of critical thinking			
12	Can provide instruction that can be followed at appropriate student level			
13	Uses alternative teaching methods and tools to enhance student's clinical experience			
14	Provides clear communication			
15	Allows students opportunities to develop skills			
16	Timely response to written correspondence			
17	Plays active role when resolving issues with students			
18	Maintains good rapport with students			
19	Adheres to policies outlined in clinical handbook			
20	Assures clinical rotation schedule is followed, unless arrangements were made			
		Total:		

Comments:

Program Director/Clinical Coordinator Evaluation Conducted By Student

First Year/Second Year Date: _____

Program Director/Clinical Coordinator

	Instructor does the following:	5-Exceeds Expectations	3-Meets Expectations	0-Doesn't Meet Expectations
1	Maintains professional appearance			
2	Visits clinical sites at least 2 times a month			
3	Utilizes time effectively while at the clinical site			
4	Observes and assists students with radiographic procedures while present			
5	Assists with competencies and provides feedback			
6	Is approachable with concerns			
7	Is a role model and has a positive attitude towards the program			
8	Teaches material that is up to date and correct: patient care, positioning, technical factors, image analysis and radiation protection			
9	Is knowledgable of subject matters			
10	Can provide instruction that can be followed at appropriate student level			
11	Uses alternative teaching methods and tools to enhance student's educational experience			
12	Provides a blend of clinical and academic components of the program for students			
13	Instructor reviews material that will be tested on			
14	Provides clear communication			
15	Timely response to written correspondence			
16	Plays an active role when resolving issues with students			
17	Maintains good rapport with students			
18	Adheres to policies outlines in handbook			
19	Assures clinical rotation schedule is followed, unless arrangements were made			
20	Can provide guidance throughout the program			
		Total:		

Comments:

Student Evaluation

Student Name: _____ Date: _____

CES/Shift: _____ Semester: _____

Rotation: _____ Program Director/Clinical Coordinator/Clinical Preceptor/Staff R.N.

	Please evaluate the student based on the following:	5-Meets Expectations	3-Sometimes Meets Expectaions	0-Rarely Meets Expectations
1	Is regularly on time and has less than two occurrences			
2	Follows dress code policy			
3	Maintains professionalism			
4	Maintains good rapport with staff			
5	Assists the department upkeep - cleaning and stocking			
6	Is productive			
7	Provides high quality patient care			
8	Repects diverse cultures and demonstrates cultural awareness			
9	Is constantly observing and participating in exams			
10	Accurately prepares and performs procedures in a timely manner based on skill level			
11	Is respectful to radiation safety and ALARA principals			
12	Can follow directions and anticipate needs			
13	Can accept constructive criticism and suggestions			
14	Applies and retains information			
15	Communicates effectively			
16	Adjusts to stressful situations			
17	Utilizes critical thinking skills appropriate for skill level			
18	Is accountable for their actions			
19	Is a team player			
20	Demonstrates self-confidence			
		Total:		

Comments:

_____

_____

_____

Student Signature: _____

Evaluator Signature: _____