

**SUNY BROOME COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM**

2025-2027

**CLINICAL EDUCATION
PROCEDURES MANUAL**



The Radiologic Technology Program Manual and Clinical Education Manual

Students will be asked to complete the “Affirmation of Understanding” form given to them by the Program Director: I agree that I have received a copy of the Radiologic Technology Program Manual and Clinical Education Procedures Manual and thoroughly read the manuals, asked any pertinent questions I had, and agree to abide by all said policies and follow all procedures.

All students are expected to complete this form. These are policies and procedures tied together with and followed by the program, accreditors, clinical, and our profession. If you choose to not complete the form, you are not able to attend clinical and /or carry forth in the program didactic components per the program due to safety for patient safety, working with ionizing radiation, and energized radiology equipment.

Disclaimer Clause

Assessment is an important component of our program’s overall evaluation and leads us to continual improvement. Program policies, requirements, and offerings are continually being assessed and improved. The contents of this booklet are in effect at the time of revision and are subject to change. Students will be notified of changes in policy and requirements and asked to sign off that they have read, understand, and acknowledge any future changes made to policies while in the program.

INTRODUCTION

The purpose of the Clinical Education Manual is to provide basic information to Students, Preceptors, Clinical Instructors, and Faculty regarding Clinical Education in the SUNY Broome Community College Radiologic Technology Program. This manual sets the base for all clinical policies in this program. The Clinical Procedures tie in with the Program Manual as well. If additional questions or issues arise that are beyond the contents of this manual, users are welcome to contact the Program Director and/or Clinical Coordinator.

Revisions:

Rev. 4/06, 3/07, 4/08, 3/09, 4/10; nb 4/11,
3/12, 3/13; dd
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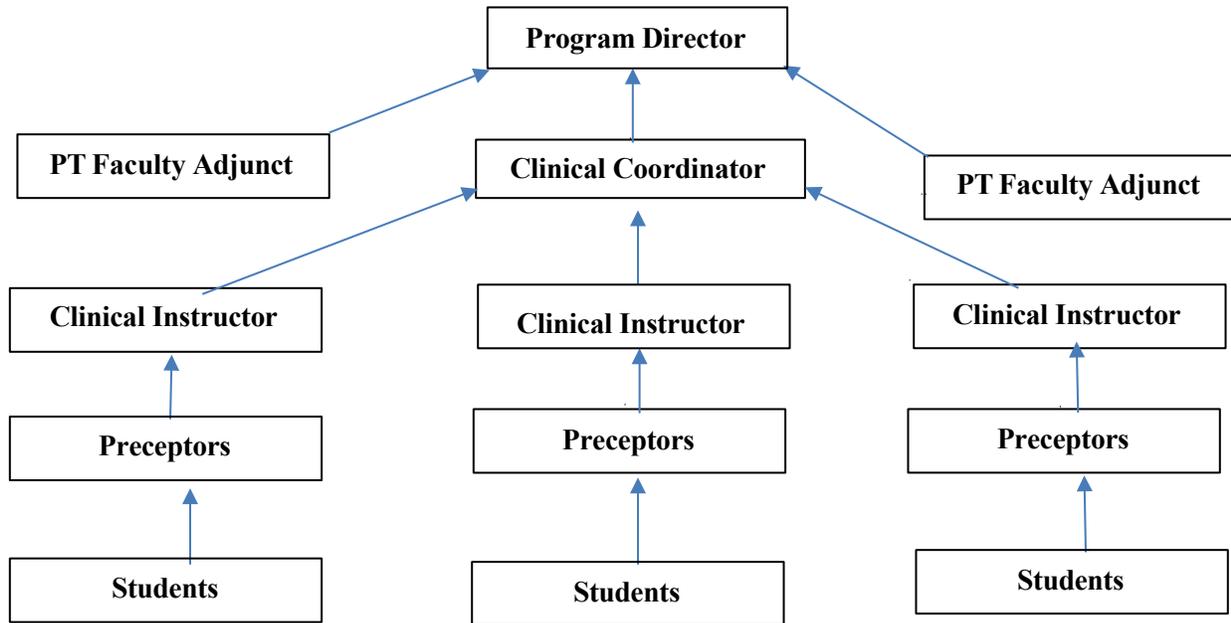
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CLINICAL

Clinical Instructors/Preceptors/Contacts

SUNY Broome Community College Radiologic Technology students will be assigned a “Clinical Instructor” for their rotations duration of the program. A Clinical Instructor is employed by the college. Each Clinical Instructor supervises their own site and helps oversee students at other sites assigned under them. These other sites have “Preceptors” who supervise students at their clinical site. A “Preceptor” is a Radiologic Technologist who is an employee by that Clinical Site. They volunteer their time to supervise and guide our students. There is a Chain of Command for communications within the program and our affiliated clinical sites.

SUNY Broome Community College
Radiologic Technology Program Organizational Chart



Name	Title	Email Address	Phone #
Kristen Yetter	Program Director/ Chairperson/ Professor	yetterkj@sunybroome.edu	607-778-5630
Nadija Kovacevic	Clinical Coordinator/Associate Professor	kovacevicn@sunybroome.edu	607-778-5063
Absornsuda (Ying) Mix	PT Faculty Adjunct	TBA	607-778-5261
Lindsey Hrebin	PT Faculty Adjunct	hrebinlm@sunybroome.edu	607-778-5261
Russell Dunham	Clinical Radiologic Technology Instructional Specialist	dunhamrc@sunybroome.edu	607-763-6714
TBD	Clinical Radiologic Technology Instructional Specialist	TBD	607-352-3657
Katherine Lamoreaux	PT Clinical Instructor	lamoreauxka@sunybroome.edu	607-240-2900
Heather Sutliff	Secretary	sutliffhm@sunybroome.edu	607-778-5261

SUNY Broome Community College Radiologic Technology Program

Chain of Command/Communication (Program Flow Chart):

Program Director/Chairperson: Kristen Yetter 607-778-5630		
Clinical Coordinator: Nadija Kovacevic 607-778-5063		
Clinical Instructor: Katherine Lamoreaux Guthrie Lourdes Orthopedic-Southside 607-723-5393	Clinical Instructional Specialist: TBD Guthrie Lourdes Hospital 607-352-3657	Clinical Instructional Specialist: Russell Dunham UHS-Wilson Hospital 607-763-6714
Out-of-Town Hospital: Guthrie Cortland	Out-of-Town Hospital: Cayuga (Ithaca)	2 Out-of-Town Hospitals: A) A.O. Fox Hospital B) Chenango Memorial Hospital (Norwich)
In-Town Hospital: UHS-BGH	In-Town Hospital: Guthrie Lourdes Hospital	In-Town Hospital: UHS-Wilson
Orthopedic Clinic: A) UHS-Orthopedics B) Guthrie Lourdes Orthopedic-Southside	Orthopedic Clinic: Guthrie Lourdes Orthopedics	Orthopedic Clinics: A) Bassett OSS B) Chenango Memorial Hospital
Clinic: UHS-Vestal Imaging & Walk-In	Clinics: A) Guthrie Lourdes Primary Care Robinson Street B) Guthrie Lourdes Shippers Road Vestal Walk-In	Clinics: A) A.O. Fox Tri-Town Campus Hospital B) UHS-Endicott C) Guthrie Lourdes Pavilion

Rev: 9/21, 8/22, 8/23, 7/24; cd, 9/25 kij

Clinical Instructor: <u>Katherine Lamoreaux</u>	
In-Town Hospital	
UHS-Binghamton General Hospital (BGH), Binghamton	607-762-2243
Out-of-Town Hospital	
Guthrie Cortland Medical Center, Cortland	607-756-3801
2 Orthopedic Clinics	
Guthrie Lourdes Orthopedic-Southside, Binghamton	607-723-5393 -----
----- UHS Comprehensive Orthopedic Center, Vestal	607-762-2721
2 Clinics	
UHS-Vestal Imaging Department & Walk-In Radiology Department, Vestal	607-240-2900

Clinical Instructional Radiologic Technology Specialist: <u>TBD</u>	
In-Town Hospital	
Our Lady of Lourdes Memorial Hospital (Guthrie), Binghamton	607-352-3657
Out-of-Town Hospital	
Cayuga Medical Center at Ithaca, Ithaca	607-274-4271
Orthopedic Clinic	
Guthrie Lourdes Riverside Drive Orthopedic, Binghamton	607-798-9356
2 Clinics	
Guthrie Lourdes Primary Care Center (Robinson Street), Binghamton	607-722-2797
Guthrie Lourdes Shippers Road Vestal Walk-In, Vestal	607-754-5342

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Clinical Instructional Radiologic Technology Specialist: <u>Russell Dunham</u>	
In-Town Hospital	
United Health Services, Inc. (Wilson Memorial Hospital), Johnson City	607-763-6714
Out-of-Town Hospital	
A.O. Fox Hospital (Aurelia Osborne), Oneonta	607-431-5012
Chenango Memorial Hospital (UHS), Norwich	607-337-4249
3 Orthopedic Clinics	
Bassett Oneonta Specialty Services (OSS), Oneonta	607-433-6327
Chenango Memorial Hospital, Norwich [Orthopedic department on same campus]	607-337-4249
Guthrie Lourdes Orthopedic-Southside, Binghamton	607-723-5393
3 Clinics	
A.O. Fox Hospital-Tri-Town Campus, Sidney	607-561-7958
United Health Services (UHS), Endicott Clinic	607-754-2323
Guthrie Lourdes Pavilion Oakdale Commons, Johnson City	607-798-5510

Rev: 9/21, 8/22, cd, 9/25 kij

Each Clinical Instructor is assigned a group of students. Every student will rotate through the affiliated sites listed under the Clinical Instructor (Program Director/Clinical Coordinator reserve the right to change clinical sites at any time). Each group will rotate through 2 In-Town Hospitals, at least 1 Out-of-Town Hospital, an Orthopedic clinic, and at least 1 Outpatient Clinic. Every student will also participate in OR (First/Second Year), Cath Lab, Interventional, Modalities, and Evening Rotations during the program. Students will rotate through a different main hospital approximately every 300 clinical hours and will be assigned a new Clinical Instructor. The Clinical Instructor will inform their students of their expected shifts, room rotations, and clinical site rotations.

If students have an issue or concern, they must address it first with their Preceptor and/or Clinical Instructor. Then if need further assistance, they should then reach out to their Clinical Instructor (if they haven't already done so). If still need assistance, then reach out to the Clinical Coordinator and then the Program Director. If the issue or concern is not addressed and the students feels they want to file an official complaint and/or an [Academic Grievance](#), they may do so.

CLINICAL SITES Contact Information

Katherine Lamoreaux: Clinical Instructor

In-Town Hospital:

-Binghamton General Hospital (BGH)/UHS – (607)-762-2243
10-42 Mitchell Ave., Binghamton

Out-of-Town (Outlying) Hospital:

-Guthrie Cortland Regional Medical Center – (607) 756-3801
-134 Homer Ave., Cortland

Orthopedic Clinic:

-Guthrie Lourdes Orthopedic-Southside, Binghamton-(607)-723-5393
-65 Pennsylvania Avenue, Binghamton

-UHS Comprehensive Orthopedic Center-(607)-762-2721
-4433 Vestal Pkwy. East, Vestal

2 Outpatient Clinics (in one building)

-UHS Vestal Imaging Department and Walk-In-(607)-240-2900
-4417 Vestal Pkwy. East, Vestal

TBD: Clinical Instructor

In-Town Hospital:

-Our Lady of Lourdes Memorial Hospital (Guthrie) – (607)-352-3657
169 Riverside Drive, Binghamton

Out-of-Town (Outlying) Hospital:

-Cayuga Medical Center at Ithaca – (607) 274-4271
-101 Dates Dr., Ithaca

Orthopedic Clinic:

-Guthrie Lourdes Riverside Drive Orthopedic-(607)-798-9356
-240 Riverside Dr., Binghamton

2 Outpatient Clinics

-Guthrie Lourdes Primary Care Center-(607)-722-2797
-276-280 Robinson St., Binghamton

-Guthrie Lourdes Shippers Road Vestal Walk-In-(607)-754-5342
-3101 Shippers Road, Vestal

Russell Dunham: Clinical Instructor

In-Town Hospital:

-UHS/Wilson – (607)-763-6714
33-57 Harrison St., Johnson City

2 Out-of-Town (Outlying) Hospitals:

-AO Fox Memorial Hospital – (607) 431-5012
-1 Norton Ave., Oneonta

-Chenango Memorial Hospital-(607)-337-4249
-179 North Broad St., Norwich

3 Orthopedic Clinics:

-Bassett Healthcare OSS Clinic-(607)-433-6327
-1 Associate Dr., Oneonta

-Chenango Memorial Hospital-(607)-337-4249
-179 North Broad St., Norwich

-Guthrie Lourdes Orthopedic-Southside, Binghamton-(607)-723-5393
-65 Pennsylvania Avenue, Binghamton

3 Outpatient Clinics

-AO Fox Hospital Tri-Town Campus-(607)-561-7958
-43 Pearl St. West, Sidney

-United Health Services (UHS-Endicott) - (607)-754-2323
-1302 East Main St., Endicott

-Guthrie Lourdes Pavilion
-501 Reynolds Rd., Johnson City

To find physical location of clinic, try: [Google.com/maps](https://www.google.com/maps)

INSTRUCTIONS FOR VOLUNTEER/SERVICE LEARNING REQUIREMENT

The Radiologic Technology program at SUNY Broome Community College is a challenging and demanding program. For this reason, it is necessary for prospective students to be as certain as possible of their career choice prior to enrolling in this curriculum. The traditional way to confirm your career choice is to perform a minimum number of volunteer clinical hours prior to enrollment in RAD courses.

As a Radiologic Technologist (RT), you will be part of the American Registry of Radiologic Technologists' Profession. Service to the community is a large part of your commitment to the profession. To prepare you for this commitment, these hours will be considered service learning hours. **While providing service to the community through volunteering, you are asked to keep a journal of your experience and learning opportunities. Reflect in your journal on various conditions, illnesses, various exams you observe, how hospital personnel interact, how Radiologic Technologists provide a service to the public, what the role of the Radiologic Technologist is, how important is communication, what is the hospital clinic's mission. How do they achieve this mission? As a volunteer, how did you help them meet their mission, etc.?** You must maintain confidentiality in all entries.

You need to make your own arrangements at a **hospital/clinic** of your choice. You should contact the volunteer coordinator or the director of the Radiologic Technology (X-ray or Imaging) department for further information. Most of the facilities in the Binghamton area are familiar with such requests. Simply tell them that you are a student interested in Radiologic Technology and that you need to complete **50 hours** of volunteer work (**majority of that time in a radiology department**) and ask what to do next. You may spend more than 50 hours in volunteer time if you wish.

At the end of your time at a facility ask for documentation of the time you have spent there from the volunteer office and bring a copy of the documentation of your 50 hours to orientation or mail a copy to the Radiologic Technology Program at SUNY Broome Community College for our records. This has to be done **prior** to **RAD 100 course or by permission of the instructor**. **You will be asked to write a two-page paper at a later date based on this experience and your journal entries.**

There are a few rules that you will need to observe without fail. Even though you are *not* going out as a SUNY Broome student you need to do your best to present a good image of yourself. Even though you are not being evaluated by the facility you go to, you need to observe their rules to the letter. These are busy places with heavy caseloads and you cannot be a burden to them. You need to attend when you say you will and be on time. You need to respect patients' rights to dignity, privacy, and you must always treat any information you are told as confidential. Your appearance must be neat and clean at all times.

If you have already worked in such a facility you may have this requirement waived, but you will need to discuss it with the Chairperson of the program first for this determination. If you have any questions, please call or come in to the office. Program Director may defer the assignment for a student if deemed necessary.

- Program Director may waive or decrease the 50-hour volunteer/service learning assignment if deemed necessary (i.e. COVID-19 pandemic, etc.)

WAIVER FOR SERVICE LEARNING HOURS

The student _____, has been given:
(Circle one)

Full Waiver: has been waived from completing 50 hours of volunteer/service learning. This student has been employed or spent time in a health care setting (mostly in Radiology) for more than 50 hours.

Partial Waiver: Student spent _____ hours in health care setting, Program Director requires student to only complete _____ hours to meet the 50 hours.

Kristen Yetter, M.S., Ed., R.T. (R) (MR)
Program Director, Radiologic Technology
SUNY Broome Community College
yetterkj@sunybroome.edu

WAIVER FOR DEFERRED DUE DATE FOR SERVICE LEARNING HOURS

The student _____, has been granted a deferment of the due date for completing 50 hours of volunteer/service learning. This student has provided appropriate evidence that they are not able to complete the hours prior to enrollment in the RAD courses. The due date for completion is now _____.

Kristen Yetter, M.S., Ed., R.T. (R) (MR)
Program Director, Radiologic Technology
SUNY Broome Community College
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SUNY Broome Radiologic Technology
Clinical Education Curriculum Components

First Year- Fall Semester:

RAD 131; Clinical Education I- Runs the last 3 Tuesdays/Thursdays of the semester (6-days total). 8:00AM-4:00PM

45 Hours Total

First Year- Spring Semester:

RAD 132; Clinical Education II- Runs Tuesdays/Thursdays, 6 ½ hour days, the entire semester. Students will be given a schedule for his/her hours. (7:00AM-1:30PM, 8:00AM-2:30PM, or 9:00AM-3:30PM, based on site and schedule given)

180 Hours Total

First Year- Summer Semester:

RAD 133; Clinical Education III, Summer Term-Students will follow Schedule A or Schedule B as given, 8:00AM-4:00PM. Each schedule requires the student to attend 30 days total during the ten (10) week Summer Term according to schedule given.

225 Hours Total

Second Year-Fall Semester:

RAD 230; Clinical Education IV- Runs Mondays/Wednesdays/Fridays, 6 ½ hour days, the entire semester. Students will be given a schedule for his/her hours. (7:00AM-1:30PM, 8:00AM-2:30PM, or 9:00AM-3:30PM, based on site and schedule given).

270 Hours Total

Second Year-Spring Semester:

RAD 232; Clinical Education V- Students will follow Schedule A (M/W) or Schedule B (W/F) as given, 6 ½ hour days, the entire semester. (7:00AM-1:30PM, 8:00AM-2:30PM, or 9:00AM-3:30PM, based on site and schedule given).

180 Hours Total



900 Clinical Hours + 50 Volunteer Service Learning Hours =
950 Total Hours

Student Clinical Rotational Assignment:

Each student will be assigned to a different clinical Hospital site (and it's affiliating, orthopedic and outpatient locations) for approximately 300 clinical hours. During their total clinical rotations, each student will attend two in-town site hospitals, one out-of-town hospital, orthopedic sites, outpatient sites, OR, Cath Lab, Interventional, and complete Evening Rotations (evenings are to be completed the last 6-months of the program per NYSDOH).

References and Textbooks for all Program/Clinical Education Courses

Callaway, *Intro to Radiologic Technology*, latest edition. Elsevier
Callaway, *Mosby's Comprehensive Review of Radiography; The complete study guide and career planner, latest edition.*
Elsevier Chabner, *MTO w/EAL Med Term*, latest edition.
Ehrlich & Coakes, *Patient Care in Radiography*, latest edition.
Fauber, *Radiographic Imaging & Exposure*, latest edition.
Jensen & Peppers, *Pharm & Drug Admin for Imag Tech*, latest edition.
Kowalczyk, *Radiographic Patho for Tech*, latest edition.
Papp, *Qty Mgmt in the Imaging Sci*, latest edition.
Rollins, Long, & Curtis, *Merrill's Atlas Rad Pos/Proc* 3 vols, latest edition.
Rollins, Long, & Curtis, *WB/Merrills Ats/Radio PP*, latest edition.
Rollins, *Merrill's Pocket Guide to Radiography*, latest edition.
Statkiewicz Sherer, Visconti, Ritenour & Welch Haynes, *Rad Protect in Med Radiography*, latest edition.
Corectecreview.com
Clover Learning; Rad Tech Boot Camp software
Standards for an Accredited Educational Program in Radiologic Sciences, Joint Review Committee on Education in Radiologic Technology. (Jan. 2021; [JRCERT 2021 Standards](#))
ARRT Standards of Ethics, American Registry of Radiologic Technologists.
"Standards of Practice", American Society of Radiologic Technologists.
Program Policy and Clinical Education Manuals, SUNY Broome Community College Radiologic Technology Program.
2022 ASRT Adopted Radiography Curriculum, The American Society of Radiologic Technologists.
"NY State Sanitary Code Chapter 1, Part 16. Ionizing Radiation" -Albany, NY 12203-3394

Clinical Grading/Evaluations:

**SUNY Broome Community College Radiologic Technology Program uses the Trajecsys online grading program (along with Image Critique Exams and Communications and program clinical education grade sheets) for the purpose of clinical grading.

Clinical Rotations:

SUNY Broome Community College Radiologic Technology Program's students will be given the opportunity, on orientation day, to make a choice as to his/her preference for which remote clinical affiliation they favor. This choice is considered in one of the many factors the Program Director, Clinical Coordinator, and Faculty must look at in deciding upon clinical rotations for all students. Students may not get their choice, but faculty will try to fulfill students' choice. Student will be placed at one main hospital site (including rotations through associated outpatient and orthopedic clinics) for approx. 300 hours then will switch to a new main hospital site, for the next approx. 300 hours (including its associated sites) and then will switch to a final main hospital site for the final 300 hours (including associated sites).

The Program Director or Clinical Coordinator reserve the right to move students at any time if deemed necessary. Students are responsible for his/her own transportation and costs of transportation to and from clinical rotations, classes, and labs. Relying upon another classmate for transportation is unacceptable because this may lead to "both" students' class/clinical attendance being affected if there are any issues with transportation. Students are also not allowed to travel back/forth to clinic with employees from that site as well.

***All clinical sites are within 1 hour driving distance from the college and each student is responsible for his/her own transportation to and from clinical or campus.**

Revised; 8/20, 9/21, 8/22, 8/23; cd; 9/25 kjy

CLINICAL EDUCATION ATTENDANCE POLICY

RATIONALE: In an educational endeavor, students must learn and master many skills. The acquisition of these skills in all three domains (cognitive, psychomotor, and affective) must be guided by a set of “**blueprints**” which enable the students to grow and develop until all skills necessary for completion of this program are mastered. This policy will reinforce the affective domain regarding work ethics (reliability, dependability) so that the graduate is capable of entering the profession at an entry level competency.

1. **CLINICAL EDUCATION HOURS:** The basic clinical duty hours for students are 8:00AM to 4:00PM, 8:00 AM to 2:30PM, 9:00 AM to 3:30 PM, or 7:00 AM to 1:30PM. Hours vary depending on the semester. Any variations to these hours are subject to approval by the Chairperson of the Program.
2. **CLINICAL REGULATIONS:** The student is subject to all the rules and regulations of the clinical affiliation(s). The clinical affiliation has the right to dismiss from that affiliation, any student who demonstrates any breach of rules or displays unethical or unprofessional behavior. Should a student be dismissed from a clinical site and there is either no other clinical seat and/or site willing to take this student, then that student will be out of progression with the curriculum and may no longer progress with the cohort. The student may re-apply to the Program and go through the Admission’s Competitive Process to see if they are chosen to return the following fall semester. Otherwise, based on program rules, the student will need to start again since the individual will not be able to complete the program within 150% timeline from starting the program on orientation day.
3. This program requires that the student be punctual and attend every session. Any necessary absence must be approved in advance. Absences due to illness must be documented by authorization and presented to the instructor/supervisor at the hospital following the absence.
4. Absence of two or more consecutive days of illness when assigned to the hospital will require a physician's statement regarding the student's capability to resume clinical assignment. Each student is allowed 2 days per semester for absences, except for RAD 131 and RAD 133; Summer Term*. If a student should be absent above the days given up to seven days total, **they will be charged \$60 per makeup day** and must make-up the five or six days. **This makeup will take place the week immediately after the semester, except the fall semester. Fall semester makeup will take place the first full week in January.** All makeup is at the discretion of the Clinical Coordinator, Clinical Instructor, and/or Program Director. Any absences beyond seven days may result in a failing grade. The student will be placed on Disciplinary Action, which may lead to dismissal from the program. Students must call by 9:00 AM if they are going to be absent. **Due to very limited clinical hours, students are only allowed one illness day for RAD 131; Fall Semester and RAD 133; Summer Term.**
5. Students must realize that undue absence must be made up or it will adversely affect their grades.
6. Tardiness in the hospital will be documented by deficiency notice and the student will be put on Disciplinary Action, which may lead to dismissal from the program. Students arriving late (after 9:00AM) will lose a half day. Students leaving before 3:00PM will lose a half day. The only exception would be to present a legitimate excuse. Tardiness is not acceptable professional behavior.
7. **Professional Behavior**
Students will demonstrate Professional and Ethical Behavior towards others (i.e. patients, affiliate workers/volunteers, students, clinical instructors/preceptors, faculty, clinical coordinator and chairperson/program director, otherwise they may be immediately dismissed.
8. Attendance sheets are kept in Trajecsys. Students are required to clock in/out electronically. Any errors, the student is to correct within Trajecsys, notify Clinical Coordinator, and gain approval of correction in Trajecsys. All students must sign-in in the morning and when leaving clinical duty in Trajecsys. **No** credit will be given if student fails to sign in and out. The Clinical Instructor/Preceptor will initial it daily or weekly in Trajecsys. (See sample of written form, - Record of Clinical Time in the Clinical Education Handbook). **Clinical Hours in Trajecsys does not reflect lunch or break time taken. That must be accounted for when totaling up hours completed per Clinical Course versus hours total in Trajecsys. Any questions or concerns speak with the Clinical Coordinator and/or Program Director regarding this.**
9. **CLINICAL ABSENTEEISM**
 - a. In cases of absence from clinical duty, it is the student's responsibility to call the clinical instructor at the hospital and the clinical coordinator and report in before 9AM. If the instructor cannot be reached, then the Radiology Department Supervisor should be notified. The student must also notify the clinical coordinator by phone or e-mail. Student must leave a reason for absence.
 - b. Not calling in **will** lead to a lowered grade on Ethical & Professional Behaviors Evaluation.

10. **CLINICAL ASSIGNMENT**

- a. Students are required to enter the clinical area at assigned times unless otherwise noted.
- b. Lunch and break/s will be scheduled and adhered to.

11. **EXTENDED CLINICAL ASSIGNMENTS**

Student radiographers will not be assigned to clinical education on holidays, weekends, or nights. However, students must fulfill a minimum of 7 evenings (2:30 PM -9:00 PM) or could have a maximum of 13 evenings. This will be fulfilled during the last six months of the training program (Dec. – May) per NYSDOH.

12. **MONITORING DEVICES and NAME TAGS**

Student radiographers will not be allowed in the clinical area without a monitoring device and/or name badge. Appropriate name badge must display the Student Radiographer status. Student is not allowed in clinical without his/her dosimeter, name badge, and/or lead markers.

13. **TRANSPORTATION**

SUNY Broome Community College Radiologic Technology students will be responsible for providing their **own** transportation to attend clinical assignments. Relying upon another classmate for transportation is unacceptable because this may lead to “both” students’ clinical attendance being affected if there are any issues with transportation. Riding with an employee from the clinical site is not allowed. Students are made aware about transportation on our program’s website, during their 1st advisement, orientation day, and it is mentioned repeatedly by all instructors throughout the program.

14. **STUDENT INJURY/SICKNESS**

If a student is sick and/or injured (minor injury) in the clinical education center, the student may report to the hospital emergency room for treatment. If this is a training-related injury, the student must report the injury or sickness to the Student Health Services (778-5181), S-102, at SUNY Broome Community College, the clinical instructor, the clinical coordinator, and Public Safety on campus (Ex.5083). (i.e. Student/instructor each must fill out Injury/Illness forms and send them to the Program Director for our program record’s, as well as Public Safety’s.

15. **STUDENT MAJOR INJURIES**

If a student is involved in a major injury during clinical training hours, the student may be sent to the emergency room of the clinical education center for major treatment. The student must report the injury to the clinical instructor, the clinical coordinator must be notified immediately, and it must be reported to Public Safety (Ex: 5083) & Student Health Services (Ex: 5181) at the college campus.

16. **CLINICAL LEAVE/SICK LEAVE**

Clinical leave is specifically for illness. Each semester the student will be allowed 2 clinical days off, except for RAD 131 and RAD 133; Summer Term. Those semesters, students are only allowed one day. **No time may be taken off for vacation.** Missing days of clinical education above what is given will lead to makeup immediately following the end of that semester. The fall semester will do makeup the first week of January. Any days missed **beyond those given** and up to seven days per semester may result in failure, unless consideration is granted by the Program Director. (Days 3-7, must be paid \$60/day for makeup or by discretion of Program Director for special circumstances, i.e. covid)

17. **BEREAVEMENT LEAVE**

Student will be given 3 days for bereavement for immediate family member.

18. **CAMPUS CLOSED FOR OTHER REASONS**

If closing is due to a campus issue only, the students will remain in clinic until dismissed. Freshmen will be at clinic on Convocation Day (Spring Semester).

19. **INCLEMENT WEATHER**

If SUNY Broome Community College closes due to snow or ice, an announcement will be made on the local television stations, website or radio stations. **If an announcement concerning closing is not made before you must leave for college or the clinical affiliate, then the student must use good judgment in deciding as to whether or not to attend.**

When the college is closed, clinical is also canceled. If the college closes during the day due to inclement weather, students will be dismissed from the college or the clinical area.

20. **STUDENT EMPLOYMENT**

Student radiographers, according to New York State licensure laws, are not allowed to function in the capacity of radiographer or make exposures of patients without a temporary permit to practice. Therefore, students are not allowed to receive remuneration or to be used in lieu of technical staff. Failure to comply with this law will lead to dismissal from the program.

21. **CELL PHONES**

Cell phones are not allowed on your person during clinical education. Use of cell phone is permitted ONLY to clock in/out, or during Break & Lunches. Otherwise, cell phones MUST be turned off and put away. Forgetting to do so is not an excuse. Students will be put under Disciplinary Action for non-compliance. Under no circumstances are you to take pictures with your cell phones during lunch/breaks or clinical time so as not to capture images of any person or facility without consent. Even if clinical employees are allowed to be on their phones, students in this program are not.

22. **SCRUBS***

Remember whenever you are in scrubs (whether it be clinical, lunch, breaks, or in the community) YOU represent SUNY Broome Community College and the Radiology Program. Be professional at all times!

23. **SMOKING**

Smoking is not allowed on any hospital or clinical campus.

24. **Full Release**-If a student misses more than two (2) days of clinic, a “full release” note is required from the physician in order for the student to return to any clinical, classes, or labs. Even if a physician states a student may return with a brace or limiting mobile device of any sort, per the program and safety of all (patients, workers, students, faculty, etc.), the student **will not** be able to return without a “full release” and no devices **or** by Program Director’s permission. (This includes and is not limited to surgery, boot support, scooter support, arm sling, partial limitations, non-weight bearing, casts, etc.)

25. **Bed Bug Exposure**- If a student has a “bed bug” exposure in clinic, the following policy will be followed: 1) Complete protocol of that facility (i.e. shut down room, call exterminator, etc.) and any paperwork they require. 2)

Instructor/Preceptor and Student fill out our injury reports and give to secretary; Heather Sutliff to place in student’s file. 3) Call Public Safety on Campus (Ex. 5083) to inform head of Public Safety of the exposure and that student has been instructed on taking precautions as in “don’t take them home with you and don’t take them elsewhere with you. 4) Students should also try to bag scrubs, put on a second set or OR scrubs, go home to take a shower and wash clothes in hot water.

26. **Lead Markers**- If the student loses their lead marker, the student must immediately inform one of us so that the student will be given a temporary marker to use and then the student has 3 days to purchase another set of lead markers through SUNY Broome’s campus shop. There is a 1-2 week turn around for the new markers to come in and be picked up by the student. The student must then return the temporary marker to who they got it from. If a student does not order, purchase or pick up new markers within 2 weeks of notification, that student will be removed from the clinical site until this is done. The student will be responsible for paying for and making up the clinical time. If it goes past the timeline given of 7 total missed days of that course, then the student may fail the course and be dismissed from the program.

27. **Refusal to Seek Treatment**-After a potential injury/illness and any student refusing to seek treatment and/or obtaining other means of getting home (at Clinic or Campus), must fill out the “Refusal to Seek Treatment and/or Obtaining Other Means of Getting Home” form (acquire from Program Director and/or secretary of program) after filling out the proper “Student/Exposure Report” form (located in the Program Policy Manual). Public Safety on Campus and the Program Director will be made aware by the Faculty member.

* **Purchase of a Lab Coat versus Scrubs:**

If a student is concerned about possibly not passing a course and/or an instructor suggests this may be a possibility during the first fall semester, it is highly recommended that the student purchase a “short white lab coat” instead of 2-sets of scrubs. This will allow the student to enter the clinic, wearing business casual clothes with the lab coat, for the 6 days of RAD 131; Clinical Education I course. If the student passes and is able to progress to the spring semester, then the student has plenty of time to purchase the required 2-sets of scrubs before the spring semester begins. Otherwise, the student will have only lost the lower cost of one lab coat versus the higher cost of 2-sets of scrubs.

(Revised 7/04, 7/05, 3/07, 5/08, 6/10, 4/11, 6/13, 8/14, 8/15, 8/16, 8/17, 8/19, 8/20, 9/21, 8/22; cd, 9/25 kly)

STUDENT IDENTIFICATION/PERSONAL APPEARANCE

Policy: All students shall wear SUNY Broome Community College student identification badges plainly visible at all times while attending clinical education.

Procedure: Each student must obtain a student identification badge for college. Each student must get their picture ID done at Public Safety and it must look professional. The Program Director will give students a deadline to get his/her picture ID done. Then “Clinical ID Name Badges” will be requested/sent to the Program Director who will then distribute them prior to clinical. The badge must be worn to be plainly visible at all times. If a lab coat is worn, it should not obscure the badge. **Per NYSDOH, the student’s name and title; “Student” must be visible.** (The identification badge costs \$5.00 and will be purchased by the student if lost.)

I. Personal Appearance

Policy: All students shall maintain an appropriate professional appearance when attending clinical education.

Procedure: An appropriate professional appearance involves more than a clean uniform.

Hair - clean and conservatively styled.

No unusual hair color will be allowed; such as purple, pink, green, blue, red, etc., if you show up with unacceptable hair color you will be removed from clinic and cannot return until hair color is restored. Clinical days lost will need to be made up (unless student is under the days allowed for that semester) and could potentially lead to failure. Students should not be coloring hair constantly even with neutral colors.

Make-up: not used excessively (i.e. fake eyelashes should not be of extensive length).

Jewelry - limited to no more than 1 ring/hand and wrist watch.

Bracelets - **not worn.**

Necklaces - worn inside top garment.

Pierced earrings should be post type; dangling or loop styles should be avoided. Only one earring per ear.

Oral/facial piercing jewelry/items must be removed for all clinical education components of the program. Also, because of possible complications such as closure or infections of pierced areas, the SUNY Broome Radiologic Technology Department prohibits any **NEW** oral/facial piercing or visible tattoos or body art **during** the duration of the student’s participation in the Radiologic Technology Program. Any existing tattoos must be covered. If visible new tattoos are obtained during the program, this may merit a “Progressive Disciplinary Action”.

Finger nails - short and nail polish, if any, clear and natural only. (**This does not include light pastels**) **NO ARTIFICIAL NAILS PERMITTED.**

These guidelines are based on psychological, hygienic and safety principles. Clinical Education is not a social event. Medical professionals can more effectively elicit a patient's cooperation if they have an appropriate professional appearance. **Students should be remembered for their competence and efficiency rather than the way they look.** Unnecessary jewelry harbors bacteria and other contaminants. Jewelry can also cause physical harm to the student or patient. Bracelets can get caught in machinery. Necklaces and loose earrings can be accidentally pulled off when moving or assisting patients. Long finger nails can be injured when operating equipment and pose risk of accidental scratching or puncturing of the skin of a patient or co-worker.

II. Personal Hygiene

Policy: All students shall maintain acceptable levels of personal hygiene when involved in clinical education.

Procedure: Personal hygiene must be observed for two reasons: maintaining asepsis and to avoid offending patients and co-workers. For aseptic reasons, students must keep their uniforms, lab coats, and shoes clean. All garments should be washed after each use. Hair that is longer than shoulder length must be tied back and otherwise restrained to prevent contact with patients or equipment. Hair styles should not allow hair to fall in one's face. Having to brush hair back during a procedure interferes with the procedure and can contaminate the face. Hands should be “washed or sanitized” after each patient and always before eating; gloves are required to be worn during certain patient interactions. Offensive body or breath odors should be avoided as they may adversely affect patient care or interactions with other personnel. Chewing gum in the clinical setting appears unprofessional, so gum should be avoided.

III. Uniforms

Policy: The student uniform shall be professional in appearance. Must be laundered and pressed and clean at all times.

1. Scrubs (As required per program): students will be required to purchase two (2) sets of short-sleeved scrubs. Scrubs will be purchased as a group during RAD 100. Students will also purchase a RAD Kit (2 sets of Lead Markers/ ID Name Reel Badge). A clean, white or black, unmarked cotton T-shirt or long sleeve may be worn under the scrub top.
2. Black shoes (rubber soled), cleaned and polished, are required. Tennis shoes, high-top sneakers, beach sandals, clogs, boots and high heels are forbidden. Black leather (nurse type) sneakers or Dansko Clinical shoes are acceptable if kept CLEAN and ALL BLACK.
3. Hair will be neat at all times. All students will tie back long hair and keep it off the face. Hair should not exceed collar length. Scarves, large barrettes or bows will not be worn. Discreet use of make-up will be required. Heavy eye shadow, mascara and rouge will be avoided.
Beards, mustaches, and sideburns must be well trimmed.
4. All students' fingernails will be short, neat, and clean. Only clear and natural polish will be accepted. This does not include light pastels. **The wearing of artificial fingernails will not be permitted. The possibility of fungal infection is a concern in patient care situations. If continual use of colored nail polish, this will merit the “Progressive Disciplinary Action”.**
5. Perfume and aftershave lotions will be used in moderation. **Strong scents**, which may be offensive to or cause allergic reactions to patients or others, will be avoided.
6. Students are permitted to wear wedding, engagement or class rings and watches (no smart watches or fit bits). Jewelry in excess (necklaces, earrings, pins, medallions) shall not be worn, especially long, dangling type.

(Revised 7/04, 7/05, 3/07, 5/08, 6/10, 4/11,
6/13, 8/14, 8/15, 8/16, 8/17, 8/19, 8/20, 9/21, 8/22; cd, 9/25 kjy)

Lead Markers:

Using lead markers to document that you were the person who took the image is a **legal** requirement.

You are required to have your lead markers with you in the clinical area at all times.

In the event that you do not have your markers because they have been lost, you may be sent out of your clinical rotation until you receive a new set of markers.

***After original marker purchase with the program, you can purchase new ones through program approved site (be sure to follow policy)**

Visiting while in the hospital

While visiting patients, you are to abide by all the regulations pertaining to other hospital visitors. You should not visit patients while in your uniform due to cross contamination.

Smoking

In accordance with all clinical sites, you are not permitted to smoke in any of the clinical settings. Specified areas must be adhered to. Along with staff and faculty, you share the responsibility for adhering to and enforcing this policy. Should you return to clinical after smoking, it is highly recommended that you wash and use breath mints. Also, be aware that you may carry the smell of stale cigarettes or smoke on your clothing. Patients may be affected adversely.

Use of phones, computers, internet, and fax machines

Students are **NOT** allowed to utilize landline phones, cell phones, computers, internet, and fax machines or other electronic devices for personal use at any affiliating hospital. In case of emergency please see your clinical instructor to get proper phone numbers that your family can use to get a hold of you in case of an emergency only. The only time accepted will be for “Trajecsys” clinical use for signing in/out for attendance.

Profanity

Use of profanity or inappropriate language is not permitted in classrooms, online classes (or zoom meetings) labs, clinical settings, and/or meetings with faculty/staff. Violation of profanity policy may result in removal from the area, and written warning according to program policy. If the behavior is extremely unprofessional, student may be immediately dismissed.

**SUNY BROOME COMMUNITY COLLEGE
HEALTH SCIENCES DIVISION**

CHEMICAL IMPAIRMENT POLICY

CHEMICAL IMPAIRMENT POLICY

The Health Sciences Faculty defines the chemically impaired student as a person who, while in the academic or clinical setting, is under the influence of, or has abused, either separately or in combination: alcohol, over-the-counter medications, illegal drugs, prescribed medications, inhalants, or synthetic designer drugs. Abuse of the substances includes episodic misuse or chronic use that has produced psychological and/or physical symptoms, for example: odor of alcohol; unsteady or staggering gait, rapid or slurred speech; dilated or pinpoint pupils; blood-shot eyes; fine motor tremors, difficulty in calculation; inability to follow directions; impairment of ability to function appropriately in the classroom, lab, or clinical site, and nausea, vomiting and sweating. Students who are found to be chemically impaired will be removed from the classroom, lab, and/or from clinical placement.

(Revised: 7/2009, 8/2014, 8/2015, 8/2023; cd, 9/25 kjy)

STUDENT CODE OF CONDUCT/PROGRESSIVE DISCIPLINARY ACTION POLICY

Radiography students are expected and required to conduct themselves in a professional manner at all times. It is essential that certain necessary regulations be established to serve as guidelines to better enable us to give the best care possible to our patients. For this reason, the following criteria help identify clinical conduct that may lead to the program's "Progressive Disciplinary Action Policy".

The following may lead to Progressive Disciplinary Action:

1. Unsatisfactory achievement of level of clinical objectives.
2. Unsafe clinical practice. It is understood that unsafe practice may include either a combination of several or repetitive examples of the following:
 - a. Errors in recordings of pertinent clinical data.
 - b. Failure of safely adopting basic patient care skills to actual patient care resulting in actual or potential patient harm.
 - c. Failure to demonstrate sound judgment relative to the student's degree of curriculum completion.
 - d. Allowing personal or emotional problems to interfere with the safe and appropriate diagnostic service to the patient.
3. Failure to establish effective working relationships with health team members in providing patient care.
4. Failure to establish effective relationships with patients, visitors, students, or hospital employees.
5. Violation of ASRT code of ethics or practice standards, or violation of the ARRT rule of ethics.
6. Engaging in disorderly conduct that could ultimately threaten the physical well-being of any patient, visitor, student or hospital employee.
7. Restricting or impeding clinical output.
8. Altering or punching another's time record or inducing any student or hospital employee to do so.
9. Inappropriate dress or appearance based upon program regulations.
10. Creating or contributing to unsafe or unsanitary conditions.
11. Evidence that a student is under the influence of alcohol or a mind altering drug while on a clinical assignment. The student will be sent from the clinical area immediately. If there is evidence of a pattern of substance abuse, the student will be:
 - a. Required to withdraw from the program.
 - b. Counseled regarding the availability of a recognized program of substance abuse treatment.
 - c. Required to obtain written verification from a physician or psychologist that they are no longer chemically dependent.
 - d. Permanently dismissed from the program for a repeated offense.
12. Unethical use of social networking or internet.

13. Failure to assume the responsibilities of a student in the Radiologic Technology Program:
- a. Excessive tardiness or absences.
 - b. Inappropriate personal appearance or inappropriate clinical behavior.
 - c. Unethical or immoral behavior, i.e., lying, cheating, stealing, intimidating, threatening, etc. Serious violations may warrant immediate dismissal from the program.
 - d. Repeated failure to submit required work in the clinical area, trajecsys, or repeated lateness in submitting work.
 - e. Leaving clinical area without proper authorization.
 - f. Misuse of falsification of patient, student, or official hospital records, without proper authorization.
 - g. Insubordination and refusal to obey orders.
 - h. Failure to be ready for clinical assignment at starting time.
 - i. Violation of safety rules and regulations.
 - j. Misuse of clinical time.
 - k. Performing a repeat radiograph without a radiographer present and/or deciding to repeat an image on your own.
 - l. Use of electronic devices in clinical, classroom or lab.
14. Other areas of conduct that may lead to immediate program dismissal and failure:
- a. Theft, abuse, misuse, or destruction of the property or equipment of any patient, visitor, student, hospital employee or the hospital.
 - b. Disclosing confidential information about any patient, student, or hospital employee without proper authorization.
 - c. Immoral, indecent, illegal unethical or unprofessional conduct on hospital premises.
 - d. Possession of weapons, wielding or threatening to use firearms, illegal knives, etc., on hospital premises.
 - e. Assault on any patient, visitor, student or hospital personnel.
 - f. Misuse or falsification of patient, student, or official hospital records without proper authorization.
 - g. Removal of patient, student, or official hospital records without proper authorization.
 - h. Failure to provide for the physical and psychological well-being of the patient.
 - i. Misuse of electronic devices in clinical, classroom or lab.
 - j. Insubordination
15. Failure to meet the Clinical Guidelines & Competency Levels of the SUNY Broome Community College Radiologic Technology Program.
16. Clinical Accountability
- The faculty believe that the physical and emotional welfare of patients and their families have the highest priority. A student who demonstrates clinically unsafe practice which jeopardizes the physical or emotional welfare of patients or their families may be dismissed from the clinical area. Unsafe clinical practice is defined as any behavior determined by faculty to be actually or potentially detrimental to the patient or to the health care facility. This behavior may be related to many factors: e.g., physical or mental health problems, knowledge deficits, problem-solving skills deficits, anxiety, inappropriate communication, lack of proper communications, etc.

A student who has demonstrated clinically unsafe behaviors may be relieved of clinical responsibilities and referred to the appropriate resources for evaluation and/or assistance.

Disciplinary Action Policy: will be presented within a reasonable timeline and discussed with student/s. Student may be requested to attend a meeting and the Disciplinary Action will be discussed at that time. This is an opportunity for student/s and faculty to try and resolve the issue/s of concern. If serious enough, the student/s may be dismissed, otherwise it is an attempt to make the student/s aware of inappropriate behavior, discuss the full situation, and provide objectives to improve said behavior.

Incident Report Form

This report MUST be filled out by Student Radiographers or Clinical Site Instructors when the following incidents occur:

1. When a registered technologist is not available to directly or indirectly supervise a radiographic procedure.
2. When a registered technologist is not available to directly supervise any repeat radiographic procedure.
3. When any substandard, unethical or inappropriate conduct is observed.

THIS REPORT IS BEING FILED IN REFERENCE TO:

Name: _____

Date of Incident: _____

Site of Incident: _____

Description of Incident:

Signature: _____ Date: _____

STUDENTS MUST HAVE DIRECT SUPERVISION WHENEVER REPEATING RADIOGRAPHIC IMAGES!

CLINICAL SUPERVISION

DIRECT SUPERVISION

Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified radiographers. The parameters of direct supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student's achievement;
2. A qualified radiographer evaluates the condition of the patient in relation to the student's achievement;
3. A qualified radiographer is present during the conduct of the examination; and
4. A qualified radiographer reviews and approves the radiographs.

INDIRECT SUPERVISION

Provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "**Immediately available**" is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

The parameters of indirect supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student's achievement;
2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge;
3. A qualified radiographer is immediately available to assist the student regardless of the level of student achievement;
4. A qualified radiographer reviews and approves the radiographs.

After demonstrating competency, students may perform procedures with indirect supervision.

Regardless of competency level, students must have direct supervision when performing:

1. Trauma Procedures
2. Surgical Procedures
3. *Repeat Radiographic Images
4. Portable Radiography
5. If the student has NOT previously demonstrated successful competency on the radiographic procedure being performed.
*Students **MUST** keep a "**Repeat Log**" recording their repeats, **INITIALIZED** by a **qualified radiographer!**

STUDENTS MUST HAVE DIRECT SUPERVISION WHENEVER REPEATING RADIOGRAPHIC IMAGES!

***THIS FORM MUST BE POSTED IN CONTROL AREA!**

STUDENTS
MUST
HAVE
DIRECT
SUPERVISION
WHENEVER
REPEATING
RADIOGRAPHS

Remedial Direct Supervision Policy

Remedial Direct Supervision: SUNY Broome Community College Radiologic Technology Program has Direct/Indirect Supervision and these policies will not change. However, we also have a supervision policy called: **“Remedial Direct Supervision”**. Due to subsequent disciplinary action, a Program Director (or an appointed Faculty Designee) may request in writing, that a student follow the **“Remedial Direct Supervision Policy”**, whereas both the student and Program Director (or an appointed Faculty Designee) will sign/date it. **This means the student is not allowed to perform any exam (Comped or Not) or take any x-ray exposures without a Licensed Radiologic Technologist (R.T.) directly present with the student throughout an entire exam.** The student is responsible to **inform** any R.T. that is assigned to him/her, that he/she is under **“Remedial Direct Supervision”**, and explain what that policy means per SUNY Broome Community College Radiologic Technology Program. If a student is placed under **“Remedial Direct Supervision”**, that student will remain so until lifted by the Program Director (or an appointed Faculty Designee), in writing. This policy supersedes the Direct/Indirect Policies for the student under **“Remedial Direct Supervision”** until it is lifted by the Program Director. An affiliated site has the right to and may request the student not attend their site due to such restrictions. The Program Director will then attempt to find an affiliated site that will accommodate the student, however if the Program Director is unable to, the student **may not** be able to continue in the program. Most of our affiliated sites are willing to have a **“Remedial Direct Supervision”** student, unless it is due to a “Patient Safety Issue”.

Cell Phone/Smartwatch/Electronic Devices Use at Clinical/Campus:

Students cannot use a Cell Phone, Smartwatch, or personal electronic devices at clinical sites or during any class/lab time for the Radiology Program. Students may use a Cell phone or Smartwatch to sign in or out for Trajecsys, however that is the only time. Texting or using the phone is inappropriate unless used during breaks and lunches. Otherwise, the cell phone or smartwatch may not be on the individual student. This pertains to all classes/labs for the Radiology Program as well. Even if the instructor is busy talking with another student or hasn’t started class/lab right away for any reason, students are not to have a cellphone or smartwatch **on them** or on the desk. Students may leave them turned off and in their book bag or coat pocket, where it is not easily accessible. If a student is expecting an emergency call at clinic, then give the caller the clinic phone number to contact you. If it is during a class/lab, ask permission from the instructor to have it on silent/vibrate. If a student tends to leave class/lab continually for bathroom breaks and found utilizing the cellphone/smartwatch, the student will be put under the disciplinary policy.

Penalties may be incurred for violations of the “Cell Phone Policy”. **Due to the seriousness of this offense, penalties will include:**

First Offense:	Written Warning
Second Offense:	Students clinical grade lowered one whole grade
Third Offense:	Will lead to dismissal from the program

These penalties are accumulated over the 21-month Radiologic Technology Program.

Addressing Faculty as Professor...:

The Health Science Division supports the Radiologic Technology Program in requesting that all students in the program are to address the faculty as “Professor ... (Professor’s last name)”.

***REPEATING RADIOGRAPHS POLICY OFFENSE**

Due to many influencing factors, repeating a patient’s radiograph(s) has the potential to compromise the safety and welfare of the patient, the student and other healthcare workers. Therefore, any student repeating radiograph(s), for any reason, must perform the repeat(s) under the **Direct Supervision** of a supervising technologist /faculty, **WITH NO EXCEPTIONS.**

Penalties may be incurred for violations of the repeat policy or supervision policies. **Due to the seriousness of this offense, penalties will include:**

- First Offense:** Written warning
- Second Offense:** Students clinical grade lowered one whole grade
- Third Offense:** May lead to dismissal from the program

These penalties are accumulated over the 21-month Radiologic Technology program.

***FAILURE TO ABIDE BY DIRECT OR INDIRECT SUPERVISION POLICY OFFENSE**

Penalties may be incurred for violations of the Direct or Indirect Supervision policy. **Due to the seriousness of this offense, penalties will include:**

- First Offense:** Written warning
- Second Offense:** Students clinical grade lowered one whole grade
- Third Offense:** May lead to dismissal from the program

These penalties are accumulated over the 21-month Radiologic Technology program.

***PATIENT ABANDONMENT OR FAILURE TO ABIDE BY A REMEDIAL DIRECT SUPERVISION POLICY= IMMEDIATE DISMISSAL**

Students may **NOT** abandon his/her patient. This means unless you are specifically excused, you cannot sit behind control panel or walk away because a technologist or instructor is with the patient. If you start a case, you should finish the case. If instructor or technologist asks you to leave, then that will be put into consideration. (I.e. you cannot leave the patient if a technologist steps into the situation, unless you are asked to leave. You stay and help the technologist rather than abandoning the situation.) If under a Remedial Direct Supervision Policy and a student does not abide by it, it may lead to an immediate dismissal.

Student Name: _____

Student MUST turn this in to the Program Director/Clinical Coordinator at the end of each semester.

**Documentation Form
 REPEAT RADIOGRAPHS**

Any radiographic procedure attempted by the student radiographer that requires an additional exposure to correct a deficiency **MUST** be recorded. **The repeat will be done under the direct supervision of a Registered Radiographer (ARRT).** R.T.'s initials also reflect his/her acknowledgement of the Program's "Repeat Radiograph Policy". Students are to turn this form in to Clinical Instructor near the end of each semester, so confirmation can be made with RTs and their actual initials! Record the following information below:

Exam/View	Explanation for repeating this exam/view	RT MUST Initial-Not STUDENT	Date

- ◆ Clinical Instructor: _____ Semester/Year _____
- ◆ Describe any indications about the information above that you feel are important. Please do so below.
- ◆ Students must keep copy of repeat log until the end of each semester, then turn it into their clinical instructor/preceptor, or clinical coordinator/program director.
 (Revised: 8/14, 8/15, 8/16, 8/17, 8/19, Reviewed; 8/22, 8/2023; cd, 9/25 kjy)

SUNY BROOME COMMUNITY COLLEGE

Radiologic Technology Program

P.O. Box 1017

Binghamton, NY 13902

(607) 778-5261

CLINICAL EDUCATION

PREFACE

Clinical education is an integral part of the Radiologic Technology education. It is a supervised learning experience where the student is given the opportunity to practically apply concepts learned in the classroom. It is during this experience that the student enhances his or her knowledge of radiologic technology procedures; learns interpersonal interactions; develops verbal and nonverbal communication skills; technical skills; problem-solving; critical thinking; professionalism; ethics; professional growth in continuing education; and begins to fully understand the role of the Radiologic Technologist in the health care system.

The most formative experiences for Radiologic Technology students are their clinical affiliations. It is at this time that the student begins to integrate all that they have learned in the academic setting and apply it to patients in need of x-rays. It is because of this significant role that this manual has been created. We hope to ensure clear guidelines regarding clinical education for students, Clinical Instructors, and Preceptors.

Students in the Radiologic Technology Program must be able to transfer knowledge gained in the classroom to the clinical environment. It is vital to a student's progress that he or she is evaluated within the psychomotor, cognitive and affective domain for overall performance and professional behavior while assigned to the clinical education centers. Policies set forth in this manual are binding and as a result, student compliance is essential.

Examples of forms for clinical education are included in this manual. Additional forms are available from your clinical instructor and/or program. Students are responsible to document in Trajecsyst. Some forms may be required to be filled out in writing until full transition to Trajecsyst system. Students are responsible for all current and accurate clinical education documentation. Always confer with your clinical instructor for advice and direction. The clinical coordinator is also available and welcomes the opportunity to clarify policies and procedures.

Brightspace is also utilized during each clinical course for "Image Critique" exams, preparation assignments, schedules, and Course Main Communications.

(Revised: 5/07, 7/10, 7/11, 8/15)

(Reviewed: 8/14, 8/15, 8/16, 8/17, 8/18, 8/20, 8/22, 8/23; cd, 9/25 kjy)

STEPS TO SUCCEED IN CLINICAL EDUCATION:

- **Know what is expected of you in clinical education - read the course syllabus and the clinical objectives per Clinical Course (RAD 131, 132, 133, 230, & 232)!**

At the clinical site, if unsure, always ask before you take action.

- **Know what documentation is necessary for you to complete.**
- **Know the time lines for image critiques, grades, hours, simulations, mid-term and final proficiencies, and competencies!**
- **Know what makes up your clinical grade for each clinical course!**
- **Know how your grade is calculated!**
- **Know the dress code!**
- **Do not carry cell phones on your person in the clinical education setting.**
- **Check with your clinical instructor/preceptor/clinical coordinator as to how you are doing.**
- **Communicate with staff “Radiologic Technologists”!**

Find out where you can improve.



CLINICAL SCHEDULE

Students are assigned to a primary hospital clinical site, along with its affiliated outpatient clinics, where they will complete approximately 300 hours. Over the course of the program, each student will rotate through two main hospitals in town and one out-of-town hospital. In total, students will complete three site changes, adding up to 900 clinical hours.

Our clinical affiliations are located at hospitals or small clinics, all within one-hour travel distance of SUNY Broome Community College Campus. *Students are responsible for their own transportation to classes and clinical rotations. The Program Director/Clinical Coordinator reserve the right to make clinical schedule/site changes for any reason deemed necessary at any time. Our ultimate goal is to maintain the clinical site rotation and time schedule, except due to unforeseen circumstances beyond our control. Otherwise, the clinical hours/days that are scheduled by the Clinical Coordinator /Clinical Instructors/Program Director will be strictly adhered to by students.

CLINICAL EDUCATION I (Fall Semester)

Begins the last 3 weeks of the Fall semester. It consists of Tuesdays and Thursdays—Orientation and observation in a radiology department.

RAD 131 Clinical Education I
8:00AM-4:00PM (7.5 hours)

- 1 Credit
6 Days; 45 hours

CLINICAL EDUCATION II (Spring Semester)

Spring Semester consists of Tuesdays and Thursdays. Competencies and Simulations begin.

RAD 132 Clinical Education II
8:00AM-2:30PM, 9:00AM-3:30PM (6 hours)
(7:00AM-1:30PM, at explicit sites only)

- 4 credits
30 Days; 180 hours

CLINICAL EDUCATION III (Summer Semester)

Ten weeks, 30 days total. Students will follow schedule (A or B) and the times given. Students may be on campus 2 days for Image Critique Exams/Simulation/Fluoro Discussion, and Mid-Term Proficiency days. These days may also consist of a Guest Speaker and/or Stations of Critical Thinking! Competencies and Simulations progress. Modality rotations may begin after first summer term fully online “Imaging Modalities” course is successfully completed. Student must put in 1 day of CT and ½ days in other modalities. This requirement will progress to other semesters if not obtained during latter half of summer term.

RAD 133 Summer Clinical Education III
8:00AM-4:00PM (7.5 hours)

- 5 credits
30 Days; 225 hours

A fully online course will be taught for the first term (five weeks) of the summer semester.

RAD 216 Y Imaging Modalities - 1 credit (fully online course)

CLINICAL EDUCATION IV (Fall Semester)

Second Fall Semester consists of Mondays, Wednesdays & Fridays (3 days/week) Competencies, Image Critique Exam, and Simulations progress.

Evening rotation may begin the last 6 months of the program per NYSDOH, Dec.-May. (40 hours minimum- 80 hours maximum per N.Y. State)

RAD 230 Clinical Education IV

8:00AM-2:30PM, 9:00AM-3:30PM (6 hours)
(7:00AM-1:30PM, at explicit sites only)

Evening rotation: 2:30PM-9:00PM

- 6 credits

45 Days; 270 hours

CLINICAL EDUCATION V (Spring Semester)

Second Spring Semester consists of a Monday & Wednesday or Wednesday & Friday schedule. Students will follow schedule (A or B) and the times as given.

(2-days/week) Completion of ARRT Required Competencies and Final Proficiency reflect competent, entry-level professional skills. Evening rotation may begin the last 6 months of the program per NYSDOH, Dec.-May. (40 hours minimum- 80 hours maximum per N.Y. State)

RAD 232 Clinical Education V

8:00AM-2:30PM, 9:00AM-3:30PM (6 hours)
(7:00AM-1:30PM, at explicit sites only)

Evening rotation: 2:30PM-9:00PM

- 4 Credits

30 Days; 180 hours

141 Days; 900 hours

50 Volunteer hours (pre-req. Rad 100)

Total: 950 hours

The pre-requisite for RAD 100; Introduction to Clinical Education requires incoming students to do 50-Volunteer/Service Learning hours in a health care setting. The following page explains the requirement. The Faculty, Advisory Committee, and Assessment Committee all agree that this pre-requisite requirement gives the student more time in the health care setting and will help students to determine if this is the right profession for them. Program Director reserves the right to forego this requirement (i.e. COVID-19 pandemic, etc.).

Our ultimate goal is to maintain the clinical site rotation and time schedule, except due to unforeseen circumstances beyond our control. Otherwise, the clinical hours/days that are scheduled by the Clinical Coordinator /Clinical Instructors/Program Director will be strictly adhered to by students.

The clinical rotation is scheduled this way in order to gain the maximum experience in all types of health care facilities with the total number of curriculum clinical hours obtained in respects to SUNY Broome's Credit Hour Policy # AA4002 and SUNY's Policy 1305; Carnegie unit. These assignments will be based upon educationally sound principles and are reviewed by the Clinical Coordinator and Program Director. You will be given an orientation to the staff and facility during the first week of your clinical education. For your convenience, the list of facilities, phone numbers, addresses, and people to contact is provided for your reference. (Refer to beginning of the "Clinical" portion of this manual to locate the Clinical Instructors/Preceptors/Sites and Phone Numbers and for proper Chain of Command for Communications.) Maps to each site are also available online.

In the best interest of the student, the faculty reserve the right to require a student to remain at any site they feel necessary. Students learn at different rates and sometimes it is better to remain at a site for a longer period of time and/or change a site if necessary.

NOTE: All courses, laboratory and clinical syllabi may be changed or modified at the discretion of the instructor or program director.

Clinical Syllabus

Each semester Clinical Syllabus will be given to students (if not prior to) on the first day of the clinical assignment as with all RAD designated courses. Students must fully read and be aware of the clinical course syllabus requirements each semester. If a student has any question in regards to the clinical syllabus given, please ask the Clinical Instructor, Clinical Coordinator, or the Program Director for clarification.

Students are responsible to maintain a 1" Clinical Notebook binder. It should be clearly labeled and professional looking with the student's name/SBCC Radiologic Technology Program on the top and side of the binder for easy recognition. Students are to properly maintain all required materials (i.e., program/clinical policy manuals, each clinical syllabus, clinical assignments, repeat log records, dosimetry records, etc.). They must maintain an organized and current itemized documents within it and provide access to it whenever asked by Clinical Instructors/Clinical Coordinator/Chairperson. This will be reviewed by Clinical Coordinator or Clinical Instructor at the end of every clinical course as a requirement to pass each clinical course. This is on top of the electronic clinical record keeping system requirements in Trajecsys and Brightspace.

***Students are also required to turn in their "Repeat Log" at the end of every clinical course to the Program Director or Clinical Coordinator.**

“Required Documents within Clinical Notebook”

- **Program/Clinical Education Policy Manuals**
- **Each Clinical Syllabus**
- **Clinical Rotation List**
- **Student Commentaries**
- **Repeat Logs**
- **Dosimetry Records**
- ***All other Evaluations** (i.e., Competencies/Simulations, Ethical & Prof., Staff., Pt. Communication, Radiation Protection, etc.) **MUST** be documented and in Trajecsys per semester.

CLINICAL EDUCATION ELIGIBILITY

In order to be assigned to the clinical education courses and to continue the assignment, the student must meet the following requirements:

1. Be a fully matriculated student in the Radiologic Technology Program.
2. Attend all classes, clinical, and laboratory courses assigned.
3. Demonstrate successful mastery of the proficiency examinations in the positioning laboratory.
4. Must attain a passing grade in the Radiation Protection Comprehensive Final exam with a 'C' grade or higher. Must understand and apply the ALARA principle. Students must also have a passing grade of 'C' or higher in all RAD and General Education courses.
5. To be assigned to the clinical course or remain in a clinical course, the student must maintain the required grade in all Radiologic Technology courses and/or General Education Courses in the Program Curriculum (or by Permission of Program Director) All RAD courses and Gen. Ed. Courses must be passed with a "C" or higher.
6. Have successfully completed BIO 131; Anatomy & Physiology I for the Clinical assignment and successfully complete BIO 132; Anatomy & Physiology II for subsequent clinical courses. Both Biology courses must be completed with a "C" or better.
7. Meet all the clinical competency evaluation requirements, performance evaluations, and Professional and Ethical Evaluations in order to remain or progress in clinical education courses.
8. In order to progress to the next clinical assignment, the student must meet attendance requirements and complete the required number of competencies and simulations with a minimal grade of 80%.

CLINICAL ATTENDANCE

ABSENCE NOTIFICATION:

If you are unable to attend clinical you **MUST** contact your Clinical Instructor/Preceptor *and* the Clinical Coordinator (778-5063) by at least one hour prior to the scheduled time of arrival, if possible, or no later than 9:00 AM. You are required to call and leave a message (including the reason for being absent) with the Clinical Coordinator or Program Director via e-mail or voicemail by 9:00AM. Please utilize the email in the pertaining clinical course within blackboard. **Message may not be relayed via another student.**

CLINICAL EDUCATION (PRACTICUM) ATTENDANCE REQUIREMENTS

CLINICAL ABSENCE NOTIFICATION:

Attendance in practicum courses is mandatory. Students should report on time for each clinical session and adhere to the time allowed for lunch and break. On time for clinic means the student is in the radiology department/section and fully ready to function at appointed time. Students should expect to stay for the entire scheduled clinical day. **Appointments or other work should not interfere with scheduled clinical time. This includes not having to leave the practicum early to arrive at his/her work on time.** Students must plan accordingly. Satisfactory attendance is required for the successful completion of the clinical rotation. **Students are not to take “Vacation Time” on Clinical Days.**

Illness or an emergency that requires that a student be absent **MUST** be reported to your clinical instructor/preceptor at the clinic site (be sure to have the clinical instructor/preceptor contact number available) and the clinical coordinator (778-5063) early on the day of absence, at least one hour prior to the scheduled time of arrival, if possible, or no later than 9:00 am. **Message may not be relayed via another student and the student shall give reason for non-attendance.**

There is no penalty for students who are absent because of academic activities, religious observances of faith, the student’s serious illness, death in the immediate family, or attendance to statutory governmental responsibilities (jury duty). Students will be responsible for material and assignments covered during their absence and will be allowed reasonable time to complete missed assignments.

CLINICAL ABSENCES:

As part of your clinical education you must learn to become **dependable and reliable**. Students will be allowed to miss 2 clinical days in any semester **due to illness**, except Fall, RAD 131 and Summer Term, RAD 133*. The two days do not need to be made up. If a student should miss the 3rd day through the 7th day (five more days on top of the 2 given), that student **MUST** makeup time the week that immediately follows that semester or by permission of the Program Director. However, the fall semester makeup will be during the first full week of January. RAD 131 and RAD 133, the 1 day does not need to be made up, however if a student should miss the 2nd day through the 7th day, that student **MUST** makeup time the week given per program. It will be up to the Clinical Instructor/Clinical Coordinator to determine which days the student will be in to make up clinical time owed.

***There is a Health Science clinical makeup fee**

\$60

(<http://www.sunybroome.edu/college-fees>) per day of makeup. Designated days total per clinical course can be made up per semester, but at the makeup fee per day. This fee must be paid prior to plan clinical makeup time (with Student Accounts) and a copy of their receipt must be given to the secretary to put in the student's file. The Program Director will inform students the due date for payment of make-up time. The student is responsible to inform the Clinical Coordinator and his/her Clinical Instructor or Preceptor of any absences and why the student is absent before 9AM on each absence.

If you do not call in by 9AM, student will be downgraded on The Ethical & Professional Evaluation, under Section II. Attitude; #4 Attendance and punctuality and under Section V. Participation, #3; Assumes Responsibility and #5; Dependable.

***If a student misses more days beyond the given days per clinical course (7 days total), the student cannot meet the course requirements and thus results in a failing grade.** The Program Director reserves the right to write an incomplete contract if deemed necessary per legitimate reasoning of extended absenteeism (i.e. severe illness, pregnancy, etc.) and when the makeup time will occur. Students may have to pay the Health Science Clinical makeup fee for time owed.

All students must be in attendance at clinic on the last day of that clinical course per semester. Students are not allowed to perform competencies on the last day unless permitted by Program Director or Clinical Coordinator. Also, students may not perform competencies on clinical makeup days. Note: If a student has occurrences of tardiness (of 5 minutes or more) for a total of five days, this will merit "Progressive Disciplinary Action". Students are not allowed to leave early due to work. If this occurs, this also may merit "Progressive Disciplinary Action".

***RAD 131 and RAD 133; Summer Term Attendance: Students are only allowed 1 day of illness. Days 2-7 will be made up and paid for at the \$60/day fee prior to make-up week.**

The One or Two Clinical Days missed, but not to be made up is only if due to illness.

****It is not to be utilized as a personal day or stored until end of the semester and used as a personal day off.**

GRADING POLICY

The program adheres to the grading policy, as published in the college catalog.

A minimum grade of C in each RAD course is required in order for a student to progress in the Radiologic Technology curriculum. A copy of the equation for determining the students' grades in each course will be given to students during the first meeting of that course. It will include:

1. The number of quizzes/exams to be given
2. Additional criteria to be used to determine grades
3. Breakdown of the percentage of grade assigned to each exam/quiz/additional criteria

In order to progress and graduate from the Radiologic Technology Program, a grade of "C" or better is required in all RAD designated courses, RAD Clinical Education courses, Anatomy & Physiology I/ II courses, and all General Education courses.

RAD TECH Program Grade Scale:

93.0 – 100 = A 3.7 – 4.0

90.6 – 92.9 = B+ 3.4 – 3.6

88.3 – 90.5 = B 3.0 – 3.3

86.0 – 88.2 = B- 2.7 – 2.9

83.0 – 85.9 = C+ 2.4 – 2.6

80.0 – 82.9 = C 2.0 – 2.3

79.9 or below = F

There will be no curving or rounding up of grades, i.e. 79.9% is a failing grade!

Demonstration of Critical Thinking Skills

Critical Thinking Skill	Excellent Performance	Above Average	Average	Needs Improvement	Unacceptable
Student obtains images when the patient is unable to cooperate due to severe injury or disability					
Student performs appropriately in a trauma or pediatric radiographic exam or simulation					
Student identifies actions necessary for demonstration of pathological conditions					
Student determines the appropriate action to provide the lowest patient dose					
Student uses sound reasoning in making decisions and reaching conclusions					
Student demonstrates ability to handle pressure					

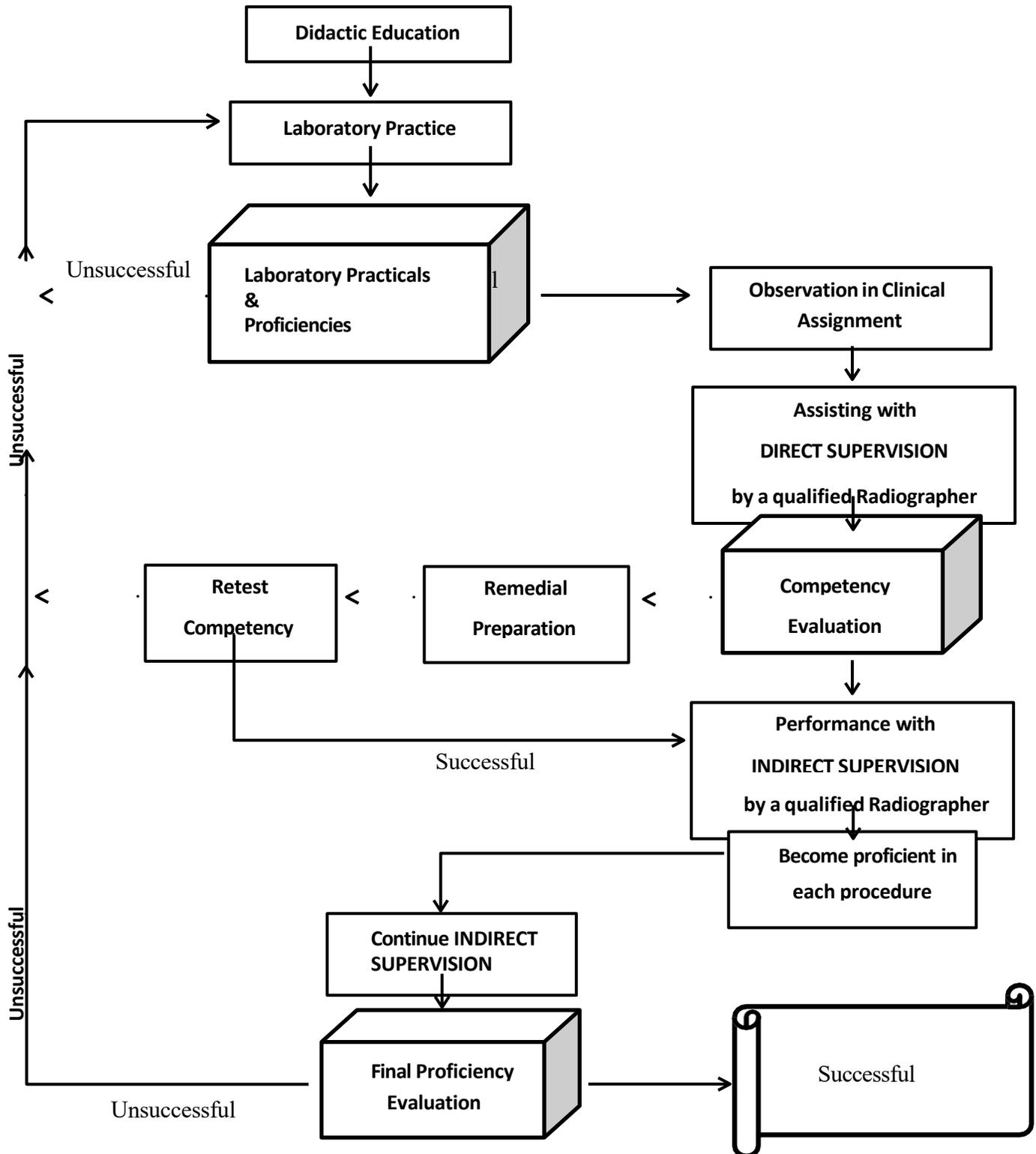
COMMENTS:

Student Signature _____

Clinical Instructor/Preceptor _____ Revised 3/14
 (Student to place in Clinical Notebook) _____ Fall/Spring Semester (Circle)

CLINICAL EVALUATIONS

Clinical Education Flowchart:



**Radiologic Technology Program
Radiation Safety Handbook**

“CLINICAL RADIATION PROTECTION”

Reminders

ALL SUNY BROOME COMMUNITY COLLEGE RADIOLOGIC TECHNOLOGY STUDENTS!

- 1) All SUNY Broome Community College Radiologic Technologist Student MUST have a Lead Apron on during any Portable (mobile or C-arm) exposures.
- 2) No SUNY Broome Community College Radiologic Technologist Student shall hold a patient during an exposure.
- 3) No SUNY Broome Community College Radiologic Technologist Student shall take an exposure while a patient is being held.
- 4) All SUNY Broome Community College Radiologic Technologist Student will abide by Direct/Indirect/ and if applicable; the Remedial Direct Supervision.

Know The Rules!



No Excuses!

CLINICAL COMPETENCY EVALUATION METHOD

Introduction

Clinical competency has been established for the students enrolled in the SUNY Broome Community College Radiologic Technology Program. It is designed to evaluate the knowledge, skills, and abilities required of students within the clinical education component of the program.

Students will progress from the x-ray laboratory where procedures will be demonstrated, practiced, and evaluated prior to entering the hospital. After completing a minimum of three (3) prerequisite radiographic examinations, students must maintain a record of examinations. The student is required to perform clinical competency evaluations on specific examinations as determined by the clinical instructor.

First-year Students

Competency evaluations on first-year students must be conducted by the assigned clinical instructor/preceptor. In order to pass a competency evaluation a grade of 80% or better must be achieved. Difficulty in achieving competency may necessitate returning to the campus laboratory.

Second-year Students

When a second-year student is to be assessed, he/she may notify the clinical instructor or the assigned radiographer who will perform the competency evaluation. A grade of 80% must be achieved on the entire procedure in order to be deemed competent in each procedure.

Record-keeping

When the student has received a passing grade on the competency, it is documented on the Record of Clinical Competencies Form which is kept in the student's clinical file and as of fall 2017, stored in Trajecsys.

Rationale

The main purpose of the clinical education course(s) in any Radiologic Technology Program is to affect a transfer of knowledge from theory to the actual acquisition of skills in clinical diagnostic radiography. For the exams (i.e. taught in the Positioning courses; RAD 103L, 104, & 204L), students must first pass the practicals, proficiencies on campus, then practice these exams on patients, before attempting a competency.

The transfer is accomplished by a continuum of clinical assignments in all aspects of diagnostic radiographic procedures, with their correlation as close as possible to classroom and laboratory experience.

Students must realize that a finished diagnostic image and the observation of the student during the performance portion of that particular diagnostic procedure are by no means the only aspects of clinical education that must be evaluated. In addition, the following play an important role in the overall performance of a student in clinical education courses.

- 1. Attitude**
- 2. Enthusiasm**
- 3. Attendance**
- 4. Punctuality**
- 5. Personal appearance**
- 6. Interpersonal relationships with**
 - A. Patients**
 - B. Other health care professionals**
 - C. Fellow students**

Numbers 1-6 above will be evaluated using the Ethical & Professional Evaluation forms and through performance evaluations at the completion of each clinical education course.

CLINICAL EDUCATION COMPETENCY EVALUATION

OVERVIEW

This document offers guidelines for the evaluation of clinical performance within the Radiologic Technology Program at SUNY Broome Community College. A clinical education evaluation system provides students the opportunity to progress at an individual rate consistent with their ability, knowledge and motivation.

COGNITIVE, PSYCHOMOTOR AND AFFECTIVE DOMAINS

It is commonly acknowledged that cognitive (classroom or acquired knowledge) and psychomotor (clinical or motor skills) aspects of the curriculum should be integrated. The student should have mastered cognitive prerequisite competencies necessary for each phase of clinical education.

The affective aspects of the curriculum focus on the student's emotions, values, and attitudes. Affective performance ranges from receiving an emotion to organizing a value system to build character. (Teaching and evaluating the student's affective behavior in the clinical setting is key for this domain that builds positive value systems toward work and patient care.)

STRUCTURE OF CLINICAL EDUCATION

The cognitive, psychomotor and affective aspects of the curriculum are integrated through clinical education.

1. The student completes required didactic prerequisites.
2. The student begins clinical education by participating in laboratory practice.
3. The student progresses through laboratory practice by completing designated laboratory practicals.
4. The student observes a qualified radiographer in the execution of their duties.
5. Clinical education moves from a passive mode of observation to a more active mode by the student assisting the radiographer in performing radiographic procedures. The rate of student participation and progress depends on the student's ability to comprehend and perform the various assigned tasks under a radiographer's direct supervision.
6. The student attempts designated competencies. If unsuccessful, the student returns to the appropriate practice setting for structured and tailored remediation.
7. As the student gains experience in performing various radiographic procedure(s) and is successfully evaluated and proven competent, a gradual move into a more independent clinical performance stage evolves. At this stage, the student actually performs radiographic procedures under the indirect supervision of a radiographer.
8. Structured remediation is planned and tailored to meet the individual needs of students who cannot attain specific competencies.
9. The student must complete the required number of competencies each semester with a grade of 80% or better.

(Revised: 5/2007, 7/2010, 8/2014, Reviewed 8/2019, 8/2022)

CLINICAL COMPETENCY EVALUATION

The student will perform a competency evaluation to demonstrate their knowledge, skills and competency level for a particular radiographic procedure. If unsuccessful, the student returns to the appropriate learning setting for structured, tailored remediation and evaluation before again attempting the competency.

Upon successful completion of the competency evaluation, the student can perform all procedures of that type with indirect supervision while pursuing additional experience and efficiency.

The competency evaluation form is a structured evaluation tool designed to provide objectivity by the evaluator and consistency in grade determination.

Elective Competencies

The procedure to attain the required number of elective competencies during the 2-year period is as follows:

1. Elective competencies may be performed on a patient in the same manner as a mandatory competency. Grades will be determined and the student has the choice of accepting a “P” (passing grade) or having the grade count toward the overall clinical grade.
2. Elective competencies may be simulated for a P/F grade.
3. Student electing to perform a simulation will be required to perform one or all of the following:
 - A. Take a written test on the procedure.
 - B. Simulate the procedure on a mock patient.
 - C. Perform the procedure on the phantom patient in the campus laboratory.
 - D. Perform an image critique of the procedure.

Objectives for Simulations

The student shall be able to:

1. Perform an image critique on the finished diagnostic images.
2. Identify pertinent anatomy on a diagram and image.
3. Simulate the performance of the procedure on a patient and/or phantom.
4. Be able to provide a brief summary in essay format of the procedure including:
Central ray, projection, patient instruction, technical procedures, radiation protection and any unusual means of providing an optimal radiograph;
and/or
Answer a critical thinking question;
and/or
A written examination.

Clinical Competency Evaluation Rules:

1. Competencies may only be performed on examinations which the student has achieved a passing grade on campus laboratory examinations. Some exams, students may practice with technologists' guidance, but not take a competency exam until passing the exam on campus. There are some exceptions (i.e., scoliosis series, etc.) whereas only certain sites perform certain types of exams and are not taught on campus for various reasons.
2. Students should observe/perform a minimum of 3 examinations in the clinical setting prior to completing a competency (if possible).
3. The student must verbally request a competency evaluation.
4. The student must tell the clinical instructor/preceptor/ or technologist prior to set-up that they are calling for a competency. Questions concerning the examination may be asked of the clinical instructor/preceptor only. The clinical instructor/preceptor must determine if the question may or may not be answered.
5. A competency "cancellation" by a student should be asked for before the procedure begins. Reasons for Competency cancellations may be:
 - a. Difficult Patient
 - b. Severe Trauma
 - c. Uncooperative (Attitude)
 - d. Equipment Breakdown
6. A competency may be called off by a clinical instructor/preceptor/technologist at any time and at the discretion of the instructor/preceptor/technologist. Examples include, but are not limited to:
 - a. Patient in Jeopardy
 - b. Student unaware of the patient's condition
7. An Automatic Failure may be caused by:
 - a. Necessary anatomy not included in image/need to be repeated
 - b. Incorrect exam performed
 - c. Exam performed on incorrect patient
 - d. No Gonadal Shielding
 - e. Needing to perform a repeat and/or making major corrections prior to image being obtained during evaluation
 - f. No marker or incorrect marker used
 - g. Not utilizing student's own correct marker (with student's initials designating student obtaining the image) and/or correct temporary replacement marker given by instructor only)
 - h. Not having a qualified Radiologic Technologist confirm requisition/DR. s orders
 - i. Not asking female patient if they may be pregnant

Exceptions may be determined at the discretion of the program director/clinical coordinator/clinical instructor/preceptor only to any of the above rules.

Some failures are subject to the department in which the student is affiliated.

CLINICAL COMPETENCY

CRITERIA FOR PERFORMANCE EVALUATION

❖ **Tasks that must be performed. If they are not, could lead to automatic failure!**

- Specific evaluation of requisition and Doctor's order: Identifies procedures to be performed; identifies patient mode of transportation to clinical area (i.e. Ambulatory, wheelchair, stretcher)
- Use of correct marker
- Use of gonadal shielding on patients who are of reproductive age
- Question for possible pregnancy for female patients
- Perform exam without major correction or repeat
- Identifies the correct patient: Verifies patient name (establishes correct pronunciation within limits), checks date-of-birth, Pt. ID number checked (where applicable)

A. FACILITY AND PATIENT PREPARATION

1. Prepares room: provides clean areas in room, table, and linens. Has control panel ready
Removes all obscuring objects, and properly prepares patient (i.e. Removes jewelry, advises how to properly put-on gown)
2. Obtains and documents patient history and explains procedure and communicates with patient throughout the exam
3. Provides comfort for patient and respects modesty (i.e. Use of pillow and sheets, assist patient on and off table).

B. PATIENT POSITIONING

4. Utilize proper technical factors (kVp, mAs) and make adjustments as needed: comprehend control panel; give proper breathing instructions; use technique book; adapt for technique changes due to patient/body-part size, grid-ratio, SID, etc.
5. Properly position the patient in a timely manner: performs the exam in an efficient and timely manner for the projections ordered and the patient condition.
6. Correctly positions patient for all projections: positions patient/body-part correctly on the table; turns patient/body-part correctly if required (gently and safely); moves or angles the tube correctly if required. Student performs the exam in a manner that is expected of a freshman/ or senior student.
7. Proper alignment of the image receptor: patient/body-part properly aligned to IR
8. The central ray is properly positioned on the patient/body-part
9. The tube/ central ray is centered to the IR
10. Provide proper collimation: select the proper image receptor for image size; collimate within a "fingers-width" of body-part
11. Utilize the proper SID for the exam and projections and make adjustments as needed (i.e. tube angulation or patient size or condition.)
12. Select the proper Image Receptor size for the exam and projection, taking into account the patient's age, size and body habitus.
13. Orient the image receptor correctly for the exam and patient habitus/size. Use the indicator line properly, so that the image "hangs" correctly on the computer screen or viewing system.
14. Utilize accessory equipment (i.e. tape, sandbags, cushions) correctly to obtain diagnostic images when patient condition indicates.
15. Demonstrates the ability to manipulate equipment properly: turn tube from horizontal to vertical and vice-versa (if applicable); move bucky tray and utilize locks; utilize IR properly; identify and utilize tube locks.

16. Place appropriate marker in correct location on image/projection. Student should mark the appropriate side for the exam/projection and marker should be included in the collimated border of the image.
17. Provide appropriate communication with the patient throughout exam (i.e. verbal instructions, reassurance, empathy, compassion, and non-verbal cues and encouragement). Students should also interact appropriately with the patient's family for the situation and patient condition.
18. Demonstrate proper radiation safety practices (i.e. shielding patient, asking pregnancy), as well as utilizing time, distance, shielding, and protecting self and staff from unnecessary radiation.

C. REVIEW OF IMAGES

19. Identify images for proper technique, marker placement, evidence of collimation, and anatomy: exposure index within acceptable range; markers visible on image; correct patient identification on image; evidence of collimation correct for anatomy. Anatomy well demonstrated on images: image centered; patient aligned properly; adequate detail (no motion visible); body part in correct position
20. Student will identify anatomical structures visualized. **Students must be able to identify all pertinent anatomy on diagnostic images when asked during a competency exam and/or simulated exam!**

GRADING SYSTEM

Student's clinical education grade will be based on the following:

Students must maintain a grade of **C (80%)** or better to continue in clinical education.

The breakdown of each semester clinical grade will be written in each clinical syllabus. (i.e. they will consist of competency exams, simulated exams, Ethical & Professional evaluations, Image Critique exams, module assignments or exams, etc.)

The faculty/clinical instructors/technologists has the option of interrupting an examination which is being performed improperly as contraindicated by the patient's condition.

PROGRAM COMPLETION REQUIREMENTS

Policy

Qualified second year students are allowed to complete the program at graduation after academically and clinically successfully meeting all requirements.

Procedure

The following criteria must be met in order to meet the program completion date as described above:

The student **must**:

- Have completed all clinical competencies (mandatory, elective, mid-term proficiencies, and final proficiency).
- Achieve a grade of 80 or greater on the four (4) final comprehensive examinations within the three attempts provided on the following topics:
 1. Patient Care
 2. Safety
 3. Image Production
 4. Procedures

The ultimate approval for program completion is at the discretion of the Program Director and faculty. After the student has applied and scheduled their ARRT exam and met the above requirements, the Program Director will verify both graduation certification and ARRT program completion.

Competency Evaluation Form

Student Name: _____
 Procedure Being Evaluated: _____
 Facility/Room: _____

Simulation []

Grade: _____
 Date: _____
 Patient ID: _____

(Enter last 5 digits)

Any "NO" of the following can lead to automatic failure: (Circle "Y" or "N")

Specific evaluation of requisition/DR.s orders: [Y] [N] Marker/correct marker: [Y] [N]
 Provides gonadal shielding where appropriate: [Y] [N] Asks female pt. if they may be pregnant: [Y] [N]
 Performed exam w/o a repeat/major correction: [Y] [N] Identifies the correct patient: [Y] [N]

Competency Evaluation Criteria	Student meets or exceeds	Student partially meets	Student does not meet
The student should:			
1) Prepare the room & patient for examination (includes: changing the patient and removing all obscuring artifacts)	5	2	0
2) Obtain and document the patient history before the exam, and explain the exam to the patient	5	2	0
3) Respect the patient's modesty and provide ample comfort for the patient	5	2	0
4) Set proper exposure/technique factors for each projection	5	2	0
5) Performs the procedure within an acceptable time frame	5	2	0
6) Demonstrate the ability to perform the exam as expected	5	2	0
7) Align the body part to the Image Receptor(s) correctly	5	2	0
8) Align the central ray(s) to the body part correctly	5	2	0
9) Align the central ray to the Image Receptor(s) correctly	5	2	0
10) Use appropriate collimation for the exam/projection(s)	5	2	0
11) Utilize the correct Source to Image Distance (SID) for the exam/projection(s)	5	2	0
12) Select the appropriate Image Receptor size and location	5	2	0
13) Orient the image receptor correctly for the projection(s)	5	2	0
14) Use accessory equipment correctly for the exam and any patient indications	5	2	0
15) Perform equipment manipulations (tube use/bucky locks) with proficiency	5	2	0
16) Place appropriate marker(s) in correct location on image(s)/projection(s)	5	2	0
17) Demonstrate effective and appropriate communication skills with patient or patient's family	5	2	0
18) Demonstrates appropriate radiation safety practices (includes: patient, self, and staff safety)	5	2	0
19) Identify image(s)/projections(s) when viewing completed radiographs	5	2	0
20) Identify anatomy on completed radiographs	5	2	0

Total Points = _____/100

Patient's ability to cooperate/ patient condition:

Patient's age (if pediatric or geriatric): _____

Technical Factors used: _____

Comments:

(Please provide comments if student is given a (2) or (0) for an individual criteria).

- **In Trajecsyst, the Clinical Instructor/Preceptor/Clinical Coordinator will input competency information. Once graded and submitted into Trajecsyst, the student must read the competency, initial in the comments box and date when they have acknowledged their competency grade.**

Student name (PRINTED)

Technologist's name (PRINTED)

Student Signature

Technologist's Signature

SUNY BROOME COMMUNITY COLLEGE
Binghamton, NY

**OBJECTIVES FOR QUARTERLY EVALUATION OF ETHICAL
AND PROFESSIONAL BEHAVIORS**

AFFECTIVE OBJECTIVES (Student Traits)

Must possess various personal and professional characteristics. Each student will be evaluated on the following characteristics throughout their entire program. Objectives are on-going and of continuous nature and will not actually be completed at a given time but should be internalized as part of the student's professional value system. A pattern of unsatisfactory ratings in any of these characteristics will be grounds for grade reduction or dismissal from the program.

Given a clinical education site, the student will:

I. Ethical Behavior

- Abides by the Code of Ethics in the Policy Manual.
- Abide by HIPAA Regulations.
- Always be discreet with medical information. Patient confidentiality must never be breached.
- Always be professionally attired and demonstrate proper personal hygiene.
- Professional attire must comply with program dress code.
- Strive for high degree of professionalism by always demonstrating thirst for further knowledge, by being innovative, by being loyal to the program and by displaying self-confidence, adhering to principles of code of ethics as published by ASRT.
- Display empathy and consideration for the patient by always making them feel as comfortable as possible, both physically as well as psychologically.
- Establish a working rapport with patients.

II. Attitude

- Display an interest and cooperative approach by performing all the procedures expected and seeking additional studies to be done.
- Display confidence and maturity by seeking out unfamiliar and difficulty exams.
- Demonstrate teamwork and a high level of interpersonal relationships by being personable and getting along well with others. (teamwork)
- Be punctual.
- Demonstrate proper attitude by always being receptive to helpful criticism and trying to affect appropriate change.

III. Skills, Adaptability & Accountability

- Provide a safe environment for the patient, both physically and psychologically.
- Provide proper procedures to protect the patient's modesty.
- Properly assess the patient's condition and be able to react accordingly.
- Interpret the requisition properly and always be sure you perform the proper procedure on the patient.
- Comprehend your responsibilities in utilizing radiographic equipment, accessory materials, and procedures.

ANY **NO** IN THE ABOVE CATEGORIES COULD LEAD TO ZERO ON THIS EVALUATION.
ANY **NO** MUST ALSO BE SUBSTANTIATED BY THE CLINICAL INSTRUCTOR IN WRITING.

Given a clinical site, the student must be able to:

I. Skills & Adaptability

- Retain repetitive skills.
- Perform overall skills and ability at a level of competence required at the level of training.
- Demonstrate concern for the patient by communicating clearly, correctly, calmly and reassuringly. (Explain delays, call patient by name, periodically check patient's condition, and assist patient whenever possible)
- Gain proficiency in the performance of previous procedures evaluated competently by producing quality radiographs.
- Demonstrates critical thinking and problem solving skills in the clinical setting. (4th & 5th semesters)
 - Perform appropriately in a situation where the patient is unable to attain a textbook position due to injury or disability.
 - Perform appropriately in a trauma situation.
 - Determine the appropriate action to provide the lowest patient dose.
 - Describe how to improve the quality of a poorly produced radiographic image
 - Identify equipment problems and the action that should be taken
 - Evaluate radiographic images correctly.

II. Participation

- Demonstrate a high degree of maturity and initiative by seeking out unfamiliar and difficult exams.
- Willingly participate by accepting and expeditiously carrying out instructions and directions from supervisors, staff and faculty.
- Assume responsibilities by being a team worker and being cooperative with students, staff, and faculty.
- Demonstrate a high degree of dependability by always calling clinical instructor by starting times:
 - A. when unable to come in.
 - B. having no requests for time off when it could be taken care of outside of clinical education time.
 - C. provide clinical instructor or immediate supervisor with the knowledge of your location.
 - D. following through with his/her assigned responsibilities in the department.
 - E. properly maintaining clinical records.

(Revised Fall 2002; 7/2005, 6/2012, 8/2014. 8/2015, Reviewed 8/2019, 5/2022; cd)



Radiologic Technology Program
 P.O. Box 1017 • Binghamton, New York 13902
 Voice, (607) 778-5261 Fax, (607) 778-5467

EVALUATION OF ETHICAL AND PROFESSIONAL BEHAVIORS

STUDENT NAME _____ **DATE** _____

EVALUATION	Consistently (4 points)	Mostly (3 points)	Occasionally (2 points)	NEVER (0 points)	COMMENTS
I. ETHICAL & PROFESSIONAL					
1. Abides by the ASRT Code of Ethics					
2. Abides by HIPAA Regulations					
3. Professional appearance & hygiene					
4. Respectful & considerate of patient's needs					
5. Develops rapport with patients					
II. ATTITUDE					
1. Interested and cooperative					
2. Confident and mature					
3. Personable (team worker)					
4. Attendance and punctuality					
5. Accepts constructive criticism					
III. ACCOUNTABILITY & JUDGMENT					
1. Provides Physical safety					
2. Assesses patient's condition and reacts accordingly					
3. Interprets requisition and Patient history correctly					
4. Utilization of radiation Protection procedures					
5. Comprehends responsibility, including equipment, materials & procedures					

IV. SKILLS & ADAPTABILITY	Consistently (4 Points)	Mostly (3 points)	Occasionally (2 points)	Never (0 points)	COMMENTS
1. Retains repetitive skills in equipment manipulation, positioning, techniques and department procedures					
2. Effectively communicates; clearly, correctly, calmly, and reassuringly to patients					
3. Produces quality diagnostic images					
4. Able to problem solve and think critically					
5. Image Evaluation					
V. PARTICIPATION					
1. Displays initiative					
2. Willingly participates					
3. Assumes responsibility					
4. Organizes, attempts new tasks					
5. Dependable					

Student Signature

Clinical Instructor

Grade computed by totaling the number of points achieved.

(Revised Spring 2010, 5/2022)
(Reviewed 8/2014, 8/2015, 11/2017,
8/2019, 9/2021, 5/2022)

“STUDENT COMMENTARY”

“To be completed by the student prior to your evaluation meeting with the clinical instructor.”

Clinical Education Site: _____ Date: _____

STRENGTHS: _____

WEAKNESSES: _____

PLEASE EVALUATE YOURSELF ON THE FOLLOWING	YES	NI*	NO	COMMENTS
1. I always observe and practice ethical and professional behavior.				
2. I am always punctual and rarely miss clinical.				
3. I willingly accept constructive criticism.				
4. I am always confident and mature.				
5. I am very interested and cooperative.				
6. Personable (pleasant, get along well with others).				
7. I am always accountable for my actions and I am dependable.				
8. I always provide for my patient’s safety.				
9. I am able to assess the patient’s condition.				
10. I am able to produce quality radiographs.				
11. I am willing to attempt new procedures.				
12. I am familiar with the equipment and am able to manipulate the equipment.				
13. I am able to position patients, perform technique changes as needed, and I am aware of department policies and procedures.				

***NI – needs improvement**

(Revised: 5/2007, 6/2012) (Reviewed: 8/2014, 8/2015, 5/2022)

COMMENTS ON THE PREVIOUS FORM: STRONGEST CATEGORIES – WEAKEST CATEGORIES

COMMENTS ON YOUR CLINICAL SITE / ROTATION:

AREAS I FEEL CONFIDENT IN:

AREAS I FEEL IMPROVEMENT IS NEEDED:

I WILL WORK TO IMPROVE:

1.

2.

3.

Signature of Student

Date

Signature of Clinical Instructor
Indicates Review of Above

Staff Evaluation of Student Performance

Student: _____ Date: _____

Please rate the student. **Please circle** the appropriate box for each category.

5 points	4 points	3 points	2 points	1 point
----------	----------	----------	----------	---------

PROFESSIONAL CONDUCT – Appropriate discussions and willingness to do procedures

Very enthusiastic, tackles difficult procedures and stressful situations with tact and courtesy	Appears enthusiastic, frequently keeps busy	Appears interested, makes appropriate and tactful comments, occasionally takes on extra responsibilities	Occasionally appears disinterested, makes inappropriate remarks during clinical, occasionally avoids responsibilities	Frequently causes friction, appears bored and disinterested, frequently avoids minimal responsibilities
---	---	--	---	---

COMMUNICATION SKILLS – Good interaction with staff, patients and other students

Good connection with staff, students, patients, and preceptor. Friendly, respectful, and caring interactions. Conscientiously follows up on special situations.	Good interaction with staff, students, patients, and preceptor – makes a connection. Student demonstrates respect towards staff and patients.	Polite, minimal interaction with patients and staff.	Occasionally makes inappropriate remarks and shows disrespect.	Frequently makes inappropriate remarks and is disrespectful.
---	---	--	--	--

ORGANIZATION SKILLS – Time management and quality of work

Regularly completes exams in timely manner. Is able to produce consistent quality radiographs while achieving with the least patient movement and strain possible.	Often completes exams in a timely manner and produces good quality radiographs in an organized fashion.	Completes exams in an adequate time frame, provides an acceptable quality of work, and is fairly organized during the exam.	Occasionally takes too much time to complete exams, and/or not confident or competent in completing exams.	Frequently takes too long to do exams, and never completes exams in a competent and organized fashion (i.e. all APs first then all laterals)
--	---	---	--	--

COOPERATION – Helping others

Frequently observant when help is needed and volunteers	Pleasant and occasionally volunteers to help	Cooperates in an agreeable manner when asked	Reluctant to cooperate, unavailable or unwilling to help	Frequently uncooperative, ignores requests for help
---	--	--	--	---

5 points	4 points	3 points	2 points	1 point
----------	----------	----------	----------	---------

APPEARANCE – Uniform

Consistently is exceptionally well groomed & professional appearance.	Occasionally exceptionally well groomed & professional appearance.	Uniform and appearance are professional	Uniform and appearance are occasionally unprofessional	Uniform and appearance are frequently unprofessional
---	--	---	--	--

JUDGMENT – Making appropriate decisions/problem solving

Reacts logically and appropriately to stressful situations	Reacts logically and appropriately to unusual circumstances	Decisions are acceptable on matters of routine nature	Occasionally makes inappropriate decisions which require correction	Frequently makes inappropriate or dangerous decisions which require correction
--	---	---	---	--

INQUISITIVENESS – Willingness to ask questions/eager to learn

Frequently asks questions, to pursue more in depth understanding of subject. Student responds well to constructive criticism.	Occasionally ask questions. Student responds appropriately to constructive criticism.	Adequately prepares material to discuss in clinic. Needs slight improvement on accepting constructive criticism. .	Occasionally unprepared to discuss basic aspects of procedure. Needs to learn how to react better to constructive criticism.	Frequently unprepared to discuss basic aspects of procedure. Reacts poorly to constructive criticism.
---	---	--	--	---

PERFORMANCE/POSITIONING – Displays understanding of skills

Student was able to describe and/or perform all clinical skills perfectly without prompting and in appropriate time interval	Student was able to describe and/or perform all clinical skills adequately without prompting or assistance	Student was able to describe and/or perform all clinical skills adequately with minimal prompting and assistance	Student was able to describe and/or perform only a few of the clinical skills adequately. Student appears unsure of tasks	Student was not able to describe and/or perform clinical skills adequately
--	--	--	---	--

Comments:

Strengths:

Weaknesses:

Evaluator Signature (optional)

Student Signature

SUNY BROOME RADIOLOGIC TECHNOLOGY PROGRAM
COMMUNICATION COMPETENCY - RAD _____

PATIENT COMMUNICATION FOR A RADIOGRAPHIC EXAMINATION

STUDENT: _____ DATE: _____

	Yes/No
1. Verifies that radiology request and physician orders correspond.	___ ___
2. Calls patient's name (in keeping with HIPAA guidelines) in waiting room in a clear, audible voice.	___ ___
3. Establishes that the correct patient has responded. (Confirms DOB, address, checks wrist band info as available).	___ ___
4. Introduces self to patient.	___ ___
5. Explains the exam to be performed to the patient.	___ ___
6. Shows patient where to change.	___ ___
7. Gives patient a gown, instructs patient as to how to put on the gown, and provides patient with information as to where to leave clothes while exam is being performed.	___ ___
8. Instructs patient where to wait after (s)he has changed for the exam.	___ ___
9. Can make "small talk" with the patient on the way to the x-ray room. (Student understands that obtaining patient exam history is NOT "small talk".)	___ ___
10. Once inside the radiographic room, can obtain an appropriate patient History and resolves any unclear statements made by patient through further questioning.	___ ___
11. Asks patient for information specific to examination ordered. (Ex: "Where exactly does your stomach hurt?")	___ ___
12. Obtains <u>LMP</u> and asks about chance of pregnancy appropriate and records history and LMP on request.	___ ___
13. Explains procedure to patient (in simple terms.)	___ ___

	Yes/No
14. Places any articles removed in a safe location. (Ex. shoes & socks Together next to a patient; jewelry in a cup or on counter.	/
15. Instructs patient as to where to begin. (Ex. "Lie on the table on your back with your head on your pillow")	/
16. Asks patient if(s)he has any questions prior to exam beginning.	/
17. Provides clear and audible instructions to patient.	/
18. Assists patient throughout exam, as necessary.	/
19. Reassures, encourages, and provides comfort to patient throughout exam, as necessary.	/
20. Presents appropriate body language (Ex: Maintains eye contact and a close proximity to patient.)	/
21. Instructs patient to "fine tune" position. (Ex: "Turn just a little more.")	/
22. Repeats instructions to patient as needed. (Calmly and politely)	/
23. Demonstrates compassion by asking patient if they are comfortable and "OK."	/
24. Maintains the patient's modesty at all times.	/
25. Offers blankets, sheets, or pillows.	/
26. Touches patient when indicated to demonstrate compassion. (Ex: On hand or arm.)	/
27. Ensures patient is not left unattended down in x-ray room.	/
28. Informs patient when he/she will leave to check the quality of the images and states how long this will take.	/
29. Assists patient off x-ray table. (Moves tube, gets step stool, holds patient's arm, etc.)	/
30. Assists patient in gathering personal belongings or putting item removed for exam back on.	/
31. Assists patient to proper waiting area.	/

32. Informs patient what will happen after images are checked/ exam is completed. (Ex. "Your physician will receive the results in 3-5 business days, and you can follow up with them for the results.")

/
Yes/No

Comments:

Evaluator's signature: _____ Date: _____

Student's signature: _____ Date: _____

STUDENTS MUST HAVE YES ANSWERED 27 OUT OF 32 STATEMENTS FOR THIS TO BE CONSIDERED A SUCCESSFUL PATIENT CARE COMPETENCY.

(3rd/5th Semesters)

Graduating Class of _____

SUNY Broome Community College
Radiation Protection Evaluation: RAD 133 & RAD 232

Student Name _____ 3rd Semester(date) _____ 5th Semester(date) _____

4 = Always/Consistently 3 = Mostly/Usually 2 = Seldom/Occasionally 1 = Rarely/Never

EVALUATION OF RADIATION PROTECTION PRACTICES					
I. Personnel Monitoring Badge	4	3	2	1	COMMENTS
Always wears monitoring badge during clinical					
Wears and stores badge in proper locations					
Aware of timeline for exchanging badge and maintains proper dosimetry records					
Demonstrates knowledge of proper dose limits recommended by NRC and Part 16 of the NYCRR					
Demonstrates knowledge of SUNY Broome’s Pregnancy Policy					
II. Radiation Safety During Exposure or Procedure	4	3	2	1	COMMENTS
Shields patient whenever appropriate					
Follows the rules of using proper personnel radiation protection devices at all times					
Follows the rule: Student must not hold or support a patient or imaging plate during an exposure					
Follows the rule: Student will not be in a direct visual line with the tube or patient during an exposure even if wearing a lead apron					
Follows the rule: Under NO circumstances will a student permit themselves or fellow students (or any other human being) to serve as patients for experimentation					
III. Three Cardinal Rules	4	3	2	1	COMMENTS
Minimizes “Time” to reduce dosage					
Maximizes “Distance” from the radiation source					
Utilizes appropriate “Shielding”					
Demonstrates the three cardinal rules when working in fluoroscopy or c-arm procedures					
Demonstrates the three cardinal rules when performing portable exams					

<u>4</u> = Always/Consistently <u>3</u> = Mostly/Usually <u>2</u> = Seldom/Occasionally <u>1</u> = Rarely/Never					
IV. Limiting Patient Radiation Exposure	4	3	2	1	COMMENTS
Utilizes proper <u>exposure factors</u>					
Utilizes proper <u>beam limitation, filtration, and immobilization devices</u>					
Uses proper <u>communication</u> in expressing radiation protection with patients and co-workers at all times					
Provides proper <u>gonadal shielding</u>					
Follows the <u>ALARA Concept</u>					
V. Limiting Repeat Exposures	4	3	2	1	COMMENTS
Works conscientiously to obtain an adequate first image to reduce repeat exposures					
Abides by the <u>Direct Supervision</u> Policy					
Abides by the <u>Indirect Supervision</u> Policy					
Abides by the <u>Repeating an Image/ Needs Direct Supervision Policy with No Exceptions!</u>					
Maintains proper <u>Repeat Logs</u>					

Additional Comments:

Grade: _____

Clinical Instructor's Signature

Student's Signature

A total of 25 questions, each worth a total of 4 points. Total the number of points achieved to compute final grade.

IMAGE EVALUATION FORM

Name: _____

***Student MUST fill this form out on one of their Completed Competency Exam!**

Date: _____

Evaluator Comments: _____

Exam: _____

Evaluator Signature: _____

EXAM:	Projection	Projection	Projection	Projection	Projection
Anatomy shown in proper perspective and can you identify all (is all anatomy included)					
Correct position frontal, oblique, or lateral (identify rotation)					
Adequate immobilization (no motion, proper devices used)					
IR Orientation (i.e. LW,CW, Diagonal)					
Part Centered					
Tube Centered					
Techniques: Write KVP & MAS, Do Not Write AEC (phototiming), You MUST Write Technique Down Per Projection by Memory or Technique Book!	KVP: MAS:	KVP: MAS:	KVP: MAS:	KVP: MAS:	KVP: MAS:
Trauma/Pathology/ or F.B. observed					
What is the Proper Exposure Indicator Value					
Did you obtain the Proper Exposure Value and if not, how did you correct it?					
R or L Markers Visible/Properly Located					
Accessory Markers properly used					
Was Proper Collimation Utilized and if Masking is Removed, can you see Collimation?					
Number of retakes					
Shielding used					



Radiography

1. Introduction

Candidates applying for certification and registration under the primary eligibility pathway are required to meet the Professional Education Requirements specified in the *ARRT Rules and Regulations*. *ARRT's Radiography Didactic and Clinical Competency Requirements* are one component of the Professional Education Requirements.

The requirements are periodically updated based upon a [practice analysis](#) which is a systematic process to delineate the job responsibilities typically required of radiographers. The result of this process is a [task inventory](#) which is used to develop the clinical competency requirements (see section 4 below) and the content specifications which serve as the foundation for the didactic competency requirements (see section 3 below) and the examination.

2. Documentation of Compliance

Verification of program completion, including Didactic and Clinical Competency Requirements and all degree-related requirements including conferment of the degree, will be completed on the Program Completion Verification Form on the ARRT Educator Website after the student has completed the Application for Certification and Registration.

Candidates who complete their educational program during 2022 or 2023 may use either the 2017 Didactic and Clinical Competency Requirements or the 2022 requirements. Candidates who complete their educational program after December 31, 2023 must use the 2022 requirements.

3. Didactic Competency Requirements

The purpose of the didactic competency requirements is to verify that individuals had the opportunity to develop fundamental knowledge, integrate theory into practice and hone affective and critical thinking skills required to demonstrate professional competence. Candidates must successfully complete coursework addressing the topics listed in the [ARRT Content Specifications](#) for the Radiography Examination. These topics would typically be covered in a nationally-recognized curriculum such as the ASRT Radiography Curriculum. Educational programs accredited by a mechanism acceptable to ARRT generally offer education and experience beyond the minimum requirements specified in the content specifications and clinical competency documents.

4. Clinical Competency Requirements

The purpose of the clinical competency requirements is to verify that individuals certified by the ARRT have demonstrated competence performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the certification examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements. Candidates may wish to use these pages, or their equivalent, to record completion of the requirements. The pages do NOT need to be sent to the ARRT.



4.1 General Performance Considerations

4.1.1 Patient Diversity

Demonstration of competence should include variations in patient characteristics such as age, gender, and medical condition.

4.1.2 Elements of Competence

Demonstration of clinical competence requires that the program director or the program director's designee has observed the candidate performing the procedure independently, consistently, and effectively during the course of the candidate's formal educational program.

4.1.3 Simulated Performance

ARRT defines simulation of a clinical procedure routinely performed on a patient as the candidate completing all possible hands-on tasks of the procedure on a live human being using the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient.

ARRT requires that competencies performed as a simulation must meet the same criteria as competencies demonstrated on patients. For example, the competency must be performed under the direct observation of the program director or program director's designee and be performed independently, consistently, and effectively.

Simulated performance must meet the following criteria:

- Simulation of imaging procedures requires the use of proper radiographic equipment without activating the x-ray beam.
- A total of ten imaging procedures may be simulated. Imaging procedures eligible for simulation are noted within the chart (see section 4.2.2).
- If applicable, the candidate must evaluate related images.
- Some simulations are acceptable for General Patient Care (see section 4.2.1). These do not count toward the ten imaging procedures that can be simulated.

4.2 Radiography-Specific Requirements

As part of the education program, candidates must demonstrate competence in the clinical procedures identified below. These clinical procedures are listed in more detail in the following sections:

- Ten mandatory general patient care procedures;
- 36 mandatory imaging procedures;
- 15 elective imaging procedures selected from a list of 34 procedures;
- One of the 15 elective imaging procedures must be selected from the head section; and
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.

One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both).



4.2.1 General Patient Care Procedures

Candidates must be CPR/BLS certified and have demonstrated competence in the remaining nine patient care procedures listed below. The procedures should be performed on patients whenever possible, but simulation is acceptable if state regulations or institutional practice prohibits candidates from performing the procedures on patients.

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

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

4.2.2 Imaging Procedures

Institutional protocol will determine the positions and projections used for each procedure. When performing imaging procedures, the candidate must independently demonstrate appropriate:

- patient identity verification;
- examination order verification;
- patient assessment;
- room preparation;
- patient management;
- equipment operation;
- technique selection;
- patient positioning;
- radiation safety;
- image processing; and
- image evaluation.



4.2.2 Imaging Procedures (continued)

Imaging Procedures	Mandatory or Elective		Eligible for Simulation	Date Completed	Competence Verified By
	Mandatory	Elective			
Chest and Thorax					
Chest Routine	✓				
Chest AP (Wheelchair or Stretcher)	✓				
Ribs	✓		✓		
Chest Lateral Decubitus		✓	✓		
Sternum		✓	✓		
Upper Airway (Soft-Tissue Neck)		✓	✓		
Sternoclavicular Joints		✓	✓		
Upper Extremity					
Thumb or Finger	✓		✓		
Hand	✓				
Wrist	✓				
Forearm	✓				
Elbow	✓				
Humerus	✓		✓		
Shoulder	✓				
Clavicle	✓		✓		
Scapula		✓	✓		
AC Joints		✓	✓		
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*	✓				
Trauma: Upper Extremity (Non-Shoulder)*	✓				
Lower Extremity					
Toes		✓	✓		
Foot	✓				
Ankle	✓				
Knee	✓				
Tibia-Fibula	✓		✓		
Femur	✓		✓		
Patella		✓	✓		
Calcaneus		✓	✓		
Trauma: Lower Extremity*	✓				

* Trauma requires modifications in positioning due to injury with monitoring of the patient's condition.



4.2.2 Imaging Procedures (continued)

Imaging Procedures	Mandatory or Elective		Eligible for Simulation	Date Completed	Competence Verified By
	Mandatory	Elective			
Head – Candidates must select at least one elective procedure from this section.					
Skull		✓	✓		
Facial Bones		✓	✓		
Mandible		✓	✓		
Temporomandibular Joints		✓	✓		
Nasal Bones		✓	✓		
Orbits		✓	✓		
Paranasal Sinuses		✓	✓		
Spine and Pelvis					
Cervical Spine	✓				
Thoracic Spine	✓		✓		
Lumbar Spine	✓				
Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)	✓		✓		
Pelvis	✓				
Hip	✓				
Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)	✓		✓		
Sacrum and/or Coccyx		✓	✓		
Scoliosis Series		✓	✓		
Sacroiliac Joints		✓	✓		
Abdomen					
Abdomen Supine	✓				
Abdomen Upright	✓		✓		
Abdomen Decubitus		✓	✓		
Intravenous Urography		✓			



4.2.2 Imaging Procedures (continued)

Imaging Procedures	Mandatory or Elective		Eligible for Simulation	Date Completed	Competence Verified By
	Mandatory	Elective			
Fluoroscopy Studies – Candidates must select two procedures from this section and perform per site protocol.					
Upper GI Series, Single or Double Contrast		✓			
Contrast Enema, Single or Double Contrast		✓			
Small Bowel Series		✓			
Esophagus (<i>NOT</i> Swallowing Dysfunction Study)		✓			
Cystography/Cystourethrography		✓			
ERCP		✓			
Myelography		✓			
Arthrography		✓			
Hysterosalpingography		✓			
Mobile C-Arm Studies					
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	✓		✓		
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	✓		✓		
Mobile Radiographic Studies					
Chest	✓				
Abdomen	✓				
Upper or Lower Extremity	✓				
Pediatric Patient (Age 6 or Younger)					
Chest Routine	✓		✓		
Upper or Lower Extremity		✓	✓		
Abdomen		✓	✓		
Mobile Study		✓	✓		
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)					
Chest Routine	✓				
Upper or Lower Extremity	✓				
Hip or Spine		✓			
Subtotal					
Total Mandatory exams required	36				
Total Elective exams required		15			
Total number of simulations allowed			10		

Clinical Education Grade Worksheet First Year

Check circle(s) when student electronically signs off on competency/evaluation.

Student Name: _____

Clinical RAD 131: PASS/ FAIL (only 1 excused absence allowed)

SPRING SEMESTER (RAD 132)

Clinical Instructor: _____

Clinical Ethical/Professional Evaluations:

****Final Semester Grade:** _____

1. _____ 2. _____ 3. _____

**** _____ day(s) need to be made up.**

Competencies:

<u>Exam</u>	<u>Grade</u>	<u>Exam</u>	<u>Grade</u>	<u>Staff Evaluations</u>	<u>Image Critique</u>
1. _____	_____ <input type="checkbox"/>	6. _____	_____ <input type="checkbox"/>	1. _____	1. _____
2. _____	_____ <input type="checkbox"/>	7. _____	_____ <input type="checkbox"/>	2. _____	
3. _____	_____ <input type="checkbox"/>	8. _____	_____ <input type="checkbox"/>	3. _____	
4. _____	_____ <input type="checkbox"/>	9. _____	_____ <input type="checkbox"/>	4. _____	<u>Mid-semester</u> PASS/FAIL
5. _____	_____ <input type="checkbox"/>	10. _____	_____ <input type="checkbox"/>		

[*Total Days Absent: _____]

(only 2 days allowed)

[Total Comp. _____ X 40% = _____] [Total Eval. _____ X 40% = _____]

[Total Image Critique _____ X 20% = _____]

SUMMER SEMESTER (RAD 133)

Clinical Instructor: _____

Clinical Ethical/Professional Evaluations:

****Final Semester Grade:** _____

1. _____ 2. _____

**** _____ day(s) need to be made up.**

Competencies:

<u>Exam</u>	<u>Grade</u>	<u>Exam</u>	<u>Grade</u>	<u>Staff Evaluations</u>	<u>Image Critique</u>
1. _____	_____ <input type="checkbox"/>	6. _____	_____ <input type="checkbox"/>	1. _____	1. _____
2. _____	_____ <input type="checkbox"/>	7. _____	_____ <input type="checkbox"/>	2. _____	2. _____
3. _____	_____ <input type="checkbox"/>	8. _____	_____ <input type="checkbox"/>	3. _____	
4. _____	_____ <input type="checkbox"/>	9. _____	_____ <input type="checkbox"/>		<u>Mid-Term Proficiency</u>
5. _____	_____ <input type="checkbox"/>	10. _____	_____ <input type="checkbox"/>		1. _____
		11. _____	_____ <input type="checkbox"/>	<u>Mid-Semester</u> PASS/FAIL	

[Total Comp. _____ X 40% = _____] [Total Eval. _____ X 30% = _____]

[Total Days Absent: _____]

(only 1 day allowed)

[Total Image Critique _____ X 20% = _____] [Mid-Term Prof. _____ X 10% = _____]

Clinical Education Grade Worksheet Second Year

Student Name: _____

FALL SEMESTER (RAD 230)

Clinical Instructor: _____

Clinical Ethical/Professional Evaluations:

**Final Semester Grade: _____

1. _____ 2. _____ 3. _____

** _____ day(s) need to be made up.

Competencies:

<u>Exam</u>	<u>Grade</u>	<u>Exam</u>	<u>Grade</u>	<u>Staff Evaluations</u>	<u>Image Critique</u>
1. _____	_____ <input type="checkbox"/>	6. _____	_____ <input type="checkbox"/>	1. _____	1. _____
2. _____	_____ <input type="checkbox"/>	7. _____	_____ <input type="checkbox"/>	2. _____	
3. _____	_____ <input type="checkbox"/>	8. _____	_____ <input type="checkbox"/>	3. _____	
4. _____	_____ <input type="checkbox"/>	9. _____	_____ <input type="checkbox"/>	4. _____	<u>Mid-semester</u> PASS/FAIL
5. _____	_____ <input type="checkbox"/>	10. _____	_____ <input type="checkbox"/>	[*Total Days Absent: _____] (only 2 days allowed)	

[Total Comp. _____ X 40% = _____] [Total Eval. _____ X 40% = _____]

[Total Image Critique _____ X 20% = _____]

Simulations: 1. _____ 2. _____ 3. _____

SPRING SEMESTER (RAD 232)

Clinical Instructor: _____

Clinical Ethical/Professional Evaluations:

**Final Semester Grade: _____

1. _____ 2. _____ 3. _____

** _____ day(s) need to be made up.

Competencies:

<u>Exam</u>	<u>Grade</u>	<u>Exam</u>	<u>Grade</u>	<u>Staff Evaluations</u>	<u>Image Critique</u>
1. _____	_____ <input type="checkbox"/>	6. _____	_____ <input type="checkbox"/>	1. _____	1. _____
2. _____	_____ <input type="checkbox"/>	7. _____	_____ <input type="checkbox"/>	2. _____	<u>Final Proficiency</u> 1. _____
3. _____	_____ <input type="checkbox"/>	8. _____	_____ <input type="checkbox"/>	3. _____	
4. _____	_____ <input type="checkbox"/>	9. _____	_____ <input type="checkbox"/>	4. _____	<u>Mid-semester</u> PASS/FAIL
5. _____	_____ <input type="checkbox"/>	10. _____	_____ <input type="checkbox"/>	[*Total Days Absent: _____] (only 2 days allowed)	

[Total Eval. _____ X 40% = _____] [Total Comp. _____ X 40% = _____] [Total Image Critique _____ X 10% = _____]

[Total Final Prof. _____ X 10% = _____]

Simulations: 1. _____ 2. _____ 3. _____

SUNY BROOME RADIOLOGIC TECHNOLOGY PROGRAM

RECORD of CLINICAL ROTATIONS

Students should keep record of their Clinical Rotations in their Clinical Notebook

**RAD 131, RAD 132, & RAD 133
FIRST YEAR: FALL, SPRING, & SUMMER**

Clinic Site/s

Dates

**RAD 230
SECOND FALL SEMESTER**

Clinic Site/s

Dates

**RAD 232
SECOND SPRING SEMESTER**

Clinic Site/s

Dates

Clinical Orientation Checklist

Name: _____

Date: _____

Site: _____ **Semester:** _____ **RAD:** _____

General Orientation

1. Introduction _____
 - a. Preceptor _____
 - b. Manger _____
 - c. Staff _____
2. Hospital ID (If needed) _____
3. SUNY Broome ID _____
4. Dosimeter _____
5. Expectations _____
 - a. Professional Appearance _____
 - b. Attitude _____
6. Hospital History _____
 - a. Mission _____
 - b. Values _____
7. HIPAA _____
8. Emergency Contact Form _____

Attendance

1. Start Times _____
2. Signing in & Out _____
 - a. Trajecsys _____
3. Start Times _____
 - a. 5 minutes before _____
 - b. No starting early _____
4. Leaving on time _____
 - a. No staying late (Finish Patient then leave) _____

Hospital Tour:

1. X-ray Rooms _____
2. Emergency Room _____
3. Hospital Floors _____
4. Cafeteria/Bathroom _____
5. Portable Units _____
6. Modalities _____
7. Office/Waiting Area _____
8. Changing Rooms _____
9. Oxygen Tanks _____
10. Stretchers/Wheelchair _____
11. Linen _____

Emergency Management:

1. Emergency Codes _____
2. Emergency Procedures _____
3. Emergency Drug Kits _____
4. Crash Cart Location _____
5. Hazardous Waste Disposal _____
6. Suction Units _____
7. MSDS(Online) _____
8. Fire Extinguishers _____
9. Fire Pull Stations _____

Infection Control

1. Hand Washing _____
2. Universal Precautions _____
3. Isolation Precautions _____
4. Return to Clinic Plan _____

Student Signature: _____

Date: _____

**ADVANCED
PROCEDURES
AND ROTATION
DOCUMENTATION**

OBJECTIVES for
SECOND-YEAR RADIOLOGIC TECHNOLOGY STUDENTS

For the following Imaging Modalities:

CT, MRI, Sonography (Ultrasound), Nuclear Medicine, PET/CT, Vascular Ultrasound, Cath Lab, Interventional, Rotation (If rotate through; Mammography and/or Radiation Therapy), Portable Radiography, Portable Fluoroscopy, Second-Year OR, and Evening Rotation.

1. The student will be attired professionally.
2. The student will conduct himself/herself professionally at all times.
3. The student will observe the exam being performed.
4. The student will be able to ask questions when the exam is completed and the patient is out of the room.
5. Students will spend a minimum of one (1) day up to one (1) week in CT and a minimum of half (1/2) a day for all other modalities.
6. Recommended, but not required: A student may obtain 1 competency in CT that can be put on their Gold Sheet, however it will not count towards a competency grade (Head or Abdomen Scan Only).
7. If the student is interested in a particular modality, he or she will communicate to the on-site clinical instructor a desire to learn more about that modality. *All other clinical objectives must be met before further time is allotted in a modality, however the majority of clinical time spent will be in the diagnostic realm.

(Revised 5/07, 6/12, 7/13, 8/14, 8/16, 8/19, 8/20, 9/21, 5/22; cd)

SUNY BROOME COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM

OBJECTIVES FOR
COMPUTED TOMOGRAPHY

The student shall be able to:

I. Evaluate Requisition by:

- a. Identifying procedure to be performed.
- b. Recalling patient's name and age.

II. Prepare the Physical Facilities by:

- a. Providing clean table.
- b. Knowing appropriate table setup.
- c. Providing accessory equipment indicated for examination (sponges, straps and possible IV).

III. Provide for Patient's Needs and Safety by:

- a. Selecting correct patient.
- b. Having patient properly gowned.
- c. Removing opaque articles from area of interest.
- d. Providing safe storage for patient's belongings
- e. Assisting patient to CT room.
- f. Assisting patient to CT couch in a safe manner.
- g. Keeping patient clothed or draped for modesty.

IV. Provide Radiation Protection by:

- a. Checking the pregnancy status of all females between the ages of 11 and 50.
- b. Protecting patient from unnecessary exposure by selecting proper shielding devices when appropriate.

V. Exhibit Necessary Communication Skills by:

- a. Addressing patient properly.
- b. Explaining procedure.
- c. Ascertaining pertinent clinical information from patient in a professional manner.
- d. Giving clear, concise instructions.

VI. Demonstrate Required Positioning Skills by:

- a. Positioning patient properly to demonstrate required anatomy.
- b. Aligning the area of interest using the laser.
- c. Providing assistance or support to aid patient in maintaining positions.
- d. Knowing centering landmarks.

VII. Manipulate Equipment by:

- a. Entering patient data into the computer.
- b. Moving the couch in/out and up/down, and angle the gantry.
- c. Selecting appropriate technical factors.

VIII. Perform a Head or Abdomen Scan:

Recommended / Not required

(Revised 5/07, 6/12, 8/17, 8/19, 5/22)

Fill in the following information and retain this form in your Clinical Notebook.

Please circle the modality of your observation

(Complete one for each modality observation you experienced):

CT Nuclear Medicine PET/CT Sonography Vascular Ultrasound
MRI Cath Lab Interventional Other _____

STUDENT: _____

Facility: _____

Info about your Supervising Specialist:

Name: _____

Is the individual registered in the imaging modality? _____

What areas? _____

How long has the individual worked in this modality? _____

Equipment:

Name Brand

Features of the equipment used during your observation _____

(Example for Ultrasound Real-Time, B-Scan, Doppler A-Mode)

Others

Type of Recording _____

EXAMINATION YOU OBSERVED

TYPE OF EXAMS

Approximate time to perform each exam

Preliminary diagnosis

Other comments

TYPE OF EXAMS

Approximate time to perform each exam

Preliminary diagnosis

(Revised 5/07, 6/12, 9/21, 5/22)

Other comments

TYPE OF EXAMS

Approximate time to perform each exam

Preliminary diagnosis

Other comments

TYPE OF EXAMS

Approximate time to perform each exam

Preliminary diagnosis

Other comments

TYPE OF EXAMS

Approximate time to perform each exam

Preliminary diagnosis

Other comments

STATEMENT BY SUPERVISING SPECIALIST:

Supervising Technologist's signature: _____ / _____
(Supervising Technologist) / (Date)

(Revised 5/07, 6/12, 9/21, 5/22)

Radiologic Technology Program's— Mammography Clinical Policy

The radiography program sponsored by SUNY Broome Community College has revised its 2016 policy, effective March 15, 2022, regarding the placement of students in clinical mammography rotations to observe and/or perform breast imaging.

Under the revised policy students may request the opportunity to participate in clinical mammography rotations. The program will make every effort to place students in a clinical mammography rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to students. Students are advised that placement in a mammography rotation is not guaranteed and is at the discretion of a clinical setting.

The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student clinical mammography rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 and October 2021 meetings. The JRCERT position statement is included in the program's clinical education policy manual and is also available on the JRCERT Web site, www.jrcert.org, Programs & Faculty, Program Resources.

<https://www2.sunybroome.edu/healthsciences/radtech-dept/mammography/>

[JRCERT Position Statement on Clinical Mammography Rotations \(Revised October 2021\) \(pdf\)](#)

[JRCERT Position Statement on Clinical Mammography Rotations \(Adopted April 2016\) \(pdf\)](#)

Mammography Exams

Fill in the following information and retain this form in Clinical Notebook for this modality.

STUDENT: _____

Clinical Site: _____ *Semester:* _____

Facility: _____

Info about your Supervising Specialist:

Name: _____

Is the individual registered in the imaging modality? _____

What areas? _____

How long has the individual worked in this modality? _____

Equipment:

Name Brand:

Features of the equipment used during your observation:

EXAMINATION YOU OBSERVED

TYPE OF EXAMS

Approximate time to perform each exam _____

Preliminary diagnosis _____

Other comments

TYPE OF EXAMS

Approximate time to perform each exam _____

Preliminary diagnosis _____

TYPE OF EXAMS

Approximate time to perform each exam _____

Preliminary diagnosis _____

**INTERVENTIONAL
PERFORMANCE EVALUATION**

Spring Senior year

Student _____ Date _____

Please check the appropriate response (Yes) (No) or, if the performance is not applicable, please write N/A. The CI will enter this form in Trajecsys for the student's electronic record.

	YES	NO
1. Was punctual	_____	_____
2. Professionally attired	_____	_____
3. Displayed an acceptable attitude toward:		
a. Patients	_____	_____
b. Staff	_____	_____
4. Displayed initiative and willingness to learn	_____	_____
5. Proper sterile technique	_____	_____
6. Ability to manipulate equipment	_____	_____
7. Able to assist radiologist	_____	_____
8. Able to identify anatomy	_____	_____
9. List procedures observed:		

<u>Name of Procedure</u>	<u>Date</u>

Clinical Instructor's Signature: _____

Student's Signature: _____

Comments: _____

(Revised 5/2007, 6/2012, 8/2019, 5/2022)

MYELOGRAM/ARTHROGRAM EVALUATION

Student Performance

The myelogram and arthrogram competencies are not required, but if they are achieved, then students must perform the following in a satisfactory manner:
(CI will enter this information in Trajecsys after student completes competency)

This competency was completed on a: Myelogram Exam Arthrogram Exam

Competency Evaluation	<u>Met</u>	<u>Not Met</u>
I. Perform the basic Myelogram/Arthrogram Setup		
a. Set tray up	_____	_____
b. Set table with equipment	_____	_____
c. Marker placement on fluoro	_____	_____
d. Test screen for correct position/orientation	_____	_____
e. Enter patient information in computer	_____	_____
II. Locate and demonstrate the uses of switches for automatic settings for fluoroscopy		
_____	_____	_____
III. Demonstrate how to achieve a cross-table lateral film		
a. kV	_____	_____
b. MAS	_____	_____
c. Central Ray	_____	_____
IV. Explain Discharge/Post Myelogram/Arthrogram Instructions:		
_____	_____	_____

Student's Signature _____ Date _____

Evaluator's Signature _____

(Revised 5/2007, 6/2012, 8/2019, 5/2022)

PORTABLE RADIOGRAPHY

Objectives

The student shall be able to:

1. Evaluate the requisition for the procedure in reference to pertinent information concerning the patient's condition (isolation?).
2. Select appropriate image receptor or grid.
3. Locate the portable unit.
4. Identify and demonstrate use of:
 - a. brake
 - b. locks
 - c. image receptor drawer/holder
 - d. lead apron
 - e. exposure buttons
 - f. tube collimator
 - g. KV
 - h. MAS
5. Deliver the portable unit to appropriate room and move unit into correct position.
6. Explain the procedure to the patient.
7. Adjust the patient into the proper position.
 - a. placement of image receptor
 - b. proper SID
 - c. appropriate lead markers
 - d. provide lead shields
 - e. select technique factors
 - f. proper breathing instructions to patient
 - g. the student shall be properly shielding and maintain the appropriate distance from unit
 - h. position central ray to appropriate part
8. Respect the patient's modesty and maintain a professional attitude.

(Revised 8/18, 8/19, 8/20, 9/21, 5/22; cd)

PORTABLE FLUOROSCOPY C-Arm Setup

Student Performance

In order to achieve the required competency, students must perform the following in a satisfactory manner:

Competency Evaluation

- I. Perform the basic C-Arm Setup
 - a. Prepare patient position on table for C-Arm manipulation
 - b. Enter patient information in computer
 - c. Marker placement
 - d. Test screen for correct position, make corrections if necessary

- II. Locate and demonstrate the uses of switches for automatic settings.

- III. Locate and demonstrate the use of appropriate buttons for a manual setting:
 - A. kV/mA
 - B. Reversal
 - C. Focal spot
 - D. Image rotation
 - E. Raise and lower tube
 - F. Adjust collimator
 - G. Timer reset
 - H. L & R for image saving

- IV. Manipulate C-Arm by using basic locks

(Revised 5/22; cd)

SURGICAL PROCEDURES
(Senior Year)
SURGICAL PROCEDURES REQUIRING RADIOGRAPHY OBJECTIVES

The student shall be able to:

1. Follow operating room protocol for:
 - Dress
 - Equipment maintenance
 - Properly demonstrate surgical asepsis
2. Properly evaluate and identify patient and procedure
3. Demonstrate positioning skills and equipment manipulation for:
 - Hip pinning
 - Open/closed reduction upper/lower extremities
 - C-Arm procedures
 - Cysto/retrograde
 - Neurological procedures
 - Orthopedic procedures
 - Vascular procedures
 - Cholecystectomy
 - Miscellaneous procedures
4. Use proper accessories and techniques for radiation protection.
5. Observe or assist a minimum of (10) surgical procedures and maintain log of Procedures. Maintain in clinical notebook.

(Revised 8/18, 8/19, 8/20, 9/21, 5/22; cd)

2nd Year OR Documentation Form

The Clinical Instructor will schedule a meeting with the student after the student completes their 2nd year OR rotation. The student is expected to explain, and/or perform/simulate the following:

This form will be entered into Trajecsys for the student’s electronic record.

STUDENT _____ **DATE** _____

FACILITY _____

I. SURGICAL PRE-REQUISITE KNOWLEDGE / OBJECTIVES FROM RAD 110

Student will meet with the Clinical Instructor to go over the following after their 2nd year OR rotation.

***Student understands and explains the following, and if necessary is able to perform the following:**

	<u>MET</u>	<u>NOT MET</u>
1. What is a sterile field? What is done if the sterile field is broken?	_____	_____
2. The dress code policies for entrance into the OR.	_____	_____
3. Restricted and semi-restricted areas as marked and explain what they mean.	_____	_____
4. Draping procedures for C-arm and portable machines.	_____	_____
5. How to pass an imaging plate into a sterile field.	_____	_____
6. The procedure for opening sterile products into sterile fields.	_____	_____
7. An important rule while working near a sterile field.	_____	_____
8. List location of surgery schedule.	_____	_____

***Must be reviewed and discussed with the program Clinical Instructor.**

COMMENTS:

II. SURGICAL PREREQUISITE KNOWLEDGE / PRIOR EXPERIENCE + OBJ. FROM RAD 110

Student will meet with the Clinical Instructor to go over the following after their 2nd year OR rotation.

***The student will demonstrate and/or explain how to clean equipment brought into the restricted and semi-restricted areas of a sterile environment:**

	<u>MET</u>	<u>NOT MET</u>
1. Explain how to clean equipment. *	_____	_____
2. Explain and apply how to contain contamination to exam room. *	_____	_____
3. Identify the location of cleaning equipment and supplies. *	_____	_____
4. Demonstrate good hand washing techniques and locations of the sinks in the OR.	_____	_____

***The above may be demonstrated on a “Mock” isolation case with the program Clinical Instructor.**

COMMENTS:

III. SURGICAL PREREQUISITE KNOWLEDGE / PRIOR EXPERIENCE

Student will meet with the Clinical Instructor to go over the following after their 2nd year OR rotation.

Demonstrate/explain where all equipment is located to perform all requested x-ray exams in the operating rooms and the recovery room.

Identify the location of the following:

- 1. C-arm and monitor cart
- 2. Image receptor holders
- 3. Storage areas
(for x-ray equipment/surgical equipment)
- 4. X-ray imaging plate and grids
- 5. Radiation protection equipment

MET

NOT MET

COMMENTS:

(Revised 5/2007, 6/2012, 6/2013, 8/2019, 8/2020; cd, 5/2022 KJY)

SURGICAL PROCEDURES

	NEUROSURGICAL PROCEDURES
ACD	Anterior Cervical Discectomy
LAMI	Laminectomy
PLIF	Posterior Lumbar Interbody Fusion
ALIF	Anterior Lumbar Interbody Fusion
	Odontoid Fixation
TransSphenoidal	Removal of Pituitary Tumor
	BONE SURGERY PROCEDURES
ORIF	Open Reduction Internal Fixation
DHS	Dynamic Hip Screw
KYPHO	Injection of glue material into space made in body of vertebra
TKR	Total Knee Replacement
THR	Total Hip Replacement
	VASCULAR
FEM POP	Femoral Popliteal Bypass Graft
TRIPLE "A"'S	Abdominal Aortic Aneurysm Endograft
SWAN	Insertion of Swan Ganz catheter into the heart
PACEMAKER	Device inserted under skin with catheter to heart
TLC	Triple Lumen Catheter into heart (intro. of medicine)
IABP	Intra Aortic Balloon Pump
	MISCELLANEOUS
CVP	Central Venous Pressure
NG	Nasogastric Tube
NI	Naso-Intestine 'Core Pak'
PICC	Peripherally Inserted Central Catheter
Port a Cath	central catheter inserted for use in chemotherapy patients
Lap Cole	Laposcopic Cholecystectomy
Cysto	Bladder / Kidney for stones
Lithotripsy	Break up stones (track by x-ray)

(Revised 8/18, 8/19, 8/20, 9/21, 5/22; cd)

SURGICAL PROCEDURE OBSERVATIONS

FACILITY _____

Supervising
Technologist _____

Equipment used during your
procedure _____

1. SURGICAL EXAMINATIONS YOU OBSERVED
TYPE OF EXAMS

Approximate time to perform exam _____

Describe the procedure in detail

Other comments

2. SURGICAL EXAMINATIONS YOU OBSERVED
TYPE OF EXAMS

Approximate time to perform exam

Describe the procedure in detail

3. SURGICAL EXAMINATIONS YOU OBSERVED
TYPE OF EXAMS

Approximate time to perform exam _____

Describe the procedure in detail

Other comments

4. SURGICAL EXAMINATIONS YOU OBSERVED
TYPE OF EXAMS

Approximate time to perform exam _____

Describe the procedure in detail

Other comments

5. SURGICAL EXAMINATIONS YOU OBSERVED
TYPE OF EXAMS

Approximate time to perform exam _____

Describe the procedure in detail

6. SURGICAL EXAMINATIONS YOU OBSERVED
TYPE OF EXAMS

Approximate time to perform exam _____

Describe the procedure in detail

Other comments

7. SURGICAL EXAMINATIONS YOU OBSERVED
TYPE OF EXAMS

Approximate time to perform exam _____

Describe the procedure in detail

Other comments

8. SURGICAL EXAMINATIONS YOU OBSERVED
TYPE OF EXAMS

Approximate time to perform exam _____

Describe the procedure in detail

Other comments

9. SURGICAL EXAMINATIONS YOU OBSERVED
TYPE OF EXAMS

Approximate time to perform exam _____

Describe the procedure in detail

Other comments

10. SURGICAL EXAMINATIONS YOU OBSERVED
TYPE OF EXAMS

Approximate time to perform exam _____

Describe the procedure in detail

Other comments



SUNY Broome Community College Radiologic Technology Program

Evening Rotation

Purpose

The purpose of the evening rotation is to allow students to have access to studies that are not typically encountered during the day shift, to experience another shift work load, and it helps build students confidence.

Evenings: ** Per NYSDOH: Students are permitted to do 40-80 hours of evenings during the last 6 months of the program. Therefore, SUNY Broome students are **required** to fulfill 7 evening rotations with a minimum of 42 hours (2:30-9:00PM), which can begin December of the second year. Seniors cannot do more than the maximum allowable 80 hours per NYSDOH. Clinical Coordinator/ Clinical Instructors will schedule students accordingly. Students must communicate with their clinical instructor and preceptor to schedule their evening days/times, then they must complete the **“Evening Rotation Schedule and Permission Form”** in Trajecsys (a copy of the form is provided in this manual) and assure that the site is willing/able to accommodate them as well as being responsible to determine which technologist will supervise them. Students **must** complete this form in Trajecsys and **must** get approvals from the Clinical Instructor and Clinical Coordinator. Students are required to work out their evening rotation schedule **(preferably in December)** with their assigned Clinical Instructor and Preceptor, **before October 1st.** Students and Clinical Instructors/ Preceptors must have the December schedule planned out and approved by October 1st for the 2nd yr. fall semester and/or by the end of the 2nd yr. fall semester for spring (Only for those unable to meet December’s evening rotations per Program Director/Clinical Coordinator’s approval). Students will be required to complete their evening rotation in December, if the site and capacity allows. If the evening rotation is not completed in December, it will be scheduled per the Clinical Instructor’s discretion during the Senior Spring semester.

Objective

The evening experience is meant to be a viable and rewarding experience for the student radiographer. The student shall achieve the following objectives upon completion of the evening experience:

- Gain experiences which develop self-confidence working in an environment of fewer people with more responsibilities.
- Develop the confidence and ability to perform in situations which call for self-reliance in decision making and judgement.
- Provide for the proper care and treatment of the emergency patient.
- Critically think through positioning modification techniques as warranted.
- Increase their ability to properly analyze image quality.
- Gain proficiency on exams in which the student has been deemed competent.

Evening Evaluation: Students are required to fill out the “Evening Rotation Evaluation Form” (located in this manual), as soon as the evening rotation is completed.

Days/Hours

- The evening shift will be 2:30PM-9:00PM with a half-hour lunch break. The student will work out the evening rotation schedule with their assigned Clinical Instructor/Preceptor and the clinical site.
- Evening Rotations may not be done when the college is not in session (i.e. holidays, semester breaks, weekends, or nights; past 9:00pm).

- If due to COVID-19; days/hours may be adjusted accordingly per Program Director or Clinical Coordinator based on the clinical situation.

Clinical Site

Students are ***required*** to make every effort to complete the evening rotation during December of the 2nd yr. fall semester as per the Program policy manual. (Due to there being more clinical days assigned consistently to students during the 2nd yr. fall semester (December), than the 2nd yr. spring semester.)

Supervision

- The student must work with direct supervision until competency in an anatomical area has been achieved.
Direct Supervision is described as a Registered Technologist being in the room with the student.
- The student may work with Indirect Supervision once competency has been achieved in an anatomical area. Indirect supervision is described as a Registered Technologist being immediately available.
- Regardless of level of competency, any repeats MUST be performed under the direct supervision of a registered technologist.
- Students are not to be used to replace staff technologists.
- Regardless of competency level, all studies performed by a student must be approved by a registered technologist before the patient is released from the department.

Parameters

- Students are ***required*** to work out their evening rotation schedule (before October 1st) with their assigned Clinical Instructor/Preceptor. Students and Clinical Instructors/Preceptors must have the December schedule planned out and approved by October 1st for the 2nd yr. fall semester and/or by the end of the 2nd yr. fall semester for spring (Only for those unable to meet December's evening rotations per Program Director/Clinical Coordinator's approval).
- Once schedule is confirmed and approved by assigned Clinical Instructor/Preceptor, Clinical Site, and the Registered Technologist who agrees to "Supervise" the student, the student must go into Trajecsys to fill out the "Evening Rotation Schedule and Permission Form" and ask the Clinical Instructor/Preceptor to confirm and write in the "Comment Box" that the site and Register Technologist agree to dates and supervision.
- If a student wishes to do more than the 42 minimum hours required, they must get approval from their Clinical Instructor/Preceptor/Clinical Site and fill out another Evening Rotation Schedule and Permission Form regarding the extra evening rotation. However, per NYSDOH, students can only do a maximum of 80 hours total. Per the Program, students must be up-to-date with required competencies in order to even consider doing additional evening rotation.
- Evening Rotations may not be done when the college is not in session (i.e. holidays, semester breaks, weekends, or nights; past 9:00pm).

Rules and Guideline

- All of the college, program, and affiliated clinical site's rules, regulations, policies, dress codes, and competency requirements that apply during regular daytime clinical experience also applies to the evening rotations.

"Evening Rotation Evaluation" Requirement:

- Each senior student is required to fill out an "**Evening Rotation Evaluation Form**" right after completing their evening rotation.
- The "**Evening Rotation Evaluation Form**" form is located within the next couple of pages. **Give to Clinical Instructor.**

**SUNY Broome Community College
 Radiologic Technology Program**

“Evening Rotation Schedule and Permission Form”

Student Name:

Name of Clinical Site the Evening Rotation will occur:

Name of Radiologic Technologist(s) Agreeing to Supervise Student:

Date (Mo/Da/Yr)	Hours (i.e. 2:30PM-9:00PM)

Clinical Instructor Approval: _____ / _____
 (Signature) / (Date)

Clinical Coordinator Approval: _____ / _____
 (Signature) / (Date)

“Evening Rotation Evaluation Form”

Please fill out a post "Evening Rotation Evaluation form" for your minimum of "42" clinical hours. If you complete "43 up to 80" clinical hours' maximum, then fill out another "Evening Rotation Evaluation form" separate for those clinical hours as well.
Give to Clinical Instructor.

Name: _____

Semester and Year (i.e. Fall 2022):

Name of Clinical Site of Evening Rotation:

Name of Radiologic Technologist(s) Supervising the Student:

This “Evening Rotation Evaluation” is based on my:
 ___ Required “40-42” Minimum Clinical Evening Hours.
 ___ Additional “43-up-to-80” Maximum Clinical Evening Hours.

Evening Clinical Evaluation Questions: (Mark your answer in the appropriate box per question)

Questions	4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree	N/A Not Applicable
The evening clinical experience helped you feel more self-confident.					
You recognized the evening shift requires a radiologic technologist to be more self-reliant in decision making and judgement.					
The evening clinical experience requires more critical thinking on your part.					
The evening clinical experience requires more self-analysis of image quality					
The evening rotation provided you to experience more procedures not typically					

experienced during the day shift.					
The evening workload was sufficient in number and variety.					
There was sufficient opportunity to gain masteries and competencies.					
Until competency was achieved Direct Supervision was provided.					
After competency was achieved Indirect Supervision was provided.					

Evening Clinical Evaluation Questions: (Mark your answer in the appropriate box per question)

Question	Yes	No
Do you feel that the evening clinical experience lead to the development of self-confidence for you?		
Do you feel the evening experience led to the development of innovative techniques?		
Did you perform a greater percentage of cases that came through the emergency room versus house patients during your evening rotation?		
Do you feel you increased your ability to properly analyze image quality?		
Do you feel you gained proficiency on exams in which you have been deemed competent in doing already?		

Impression of Evening Rotation:

Question	4 Excellent	3 Very Good	2 Good	1 Poor
Rate your overall impression of the Evening Rotation.				

Question	Yes	No
Did you perform any non-routine procedures on patients (i.e. trauma, OR, portables, c-arm, geriatric, pediatric cases, etc.?)		

If you answered yes to performing any non-routine procedures, please list them here. If not, do not answer this question:

Please explain in your own words whether you feel this to be a viable experience during the evening clinical rotation and how this experience differs from that which you have had during the typical clinical day rotation:

GREAT JOB AWARDS

Clinical Instructors, Preceptors, and any staff radiographers that believe you have exhibited outstanding skills or behavior in the clinical area have the option of giving you a **“GREAT JOB”** award. These awards may be kept in your clinical notebook.

Instructors reserve the right to accept Great Job awards.

GREAT JOB!

DESERVES AN AWARD

TODAY

PROVIDED BY:

GLOSSARY OF TERMS

Affective Domain

Relating to, arising from, or influencing emotions or feelings. This aspect will be evaluated on the Ethical & Professional Evaluation form in the clinical education center and deals specifically with the personality characteristics of the student radiographer.

Assist

Accomplishing a radiographic examination with the aid of the radiographer.

Category

A series of related radiographic examinations that exemplify an area of the human body, i.e., upper extremity.

Clinical Education

The portion of the educational program conducted in a health care facility that provides the opportunity for students to translate theoretical and practical knowledge into cognitive, psychomotor and affective skills necessary for patient care.

Cognitive Learning

Refers to classroom lectures and demonstrations of theories, and facts and background information necessary to understand a specific body of knowledge. Once this fundamental information has been learned, the student has the opportunity to participate in the clinical setting. It is in the clinical setting that each student has the opportunity to apply the knowledge gained from the classroom setting.

Competency

Identified radiographic knowledge and skills a student must master to successfully complete program requirements.

Competency Evaluation

The procedure by which a student's performance and the resulting image is evaluated. The minimum acceptable level of competency is 80%. Competency evaluation consists of the knowledge, skills and affective behavior required of an entry-level radiographer.

Didactic Education

The portion of the educational program in which knowledge is presented and evaluated in a classroom setting.

Direct Supervision

Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified radiographers. The parameters of direct supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student's achievement;
2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge;

3. A qualified radiographer is present during the conduct of the examination; and
4. A qualified radiographer reviews and approves the radiographs.

Indirect Supervision

Provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "**Immediately available**" is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use. The parameters of indirect supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student's achievement;
2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge;
3. A qualified radiographer is immediately available to assist the student regardless of the level of student achievement;
4. A qualified radiographer reviews and approves the radiographs.

Laboratory

A separate work area for student practice. It shall include a phantom, radiographic table, overhead tube and accessories.

Laboratory Practice

After appropriate instruction and demonstration by the program faculty, the student will practice proper positioning methods utilizing the phantom patient. After mastery, the student will perform examinations with direct supervision in the clinical area.

Observe

Watching the radiographer perform the examination without providing technical aid.

Remedial Education

The portion of the educational program where the student returns to the appropriate practice setting for additional instruction, practice and re-evaluation to correct clinical deficiencies.

Remedial Direct Supervision

Due to subsequent disciplinary action, a Program Director (or an appointed Faculty Designee) may request in writing, that a student follow the "Remedial Direct Supervision Policy", whereas both the student and Program Director (or an appointed Faculty Designee) will sign/date it. **This means the student is not allowed to perform any exam (Comped or Not) or take any x-ray exposures without a Licensed Radiologic Technologist (R.T.) directly present with the student throughout an entire exam.** The student is responsible to inform any R.T. that is assigned to him/her, that he/she is under "Remedial Direct Supervision", and explain what that policy means per SUNY Broome Community College Radiologic Technology Program. If a student is placed under "Remedial Direct Supervision", that student will remain so until lifted by the Program Director (or an appointed Faculty Designee), in writing. This policy supersedes the Direct/Indirect Policies for the student under "Remedial Direct Supervision" until it is lifted by the Program Director. An affiliated site has the right to and may request the student not attend their site due to such restrictions. The Program Director will then attempt to find an affiliated site that will accommodate the student, however if the Program Director is unable to, the student may not be able to continue in the program. Most of our affiliated sites are willing to have a "Remedial Direct Supervision" student, unless it is due to a "Patient Safety Issue".

Simulation

The student shall perform the examination on a live subject (not a patient) or phantom with exposure simulation and critique of the image area. Simulation may be utilized for infrequent or limited volume examinations.

(Revised 7/11, 8/14) (Reviewed 8/16, 8/19, 8/22, cd)

CLINICAL EVALUATION FORMS

Every Clinical Course, each student will be asked to fill out an electronic google evaluation form on their Clinical Instructor and on however many clinical sites they attended during that clinical course. Example of Electronic Forms:

SUNY Broome Community College Radiologic Technology Program

Clinical Site Evaluation Form by Student

Class of _____.

Evaluation of the Clinic Site during Clinical Education Course _____.

Education of _____ Clinical Education Site:

Please answer each question carefully and thoughtfully.

4 = Strongly Agree

3 = Agree

2 = Disagree

1 = Strongly Disagree

If you do not have an opinion or the question does not apply to you/your situation, please leave it blank.

1. The clinical education site was conducive to learning? (circle one)

4	3	2	1
SA	A	D	SD

Comments:

List strong points:

1.

2.

3.

List weak points:

1.

2.

3.

2. At your competency level, the quality and quantity of radiographic procedures were adequate.

4	3	2	1
SA	A	D	SD

Comments:

3. At this clinical site you demonstrated motivation, communication, respect, and a willingness to learn.

4	3	2	1
SA	A	D	SD

Comments:

4. The Department Staff provided an environment that was conducive to learning:

4	3	2	1
SA	A	D	SD

Comments:

5. What could be done to help you integrate more easily?

6. Overall, do you feel this site helped you to reach your potential educational growth.

4	3	2	1
SA	A	D	SD

Comments:

7. The technologists that were allowed to evaluate your competency provided beneficial feedback to improve your performance and/or professionalism.

4	3	2	1
SA	A	D	SD

Comments:

8. Overall, the site provides “Direct Supervision” (prior to competence) while working with patients, which follows college policy.

4	3	2	1
SA	A	D	SD

Comments:

9. Overall, the site provides “Indirect Supervision” (after competence) while working with patients, which follows college policy.

4 3 2 1
 SA A D SD

Comments:

10. The repeat policy of the college was followed as directed (i.e. Technologist was present for “repeat image/s and initialed the “Repeat Log” Document. *Reminder, this is the “Student’s Responsibility” to make sure a R.T. is present and initials the document that will be turned in per semester.)

4 3 2 1
 SA A D SD

Comments:

11. Your overall clinical experience this semester was satisfactory.

4 3 2 1
 SA A D SD

Comments:

12. Rate the following criteria (Professionalism, Radiation Protection, Patient Care Skills, and Mentoring) as you experienced at this clinical site:

For question #12 refer to the following scale:

4 = excellent

3 = average

2 = below average

1 = poor

Criteria	4	3	2	1
Professionalism				
Radiation Protection				
Patient Care Skills				
Mentoring				

**SUNY Broome Community College
Radiologic Technology Program**

Clinical Instructor Evaluation Form by Student: (Not on Preceptors as of Summer 2021)

Class of _____.

Evaluation of the Clinical Education Course _____.

Evaluation of Clinical Instructor _____.

Please answer each question carefully and thoughtfully.

5 = Excellent

4 = Above Average

3 = Average

2 = Below Average

1 = Poor

Personal Qualities of Clinical Instructor: (circle one)

5	4	3	2	1
Ex	AA	A	BA	P

1. Appearance (Role Model)

2. Cooperation

3. Enthusiasm

4. Initiative

5. Understanding (Appreciates needs & viewpoints of others)

6. Dependability and Accountability

Please answer each question carefully and thoughtfully.

5 = Always

4 = Frequently

3 = Sometimes

2 = Seldom

1 = Never

Performance of Clinical Instructor:

5	4	3	2	1
A	F	So	Se	N

7. Displays professional attitude and knowledge

8. Provides proper degree of supervision

9. Exercises good judgement and tact

Clinical Instructor's Relationship with Students:

- 10. Sensitivity to welfare and needs of students
- 11. Availability
- 12. Fairness in dealing with students
- 13. Ability to make students feel secure and at ease

Clinical Instructor's Clinical Classwork:

- 14. Is well prepared and has knowledge of subject material
- 15. Encourages discussion and questions
- 16. Provides correlation of college labs and clinical

instruction Clinical Instructor:

- 18. Judges competency in manner to promote confidence and personal growth of a student
- 19. Was the Clinical Instructor knowledgeable regarding anatomy, pathology, departmental procedure, and radiographic techniques specific for their site? **Yes or No**

Comments:

- 20. Was the rotation useful and specific to your goals? (Improving clinical skills) **Yes or No**

Comments:

- 21. Was there sufficient educational time such as feedback, image analysis, and impromptu discussions? **Yes or No**

Comments:

- 22. Were you provided "Direct Supervision" prior to performing a competency and "Indirect Supervision" after performing competency? **Yes or No**

Comments:

- 23. What did you like most about this rotation per this semester?
 - 24. What did you like least about this rotation per this semester?
 - 25. What specific suggestions for improvement can you make?
-

(Revised 4/2022; cd)

Program Effectiveness Data:

The following is the most current Program Effectiveness Data (PED) for the Associate of Applied Science Degree in Radiologic Technology at SUNY Broome Community College. Our accreditation agency, the Joint Review Committee on Education in Radiologic Technology (JRCERT), defines and publishes this information. [Click here](#) to go directly to the JRCERT webpage. [Click here](#) to go to this program's PED on JRCERT website.

Outcome Measure	Year	Results: # passed on 1 st attempt divided by number attempt within 6 months of graduation
<p>Credentialing Examination Rate:</p> <p>The number of student graduates who pass, on the first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation. (As part of the Middle States federal compliance requirements, licensure pass rates are to be displayed for the most recent three-years)</p>	2020	20 of 22 (91%)
	2021	16 of 22 (73%)
	2022	12 of 18 (67%)
	2023	17 of 22 (77%)
	2024	16 of 18 (89%)
	<p style="text-align: center;">Current 5-Year Average</p> <p style="text-align: center;">JRCERT Benchmark 75%</p>	<p style="text-align: center;">Program Results</p> <p style="text-align: center;">79%</p> <p style="text-align: center;">(81/102)</p>
Outcome Measure	Year	Results: number employed divided by number actively seeking employment within 12 months of graduation
<p>Job Placement Rate:</p> <p>The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences.</p> <p>*“Not Actively Seeking Employment” defined next page.</p>	2020	16 of 16 – 100%
	2021	19 of 19 – 100%
	2022	13 of 18 – 72%
	2023	18 of 21 – 86%
	2024	17 of 17 – 100%
	<p style="text-align: center;">Current 5-Year Average</p> <p style="text-align: center;">JRCERT Benchmark 75%</p>	<p style="text-align: center;">Program Results</p> <p style="text-align: center;">91%</p> <p style="text-align: center;">83 of 91 – 91%</p>

Outcome Measure	Year	Results: number graduated divided by number started the program (on orientation day per program)
Program Completion Rate: The number of students who complete the program within the stated program length (21-months).	2024	18 of 21 (86%)
	Most Recent Program Completion Rate Program Benchmark 75%	Program Results 86% (18 of 21)

Job Placement Rate: *"Not Actively seeking employment" is defined as:

- 1) Graduate fails to communicate with program officials regarding employment status after multiple attempts; OR
 - 2) Graduate is unwilling to seek employment that requires relocation; OR
 - 3) Graduate is unwilling to accept employment, for example, due to salary or hours; OR
 - 4) Graduate is on active military duty; OR
 - 5) Graduate is continuing education.
-

Professional Organizations

NYSSRS (New York State Society of Radiologic Sciences, Inc.): <http://www.nyssrs.org/>

Student Membership Application if interested: <https://www.nyssrs.org/join-us>



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

Student Membership Application if interested: <https://www.asrt.org/membership>



ARRT (The American Registry of Radiologic Technologists): <https://www.art.org/>

Student Section: Information on general student interest



The American Registry of
Radiologic Technologists®

ASRT Clinical Practice

Objectives:

- Discuss ethics and the characteristics of professional behavior.
- Apply professional communication techniques.
- List the radiography practice standards.
- Demonstrate positive values and a commitment to diversity, equity, and inclusion.
- Explain the elements of procedural performance and radiation protection.
- Recognize the requirements for clinical competency.

Content

I. Professionalism

- A. Standards of ethics and professional behavior
 1. ARRT Standards of Ethics incident reporting mechanisms
 2. Student Supervision
 - a. Direct
 - b. Indirect
 3. Understanding the patient's expectations, rights, and responsibilities
 4. Understanding the radiographer's professional responsibilities
- B. Professional communication
 1. Patients
 2. Patient's family or authorized representatives
 3. Health care team
 4. Confidentiality of patient records (Health Insurance Portability and Accountability Act [HIPAA] compliance)
- C. Radiography Practice Standards
 1. Scope of Practice
 2. Clinical Performance Standards
 3. Quality Performance Standards
 4. Professional Performance Standards
 5. ASRT's Advisory Opinion Statements
 6. ASRT's Best Practices in Digital Radiography
- D. Values
 1. Personal
 - a. Values development
 - b. Effect on patient care
 2. Societal
 - a. Rights and privileges
 - b. Community values
 - c. Effect on patient care
 3. Professional
 - a. Values development
 - b. Values conflict
 - c. Effect on patient care
 - d. Effect of social media
- E. Diversity, equity, and inclusion
 1. Diversity concepts
 - a. Individual
 - b. Population

- c. Social
- 2. Socioeconomic factors
- 3. Gender identity/expression
- 4. Ethnicity (e.g., language)
- 5. Race
- 6. Age
 - a. Infant
 - b. Child
 - c. Adolescent
 - d. Young adult
 - e. Middle aged
 - f. Geriatric
- 7. Family structure and dynamics
- 8. Geographical factors
- 9. Religion, spirituality and belief system
- 10. Lifestyle choices and behaviors
- 11. Sexual orientation
- 12. Disability
- 13. Equity
 - a. Structural racism
 - b. Social justice
- 14. Culture of inclusion
 - a. Environmental
 - b. Organizational

II. Procedural Performance

- A. Scheduling and sequencing of exams
- B. Order/requisition evaluation and corrective measures
- C. Facilities setup
- D. Patient assessment, clinical history, education and care
 - 1. Patient monitoring – emergency and nonemergency
 - a. Vital signs
 - b. Assessment and clinical history
 - c. Equipment
 - d. Patient emergencies
 - 2. Patient privacy and confidentiality (HIPAA)
 - 3. Documentation
 - 4. Infection control
 - a. Personal protective equipment (PPE)
 - i.)Types
 - ii. Proper use
 - 5. Patient education
 - a. Appropriate communication style
 - b. Age-specific
 - c. Cultural sensitivity
 - d. Socioeconomic sensitivity
 - e. Patient-centered care
 - 6. Medical error reduction
 - 7. Patient safety considerations

- E. Imaging
 - 1. Positioning considerations
 - 2. Technical considerations
 - 3. Image acquisition
 - 4. Image analysis

- F. Radiation protection
 - 1. Principles (ALARA)
 - 2. Radiation safety practices
 - a. Protection of the patient (AAPM recommendations)
 - b. Protection of personnel
 - c. Protection of others
 - 3. Education
 - a. Patient, family members, or authorized representatives
 - b. Other members of the healthcare team
 - 4. Equipment and accessories

III. Clinical Competency

- Refer to ARRT Competency Requirements for mandatory and elective requirements.

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The ASRT Practice Standards for Medical Imaging and Radiation Therapy



Professional Characteristics:

This curriculum is designed to ensure that entry-level radiographers possess the technical skills outlined in the ASRT Radiography Practice Standards. In addition, the graduate should be able to:

- Exercise prudent judgment in administering ionizing radiation.
- Provide optimal patient care in an evolving and diverse society.
- Recognize the challenges of providing direct patient care in today's health care setting.
- Work collaboratively in a dynamic healthcare environment.
- Interpret (or conduct) research and evaluate sources of information to be used in evidence-based practice.
- Ensure the security and confidentiality of patient medical information.
- Explain the value of lifelong learning.
- Collaborate with others in the community to promote standards of excellence in the medical imaging and radiologic sciences.
- Contribute to the education and clinical skill development of medical imaging and radiologic sciences students.
- Promote an inclusive environment.
- Advocate for diverse patient populations.

General Education:

General education is an integral part of the development of a radiographer. The General Education courses for this program are designed to assist in developing skills in communication, human diversity, scientific inquiry, critical thinking and judgment. All these skills are required to perform the responsibilities of an entry-level radiographer. Knowledge gained from general education serves to enhance the content and application of the radiography curriculum.

The ARRT® requires an associate degree (or higher) to apply for the certification exam for radiography.

[Click here for the 2022 ASRT Adopted Radiography Curriculum](#)

American Hospital Association Patient's Bill of Rights

These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision-maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.
3. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.
4. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees.
5. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
6. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.
7. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision-maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.
8. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.

9. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
10. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
11. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
12. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
13. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
14. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
15. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision-making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.

Patients should also be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.

A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their life-style on their personal health.

CONCLUSION:

Hospitals have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease; the immediate and ongoing care and rehabilitation of patients; the education of health professionals, patients, and the community; and research. All these activities must be conducted with an overriding concern for the values and dignity of patients.

American Society of Radiologic Technologists

Code of Ethics

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

CODE OF ETHICS

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



ARRT RULES OF ETHICS

The rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all present Registered Technologists, Registered Radiologist Assistants, and Candidates. Certification is a method of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Registered Technologists and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients. The Rules of Ethics are enforceable. Registered Technologists, Registered Radiologist Assistants, and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder.

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew or obtain: reinstatement of certification or registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by the registration with the ARRT when that is not the case.
2. Subverting or attempting to subvert ARRT's examination process. Conduct that subverts or attempts to subvert ARRT's examination process includes, but is not limited to:
 - (i) Conduct that violates the security of ARRT examination materials, such as removing or attempting to removed examination materials from an examination room, or having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination of ARRT; or disclosing information concerning any portion of a future, current or previously administered examination of ARRT; or disclosing what purports to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current or previously administered examination of ARRT;
 - (ii) Conduct that in any way compromises ordinary standards of test administration, such as communicating with another Candidate during administration of the examination, copying another Candidate's answers, permitting another Candidate to copy one's answers, or possessing unauthorized materials, or
 - (iii) Impersonating a Candidate or permitting an impersonator to take the examination on one's own behalf.
3. Convictions, criminal proceedings, or military court-martials as described below:
 - (i) Conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. Offenses that occurred while a juvenile and that are processed through the juvenile court system are not required to be reported to ARRT.
 - (ii) Criminal proceeding where a finding or verdict of guilt is made or returned But the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters a plea of guilty or nolo contendere (no contest).
 - (iii) Military court-martials that involve substance abuse, any sex-related infractions, or patient-related infractions.
4. Failure to report to the ARRT that:
 - (iv) Charges regarding the person's permit, license, or registration certificate to practice radiologic technology or any other medical or allied health profession are pending or have been resolved adversely to the individual in any state, territory, or country

- (including, but not limited to, imposed conditions, probation, suspension, or revocation);
or
- (v) That the individual has been refused a permit, license, or registration certificate to practice radiologic technology or any other medical or allied health profession by another state, territory, or country.
5. Failure or inability to perform radiologic technology with reasonable skill and safety.
 6. Engaging in unprofessional conduct, including, but not limited to:
 - (i) A departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;
 - (ii) Any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety; or
 - (iii) Any practice that is contrary to the ethical conduct appropriate to the profession that results in the termination from employment. Actual injury to a patient or the public need not be established under this clause.
 7. Delegating or accepting the delegation of a radiologic technology function or any other prescribed health care function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health or safety. Actual injury to a patient need not be established under this clause.
 8. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.
 9. Adjudication as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public, by a court of competent jurisdiction.
 10. Engaging in any unethical conduct, including, but not limited to conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.
 11. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, in any verbal behavior that is seductive or sexually demeaning to a patient; unwanted sexual behavior, verbal or otherwise, that results in termination of employment. This rule does not apply to pre-existing consensual relationships.
 12. Revealing a privileged communication from or related to a former or current patient, except when otherwise required or permitted by law.
 13. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.
 14. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record.
 15. Knowingly aiding, assisting, advising, or allowing a person without a current and appropriate state permit, license, or registration certificate or a current certificate of registration with ARRT or engage in the practice of radiologic technology, in a jurisdiction which requires a person to have such a current and appropriate state permit, license, or registration certificate or a current and appropriate registration of certification with ARRT in order to practice radiologic technology in such jurisdiction.
 16. Violating a rule adopted by any state board with competent jurisdiction, an order of such board, or state or federal law relating to the practice of radiologic technology, or any other medical or allied health professions, or a state or federal narcotics or controlled substance-law.
 17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

18. Practicing outside the scope of practice authorized by the individual's current state permit, license or registration certificate, or the individual's current certificate of registration with ARRT.
19. Making a false statement or knowingly providing false information to ARRT or failing to cooperate with any investigation by ARRT or the Ethics Committee.
20. Engaging in false, fraudulent, deceptive or misleading communications to any person regarding the individual's education, training, credentials, experience, or qualifications, or the status of the individual's state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.
21. Knowing a violation or a probable violation of any Rule of Ethics by any Registered Technologist, Registered Radiologists Assistant, or Candidate and failing to promptly report in writing the same to the ARRT.
22. Failing to immediately report to his or her supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with patient's care, but did not (omission). The duty to report under this rule exist whether or not the patient suffered any injury.

[The ARRT Standards of Ethics](#)

EDUCATION + ETHICS + EXAMINATION =

THE ARRT EQUATION FOR

EXCELLENCE!



NEW YORK STATE LICENSURE

Mandatory

1. Use of x-ray by students and what students in radiologic technology schools must do to obtain their licenses.

- A. While attending State-approved schools, students can use x-ray under a student exemption in the law without holding a license so long as they are under direct school supervision and it can be demonstrated that the assignments are primarily for educational purposes. This student exemption applies only to recognized clinical facilities of the school or college. Students cannot use x-ray at other, unapproved facilities. They cannot use x-ray in non-hospital facilities such as the private offices of physicians.

Students are required to wear identification tags during clinical assignments giving their names and identifying them as students. The tags must be in clear lettering, at least 3/4" x 3" in dimension, and prominently displayed in the area of the breast pocket.

Off-hours clinical assignment of students (evenings, nights, weekends or legal holidays) is restricted by rules to the final six months of training, a total of no more than 80 hours, and attendance for no more than eight hours in any 24-hour period. Records must be kept of these assignments, including the designation of a licensed radiologic technologist to supervise each such assignment. State rules **permit** off-hours assignments within these limits at the discretion of the school, but do not **require** such assignments.

- B. Students should apply to the New York State Health Department for licenses at least two months prior to their scheduled graduation. This is particularly important if the student intends to request a temporary permit to work.

a. In addition to graduation from an approved two-year school, applicants for licenses must also be at least 18 years old, possess high school diplomas (or equivalency diplomas), and be of good moral character. Any student who is uncertain that he will be able to meet one of these additional qualifications should request the advice of the State Health Department, either directly or through his school. In particular, this should be done by any student with a record of criminal conviction.

- b. If they want to begin working immediately after graduation, applicants should request a temporary permit in response to the question on the application. These temporary permits will be mailed out about two weeks before the scheduled graduation date. Graduating students must hold temporary permits before they can begin to work as radiologic technologists.

Temporary permits are in effect for 180 days from the date of issue. It shall expire 10 days after notification by an accrediting organization that the individual has failed to pass the qualifying examination. If they fail to appear for the examination their permits expire immediately. A new permit can be requested when reapplying for the ARRT exam. An individual with a temporary permit does not qualify for intravenous contrast administration certification.

The following pages are documents students have already read and signed during their first advisement session. (Please do not sign them again).* The following pages cover pertinent information regarding further program policies. Students will be required to complete/sign the form: **“Affirmation of Understanding” that *covers signatures* of *all* of our **Program Manual & Clinical Education Manual content**. Students will be given a due date once everyone has had an opportunity to review, discuss, and answer any and all questions regarding the Program/Clinical Education Manuals.

This form, with your signature on it demonstrates your agreement to abide by all Program and Clinical Policies and Procedures.

Technical Standards

The definition of Technical Standards is: Personal attributes and capabilities essential for admission, promotion and graduation with an A.A.S. in Radiologic Technology from SUNY Broome Community College.

The faculty of SUNY Broome Community College's Radiologic Technology Program believes that earning an AAS degree requires mastery of a **coherent body of knowledge and skills**. A student must acquire **substantial competence in the principles and facts of all** the curriculum's required basic sciences, must understand and appreciate the principles and practice of all the basic fields of health care and **must be able to relate appropriately to patients and other health care professionals**. The following technical standards describe the non-academic qualifications required in addition to academic achievements, which the college considers essential for successful completion of the Educational Objectives of its Curriculum.

Attitudinal, Behavioral, Interpersonal, and Emotional Attributes:

Because health care is governed by ethical principles and by state and federal laws, a student must have the capacity to learn, and understand these values and laws and to perform within their guidelines. S/he should be **able to relate to colleagues, staff and patients with honesty, integrity, non-discrimination, self-sacrifice and dedication**. S/he should be able to understand and use the power, special privileges, and trust inherent in the radiographer-patient relationship for the patient's benefit, and to know and avoid the behaviors that constitute misuse of this power. S/he should demonstrate the capacity to examine and deliberate effectively about the social and ethical questions that define roles and to reason critically about these questions. S/he must be able **to identify personal reactions and responses, recognize multiple points of view, and integrate these appropriately into the decision making process**.

A student must be of **sufficient emotional health** to utilize fully his/her intellectual ability, to exercise good judgment, to complete patient care responsibilities promptly, and to relate to patients, families, and colleagues with courtesy, compassion, maturity, and respect for their dignity. The ability to participate collaboratively and flexibly as a professional team member is essential. The student must display this emotional health in spite of stressful work, changing environments, and clinical uncertainties. The student must be able to modify behavior in response to **constructive criticism**. S/he must be open to examining personal attitudes, perceptions, and stereotypes (which may negatively affect patient care and professional relationships). An individual with a diagnosed psychiatric disorder may function as a student as long as the condition is under sufficient control to allow accomplishment of the above goals with or without reasonable accommodation. S/he must exhibit behavior and intellectual functioning, which does not differ from acceptable standards. In the event of deteriorating emotional function, it is essential that a student be willing to acknowledge the disability and/or accept professional help before the condition poses danger to self, patients, and/or colleagues.

Stamina: The study and ongoing performance of Radiologic procedures often involves taxing workloads and stressful situations. A student must have the physical and emotional stamina to maintain a high level of function in the face of these likely working conditions.

Intellectual Skills: A student must possess a range of intellectual skills that allows him/her to master the broad and complex body of knowledge that comprises health care education. The student's learning style must be effective and efficient. The ultimate goal will be to solve difficult problems and to make decisions. A student must be able to memorize, perform scientific measurement and calculation, and understand and cognitively manipulate three dimensional models.

Reasoning abilities must be sophisticated enough to analyze and synthesize information from a wide variety of sources. It is expected that a health sciences student is able to learn effectively through a variety of modalities including, but not limited to: classroom instruction, small group discussion, individual study of materials, preparation and presentation of written and oral reports, and use of computer based technology.

Communication Skills: A student must be able to ask questions, to receive answers perceptively, to record information about patients and to educate patients. S/he must be able to communicate effectively and efficiently with patients, their families, and with other members of the health care team. This must include **spoken communications and non-verbal communications** such as **interpretations of facial expressions, affects and body language.** Mastery of both written and spoken English is required although applications from students with hearing and speech disabilities will be given full consideration. In such cases, use of a trained intermediary or other communications aide may be appropriate if this intermediary functions only as an information conduit and does not serve integrative or interpretive functions.

Visual, Auditory, Tactile and Motor Competencies: A student must possess sufficient visual, auditory, tactile and motor abilities to allow him/her to gather data from written reference material, from oral presentations, by observing clinical procedures performed by others, by reading digital or analog representations of physiologic phenomena, and by providing a history of the patient.

ANALYSIS OF RADIOLOGIC TECHNOLOGY TECHNICAL STANDARDS

Requires the capability to demonstrate the following physical activities:

1. Help in lifting patients who may be comatose, paralyzed or otherwise incapacitated, from wheelchairs and beds to x-ray table, and vice versa.
2. Lift, move and push heavy equipment, i.e., several cassettes, portable x-ray machines, etc. Must be able to reach overhead since radiography requires positioning.
3. To insure patient safety, hear faint sounds from a distance of 15 feet. Control panels and exposure switches are located in areas separate from the x-ray table on which patients are placed.
4. React quickly in emergency situations.
5. Determine differences in gradual changes in blacks, grays, and whites for purposes of judging films for technical quality.
6. Communicate orally and in writing instructions and directions to patients and to and from other health care personnel. Obtain health history and other pertinent data from patients.
7. Manual dexterity, good motor skills, eye/hand coordination skills, and sensory function in at least one upper limb. Must be able to move patient and table to align body parts for demonstration on film and palpate bony prominences to align body parts with the film. Manipulate the radiographic tube; this sometimes entails very precise angles and measurements for the tube as well as the patient.



ANALYSIS OF RADIOLOGIC TECHNOLOGY CONFIDENTIALITY

Requires students to keep all information concerning patients strictly confidential. All students are urged to refrain from gossiping, loud talking and any other activity that would be disturbing to the patients. Courtesy and cheerfulness are important at all times and make for a pleasant relationship with fellow workers and the public.

Patients' charts, of course, are confidential and information concerning patients must not be discussed with the patient, the patient's family or visitors, or with anyone who is not directly concerned with the CARE AND TREATMENT OF THAT PATIENT.

As a member of the SUNY Broome Community College Radiologic Technology Program, you represent not only the College but the affiliating hospital in your contacts with patients, visitors and members of the community. The impression you leave with each person is very important to the hospital and all the people involved in the health care team as well as your fellow students. The clinical affiliation reserves the right to refuse admission to any Radiologic Technology student who is involved in any activity not considered professional or conducive to proper patient care.



“Affirmation of Understanding”

My signature indicates that I have received SUNY Broome Community College Department of Radiologic Technology’s “Program Manual” and “Clinical Education Manual”. I have read both manuals, understand them, had ample time to ask questions regarding all the “Program and Clinical Education Policies/ Procedures”, I acknowledge and agree to abide by all the “Program and Clinical Education Policies/ Procedures”. All students are expected to complete/sign the form. These are policies/procedures tied together with and followed by the college, program, accreditors, clinical, and our profession. If you choose to not sign the form, you are not able to attend clinical and /or carry forth in the program didactic components per the program in lieu of safety for patients, working with ionizing radiation, and working with energized radiology equipment.

I am aware that failure to comply with the rules and regulations may mean dismissal from the Radiologic Technology Program.

The program director will discuss the manuals in class and students will be given a deadline to complete the Affirmation of Understanding form.

(You only have to fill it out 1 time to cover both manuals).

Notification of New and/or Changed Policies:

The information in the Radiologic Technology Program “**Program Manual and Clinical Education Manual**” are subject to change without notice in order that it might reflect the decisions of SUNY Broome Community College and the faculty of the Radiologic Technology Program. Students will be notified of new policies and/or changes in writing and will sign an acknowledgement thereof to be placed in individual student file.

The Radiologic Technology Program is accredited by JRCERT:

Joint Review Committee on Education in Radiologic Technology

20 N. Wacker Drive, Suite 2850

Chicago, IL 60606-3182

Phone: (312) 704-5300

www.JRCERT.org

mail@jrcert.org



The Standards of an accredited program are available on the bulletin board in the Radiologic Technology laboratory (D315).



(Revised: 8/2015, 8/2016, 8/2017, 8/2019, 8/2020, 9/2021, 8/2023; cd, 9/25 kjy)