Ascension St. Vincent

School of Medical Imaging
Radiologic Technology Program

STUDENT
CLINICAL HANDBOOK

2023 - 2025

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Clinical Education Objectives Summary

The Radiographic Clinical Education portion of the program is divided into 5 semesters, 16 weeks per semester totaling twenty months for program completion. Each semester, didactic and clinical education is integrated to ensure the student's competency achievement in radiologic technology procedures. The program provides equitable learning opportunities for all students. The clinical assignment schedule is to allocate all student's equivalent rotations at every site. Scheduled didactic and clinical hours combined do not exceed forty (40) hours per week.

The program's clinical settings provide a wide range of procedures for competency achievement. The maximum number of students assigned to a clinical setting is supported by sufficient human and physical resources. The number of students assigned to the clinical setting does not exceed the number of clinical staff assigned to the radiography departments; a 1:1 ratio must be followed per setting.

Performance objectives and clinical competencies are based on requirements of the American Registry of Radiologic Technologists (ARRT) for certification eligibility. A student's success is dependent upon their ability to apply the didactic information learned in the classroom and utilize that knowledge in the clinical environment.

During the twenty (20) months of education, the program provides 2,266 hours of clinical education, across several different clinical environments. Clinical rotations are planned to include but are not limited to routine, emergency, surgical, orthopedics, pediatric, geriatrics, and a variety of advanced imaging modalities. These opportunities are scheduled Monday through Friday with an evening, weekend, and overnight rotation built in during the fourth semester.

Clinical Attendance Hours

Full-Time attendance of a maximum of forty (40) hours per week, clinical and didactic hours included, is required.

Scheduled attendance times will be determined by the student's weekly clinical rotation and may vary among the following times:

- Clinical hours occur Monday - Friday 7:30 am – 4:00 pm unless otherwise noted in Semester 4.

- In semester 4, students will participate in three "Off-shift" clinical rotations as well as a visit to UF Health for a 1-day observation.

  - o   Swing shift   11:00 am - 9:30 pm

  - o   Overnight shift   9:00 pm - 7:00 am

  - o   Weekend Shift   7:30 am - 6:00 pm

  - o   UF Health Observation   8:00 am - 4:30 pm

- Hours are subject to change per program discretion, students will be provided with adequate notice of any changes made.

Each student must be aware of the rotation to which he/she is assigned. A clinic rotation schedule is provided to each student at the end of the current semester. (Example: At the end of

Semester 1, students will receive a Semester 2 clinical schedule for the entire semester). Clinical schedules will be posted in Google Classroom and at all clinical sites for ease of access.

UF Health Observation

Students are provided with a one-day rotation in the final year of the radiologic technology program to participate in an observation at UF Health, Jacksonville's only Level One Trauma Center. Students are only allowed to observe while at this clinical site. Students are not to participate in exams taking place, adjust or move any equipment, nor are they allowed to pass the red line in the trauma center. Students who wish to participate in this rotation will be required to be appropriately screened and educated on UF Health Policies as deemed appropriate by UF Health. The hours for this rotation are 8:00 am - 4:30 am.

Attendance

Clinic time will be documented and tracked through Trajecsys. Students will log into Trajecsys once they have arrived in the assigned clinical department. Students will get two chances to fix their time in Trajecsys if they forget to clock in/out. On the third time, disciplinary action will occur (*See Disciplinary Action Policy in the Academic Handbook - pg 45)*. Students should be in the clinic and ready to begin work at the designated times.

Students dismissed from the clinic before 3:50 pm must contact the Clinical Coordinator or Program Director. The student must provide a reason and await further instruction. Depending on the time frame, students may be sent to another clinical site to continue the remainder of the day. Students who do not contact the Clinical Coordinator or Program Director will receive disciplinary action (*See Disciplinary Action Policy in the Academic Handbook - pg 45)*.

Personal Time Off (PTO)

Each student is allowed a total of 128 personal hours to utilize during the program. Any scheduled or unscheduled absences will be deducted from personal hours. Any 5th-semester student with remaining personal hours may use those hours during the semester without penalty.

It is strongly discouraged from using any PTO - Scheduled or non-scheduled during the first four weeks of the radiography program in Semester 1.

- Link to the Google Form to submit PTO for the Class of 2025

Absences - Scheduled

Any request for scheduled time off must be submitted to the Program Director and Clinical Coordinator one week in advance using the appropriate time off form. After the time off request is processed, the Program Director or Clinical Coordinator will return a copy of the time off to the student. If the time off was approved, it will be the student's responsibility to inform their clinical site of the scheduled clinical absence. Students are still expected to complete all weekly clinical requirements.

Absences - Unscheduled

If a student is unable to report for class or clinic due to illness, call the Clinical Coordinator's cell phone, one hour before the scheduled start time. Students must then notify the Clinical Facility via a phone call, and if no answer, leave a message Failure to notify the clinical coordinator and clinical facility constitutes an unexcused absence and a written warning.

> Program Director's Office   904-308-8552
> Clinical Coordinator's Office   904-308-4144

A Google Time Off Form should be filled out by the end of the returned day. Failure to do so will invoke disciplinary action.

A student who requires more than two days off due to illness is required to have a doctor's excuse. The initial day of absence will be deducted from the student's personal hours; the additional days will not be deducted.

If a student becomes ill while in class or clinic, the student must contact the **Program Director, Clinical Coordinator, and Clinical Supervisor** to explain their illness and request to leave class/ clinic.

Excessive absences may result in termination due to the length of the illness and material missed. If the student is absent (6) hours or more from any one subject, the student may be dismissed from the program. Extended illnesses will be handled individually by the Program Director. **A no-call/no-show to class or clinic is a voluntary withdrawal from the program.**

Tardiness Procedure

Clinic time will be documented and tracked through Trajecsys. Students will log into Trajecsys once they have arrived in the assigned clinical department. Students will get two chances to fix their time in Trajecsys if they forget to clock in/out or into the wrong clinical setting. On the third time, disciplinary action will occur. Students should be in the clinic and ready to begin work at the designated times. Students can clock in between 7:20 am - 7:30 am and clock out between 3:50 pm - 4:10 pm without any deductions. If a student is going to be tardy to a clinical site, they must call the appropriate clinical affiliate and Clinical Coordinator. Once the student arrives at the clinic, he/she must contact the Clinical Coordinator to report the time of arrival. All tardy time must be made up at the end of the day unless otherwise discussed with the Clinical Coordinator. A student may be tardy three times within 12 months before disciplinary actions are implemented (see page 33 in the academic handbook for disciplinary actions policy). Failure to notify the Clinical Coordinator of the tardy will result in immediate disciplinary action, regardless of the number of tardies the student has had.

Students dismissed from the clinic before 3:50 pm must call the Clinical Coordinator, Clinical Instructor, or Program Director. The student must provide a reason and await further instruction. Depending on the time frame, students may be sent to another clinical site to continue the remainder of the day. Students who do not contact the Clinical Coordinator, Clinical Instructor, or Program Director will receive disciplinary action.

Trajecsys (Cloud-based Record Keeping)

Students enrolled in the Radiography Program will be required to create a Trajecsys account during the orientation week. Trajecsys is a cloud-based system that the program faculty, students, and staff technologist use to document various aspects of the program, including students clocking in and out, weekly evaluations from technologists, faculty evaluations, lab practicals, daily log sheets, and clinical competencies. The cost of the Trajecsys account is a one-time fee of $150.00 paid directly to Trajecsys via their website [LINK HERE](). Technologists and program faculty will provide at minimum a weekly evaluation of each student from their assigned clinical site/technologist. Trajecsys allows students to view their progress confidentially and efficiently throughout the program.

Evaluation Procedure

Technologist/Weekly Evaluation

Weekly Clinical Evaluations are utilized as a tool for assessing the clinical performance of each student. It is the responsibility of each student to remind their technologist at the end of each week (Friday) to have the technologist submit their weekly evaluation. Students must electronically sign their clinical faculty evaluation within 7 days of the evaluation being completed by the technologists. Students may communicate with the technologists verbally, as well as send a follow-up email via Trajecsys. Weekly evaluations must be completed by the technologist by Tuesday of the following week before 12:00 pm (Noon). Any evaluation received after the 12:00 pm deadline on Tuesday will result in a deduction of points based on the scale below.

- After Tuesday at noon = 10% deduction

- Wednesday = 20% deduction

- Thursday = 30% deduction

- Friday = Automatic 0

Weekly evaluations are worth 15% of the total clinic grade, per semester. Students must review and electronically sign their weekly evaluations and competencies in Trajecsys. If a student makes a mistake in the Trajecsys system, they must notify the Clinical Coordinator promptly of the mistake.

Each technologist is required to maintain and respect the confidentiality of each student's performance with the use of Trajecsys. Technologists are not to share evaluation information and competency information with fellow technologists or students. This information is protected by the Family Educational Rights and Protection Act (FERPA). Technologists are expected to discuss the student's progress and performance throughout the week before the submission of the weekly evaluation - no evaluation should be a surprise from the technologists. These conversations should take place in a quiet and private location. If the student's performance is unsatisfactory, the technologist may request a conference with the program faculty and the student to discuss any concerns regarding performance and progression in the clinical setting. It is at the discretion of the Radiography Program Faculty to request a meeting with the technologist if the program faculty feels it is necessary or for the benefit of the student/clinical site. If time does not permit in the clinical setting, students will review and sign their weekly

evaluations in private. If the student has any questions or concerns regarding the evaluation please see - *Procedure for Unfavorable Clinical Evaluations*

Program Faculty Evaluation

Program Faculty evaluations can and will happen at random during clinical rotations when a program faculty member is working with the students in the clinical setting. Program Faculty Evaluations are worth 10% of the final clinical grade per semester. Students must electronically sign their clinical faculty evaluation within 7 days of the evaluation being completed by faculty members.

Procedure for Unfavorable Clinical Evaluations

The following procedure is available for all students to follow concerning an unfavorable evaluation from a Radiologic Technologist:

1. The student should seek an understanding of why a specific score or comment was provided by the technologist if the technologist did not inform the student of the issue before the evaluation submission.

2. An electronic signature must be submitted via Trajecsys after the review of the evaluation. If the student does not agree or feels that the evaluation is unfair or was not previously discussed before the submission, the student is expected to provide comments related to the situation.

3. The student may request a conference with the program faculty and/or Technologist to discuss the evaluation for a better understanding. This conference is scheduled at the convenience of the program faculty and technologist. The student must request a conference by completing the section on the evaluation and notifying the Clinical Coordinator.

Affective Domain Student Evaluation

Affective Domain evaluations are performed at the end of each of the five (5) semesters. These evaluations come from staff technologists from each clinical site and program faculty evaluations. The Affective Domain evaluations are worth 5% of each semester's clinical grade. Students will have an opportunity to review the summative evaluation score and comments provided anonymously by each technologist/faculty member who participates during the review of grades at the end of each semester. These evaluations will remain in the student's files for the student to review as needed.

Affective Domain Evaluations completed at the end of each semester will evaluate the respective categories listed below:

Skills

The student must demonstrate the following skills with increasing ease as he/she progresses through the sequence of clinical education:

- Consistently uses good techniques in performing radiographic examinations.

- Produces high-quality radiographs.

- Readily adapts to procedures.

- Upholds HIPAA requirements.

- Follows radiation safety practices for one's self, the patient, and the general public.

- Performs procedures with relative ease.

- Records and reports clinical histories thoroughly and accurately.

- Demonstrates good workflow and organization of examinations.

Dependability

Dependability is an essential professional characteristic. The student is expected to demonstrate an increasing sense of patient and colleague-oriented responsibility as an integral part of professional practice. Awareness of and appreciation for this responsibility will be shown by demonstrating:

- Punctual and reliable for clinical assignments.

- Maintains professional/personal appearance.

- Adapts well to different clinical situations.

- Accepts instructions from the instructor and completes them without further reminders.

- Consults instructors about unusual problems and situations when necessary.

- Completes procedures within a reasonable time.

- Safely operates radiographic equipment.

- Abides by established program and administrative policies.

Initiative

Initiative is the ability to assess and initiate things independently. This is a trait all students are expected to have while in the radiography program as it is a sign of a successful future radiologic technologist. Education experiences provided by the program and its setting offer opportunities for the student to strengthen his/her skills to increase his/her sensitivity and resourcefulness. The following characteristics identify evidence of initiative:

- Shows initiative, and self-motivation, obtaining procedures to achieve competency.

- Accurately evaluates a patient's special needs.

- Readily undertakes any procedure requested.

- Recognizes own weaknesses and takes appropriate corrective action.

- Look beyond the situation to facilitate the best outcome.

- Asserts him/herself clinically and shows self-confidence.

Personal Relations

Personal relationships are a necessary part of being successful within the radiography program and building them appropriately will aid in your success. Both verbal and non-verbal expressions of these characteristics are important. Desirable personal relations are demonstrated by:

- Communicates appropriately with patients, visitors, physicians, and associates.

- Exemplifies good personal conduct and maintains a positive attitude.

- Conducts him/herself ethically and professionally.

- Readily accepts instructions and constructive criticism from supervising clinical staff and program faculty.

- Cares for patients properly and maintains patient safety.

- Displays empathy and caring towards all patients.

- Is courteous and respectful to fellow students.

- Contributes to the professional atmosphere.

Performing Radiographic Procedures

As an accredited radiography program, students are expected to adhere to the Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards and Policies. All clinical policies comply with the [JRCERT 2021 Radiography Standards for an Accredited Educational Program in Radiography.](#)

Definitions per The JRCERT

Direct Supervision

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

- reviews the procedure concerning the student's achievement,

- evaluates the condition of the patient concerning the student's knowledge,

- is physically present during the conduct of the procedure, and

- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved. Once students have achieved competency, they may work under indirect supervision.

Indirect Supervision

The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.

Exceptions to the Indirect supervision definition are:

- Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

- Repeat images must be completed under direct supervision. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices.

1:1 Technologist-to-Student Ratio

For every student there is in the clinical setting, there must be one qualified radiographer available for immediate assistance. The provides the student with timely, appropriate, and educationally valid clinical experiences for all admitted students. A meaningful clinical education plan assures that activities are equitable, as well as prevents the use of students as replacements for employees. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement, including mobile, surgical, and trauma examinations. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of assigned clinical staff. The student-to-clinical staff ratio must be 1:1; however, it is acceptable that more than one student may be temporarily assigned to one technologist during infrequently performed procedures.

Junior and Senior students are permitted to operate X-ray equipment and perform exams only under the **direct supervision** of a qualified radiographer until it is documented that the student has achieved clinical competency for the appropriate examination. Once a student has achieved clinical competency for an exam, the student is permitted to perform the exam under the **indirect supervision** of a qualified radiographer.

Miscellaneous:

- A qualified radiographer must approve **__all__** images obtained by the radiography student

- Students will **not** use ionizing radiation on other students, volunteers, or technologists during simulation, practicals, or laboratory time. Only designated radiographic phantoms are permitted to be exposed when not performing an exam on a patient.

Procedure for not following proper Direct or Indirect Supervision:

Following proper direct and indirect supervision is not only a program policy, but it is also a direct policy per the JRCERT, and strict adherence to these policies is expected to be maintained at all times as a student within the Ascension St. Vincent's Radiologic Technology Program. Failure to follow the policies and procedures will result in disciplinary action up to termination from the radiography program.

- First Offense - a ten (10) point deduction from the respective week's clinical evaluation grade and the student will receive a **written warning.**

- Second Offense - A five (5) point deduction from the respective semester final clinic grade and a three (3) days suspension that will be mandatory to make up after the graduation ceremony and a **final written warning.**

- Third Offense - The student will be dismissed from the program immediately.

Ascension St. Vincent's Red Rule Policy

St. Vincent's HealthCare is committed to preventing harm to our patients throughout our system. Red Rules are acts that cannot be violated because of the level of risk to safety if they are not performed consistently and exactly, each and every time. In highly reliable industries, red rules are associated with processes that can cause serious harm to employees, customers, or the product line. In health care, every associate has a responsibility to provide the safest possible environment for our patients, visitors, and fellow associates. Regardless of rank or experience in St. Vincent's HealthCare, every associate is expected to stop a procedure or a process if a red rule is violated. This is the most important aspect of a red rule: to empower any associate to speak up when the rule is not being followed.

St. Vincent's HealthCare has adopted four Red Rules:

Red Rule #1: Patient Identification

Patients will always be identified using 2 identifiers, full name and date of birth. NICU will use the name and Identi-band number, prior to any treatment, therapy, transport, handoff, or procedure. Procedures may include, but are not limited to administration of medication, transfusion of blood or blood components, obtaining blood or other specimens from the patient, performing a treatment, performing a diagnostic test (i.e., diagnostic radiographic study), and sending patients or specimens to another department.

Red Rule #2: Specimen Labeling

Associates will always document and verify the correct patient using 2 identifiers, full name and date of birth, and specimen identity on all specimen labels as per Clinical Standards Policy - Mislabeled Specimens prior to leaving the collection site. Proper labeling will be the responsibility of any associate who handles the specimen prior to being packaged for delivery to the lab. Red rule violations causing rejection of specimens in the lab include unlabeled specimens, two different patient labels on a container, a container labeled with one patient and labels for another in the same specimen bag, and a specimen bag received containing multiple patient specimens.

Red Rule #3: Medication Errors

Medication administration will always require the 5 Rights of Medication Administration: Right Patient; Right Drug; Right Route; Right Time; and Right Dose to be confirmed prior to administering the medication. Medication errors that do not have the 5 Rights of Medication Administration confirmed will result in a Red Rule violation.

Red Rule #4: Time Out

A pre-procedural time-out must be completed in all procedures that require the time-out, and it must be completed in full per hospital policy.

Red Rule Disciplinary Action Per R.T. Program

- First Offense - a ten (10) point deduction from the respective week's clinical evaluation grade and the student will receive a **written warning.**

- Second Offense - A five (5) point deduction from the respective semester final clinic grade and a three (3) days suspension that will be mandatory to make up after the graduation ceremony and a **final written warning.**

- Third Offense - The student will be dismissed from the program immediately.

Radiation Protection Requirements

All students will follow Ascension St. Vincent's Medical Imaging and regulatory requirements for radiation protection at all clinical sites; these include, but are not limited to the following:

- Document every female patient's response regarding pregnancy on the patient exam request.

- Shield every patient if applicable based on the exam(s) being performed.

- Secure radiologist approval before proceeding with exposure if a patient is pregnant. Shield as directed by the radiologist.

- Stand behind the control panel for all routine radiographic exposures.

- Never hold a patient during an exposure for any reason.

- Never hold an image receptor while a radiographic exposure is taking place.

- Wear lead aprons and thyroid collars during fluoroscopic (mobile and stationary) examinations.

- Lack of appropriate radiation protection will result in disciplinary action.

- Students must wear program-provided dosimeters and they must be turned in monthly for dose reports.

- Students are to never leave a dosimeter unattended.

- Dosimeters must be worn at collar level and if a lead apron is worn, the dosimeter must be on the outside of the lead (See pregnancy policy for fetal monitors).

Lab Practical Process and Procedure

Per JRCERT, the radiologic technology program is required to provide a well-structured and cohesive educational environment for all students that allow for effective student learning by providing a knowledge foundation in didactic and laboratory courses prior to competency achievement (JRCERT Standard 4.2). Each student will be required to perform and pass a lab practical examination to move on to completing a competency in the clinical setting. A lab practical will be performed on each examination learned in the classroom. Laboratory time is provided in the first three (3) semesters so students can practice on fellow students and radiographic phantoms.

Lab practical examinations are worth 50% of the Lab final grade. There is a checklist of twenty (20) items on the lab practical that must be completed for a total score of twenty (20) points. All lab practical evaluations will be completed and submitted through Trajecsys by the evaluating program faculty members.

A total of five (5) items listed on the lab practical must be completed. See the Lab Practical example listed below, the five (5) items have an asterisk next to them. If any one of these items is not completed in their entirety, the student will receive a zero (0) for the entire practical exam and the student will have to redo the practical to move on to performing a competency on that exam in the clinical setting. A total of eighteen (18) points or a score of 90% must be earned on the practical in order to perform a competency for that exam in the clinic. If more than two (2) items are marked "Not Complete", the student will have to repeat the exam before being able to perform competency in the clinic.

Final 15 Assessment

After the first year of the Radiologic Technology program, all students will have learned and demonstrated practical proficiency for all 112 views taught in the first three (3) semesters. Students will perform the "Final 15 Assessment" with the goal of the student demonstrating that they can effectively perform multiple views on a patient. This assessment will evaluate the following:

- Efficiency in performing multiple views.

- Positioning knowledge and skills.

- How to identify anatomical landmarks.

- Can adjust technical factors appropriately.

- Appropriate equipment operation.

- Utilizes appropriate radiation protection as applicable.

A total of 15 out of a possible 112 views will be randomly selected for the student using an automatic generator. A total of 3 freebies will be available to select where the student will verbalize the view they would like to perform in place of the freebie. The program faculty will put the views in the order for the student and the student will be required to perform the generated views. The student must correctly perform a minimum of 12 views out of the 15, resulting in an **80% or higher.**

Ascension St. Vincent's Radiologic Technology Program
Lab Practical Examination Worksheet

Score: _____

Exam: _____

Student: _____

#		Complete	Not Completed
1	Exam Room Prep		
2	Proper Detent (Distance/Planes)		
3	* 2 Patient Identifiers (Name/DOB)		
4	* Hand Hygiene (Pre & Post Exam)		
5	* Patient Pregnancy (If applicable)		
6	Appropriate PPE		
7	Patient Assessment		
8	Exam Order Verification		
9	Patient History		
10	Patient Management (Equipment Management)		
11	Correct Collimation/Field Size		
12	Technique Selection		
13	Patient Postioning		
14	* Anatomically Correct Marker (Left or Right)		
15	Marker Placement		
16	* Correct Side/Correct Site		
17	Radiation Safety (Shielding)		
18	Image Processing		
19	Image Evaluation		
20	Exam Efficiency - Meets time cap: <u>10 Minutes or less</u>		

Any student who earns **79%** or less will be required to re-perform the Final 15 Assessment at a later time and will be required to pull a different set of views. The original score from the first attempt and the second attempt will be averaged together or the highest of the two scores will be the grade for the student in the grade book (whichever score is the highest).

ARRT Competency Policy

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).

Clinical Competency

After a student has completed the didactic portion of learning anatomy and positioning, as well as completing the lab practical portion with a minimum total of eighteen (18) points (or 90%), the student will be allowed to complete the competency for the exam in the clinic. When a student is completing a competency, the technologist should continue to evaluate them through all aspects of the comp. If a student does not pass the competency for any reason, it is still the responsibility of the technologist to submit the completed competency form, including adding notes about why the comp was unsuccessful. The failed averages of these competencies are averaged into the student's entire clinical average. Students should practice the exam on patients in the clinical setting as many times as needed based on the student's confidence and developed skills before attempting the competency. Technologists should not pressure students into performing a competency if the student is not comfortable with that exam.

Clinical Competency Procedure:

To comp an exam, a student and a technologist must appropriately communicate about the exam and the technologist needs to step back and allow the student to complete all necessary tasks of the competency.

There are several asterisked items throughout the competency form, similar to the lab practical forms. Items that have an asterisk, that are not completed or not witnessed by the technologists, will result in a "Not Completed" selection on the competency form and the student will not receive the competency and will need to try again.

- The student expresses that they want to complete competency on the exam(s) at hand.

- The student sets up the exam room for the exam(s).

- The student goes and gets patient (with or without the technologist).

- Student confirms name and date of birth. If the student asks for a name and date of birth without the technologist hearing it, the student must have the patient repeat patient identifiers so the technologists can hear and confirm.

- The student obtains an appropriate patient history.

- The student performs the exam(s) without assistance from the technologist *(see acceptable/non-acceptable types of assistance listed under Preceptor Expectations)*.

- The student must mark the exam with their program-provided radiographic markers within the collimated light field and be present on the image.

- The student must select appropriate technical factors, shield the patient appropriately, and expose the patient with no prompting from the technologist.

- Once the exam is completed, the student must return the patient to their area, clean the room, and review the exam with the technologist.

Preceptor Expectations During Competency

There are several technologists in the clinical setting that have been designated as a preceptor. Preceptors are responsible for ensuring that patient safety is maintained and the student is abiding by all Ascension St. Vincent's and Radiography Program policies and procedures. While a student is performing a clinical competency, the student must be watched by the technologist at all times during the examination/procedure. The technologist should not interfere with the exam that is taking place unless the student is at risk of harming the patient, technologist, or themselves. A student may request help from the technologist if needed, but they must explain to the technologist how they can help perform the exam. If a technologist interferes with the exam in any way without the student requesting assistance, the competency is null and void and the student will have to attempt the competency again at a later time. It is the discretion of the preceptor if they feel that students should be allowed to re-comp an exam on the same day or try again the next day. Preceptors are expected to review images/exams with the student and provide the student with an opportunity to ask any questions. Feedback from the preceptor should be constructive and useful. For any items on the competency form that receive a one (1), the preceptor should provide comments and make the student aware of the feedback before completing the evaluation. No comment or score should be a surprise to the student.

Examples of approved types of assistance:

- The technologist holding the image receptor/patient. The student must position the IR/Part themselves, with no assistance/correction from the technologist.

- Transferring a patient.

Examples of non-approved assistance:

- Moving the image receptor, tube, or patient while the student is comping.

- Exposing the patient for the student.

- Selecting technical factors for the student.

- Placing radiographic marker or digital annotation (L or R or positional annotation).

- Hanging images correctly.

- Taking history for the student.

- Any act that would make the student "move faster".

Revoking a Competency

Students must demonstrate competence and proficiency in the clinic activities identified in each semester throughout the twenty (20) month program. Demonstration of clinic competence indicates that the student has performed the procedure independently, effectively, and accurately and has documented completion of that procedure.

Clinical Preceptors and Program Faculty reserve the right to revoke any previously completed competency at any point in the program if the student has demonstrated continued insufficiency for a particular exam. If the clinical preceptor deems that a competency needs to be revoked, the technologist is expected to complete the "Revoked Competency Form" and submit it to the program. The student must complete the revoked competency with the Radiography Programs Clinical Coordinator.

Grading for Competencies

All competency evaluations will be conducted in the Trajecsys system. Competencies are indicated by a proficiency grading scale, providing a unique set of performance objectives designed to document the progressive achievement in a student's ability to develop clinical competency of every proficiency.

- 3 - Exceeds expectations, outstanding performance, student can independently complete performance objectives at entry-level without assistance from the radiographer.

- 2 - Meets expectations and satisfactory performance, the student is able with only minimal verbal assistance from the radiographer to complete the performance objective at entry-level.

- 1 - Below expectations, improvement is needed, the student requires continuous verbal and manual assistance from the radiographer to complete the performance objective at entry-level.

For parts of the exam where the student either completed a task entirely or not, the graded item is listed as completed or not completed. Examples of these items include obtaining 2 patient identifiers, hand hygiene - before and after the exam, exam room prep, and the confirmed chance of pregnancy.

- Completed

- Not Completed

For any item that receives a one (1) or Not Completed, it is expected that the technologist submits a comment for that item explaining the situation.

Clinical Competency Evaluation Criteria

Once the student commits to the competency he/she must finish the exam for a grade. At no time can the student decide against the use of the exam for a competency once the competency has started. However, the program encourages technologists to be mindful of whether or not a patient may be conducive to the competency process. If the exam will not be beneficial and the student will require more than the allotted assistance from the technologist, the technologist should suggest that the exam be used as a practice and the tech helps the student. This is to ensure that the patient is receiving the level of patient care they deserve/require given their status or condition.
The clinical preceptor or clinical faculty has the autonomy to decide whether the patient/exam is conducive to competency due to the patient's condition or status.

Performance Evaluation

Evaluation of Requisition and Patient Chart

- Identified procedure(s) to be performed.

- *Identified the patient's name, sex, and age.

- Identified patient's location and mode of transportation.

- Acknowledged any pathological conditions.

Patient Care

- *Confirmed two (2) patient identifiers.

- Acquired appropriate clinical patient history.

- The student appropriately introduced themselves and the technologist to the patient.

- *Evaluated the chance of pregnancy for patients as appropriate.

- Identified, when appropriate, that there are no contra-indications for performing the procedure.

- Provided appropriate assistance to the patient based on the patient's condition.

- Verified if the patient is properly prepared for the examination.

- Maintained the patient's dignity and modesty through proper gowning and covering for the patient.

Room Preparations

- Appropriate exam room set-up.

- Obtained appropriate supplies to complete the exam.

- Select the proper IR, grid or IR holder, etc.

Equipment Operation

- Maneuvered the x-ray tube and bucky utilizing proper controls and locks.

- Selected appropriate source-to-image distance (SID).

- Manipulated image receptor, as appropriate, for accurate imaging.

- Used immobilization devices, as needed.

- Selected exposure factors/focal spot size.

Positioning Skills

- Positioned the patient properly.

- Aligned center of part to be demonstrated to the center of the IR.

- Set the correct tube angle.

- Properly utilize distance factors, such as SID, OID, and SOD.

- Collimated appropriately to the anatomy of interest.

Provide Radiation Protection

- *Used proper shielding, if appropriate.

- Demonstrated use of lead apron, gloves, and lead blockers, if appropriate.

- *Selected proper exposure factors.

- *Adjusted exposure factors for motion, pathology, or patient size when appropriate.

Hand Washing

- Properly use hand washing and/or foaming before and after the exam.

Image Evaluation

Image evaluation is completed between the student and the technologist, once the technologist has approved all images and the patient is no longer in the exam room.

- Proper display of anatomical part(s).

- Adequate image detail (no motion, appropriate grayscale, etc.).

- Labeled each anatomical structure of interest based on the exam.

- Identify any obvious trauma, pathology, or abnormalities visible.

- Adjust technical factors based on known patient condition and body habitus.

- Evaluate for proper contrast density.

- Evaluate if technical factors were correct to produce the ideal image.

- Right or left markers properly displayed (does not obstruct anatomy of interest or is blacked out of image due to improper placement).

- Accessory markers visible, if required (time, date, patient position, etc).

- Correct patient information and date identified on images

- Evaluate collimation

Clinical Semester Competency List

Semester 1: Clinical Competencies

The exams below are all of the exams students will be able to perform competencies on by the end of Semester 1. By the end of Semester 1, for a grade, each student will be required to have completed at least 16 competencies from this list.

General Patient Care Competencies	Finger/Thumb	Toe
Chest Routine	Hand	Foot
Chest, WC/Stretcher	Wrist	Ankle
Chest, Portable	Scaphoid	Calcaneus
Chest, Decub	Forearm	Tib/Fib
Soft Tissue Neck	Elbow	Knee
–	Trauma Upper Extremity	Patella
Abdomen, KUB	Non-Shoulder	Tunnel View
Abdomen, Upright	–	Mobile Upper or Lower Extremity
Abdomen, Portable	Humerus	Trauma Lower Extremity
Abdomen, Decub	Shoulder	–
Colon Transit Study	Clavicle	Femur
	AC Joints	Pelvis
	Scapula	Hip
	Trauma Shoulder	X-table Hip

Semester 2: Clinical Competencies

The exams below are all of the exams students will be able to perform competencies on by the end of Semester 2. By the end of Semester 2, for a grade, each student will be required to have completed at least 24 competencies from this list and the list from Semester 1 combined.

Cervical Spine	Upper GI	Intravenous Urography
Cervical w/ Obliques	Esophagus	Cystography/Cystourethrography
Cervical w/ Flexion & Extension	Sniff Test	Hysterosalpingography
X-table Spine	Swallow Dysfunction Study	Loopogram
Thoracic Spine		–
—	Small Bowel Series	Myelography
Lumbar Spine	Barium Enema	Lumbar Puncture
Lumbar w/ Obliques		Scoliosis Series
Lumbar w/ Flexion & Extension		SI Joints
Standing Lumbar		Sacrum Coccyx
Ribs		
Sternum		
SC Joints		

Semester 3: Clinical Competencies

The exams listed below are all of the exams students will be able to perform competencies on by the end of Semester 3. By the end of Semester 3, for a grade, each student will be required to have completed at least 33 competencies from this list and the list from Semesters 1, 2, and 3 combined.

Arthrography C-Arm Procedure Surgical C-Arm Procedure Gastric Tube Check in ER ERCP	Pediatric Chest Pediatric Extremity Pediatric Abdomen Pediatric Mobile Bone Age – Geriatric Chest Routine Geriatric Upper or Lower Extremity Geriatric Hip or Spine Hip to Ankle	Skull Facial Bones Mandible TMJ Nasal Bones Orbits Paranasal Sinuses Shuntogram Bone Survey

Semester 4: Clinical Competencies

All clinical competency requirements by semester 4 have been taught by this point. Students are required to have a minimum of 43 competencies met by the end of semester 4.

Semester 5: Clinical Competencies

All clinical competency requirements by semester 5 have been taught by this point. Students are required to have a minimum of 51 competencies met by the end of semester 5.

This includes ARRT mandatory and elective competency requirements to be eligible for the ARRT examination after the Radiography Program.

Final 30 Assessment

After the second year of the Radiologic Technology program, all students will have learned and demonstrated practical proficiency for all 112 views taught and performed throughout the entire program. Students will perform the "Final 30 Assessment" with the goal of the student demonstrating that they can effectively and efficiently perform multiple views on a patient. This assessment will evaluate the following:

- Efficiency in performing multiple views.

- Positioning knowledge and skills.

- How to identify anatomical landmarks.

- Can adjust technical factors appropriately.

- Appropriate equipment operation.

- Utilizes appropriate radiation protection as applicable.

- Prioritize views that result in an efficient flow of the exam for patient comfort as well as help perform the views in a timely manner.

- Critical thinking skills.

A total of 30 out of a possible 112 views will be randomly selected for the student using an automatic generator. A total of 5 freebies will be available to select where the student will verbalize the view they would like to perform in place of the freebie. The student will put the views in the order they feel would be the most efficient and the student will be required to perform the generated views. The student must correctly perform a minimum of 26 views out of the 30, resulting in an **85% or higher.**

Any student who earns **84%** or less will be required to re-perform the Final 30 Assessment at a later time and will be required to pull a different set of views. The original score from the first attempt and the second attempt will be averaged together or the highest of the two scores will be the grade for the student in the grade book (whichever score is the highest).

ARRT and St. Vincent's Proficiency Mandatory vs. Elective Clinical Competency Requirements

The American Registry for Radiologic Technologists (ARRT) provides a list of clinical procedure competency requirements. This list specifies procedures as Mandatory or Elective (M or E). Likewise, at the beginning of each semester, students are provided a similar list required by the program with prescribed deadline dates.

All mandatory ARRT and St. Vincent's Proficiency competency requirements must be completed and a minimum of 10 ARRT elective competencies by the end of Semester 5.

The ARRT does allow for up to ten (10) specific exams to be completed via simulation, however, no student will be allowed to simulate exams until the end of Semester 5, if it is deemed necessary for the student to meet ARRT requirements.

Daily Log Sheets

It is expected that students keep track of the exams they complete each day in the clinic. Students will be expected to submit their exams in Trajecsys, at a minimum one time a week. Daily Log sheets for the week must be submitted no later than Tuesday of the following week by 12:00 pm (Noon). The student will need to complete all aspects of the log including selecting the exam, site, and technologist the exam was done with and what level of activity they had when the exam was completed.

- 1 - simulated

- 2 - observed

- 4 - assisted

- 5 - performed

Trajecsys cannot accept patient identifiable information, therefore students will collect the first initial of the first name, the first initial of the last name, and the last 3 numbers of the patient's MRN.
Example: **Name:** Doe, Jane **MRN:** 123456789
What the student should enter into Trajecsys**: JD789**

Clinical Notebooks

- **Black** Clinical notebooks must be with students during clinic and class times.

- The clinical notebook is to contain the following:

  o Cover page
  o Lab practical sign-off sheet
  o Academic handbook
  o Clinical handbook
  o Clinical site numbers
  o Clinical schedule
  o Clinical site protocols
  o Daily Log Sheets
  o Case studies log.

- Any student that reports to the clinical area and/or class without their clinical notebook will be sent to retrieve the notebook.

- Time missed from clinic and/or class will be made up the same day the infraction occurs.

- Students cannot use PTO time to retrieve their notebooks.

- If a student is not prepared for the clinic with all mandatory items more than three times during the twenty-month program, the student will receive a written warning.

Pocket Guide, Lead Markers, ID Badges, Radiation Monitoring Badge:

- Students must have up-to-date pocket guides (technique books), school-issued lead markers with the student's initials and % year, ID badges, radiation monitoring badges, and black clinical notebooks with them at all times.

  o Pocket guides will be graded each term for updates and constitute 20% of the student's grade in the Clinic.

  o Any student that has misplaced their lead markers will notify program faculty immediately and cannot perform examinations; they must only observe until the replacement of new markers.

- Any student who reports to the clinical area without the above-mentioned items will be sent home to retrieve the missing items. Time missed will be made up on the day on which the infraction occurs. Students must notify program faculty immediately if they leave the clinic to retrieve any above-mentioned items.

- If a student is not prepared for the clinic with all mandatory items more than three times during the twenty-month program, the student will receive a written warning.

- In addition, Absolutely no cell phones are permitted during clinical and class hours. Please see the cell phone policy in the academic handbook pg 35.

Case Studies Log

Throughout the program, students are to record images they have performed (from a list of procedures) that they deem high-quality radiographs displaying any unique pathology. At the end of each term, program faculty will check for updates. The recording of these images is due at the end of each semester and will constitute a grade for their clinical binder. These images will be used at a later date when you sit with a Radiologist or to reference back.

Images should represent:

- Any unique pathological condition, trauma, or out of the ordinary.

- Appropriate radiographic technique.

- Image Identification markers (i.e. radiographic markers, directional labels, etc.)

- Proper collimation.

Clinic Grade

Each of the following categories is weighed as a percentage of the final clinic grade.

Clinical Competencies	50%
Pocket Guide/Clinical Binder	20%
Weekly Clinical Evaluations	15%
Clinical Faculty Evaluations	10%
Affective Domain Evaluation	5%

Clinical Probation

When a student fails to accomplish satisfactory achievement in the clinical setting, he/she will be placed on clinical probation. A student may be placed on clinical probation even though he/she may be making satisfactory academic progress. Clinical probation will occur for the semester grade being below 85% at midterms or at the end of the semester.

Clinical Probation Policy

The student will participate in academic advisement sessions every 8 weeks with the Program Faculty (once at midterms and once at the end of each semester). During this counseling, academic, clinical, and behavioral feedback is discussed. In addition, term academic and clinical averages are presented and grades are distributed. If for any reason, a student possesses an insufficient clinical average (below 85%) he/she will be placed on clinical probation.

On the re-evaluation date, (typically midterm or end of the semester) as noted on the probation conference form, the student must demonstrate that the clinical evaluation average is at least 85%. If, for any reason, the student has not successfully fulfilled this requirement, he/she will be dismissed from the program (Up to the program's discretion). This procedure is an ongoing process throughout the twenty-month program.
To remain in the Radiologic Technology program, he/she must show improvement in the following areas:

- Attendance

- Punctuality

- Alertness

- Motivation/Initiative

- Attention to patient safety

- Procedural accuracy and efficiency

- Professional ethics and conduct

- Radiation Protection

A lack of satisfactory improvement over the prescribed probationary period may be cause for immediate dismissal. After the probationary period, any unsatisfactory clinical performance may be grounds for immediate dismissal.

COVID-19 Policy and Procedure

Follow all instructions given by Occupational Health, the clinical site, and the program faculty regarding your return to clinical rotations. As an employee of the hospital, students will follow all [Work Restrictions for Associates Exposed to and/or with an Infectious Disease](#).

Students will have access to the ASRT learning module titled COVID-19 Essentials. Students will complete the test at the end of the learning module during orientation as well as signed confirmation of their understanding. [ASRT COVID-19 Link](#)

Clinical Objectives for Each Clinical Rotation

The clinical objectives are given to allow the student to practice and perform the tasks and procedures that are required of a Radiologic Technologist. Rotations are geared to allow students opportunities to apply principles learned in the academic setting.

Objectives

Professional Ethics

The student will:

- Have a copy of the "ARRT Code of Ethics" and be familiar with it.

- State the location of posted rotation rosters and class schedules and recognize the importance of reading the material posted daily.

- Must check their school emails daily for any instructions or information from school faculty.

- Always follow proper HIPAA policy and procedures.

- Demonstrate the correct way to introduce.

    - Self to patient

    - Patient to doctors

    - Patient to technologist

- Follow the 2-Patient Identifier Protocol.

- Demonstrate equal consideration, respect, and treatment toward patients, regardless of race, religion, creed, or social status.

- Demonstrate courtesy and modesty in patient care. Must be able to communicate effectively with each age-specific group (e.g. pediatric and geriatric patients).

- Understand and practice proper radiation protection measures.

- Follow Direct and Indirect Supervision as defined by the JRCERT and program policy.

- Maintain a professional attitude at all times.

- Be cognizant of all Universal Precautions and posted precautions in patients' charts or patients' rooms.

- Use of Personal Protective Equipment (PPE) per patient infectious or noninfectious status.

Preliminary Room

The Student will:

- Students/Technologists should call patients by their last name in common areas and verify their full name and date of birth once in the exam room to protect patient information (HIPAA).

    - If a patient is unable to verify their name and date of birth verbally, the student should confirm via the patient's armband.

- Confirm order with technologist and patient.

- Assist the technologist with transferring patients to the table.

- Assist with placing the image receptor (IR) behind or under the patient.

- Keep the exam rooms clean and stocked with all appropriate supplies. (e.g. wiping down equipment after each patient interaction, replacing sheets/pillowcases after each patient, restocking linen, emptying laundry bags if full or at the end of each day).

- Consistently demonstrate initiative, independence, and willingness to perform radiographic exams.

- Consistently practice appropriate radiation safety protocols and procedures.

- Support safe, ethical, and legal practices.

- Wash/Foam hands before and after every examination.

- Successfully set techniques with the use of the pocket guide maintained by each student.

- Always finish each procedure started so that continuity of care is maintained.

- Ensure that the patient is appropriately dressed for a specific exam (e.g. removing jewelry that could potentially obstruct anatomy of interest, bras, belts, pants that have buttons, zippers, or any other dense/radiopaque material on pants, shirts, socks, or jackets).

Portable X-ray Equipment

The student will:

- Safely drive and maneuver portable machines while learning facilities floor plan.

- Assist/ask for assistance when performing portable exams (e.g. Lifting, moving, and positioning).

- Properly pull up patient exams utilizing the search bar on the screen or requisition scanner

- Properly adjust technique based on exam and patient's body habitus/condition.

- Properly manipulate the portable X-ray tube to align with the positioned image receptor.

- Understand how to operate all necessary aspects of each portable machine that is available at all clinical sites (Carestream, Samsung, Fuji, Philips, etc.).

- Be under **direct supervision** at all times while performing portable exams.

- Clean all potentially contaminated parts of the portable machine (handle, IR, screen, exposure button).

Seniors must be able to implement all of the above-listed items as well as:

- Demonstrate the ability to accurately perform exams while showing strengths and adaptability when performing portable exams.

- Successfully perform all portable exams under **direct supervision** even after being deemed competent.

Surgery Rotation

The student will:

- Accompany the assigned clinical preceptor designated to all active surgery cases as well as assist with setting up and breaking down equipment, before and after exams.

- Remain with the assigned clinical preceptor at all times while in the surgery suite.

- Be cognizant of the sterile field and other items that are deemed sterile, that may be away from the sterile field (e.g. Draped C-arm, DiVinci Systems, Surgical Robotic Systems).

- Carry out all aspects of image production including digital processing.

- Consistently demonstrate initiative to assist and perform radiographic exams.

- Properly set up patient information on the computer before the exam.

- Thoroughly clean all C-arm components.

- Students must carry their pocket guide to help provide pertinent information necessary to perform surgical procedures.

After successful completion of OR competencies:

- The student will be able to set up, break down, and perform designated OR competencies under **direct supervision.**

Fluoroscopy/RF Rooms

The student will:

- Observe all aspects of room preparation for the exam by the technologists before the radiologist enters the room.

- Assists the clinical preceptor and radiologists as needed (e.g. helping move/position the patient).

- Actively assist/perform all radiographic exams while the patient is in the exam room.

- Prepare barium or other contrast agents pertinent to the exam.

- Evaluate patients' clothing to determine if the patient needs to be changed based on the exam.

- Assists in the "Time Out" process and may be directed to perform "Time Out" by the technologist for practice. "Time Out" must be performed with the Technologist, Radiologists/RA, or Physician and must be confirmed by all parties present.

- Assist the technologist in the appropriate medical asepsis and sterile technique for pertinent exams.

- After successful completion of competency; properly use the aseptic technique while preparing a sterile tray for the procedure under indirect supervision.

- Participate in patient education by explaining procedures after actively observing the technologist.

- Take thorough patient medical history as it pertains to the exam.

- Independently position the patient for all necessary radiographs pertinent to the exam with direct supervision.

- Demonstrate skills in assessing and evaluating psychological and physical changes in the patient's condition and carrying out appropriate actions.

- Assist the radiologist during the exam with direct supervision until competency is deemed successful, then indirect supervision may apply.

- In compliance with the radiologists' protocol, students will be inserting the rectal enema tip for barium enema studies. This is done only under the Direct Supervision of a radiologist or radiologic technologist.

- Actively participate in all exams they have become clinically competent in, under indirect supervision.

- Interpret patient side effects and/or complications of radiologic procedures and contrast administration, and take appropriate actions.

- Apply professional competence in selecting technical factors to produce quality diagnostic images with the lowest radiation exposure possible.

- Properly perform and assist radiologist with a myelogram or arthrogram with indirect supervision; once successful completion of competency occurs.

- Independently demonstrate a strong ability to perform the exams they are competent in, including all aspects of equipment operation and image production under indirect supervision.

Emergency Room

The student will:

- Actively transport patients to and from their rooms and/or assist clinical preceptors with transportation.

- Consistently perform with proficiency any examination deemed competent under the indirect supervision of a technologist.

- Evaluate the requisition, locate patient rooms in FirstNet, provide information about each examination ordered, and write additional history when applicable.

- Demonstrate proper judgment in the transportation and transfer of patients.

- Exercise independent judgment in disconnecting a patient from a monitor or oxygen. Always reconnect patients when the examination is complete.

- Function as a team member and a team player in the emergency department.

- Demonstrate ability to properly critique radiographs.

- Demonstrate the ability to prioritize tasks appropriately and maintain organizational skills.

- Consistently perform with proficiency any examination deemed competent under the indirect supervision of a technologist.

- Exercise independent judgment and discretion in the technical performance, with consideration to patient habitus.

Evening, Overnight, and Weekend

The student will Be exposed to aspects of radiology not encountered during the daytime clinical assignments, including but not limited to the following:

- Exposure to a higher percentage of trauma and emergency room procedures.

- The ability to be with a patient and follow an exam from the time a patient comes into the department through the necessary admission, examination, discharge, and follow-up procedure.

- Opportunity to gain confidence by being in a less structured situation and being given responsibility.

- Exercise independent judgment and discretion in the technical performance of diagnostic imaging.

- Demonstrate ability to properly critique radiographs.

- The student will be allowed to observe the radiographer in situations requiring prioritization and multitasking in the operation of the medical imaging department and appreciate the dynamics of the medical imaging department during the evening function.

Pediatrics - Nemours Children's Clinic

The student will:

- Accurately become familiar with all procedures performed at Nemours Children's Clinic.

- Consistently maintain patient confidentiality standards and meet HIPAA requirements.

- Demonstrate proper positioning skills.

- Establish a general understanding of each holding device for pediatrics.

- Familiarize yourself with the equipment and control panels.

- Carry out all aspects of image production including digital processing.

- Follow proper radiation protection guidelines concerning pediatric patients.

- Support safe, ethical, and legal practices.

- Wash or foam hands before and after each exam.

- Maintain and demonstrate proper patient care skills and communication skills with patients and their families.

Ortho Edge

The student will:

- Bring patients into the clinic area following proper HIPAA requirements.

- Operate control panels in both x-ray rooms with direct supervision and set techniques with the use of a technique book (pocket guide).

- Familiarize yourself with the proper protocols for each of the Orthopedic doctors.

- Carry out all aspects of image production including digital processing.

- Demonstrate the ability to critique images for appropriate clinical information, image quality, and patient identification.

- Demonstrates good workflow and organizational skills.

- Maintain and demonstrate proper patient care skills and communication skills with the patients and their families and maintain a professional attitude at all times.

*Ortho Edge will not be a clinical rotation site for the foreseeable future due to staffing. If this changes the program faculty will notify students. (Updated on 6/8/2023)

Picture Archiving Communication System (PACS) Objects

The Student will be under **direct supervision:**

- Identify PACS and DICOM terminology.

- Understand the general use of Advanced Visualization (PACS) for the following:

    - Identify the PACS system being viewed.

    - Understand Series, Studies, and Image Instance UIDs and their functions.

    - Recognize and comprehend the Activity log.

    - Identify Radiologist Reading Orientation.

- Identify and operate the workflow of the Web Admin tool (Archive)

- Understand the function of PS360 (Powerscribe 360) as it relates to the following:

    - Integration between PS360, Cerner, and Advanced Visualization.

    - PS360 Client/Portal Overview

    - Overview of PS360 Templates

- Comprehend the Impact of Digital Imaging on PACS for the following:

  - Digital Portable

  - Ysio ED Digital Room

- Safely operate the CR readers (i.e. reboot)