Ascension St. Vincent

School of Medical Imaging
Radiologic Technology Program

Student Clinical Handbook

Effective August 1, 2026



Program Director
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Certification

I certify that the following statements, together with any supplements that may be attached, are correct and accurate to the best of my belief.

Alexis Cran

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Clinical Quick Reference Guide

Welcome!

This handbook contains all policies governing your clinical education. The information below highlights the policies students use most frequently. Refer to the indicated handbook sections for complete policy details.

Before You Leave for Clinical

✔ Program-approved uniform

✔ ID badge

✔ Radiation dosimeter

✔ Right and left lead markers

✔ Clinical Education Binder

✔ Pocket positioning guide

✔ Watch

✔ Pen

See: Section II.E – Required Clinical Materials & Equipment

Arriving at Clinical

- Arrive ready to begin clinical by **8:00 a.m.**
- Clock in through Trajecsys immediately upon arrival.
- If you will be late, notify both your clinical site and the Program Director.

See: Section III.A – Attendance Expectations

During Clinical

- Stay engaged in patient care.
- Ask to participate in examinations.
- Seek learning opportunities.
- Maintain professionalism.
- Follow ALARA and all safety policies.
- Cell phone use is prohibited.

See: Section I – Professional Conduct & Clinical Expectations

Clinical Documentation

Complete each day:

- Clinical exam log
- Weekly evaluation
- Competency documentation (when applicable)

Documentation is due by Monday at 4:30 p.m.

See: Section III.C

Competencies

Remember:

- Practice first.
- Don't wait until the end of the semester.
- Ask for competency opportunities.
- Keep your competency paperwork with you.
- Only the Program Director grants final competency approval.

See: Sections V–VI

If You Need Help

Contact the Program Director immediately if you experience:

- Illness or absence
- Tardiness
- Clinical concerns
- Professional conflicts
- Questions regarding competencies
- Patient safety concerns

Early communication is always better than waiting.

Remember...

Professionalism • Patient Care • Safety • Initiative

Take ownership of your education. Ask questions, volunteer for examinations, seek feedback, and make every patient encounter a learning opportunity.

Contact Personnel

Contact Personnel for RT Program

Program Director

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Contact Personnel for Clinical Affiliates

Ascension St. Vincent's Riverside - 1 Shircliff Way, Jacksonville, FL, 32204

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Supervisor Diagnostic Radiology and CT: Carol Collins

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Charge Radiographer: Levy "Trey" Roberts

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Ascension St. Vincent's Middleburg - 1670 Saint Vincents Way, Middleburg, FL, 32068

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Ascension St. Vincent's St. Johns - 205 Trinity Way, St. Johns, FL, 32259

Radiologic Manager: Emily Francis

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Radiologic Technologist Team Lead: Morgan Schlehuber

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Optimal Imaging Forbes - 2345 Forbes Street, Jacksonville, FL, 32204

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SECTION I: PROFESSIONAL CONDUCT & CLINICAL EXPECTATIONS

I.A Student Professional Qualities

Radiography students are expected to demonstrate professional behaviors consistent with entry-level clinical practice throughout all clinical education experiences. Students represent the Radiologic Technology Program and the radiologic technology profession and are expected to conduct themselves in a manner that reflects professionalism, accountability, and patient-centered care.

Professional expectations include, but are not limited to, the following:

1. **COMPLIANCE** – Students are expected to comply with all clinical affiliate policies, program policies, procedures, and supervision requirements while participating in clinical education activities.

2. **ENVIRONMENT** – Students are responsible for maintaining a safe, clean, organized, and respectful clinical environment while appropriately utilizing clinical facilities and resources.

3. **PATIENT/RADIOGRAPHER INTERACTION** – Students must communicate effectively and professionally with patients, families, technologists, physicians, and other healthcare team members.

4. **PATIENT MANAGEMENT** – Students are expected to demonstrate appropriate concern for patient safety, comfort, privacy, dignity, and overall care throughout all imaging procedures.

5. **EQUIPMENT ANALYSIS** – Students must demonstrate the ability to assess patient needs and clinical requirements, select appropriate technical factors (kVp, mAs, SID), and operate imaging equipment safely and appropriately while applying ALARA principles.

6. **IMAGE ACQUISITION AND ANALYSIS** – Students are expected to apply clinical judgment to obtain and evaluate diagnostic-quality images consistent with program objectives and professional standards.

7. **PROFESSIONAL GROWTH AND DEVELOPMENT** – Students are expected to actively participate in clinical learning opportunities that promote continued knowledge development, skill advancement, and preparation for entry-level practice.

8. **PROFESSIONAL INTERACTIONS** – Students must contribute to a respectful, collaborative, and professional environment with all members of the healthcare team.

9. **RADIOGRAPHER SAFETY** – Students are responsible for consistently applying safe practices for patients, staff, and themselves, including radiation safety, infection prevention, and workplace safety procedures.

10. **TIME MANAGEMENT** – Students must demonstrate effective use of clinical time by remaining engaged, productive, prepared, and available for assigned clinical activities.

11. **CLINICAL RESPONSIBILITY AND PARTICIPATION** – Students are expected to participate in patient care activities, assist with departmental workflow, and perform assigned responsibilities appropriate to their level of education and supervision requirements.

I.B Clinical Expectations

Students are expected to maintain professional behavior and active participation throughout all clinical education experiences. Clinical education is an active learning environment, and students are expected to remain engaged in patient care activities throughout assigned clinical hours.

Students should actively participate in imaging procedures whenever appropriate. Learning opportunities increase through student initiative, preparation, and willingness to participate.

During periods of decreased patient volume or downtime, students are expected to remain productive and participate in clinically relevant activities, including but not limited to:

- Assisting with patient transport
- Observing or participating in imaging examinations
- Reviewing prior examinations with a technologist using PACS systems
- Practicing positioning techniques with supervision (no exposures may be performed for practice purposes)
- Reviewing departmental protocols and procedures
- Learning equipment operation, including tube head positioning and detent mechanisms
- Assisting with stocking supplies, cleaning equipment, and maintaining room readiness

The following behaviors are not acceptable during clinical education:

- Remaining in scheduling, administrative, or non-clinical areas without an educational purpose
- Leaving personal belongings in inappropriate areas such as walkways, doorways, or floors
- Consuming beverages in imaging rooms unless permitted by clinical site policy
- Completing unrelated academic coursework or personal tasks during clinical hours

Students are expected to demonstrate initiative, seek appropriate learning opportunities, and maintain professional engagement throughout all assigned clinical hours.

I.C Personal Electronic Devices

Cell phone and personal electronic device use is prohibited while students are participating in clinical education unless specifically authorized by the Program Director due to an approved extenuating circumstance.

Personal electronic devices may not be used for texting, phone calls, social media, entertainment, or other personal purposes during clinical hours.

Students who need to access a personal electronic device for an approved reason must receive authorization from the Program Director prior to use whenever possible.

Violations of this policy may result in disciplinary action in accordance with the program's Progressive Discipline Policy.

SECTION II: CLINICAL EDUCATION

II.A Clinical Rotation Overview

The Ascension St. Vincent's Radiography Program is a 20-month, competency-based program consisting of five 16-week semesters. Throughout the program, students are assigned to approved clinical affiliates designed to progressively develop the knowledge, technical skills, clinical judgment, and professional behaviors required for entry-level radiography practice.

Clinical rotations are structured to provide equitable exposure to diverse patient populations, examination types, imaging equipment, and healthcare environments while supporting progressive clinical competency development.

Clinical education experiences are designed to complement didactic and laboratory instruction by allowing students to apply knowledge and skills in the patient care environment under appropriate supervision.

II.B Clinical Rotation Assignments

Clinical rotation schedules are developed and distributed by the Program Director prior to the beginning of each scheduled rotation period.

Rotation assignments are based on educational objectives, student progression, clinical site availability, patient volume, and the program's goal of providing equitable learning opportunities for all students.

Clinical schedules may be modified as necessary to accommodate program needs, clinical affiliate availability, accreditation requirements, or changes in educational opportunities. Students will be notified of schedule changes as soon as practical.

Students are responsible for maintaining an up-to-date copy of their clinical rotation schedule and reporting to the assigned clinical location, department, and shift as scheduled.

II.C Clinical Education Sites

Clinical education occurs at approved clinical affiliates that provide students with supervised learning experiences across diverse imaging procedures, patient populations, and healthcare environments.

Current clinical education affiliates include:

- Ascension St. Vincent's Riverside
- Ascension St. Vincent's Southside
- Ascension St. Vincent's Clay County
- Ascension St. Vincent's St. Johns
- Nemours Children's Health

- Optimal Imaging – Middleburg
- Optimal Imaging – Forbes

Clinical affiliations are subject to change based on program needs, educational objectives, accreditation requirements, and affiliation agreements.

The Program reserves the right to add, remove, or modify clinical education sites and student assignments as necessary to maintain effective clinical education experiences.

II.D Clinical Site Progression

Clinical experiences are designed to increase in complexity as students advance through the curriculum.

Semesters 1–2

Students rotate through the program's primary clinical affiliates, including Ascension St. Vincent's Riverside, Southside, Clay, and St. Johns. Early clinical experiences focus on foundational patient care, imaging procedures, workflow, and professional behaviors.

Semester 3

Students begin rotating through outpatient imaging facilities while continuing experiences at primary hospital affiliates. Students continue developing independence, procedural consistency, and clinical judgment.

Semester 4

Students continue assigned clinical rotations and participate in expanded clinical experiences, which may include evening, overnight, weekend, and mid-shift rotations.

Clinical schedules may be adjusted to maintain compliance with:

- JRCERT maximum clinical education hours of 10 hours per day
- Ascension St. Vincent's maximum of 40 clinical hours per week

Semester 4 may also include advanced educational experiences, including:

- A physician observation experience to provide insight into radiologist workflow and interpretation processes
- A structured capstone learning activity associated with the observation experience
- Observation opportunities in advanced imaging modalities as available

Semester 5

Students who have successfully completed required competencies and remain in good academic, clinical, and professional standing may participate in optional advanced imaging experiences based on educational availability and program approval.

These opportunities are not guaranteed and are dependent upon:

- Clinical site availability
- Program needs
- Student readiness
- Continued satisfactory performance

Students on academic, clinical, or disciplinary probation are not eligible for optional enrichment rotations.

II.E Student Responsibility for Clinical Assignments

Students are responsible for reporting to the correct clinical site, department, and assigned shift according to the official clinical rotation schedule.

Failure to report to the assigned clinical location may result in missed clinical time and/or disciplinary action in accordance with program policies.

Students are responsible for regularly reviewing their clinical schedule and verifying assignment details prior to each rotation.

II.F Required Clinical Materials and Equipment

Students are required to report to each assigned clinical rotation prepared and in compliance with all program requirements.

The following items must be in the student's possession during clinical education:

- Program-approved clinical uniform
- Clinical Education Binder
- Radiographic positioning pocket guide
- Required identification badge
- Personal radiation dosimeter (worn at collar level and outside any lead apron)
- Personal radiographic right and left anatomical markers
- Watch
- Pen

Students who report without required materials may be dismissed from the clinical site to retrieve missing items. Any missed clinical time must be made up in accordance with the program attendance policy.

Clinical binders are subject to periodic review by program faculty and clinical preceptors to ensure accuracy, organization, and compliance with program requirements.

Students are responsible for maintaining their Clinical Binder and Pocket Guide in an accurate and current manner. Clinical schedules, competency documentation, required forms, and program materials must remain readily available throughout clinical education.

SECTION III: CLINICAL ATTENDANCE & DOCUMENTATION

III.A Attendance Expectations (Arrival and Departure)

Clinical education is conducted Monday through Friday at assigned clinical affiliates. Standard clinical hours are 8:00 a.m. to 4:30 p.m. Clinical schedules vary throughout the curriculum based on educational objectives and may include evening, weekend, or specialty clinical rotations.

Students are responsible for reporting to their assigned clinical site, department, and shift according to their scheduled rotation.

Students are expected to arrive prepared to begin clinical activities at the designated start time. The official clock-in window is 7:55 a.m. to 8:00 a.m. Students must be present in their assigned clinical area and ready to begin clinical duties no later than 8:00 a.m. Any clock-in after 8:00 a.m. is considered tardy.

If a student anticipates or experiences a tardy arrival, the student must notify both the assigned clinical affiliate and the Program Director as soon as possible. Upon arrival, the student must immediately clock in through Trajecsys and notify the Program Director of arrival. Notification does not replace or substitute for required Trajecsys documentation.

Failure to properly clock in through Trajecsys upon arrival will result in an attendance discrepancy and may result in disciplinary action, regardless of prior notification.

Each tardy requires the student to make up missed clinical time at the end of the assigned shift. Make-up time is calculated based on the actual amount of time missed.

Students are permitted three (3) tardies within a rolling twelve-month period before disciplinary action is initiated in accordance with the Program's Progressive Discipline Policy.

Any week in which a tardy occurs will result in a reduction of the student's Punctuality and Reliability score on the Weekly Clinical Evaluation, regardless of supervising technologist evaluation.

Students may clock out as early as 4:25 p.m. and are expected to clock out no later than 4:30 p.m. unless actively participating in patient care.

If a clinical examination extends beyond the scheduled end of the clinical day, students are expected to complete the examination in its entirety. Students must not leave during an active examination or interrupt patient care to meet scheduled departure times.

Once patient care responsibilities are complete, students must notify the supervising technologist that they have remained beyond their scheduled clinical hours and request permission to leave.

Students must not leave a clinical area without ensuring appropriate continuity of patient care and handoff of responsibilities.

Students assigned to off-site clinical locations are provided reasonable travel time between assignments. Students remain responsible for planning appropriately to ensure timely arrival. Failure

to report within a reasonable timeframe may be considered tardy and managed according to this policy.

III.B Attendance Documentation

The Ascension St. Vincent's Radiography Program utilizes Trajecsys as the official system for documenting student clinical attendance and clinical hours.

Students are responsible for accurately recording attendance each day they are assigned to clinical education.

Students must complete clock-in and clock-out procedures using the approved method established by the clinical affiliate. Personal devices may not be used for attendance documentation unless specifically authorized due to extenuating circumstances, including but not limited to system outages, internet interruptions, or site-specific issues.

Students are responsible for verifying that all clock-in and clock-out entries are accurately recorded before leaving the clinical department.

Students are permitted three (3) Time Exception requests per semester to correct missed clock-ins or clock-outs in Trajecsys.

Each Time Exception request must:

- Accurately reflect the reason for the correction
- Include any required explanation or supporting information

A fourth Time Exception request within the same semester may result in professionalism deductions and/or disciplinary action.

Submitting false or misleading information on a Time Exception request constitutes falsification of program records and may result in disciplinary action in accordance with program policies.

Attendance records maintained in Trajecsys serve as the official record of student clinical attendance and clinical hours and may be used to verify compliance with:

- Program attendance requirements
- Clinical hour completion requirements
- Accreditation standards

III.C Clinical Documentation

Students are responsible for accurately documenting all required clinical activities throughout assigned clinical education experiences.

Clinical documentation serves as the official record of student participation, clinical experiences, competency progression, and completion of program requirements.

All clinical documentation must be complete, accurate, and submitted within established deadlines. Failure to maintain accurate documentation may result in grade deductions, professionalism concerns, or disciplinary action.

Students are solely responsible for ensuring required clinical documentation is properly entered and maintained.

Daily Clinical Examination Log

Students are required to document each clinical examination in which they participate using the designated clinical tracking system.

Each entry must accurately reflect the student's level of participation:

Observed:
The student was present during the examination but did not actively participate in patient positioning, equipment operation, or image acquisition. Observation is limited to visual and cognitive learning.

Assisted:
The student actively participated in the examination under direct supervision by assisting with patient care, positioning, equipment preparation, or portions of image acquisition while the supervising technologist maintained responsibility for the examination.

Performed:
The student completed the examination workflow under appropriate supervision, including patient positioning, equipment operation, image acquisition, and initial image evaluation. The supervising technologist maintains final responsibility for patient care, image approval, and completion of the examination.

Each log entry must include required information as defined by the program, including:

- Key: Last 4 of patients MMI/MRN
- Major study
- Skill/positioning performed
- Level of participation
- Supervising technologist
- Additional comments when applicable

Students must document each examination separately. If multiple examinations are performed on the same patient, each examination must have an individual entry.

If a student is absent from clinical education, the Key field must be entered as "0000" with a comment identifying the reason for absence.

Clinical documentation must be completed daily. All documentation must be submitted no later than Monday at 4:30 p.m. for the previous clinical week.

If a student is absent on Monday, documentation must be submitted no later than 4:30 p.m. on the next scheduled clinical day.

The Program Director will review clinical documentation periodically to ensure records are complete, accurate, and current.

Failure to maintain required documentation may result in a reduction of the student's clinical grade.

SECTION IV: CLINICAL EVALUATION & PERFORMANCE

IV.A Clinical Evaluation Overview

Clinical evaluation is a continuous process used to assess student development in clinical performance, professional behavior, technical proficiency, clinical judgment, and readiness for entry-level radiography practice.

Evaluation is based on direct observation of student performance in the clinical environment and is completed through standardized assessment methods, including weekly clinical evaluations, preceptor-initiated evaluations, competency evaluations, and program faculty review.

The purpose of clinical evaluation is to:

- Monitor student progression toward entry-level clinical competence
- Provide ongoing feedback to support professional and clinical development
- Assess patient care, communication, professionalism, technical skills, and clinical judgment
- Identify strengths and areas requiring improvement
- Ensure compliance with program, clinical affiliate, and accreditation standards

Clinical evaluation is formative in nature and is intended to support student learning and professional growth throughout the program.

IV.B Weekly Clinical Evaluations

Weekly clinical evaluations are the primary method used to assess student performance in the clinical environment.

Weekly evaluations are completed by clinical preceptors who have directly observed the student's performance during the clinical week.

Students are responsible for ensuring that an evaluation request is submitted to the appropriate clinical preceptor and that required evaluations are completed within the established timeframe.

If a student spends significant clinical time with multiple preceptors, additional evaluations may be requested to provide comprehensive feedback.

Weekly evaluations assess areas including:

- Professional behavior
- Patient care
- Communication

- Technical skills
- Clinical engagement
- Initiative and preparedness

Evaluations are due no later than Monday at 4:30 p.m. following the clinical week.

Late or missing evaluations may result in grade deductions:

- 1 day late (Tuesday): 10% deduction
- 2 days late (Wednesday): 20% deduction
- After Wednesday at 4:30 p.m.: Score of zero

Clinical preceptors must provide constructive feedback addressing strengths and areas requiring improvement.

Students who demonstrate unsatisfactory performance or lack of clinical progression may be referred for counseling, remediation, or probation.

IV.C Preceptor-Initiated Clinical Evaluations

Clinical preceptors may complete and submit a clinical evaluation at any time without a student request. These evaluations provide timely documentation of student performance observed during clinical education and may recognize exemplary performance or identify areas requiring improvement.

Preceptor-initiated evaluations may document observations related to:

- Clinical performance and technical proficiency
- Patient care and communication
- Professional behavior
- Compliance with program or clinical site policies
- Patient safety or other clinical concerns

All preceptor-initiated evaluations become part of the student's official clinical record and may be considered when determining clinical grades, counseling needs, remediation, probation status, or progression decisions.

Students will be notified when a preceptor-initiated evaluation is received. The Program Director may meet with the student and, when appropriate, the clinical preceptor to review the evaluation and discuss any recommended actions.

IV.D Clinical Counseling & Performance Improvement

Clinical counseling is an educational intervention intended to promote student success through timely feedback, clarification of expectations, and development of strategies to improve clinical performance.

Clinical counseling may be initiated whenever the Program Director determines that additional guidance or intervention is warranted based on information including, but not limited to:

- Clinical evaluations
- Competency performance
- Direct observation
- Clinical staff feedback
- Attendance or documentation concerns
- Other concerns affecting clinical progression or patient safety

During the counseling process, the Program Director will:

- Review the identified concern(s)
- Discuss expected performance standards
- Develop an improvement plan when appropriate
- Establish follow-up expectations and timelines
- Document the counseling session in the student's clinical record

Counseling may include performance goals, additional supervision, remediation activities, competency reassessment, or follow-up evaluations as determined by the Program Director.

Failure to demonstrate satisfactory improvement following counseling may result in additional corrective action, including Clinical Probation, in accordance with program policies.

IV.E Clinical Probation

Clinical probation is a formal clinical performance improvement status used when a student does not demonstrate satisfactory improvement following clinical counseling or when clinical performance concerns require increased monitoring, remediation, and structured intervention.

Clinical probation is separate from the program's Progressive Discipline Process. Clinical probation is intended to address deficiencies in clinical performance, skill development, professionalism, progression, or readiness for entry-level practice. Concerns involving misconduct, policy violations, unsafe behavior, or other disciplinary matters may result in additional action according to the Progressive Discipline Process outlined in the Academic Handbook.

Clinical probation may be initiated when a student demonstrates:

- Failure to improve following clinical counseling.
- Repeated unsatisfactory clinical evaluations.
- Failure to maintain a minimum cumulative clinical average of 85%.
- Failure to demonstrate expected clinical progression.
- Repeated professionalism concerns affecting clinical performance.
- Unsafe clinical practice or behaviors that may compromise patient safety.
- Persistent attendance, punctuality, or documentation deficiencies affecting clinical performance.
- Failure to meet clinical education requirements or established program expectations.

When placed on clinical probation, the student will meet with the Program Director to develop a written Performance Improvement Plan (PIP). The Performance Improvement Plan will identify:

- Specific areas requiring improvement.
- Expected performance outcomes.
- Required remediation activities or corrective actions.
- Additional monitoring or evaluation requirements.
- A defined timeline for reassessment.

During the probationary period, the student is expected to demonstrate consistent improvement in all identified areas and continue meeting all program, clinical affiliation, and professional expectations. Additional evaluations, increased supervision, remediation activities, or other monitoring measures may be implemented as part of the improvement process.

Successful completion of the Performance Improvement Plan may result in removal from clinical probation and return to good standing.

Failure to demonstrate satisfactory improvement, continued unsafe clinical practice, failure to meet clinical progression requirements, or additional concerns may result in further action, including additional remediation, delayed program progression, or dismissal from the Radiologic Technology Program in accordance with institutional and program policies.

The Program Director reserves the right to initiate immediate clinical probation when circumstances require prompt intervention to protect patient safety, maintain clinical standards, or address significant concerns regarding student readiness for continued clinical participation.

IV.F Clinical Grading & Competency Evaluation Policy

Clinical course grades are calculated using a structured evaluation model designed to assess student performance in clinical engagement, professional behavior, documentation accuracy, and clinical competency development.

Clinical grading reflects both participation in the clinical environment and progressive demonstration of clinical competence consistent with program and accreditation standards.

IV.F.1 Clinical Grade Components

Clinical course grades are calculated using a structured evaluation model designed to assess student performance in clinical engagement, professional behavior, documentation accuracy, and clinical competency development.

Clinical grading reflects student engagement in the clinical environment, professional performance, documentation accuracy, and progressive demonstration of clinical competence consistent with program and accreditation standards.

1. Daily Clinical Logs – 10%

Students are required to complete daily clinical logs documenting clinical examinations and experiences in which the student participated.

Daily clinical documentation must be completed accurately and submitted in accordance with program requirements. Failure to maintain complete and timely documentation may result in grade deductions.

2. Weekly Clinical Evaluations – 20%

Weekly clinical evaluations are completed by clinical preceptors and assess student performance in areas including:

- Professional behavior
- Patient care
- Technical skill development
- Communication
- Clinical engagement
- Initiative and preparedness

All students are required to review each weekly clinical evaluation and provide an acknowledgment of the feedback received, regardless of the evaluation score or whether the feedback is positive, corrective, or identifies areas requiring improvement. Student acknowledgment confirms that the evaluation and feedback have been reviewed and does not necessarily indicate agreement with every comment or assessment.

Students are expected to receive clinical feedback professionally and use feedback provided by clinical preceptors to guide continued learning and improvement. The student acknowledgment is intended to document review of the evaluation and is not an opportunity to dispute, alter, or invalidate feedback provided by the evaluating technologist.

Students who have concerns regarding the accuracy, fairness, or appropriateness of an evaluation should address those concerns through the Program Director and applicable program grievance or review procedures rather than using the evaluation acknowledgment to challenge or rebut the evaluator's comments.

Students are responsible for ensuring required evaluations are reviewed and acknowledged according to established program deadlines. Failure to review and acknowledge required evaluations may be addressed in accordance with the clinical attendance, documentation, and progression policies outlined in this handbook.

Students are expected to demonstrate appropriate response to feedback by incorporating recommendations into subsequent clinical performance and demonstrating improvement as they progress through the program.

3. Required Clinical Competency Completion – 40%

This component evaluates completion of the required number of clinical competencies established for each semester within the Clinical Competency System and Clinical Competency Requirements sections of this handbook.

Clinical competency grades are based on the first successfully submitted and validated competency evaluation forms used to satisfy the required competency expectations for the applicable semester.

Students who complete competencies beyond the minimum semester requirements are encouraged to continue submitting competency forms as they are completed. Additional competency attempts and completed competencies will not be disregarded; however, they will be applied according to the Competency Progression and Carry-Forward Policy outlined in Section IV.F.3.

Failure to meet semester competency completion requirements may negatively impact the clinical course grade and may delay clinical progression.

4. Competency Performance (Quality of Execution) – 30%

This component evaluates the quality and consistency of student performance during required competency evaluations.

Competency performance is based on the student's first successful competency evaluation for each required examination and includes the validated competency evaluation score, image evaluation when applicable, and program review and approval.

A competency attempt that meets or exceeds the established minimum passing standard and receives final program approval constitutes successful completion of that competency. The score earned on the first successful competency attempt will be used for competency performance grading purposes.

Students are not permitted to repeat a successfully completed competency solely for the purpose of improving their competency grade or obtaining a higher score.

Students who successfully complete a competency are expected to continue participating in that examination whenever appropriate clinical opportunities arise. Continued participation after competency achievement is an essential component of ongoing clinical education and skill development. Subsequent examinations performed after competency achievement are considered continued clinical practice and are not additional graded competency attempts.

If a competency attempt is unsuccessful, the student must follow the program's established reattempt process. Additional practice, remediation, or faculty review may be required prior to a subsequent competency attempt. Once the student successfully completes the competency, the score earned on the first successful attempt will be used for competency performance grading purposes.

Competency performance reflects the student's ability to demonstrate:

- Technical accuracy
- Patient care and communication
- Positioning proficiency

- Radiation safety practices
- Professional behavior
- Appropriate clinical judgment
- Consistent examination performance

IV.F.2 Competency Grade Calculation Standards

To ensure accuracy, consistency, and fairness in clinical grading:

- All competency attempts must be documented and submitted according to program procedures.
- All competency attempts remain part of the student's official clinical record.
- An unsuccessful competency attempt does not satisfy the required competency completion requirement.
- When a competency attempt is unsuccessful, the student must follow the established practice, remediation, and reattempt process before the competency may be successfully completed.
- The score earned on the first successful competency attempt will be used for competency performance grading purposes.
- Students may not repeat a successfully completed competency solely to improve their competency grade or obtain a higher competency score.
- Once competency has been achieved, students are expected to continue participating in the examination when appropriate clinical opportunities arise. These subsequent examinations are considered continued clinical practice and are not additional graded competency attempts.
- Competency grades are calculated using validated competency evaluation documentation and applicable program review processes.
- Competencies completed beyond the minimum semester requirements will be retained in the official competency tracking system and applied according to the Competency Progression and Carry-Forward Policy.

IV.F.3 Competency Progression and Carry-Forward Policy

Clinical competencies are cumulative throughout the Radiologic Technology Program. Students are encouraged and expected to continue completing clinical examinations beyond the minimum competency requirements as appropriate opportunities arise.

Students who complete additional competencies beyond the required semester minimums will receive credit for those completed competencies. Additional competency evaluations will:

- Be recorded in the official competency tracking system.
- Apply toward cumulative program competency completion requirements.
- Carry forward into subsequent semesters when applicable.
- Be applied toward required competency completion expectations for the semester in which they are carried forward.

Students are expected to submit completed competency forms promptly after each competency attempt. Students should not intentionally delay submission of completed competency documentation until the end of the semester or until additional competency requirements are needed.

Once a student has successfully achieved competency in an examination, the student is expected to continue participating in that examination as clinical opportunities arise. Continued participation allows students to maintain and strengthen clinical skills, gain experience with a variety of patients and clinical circumstances, and develop consistency in entry-level practice.

Continued participation in an examination after competency achievement does not create additional opportunities to improve the competency grade. Students are not expected to stop performing an examination once competency has been achieved, nor may they repeatedly pursue competency evaluations solely to obtain a higher score.

Competency documentation must be submitted according to program procedures to ensure accurate tracking of competency completion, attempt history, and semester application.

IV.F.4 Grade Impact of Unsatisfactory Competency Performance

Failure to meet required competency completion or competency performance standards may result in:

- Reduction in the clinical course grade.
- Requirement for remediation or repeat competency attempts.
- Clinical counseling or clinical probation as outlined in this handbook.
- Delayed progression through the program.

All competency-related grading outcomes are subject to final review and approval by the Program Director.

IV.G Clinical Grading Scale & Academic Standing

Clinical grades are assigned using the standardized grading scale established by the Radiologic Technology Program. Clinical progress is reviewed throughout each semester to monitor student performance, competency development, and adherence to program expectations.

Students must maintain a minimum cumulative clinical average of 85% or higher for successful completion of clinical courses and continued progression within the program.

A clinical average below 85% at the time of formal grade review is considered unsatisfactory and may result in clinical counseling, clinical probation, remediation, or delayed progression in accordance with program policies.

Clinical grades are assigned using the following grading scale:

- 93–100% = A (4.00)
- 89–92.9% = A- (3.75)
- 86–88.9% = B+ (3.25)
- 83–85.9% = B (3.00)
- 80–82.9% = B- (2.75)
- 75–79.9% = C (2.00)
- 70–74.9% = D (1.00)

Clinical Progression Requirement

Students must demonstrate satisfactory clinical performance and maintain expected clinical progression throughout enrollment in the Radiologic Technology Program.

To remain in good clinical standing, students must:

- Maintain the minimum required clinical course average.
- Complete required clinical competencies and demonstrate satisfactory competency performance.
- Demonstrate progressive development of clinical knowledge, technical skills, patient care, and clinical judgment.
- Maintain professional behavior and comply with program and clinical affiliate policies.
- Successfully complete required clinical education experiences and documentation.

Failure to meet established clinical performance or progression requirements may result in clinical counseling, Clinical Warning Status, Clinical Probation, clinical remediation, delayed program completion, or dismissal, as applicable under program policies.

The Program Director has final authority to determine a student's clinical standing and progression based on the student's overall clinical performance, competency completion and performance, professionalism, and compliance with program requirements.

IV.H Clinical Progression Intervention & Remediation Policy

IV.H.1 Purpose

This policy establishes the structured process used to identify, monitor, and support students who do not meet established clinical performance, professionalism, or progression standards within the Radiography Program.

The goals of this process are to:

- Promote early identification of clinical performance concerns.
- Provide structured opportunities for improvement and remediation.
- Ensure safe, competent, and progressive clinical development.
- Maintain consistent patient care and clinical affiliate standards.
- Support successful completion of program requirements.

This policy is designed to support student development while maintaining the integrity of clinical education, patient safety standards, and professional expectations.

IV.H.2 Clinical Warning Status

A student may be placed on Clinical Warning Status when the Program Director identifies clinical performance or progression concerns that warrant increased monitoring, support, or early intervention.

Clinical Warning Status may be initiated based on:

- A cumulative clinical average below 85% at the time of formal grade review.
- Declining clinical performance.
- Difficulty demonstrating expected clinical progression.
- Repeated concerns identified through clinical evaluations or preceptor feedback.
- Documentation, attendance, punctuality, or professionalism concerns that affect clinical performance.
- Other clinical performance concerns identified by the Program Director that may affect the student's ability to successfully progress.

Clinical Warning Status is intended as an early intervention process and does not constitute dismissal or formal Clinical Probation.

During Clinical Warning Status:

- The student will receive written notification of the identified concerns and expected improvements.
- The student will enter an eight (8)-week monitoring period unless otherwise determined by the Program Director.
- The student is expected to demonstrate measurable improvement in identified areas.
- Additional feedback, evaluation, supervision, or support measures may be implemented as appropriate.
- The student's clinical performance will be reviewed during and/or at the conclusion of the monitoring period.

At the conclusion of the monitoring period, the Program Director will determine whether the student has demonstrated sufficient improvement to return to good clinical standing, requires continued monitoring or counseling, or should be placed on Clinical Probation.

Clinical Warning Status does not restrict clinical participation unless otherwise determined by the Program Director based on patient safety, clinical performance, or other program requirements.

IV.H.3 Clinical Probation Status

A student may be placed on Clinical Probation when clinical performance or progression concerns are serious, persistent, or have not been satisfactorily resolved through Clinical Warning Status or other intervention.

Clinical Probation may be initiated for:

- Failure to demonstrate sufficient improvement following Clinical Warning Status or clinical counseling.
- Repeated unsatisfactory clinical evaluations.
- Failure to maintain the minimum required clinical course average.
- Failure to demonstrate expected clinical progression.
- Unsafe clinical practice or behavior that may compromise patient safety.

- Persistent professionalism, attendance, punctuality, or documentation concerns that affect clinical performance.
- Failure to meet established clinical education or competency requirements.
- Other significant clinical concerns identified by the Program Director.

Clinical Probation is a formal intervention status and indicates that the student is at increased risk of delayed progression or dismissal if identified concerns are not successfully resolved.

During Clinical Probation:

- The student will remain enrolled in clinical courses unless otherwise determined by the Program Director.
- The student will continue assigned clinical rotations unless otherwise directed.
- The student may be restricted from optional or additional clinical opportunities when appropriate.
- The Program Director will develop a formal Performance Improvement Plan (PIP).
- The student will be subject to increased monitoring and evaluation.

The Performance Improvement Plan will identify:

- Areas of deficiency.
- Expected performance outcomes.
- Required remediation activities or corrective actions.
- Methods of evaluation and monitoring.
- A defined timeline for reassessment.

Failure to meet the requirements of Clinical Probation may result in clinical remediation, delayed program completion, inability to receive graduation clearance, or dismissal from the Radiologic Technology Program, as applicable.

IV.H.4 Continued Clinical Progression During Warning & Probation

Students placed on Clinical Warning or Clinical Probation may continue progressing through the clinical and didactic curriculum while the intervention process is underway, unless otherwise determined by the Program Director.

Continued progression is contingent upon the student:

- Maintaining safe patient care practices.
- Demonstrating professional behavior.
- Complying with program and clinical affiliate policies.
- Meeting all applicable clinical, academic, competency, attendance, and documentation requirements.
- Demonstrating measurable improvement in identified areas of concern.

Placement on Clinical Warning or Clinical Probation does not guarantee continued progression or graduation. The student's clinical performance and progress will be reviewed throughout the

intervention process and may result in additional remediation, delayed progression, or dismissal when established requirements are not met.

IV.H.5 Clinical Remediation Experience

Students who require additional intervention to address identified deficiencies may be assigned a structured Clinical Remediation Experience.

Clinical remediation is an individualized intervention designed to address deficiencies in clinical performance, technical skills, professionalism, clinical judgment, patient care, or competency development.

Clinical remediation is not an automatic extension of the program curriculum and is assigned only when the Program Director determines that additional intervention is appropriate and may reasonably support student success.

The structure, duration, and requirements of clinical remediation will be determined by the Program Director based on:

- Identified areas of deficiency.
- Student performance and progression status.
- Competency completion and performance.
- Patient safety considerations.
- Clinical affiliate availability.
- Applicable educational objectives.

Clinical remediation may include:

- Additional supervised clinical practice.
- Targeted practice opportunities.
- Increased clinical supervision or observation.
- Additional clinical evaluations.
- Competency reassessment or reattempts.
- Additional assignments or learning activities.
- Other interventions determined appropriate by the Program Director.

Students assigned clinical remediation remain responsible for demonstrating measurable improvement and completing all required program clinical requirements.

Clinical remediation may require additional time beyond the student's regularly scheduled clinical education and may result in delayed clinical progression, delayed graduation, or an extension of the student's anticipated program completion date. The duration of the remediation experience will depend on the nature of the identified deficiencies, the student's progress toward meeting remediation requirements, clinical site availability, and the student's ability to demonstrate satisfactory performance.

Successful completion of assigned clinical remediation requirements is required for graduation clearance when remediation has been identified as a condition of program completion.

IV.H.6 Evaluation Structure During Remediation

During Clinical Remediation, the student's performance will be monitored through increased evaluation and feedback as determined by the Program Director.

Evaluation methods may include:

- Additional clinical evaluations.
- Targeted competency evaluations.
- Direct observation of clinical performance.
- Documentation review.
- Feedback from clinical preceptors and supervising technologists.

Evaluation data will be reviewed regularly by the Program Director to determine whether the student has demonstrated sufficient improvement and readiness to meet program completion requirements.

IV.H.7 Competency Performance During Remediation

Competency attempts completed during clinical remediation will be evaluated according to the established Clinical Competency System and competency evaluation standards.

Remediation-related competency attempts will:

- Be documented in the official competency tracking system.
- Be evaluated using established competency assessment procedures.
- Be reviewed by the Program Director as part of the remediation outcome determination.

The Program Director will determine whether remediation activities and competency performance satisfy identified deficiencies and contribute toward completion requirements based on the purpose of the remediation assignment.

Students must demonstrate satisfactory clinical performance in all identified areas of deficiency prior to graduation clearance.

IV.H.8 Failure to Meet Remediation Requirements

A student who does not successfully complete assigned Clinical Remediation requirements may be subject to additional intervention based on the nature and severity of the remaining concerns.

Possible outcomes include:

- Continued remediation when the Program Director determines that additional intervention is appropriate.
- Additional performance monitoring or corrective action.
- Delayed clinical or program progression.
- Delayed program completion or graduation clearance.
- Dismissal from the Radiologic Technology Program when the student fails to meet established clinical competency, patient safety, professionalism, or progression requirements.

Failure to successfully complete required clinical remediation activities or other program completion requirements may delay graduation and eligibility to apply for the American Registry of Radiologic Technologists (ARRT) certification examination.

All required clinical remediation and program completion requirements must be successfully completed before graduation clearance is granted.

All dismissal decisions will be made in accordance with applicable program and institutional policies.

IV.H.9 Program Director Authority

The Program Director retains authority to:

- Initiate Clinical Warning or Clinical Probation status.
- Modify remediation requirements based on student performance.
- Assign clinical remediation experiences, supervision structures, and evaluation methods.
- Determine successful completion of remediation requirements.
- Recommend dismissal when patient safety, clinical competency, or professional standards are not achieved.

IV.H.10 Student Right to Due Process

Students have the right to request review of any clinical warning, probation, remediation assignment, or other clinical action in accordance with the Program Grievance Procedure outlined in the Academic Handbook.

Students are encouraged to first discuss concerns with the Program Director whenever appropriate. Nothing in this section limits a student's right to utilize the program's formal grievance process or other institutional procedures available through Ascension St. Vincent's.

Students retain the right to submit allegations of non-compliance with accreditation standards to the Joint Review Committee on Education in Radiologic Technology (JRCERT) after exhausting the program's internal grievance procedure.

The JRCERT allegations process is intended for concerns regarding program compliance with accreditation standards and is not intended for direct student grievances against the program. Information regarding the JRCERT allegations process is provided in the Academic Handbook.

SECTION V: CLINICAL COMPETENCY SYSTEM

V.A Clinical Competency Overview

Clinical competencies are performance-based evaluations used to assess progressive development of student clinical skills, technical proficiency, patient care, professional behavior, and clinical judgment within the clinical education environment.

Competencies ensure students can safely and accurately perform radiographic examinations under appropriate supervision while progressing toward entry-level radiography practice.

The purpose of clinical competencies is to:

- Validate progressive clinical skill development across required imaging procedures
- Ensure consistent exposure to entry-level radiographic examinations
- Promote application of didactic and laboratory instruction in the clinical setting
- Assess patient care, communication, technical performance, and clinical decision-making
- Ensure compliance with program, clinical affiliate, and accreditation standards

Clinical competencies are cumulative and must be completed in accordance with semester requirements outlined in this section. Successful completion of all required competencies is mandatory for clinical progression and program completion.

V.B Clinical Competency Progression Requirements

Students must complete clinical competencies according to the progressive requirements established by the Radiologic Technology Program. Competency progression is designed to ensure continued development of clinical skills, technical proficiency, patient care, clinical judgment, and professional behaviors throughout the curriculum.

Students are expected to actively pursue competency opportunities once eligibility has been established. Competencies should be completed consistently throughout each semester and may not be delayed until the end of a grading period or completed in a compressed timeframe without prior program approval.

Competency eligibility is determined by the Program Director based on completion of required didactic instruction, laboratory preparation, required clinical practice experiences, demonstrated clinical readiness, and compliance with program expectations.

Minimum cumulative competency progression benchmarks are:

Semester	Minimum Cumulative Competencies
Semester 1	11
Semester 2	22
Semester 3	33
Semester 4	44
Semester 5	Program Completion Phase

These benchmarks represent minimum progression expectations and do not limit additional competency opportunities. Students are encouraged to continue developing clinical proficiency beyond required competencies through continued participation in clinical examinations.

V.C Clinical Practice Requirements

Clinical practice experiences provide students with structured opportunities to develop positioning skills, patient care techniques, technical proficiency, examination workflow, and clinical judgment prior to competency evaluation.

Practice experiences are instructional in nature and are intended to prepare students for successful competency completion. Students are expected to actively participate in practice opportunities and incorporate feedback from faculty and clinical preceptors.

Required practice experiences are determined by the Program Director based on:

- Examination complexity
- Frequency of occurrence within clinical affiliates
- Patient safety considerations
- Student progression within the curriculum
- Demonstrated student readiness

Routine examinations may require multiple documented practice attempts across designated clinical affiliates to promote consistent performance in varied clinical environments. Specialty examinations may require fewer or additional practice attempts based on complexity, availability, and clinical expectations.

All required practice examinations must:

- Be completed prior to competency eligibility when designated by the program.
- Be documented in real time using program-approved forms.
- Reflect actual student participation and performance.
- Be maintained within the student's Clinical Binder.
- Demonstrate appropriate preparation and readiness for competency evaluation.

The Program Director determines final competency eligibility based on demonstrated readiness, including technical accuracy, patient care, radiation safety, professional behavior, clinical judgment, and consistency of performance.

Additional practice attempts may be required when student performance does not demonstrate readiness for competency evaluation.

V.C.1 Clinical Practice and Competency Documentation Management

The Radiologic Technology Program maintains controlled distribution of clinical practice and competency documentation to ensure accurate tracking of student progression and integrity of evaluation records.

Clinical Practice Documentation

Practice documentation forms will be provided to students at the beginning of each semester in which anatomy and radiographic positioning content is taught.

Practice documentation is intended to support student preparation for competency evaluation by documenting required practice experiences, clinical preparation, and progression toward competency eligibility.

Students are responsible for maintaining practice documentation within their Clinical Binder and ensuring all required practice experiences are completed and documented according to program requirements.

Clinical Competency Documentation

Clinical competency evaluation forms will be distributed to students at the beginning of each semester, similar to the practice forms.

Students are not permitted to attempt a competency until all required practice forms have been completed, reviewed, and signed off by the Program Director or designated program representative.

Prior to performing a competency attempt, students must provide the supervising technologist with evidence that all required practice experiences for the examination have been completed and have been reviewed and approved by the Program Director or designated program representative. The supervising technologist may not evaluate a competency attempt unless the required practice documentation has been appropriately completed and approved.

Once a competency attempt is completed, students must turn in the evaluation form to program faculty for formal programmatic review, regardless of the perceived score.

If a student is unsuccessful on a competency attempt, they will receive a replacement competency form from program faculty.

Students may not reproduce, duplicate, alter, or independently create competency documentation forms. All documentation must originate from the Radiologic Technology Program.

Failure to maintain competency documentation accurately or attempts to duplicate, alter, or falsify competency records may result in disciplinary action in accordance with program policies.

V.D Clinical Competency Performance Expectations

Students are expected to demonstrate safe, accurate, and progressively independent clinical performance during all competency attempts.

A competency attempt must reflect the student's ability to perform a radiographic examination while maintaining:

- Patient identification and safety practices
- Appropriate communication and patient care
- Correct positioning and technical execution
- Radiation protection principles consistent with ALARA
- Professional behavior
- Appropriate clinical judgment

- Diagnostic image quality standards

Students must demonstrate competency in the complete examination workflow, including appropriate preparation, patient interaction, equipment operation, positioning, image evaluation, room cleanup, and communication with the supervising technologist.

Students may not independently finalize, verify, or transmit radiographic examinations. The supervising technologist maintains responsibility for image review, approval, and submission according to clinical site policy.

Competency performance must also demonstrate compliance with required clinical safety standards, including:

- Verification of patient identity.
- Verification of correct examination, body part, and laterality.
- Completion of pregnancy screening requirements when applicable.
- Appropriate infection control practices.
- Correct placement of anatomical markers.
- Appropriate radiation safety practices.

Successful performance during a competency attempt does not independently constitute competency completion. Final approval is determined through the competency validation process outlined in Section V.E.

V.E Clinical Competency Validation & Approval Process

Clinical competency validation is a structured process designed to ensure consistent, objective evaluation of student performance across all clinical affiliates.

A competency is not considered complete until all required evaluation components have been completed, reviewed, and approved by the Program Director.

Clinical competency validation requires:

- Student declaration of competency intent prior to the examination.
- Completion of the competency evaluation by the supervising technologist during or immediately following the examination.
- Documentation of student performance using the approved competency evaluation form.
- Image review and evaluation when applicable.
- A clinical evaluator recommendation for indirect supervision, as documented on the competency evaluation form.
- Program Director review and final approval.

Competency evaluations must reflect the student's actual performance during the examination and may not be completed retrospectively.

The supervising technologist is responsible for providing direct observation, documenting performance accurately, evaluating the student's readiness to perform the examination under indirect supervision, and providing feedback regarding student strengths and areas requiring improvement.

A student who achieves the minimum required competency score but is not recommended for indirect supervision has not successfully demonstrated competency. The competency will not be approved until the student completes any additional practice or remediation required and successfully reattempts the competency.

The Program Director maintains final authority for competency approval and may request additional documentation, remediation, or practice prior to approval.

V.E1. PACS-Accessible Clinical Sites

At Ascension St. Vincent's affiliated clinical sites with PACS access:

- The student completes the examination under required supervision.
- The supervising technologist completes the competency evaluation in real time.
- The Program Director or designated program faculty reviews images through PACS.
- Image quality and technical performance are evaluated according to program standards.
- Final competency approval requires completion of documentation, image review when applicable, and program validation.

V.E2. Non–PACS Accessible Sites

At clinical sites without PACS access:

- The student completes the examination under required supervision.
- The supervising technologist completes the competency evaluation in real time.
- An approved clinical representative may verify image quality when designated by the Program Director.
- Documentation is submitted to the Program Director for review.

For sites where program faculty do not have PACS access, competency validation will rely on the completed evaluation form, clinical documentation, and verification processes established by the program.

Final approval remains the responsibility of the Program Director.

V.E.3 General Evaluation Standards

All competency evaluations must be completed in real time during or immediately following the examination.

Retrospective completion, alteration, or backfilling of competency documentation is prohibited.

Competency documentation must accurately reflect:

- The examination was performed.

- The student's level of participation.
- The supervising technologist's direct observations.
- Student performance during the complete examination workflow.

All competency documentation is subject to Program Director review to ensure consistency, accuracy, and compliance with program and accreditation standards.

V.F Competency Attempt Standards

Clinical competency attempts are formal evaluations of a student's ability to perform radiographic examinations safely and effectively within the clinical environment.

Each competency attempt must occur on a live patient and demonstrate appropriate clinical judgment, patient care, technical accuracy, radiation safety, and professional behavior.

Students must perform competency attempts under the supervision requirements established by the program and must demonstrate readiness through completion of required clinical practice experiences.

V.F.1 Valid Competency Attempt Criteria

A competency attempt is considered valid when:

- The student has completed required practice requirements and has been approved for competency eligibility.
- The student declares the competency attempt prior to the examination.
- The student performs the examination under the required supervision level.
- The student demonstrates appropriate patient care, communication, positioning, equipment operation, and clinical workflow.
- The supervising technologist observes the student's performance throughout the examination.

Limited image repetition may be permitted when:

- The student identifies and verbalizes the error prior to correction.
- The student demonstrates appropriate corrective action.
- The error does not reflect unsafe practice or failure to recognize a significant positioning or technical issue.

The supervising technologist maintains responsibility for patient care and may intervene at any time when safety concerns arise.

V.F2 Automatic Unsuccessful Attempts

A competency attempt will receive an unsuccessful score when critical safety, professional, or performance requirements are not met.

Examples include, but are not limited to:

- Failure to verify patient identity according to clinical site requirements.

- Performing the incorrect examination or incorrect body part.
- Failure to verify laterality when applicable.
- Failure to complete required pregnancy screening procedures.
- Failure to apply appropriate radiation safety practices.
- Incorrect or missing anatomical marker placement.
- Technologist intervention required to prevent unsafe practice or patient harm.
- Technologist takeover of the examination prior to completion.
- Failure to demonstrate appropriate clinical judgment or examination workflow.

Unsuccessful attempts must be repeated when clinically appropriate and according to program competency requirements.

V.F.3 Common Examination Limitation

Routine examinations, including but not limited to chest, abdomen, hands, and feet, may be evaluated with increased rigor due to their foundational importance in radiographic practice.

Errors involving fundamental positioning principles, anatomy recognition, radiation protection, or patient care expectations may result in unsuccessful competency attempts despite completion of the examination.

V.F.4 Clinical Supervision Requirements

Students must complete all competency attempts under the appropriate level of supervision established by the program and accreditation requirements.

Requirements include:

- Direct supervision until competency achievement has been documented and approved.
- Indirect supervision only after competency approval and the supervising technologist has indicated on the competency evaluation form that the student has demonstrated competency for the examination and may perform the examination under indirect supervision in accordance with program and JRCERT requirements.
- Immediate availability of a qualified radiographer when indirect supervision is permitted.

A student who receives a competency score of 85% or higher but is recommended for continued direct supervision has not successfully completed the competency. The student must complete additional practice and/or remediation as directed by program faculty and reattempt the competency before performing that examination under indirect supervision.

The following procedures always require direct supervision:

- Repeat imaging.
- Mobile radiography.
- Surgical/C-arm procedures.
- Any examination requiring direct supervision according to program or clinical site policy.

V.F.5 Competency Scoring Requirements

All competency attempts must achieve a minimum passing score of 85%.

Competency scores are based on evaluation of:

- Technologist performance evaluation.
- Image quality evaluation when applicable.
- Patient care and safety practices.
- Technical execution.
- Professional behavior.

Achieving a minimum score of 85% is a required component of competency achievement but does not, by itself, constitute successful competency completion.

To successfully complete a competency, the student must:

- Achieve a minimum competency score of 85%.
- Successfully complete all required competency evaluation components.
- Satisfy all critical safety requirements.
- Receive a recommendation for indirect supervision from the supervising technologist on the competency evaluation form.
- Complete all required programmatic image review and validation processes, when applicable.
- Receive final approval from the Program Director.

Failure to meet the minimum performance standards, omission of required safety elements, or failure to receive a recommendation for indirect supervision results in an unsuccessful competency attempt, regardless of the numerical score achieved.

Competency approval is subject to final review by the Program Director.

V.F.6 Daily Competency Limit

In accordance with ARRT requirements, students may not complete more than three (3) clinical competencies on a single patient during a single day.

Students are expected to maintain appropriate competency progression while prioritizing patient safety, clinical learning, and quality performance over rapid completion of competency requirements.

V.G Clinical Practice & Competency Expectations

Clinical practice and competency expectations establish student responsibilities related to preparation, participation, documentation, and professional engagement throughout the competency process.

Students are expected to actively participate in clinical learning opportunities, demonstrate accountability for competency progression, and comply with all program, clinical affiliate, and professional standards.

Clinical departments are educational environments designed to support student development; however, departments are not required to alter normal workflow, delay patient care, or reserve patients specifically for student competency completion. Students must utilize appropriate opportunities as they occur while maintaining professionalism, initiative, and respect for departmental operations.

V.G.1 Clinical Practice Participation

Students are expected to remain engaged during all assigned clinical hours and actively seek opportunities to improve technical skills, patient care abilities, and clinical judgment.

Students are responsible for:

- Reviewing competency requirements and practice expectations regularly.
- Seeking appropriate practice and competency opportunities.
- Continuing to participate in examinations for which competency has already been achieved when appropriate clinical opportunities arise. Successful completion of a competency does not remove the expectation for continued participation in that examination as part of ongoing clinical education and skill development.
- Requesting feedback from supervising technologists and clinical preceptors.
- Demonstrating improvement based on feedback received.
- Maintaining awareness of their individual competency progression.

Students are expected to use clinical experiences to develop consistency and proficiency across a variety of patients, clinical conditions, and examination circumstances. Students should not limit their clinical participation to examinations for which they have not yet achieved competency.

Failure to demonstrate consistent engagement in clinical learning opportunities may impact clinical evaluation, competency eligibility, and progression within the program.

V.G.2 Competency Opportunity Identification and Workflow

Competencies must be integrated into normal clinical workflow while prioritizing patient safety and department operations.

Students must identify appropriate competency opportunities and communicate their intent to complete a competency with the supervising technologist prior to the examination.

When completing a practice examination or competency attempt:

- The student must obtain the appropriate form from their Clinical Binder.
- The student must notify the supervising technologist of their intent prior to obtaining the patient.
- The competency or practice opportunity must be declared before entering the examination workflow.
- The supervising technologist maintains responsibility for determining whether the examination is appropriate for evaluation based on patient condition, department workflow, and student readiness.

Students may not select competency attempts solely based on examination difficulty, patient presentation, or likelihood of success.

V.G.3 Competency Documentation Requirements

All competency documentation must accurately reflect the student's actual performance and must be completed in real time.

Prior to beginning a competency attempt, the student must complete required identifying information, including:

- Student name
- Date of examination
- Last 4 of the patients MMI/MRN
- Clinical site
- Supervising technologist initials

The student must complete the examination under the required supervision level while the supervising technologist directly observes performance.

The supervising technologist is responsible for documenting the student's performance based on direct observation. Evaluations may not be completed solely from final images or retrospective discussion.

Following completion of the examination, the student and supervising technologist must review feedback together and both individuals must sign and date the competency form prior to submission.

V.G.4 Technologist Observation and Feedback Expectations

During competency attempts, supervising technologists are expected to observe the student's complete examination workflow and provide meaningful feedback regarding performance.

Evaluation should include:

- Patient identification and communication
- Patient care and safety practices
- Room and equipment preparation
- Positioning accuracy
- Technical factor selection
- Radiation protection practices
- Image evaluation
- Examination completion workflow

Technologist intervention is expected when necessary to maintain patient safety, image quality, or compliance with clinical standards.

V.G.5 Image Review and Examination Completion Responsibilities

Students are expected to demonstrate appropriate examination completion workflow, including:

- Reviewing images for positioning and technical accuracy.
- Recognizing potential image quality concerns.
- Identifying when additional images may be necessary.
- Completing room cleanup and returning supplies/equipment appropriately.

Students are not permitted to independently finalize, verify, transmit, or release examinations within PACS. The supervising technologist maintains responsibility for final image review, approval, and submission according to clinical site policy.

V.G.6 Clinical Opportunity Sharing

When multiple students are assigned to the same clinical area, including students from different cohorts or outside educational programs, students are expected to communicate professionally and collaboratively.

Students should support equitable learning opportunities while maintaining appropriate departmental workflow. Clinical technologists may assign workflow responsibilities when necessary to maintain patient care standards and department efficiency.

V.G.7 Competency Documentation Integrity

Competency forms and documentation must remain accurate, complete, and reflective of actual student performance.

Students are responsible for maintaining competency documentation within their Clinical Binder until submission to the program.

Alteration, duplication, backfilling, or falsification of competency documentation is prohibited and may result in disciplinary action.

V.G.8 Student Responsibility for Competency Tracking

Students are responsible for monitoring their own competency progression and maintaining awareness of remaining requirements.

Program records maintained by the Program Director serve as the official record of competency completion in cases of discrepancy.

Students are expected to seek assistance when questions arise regarding competency requirements, eligibility, or progression.

SECTION VI: Graduation & Clinical Competency Requirements

VI.A Clinical Competency Requirements Overview

The Ascension St. Vincent's Radiography Program establishes clinical competency requirements to ensure graduates demonstrate the knowledge, skills, and professional behaviors necessary for entry-level radiography practice.

Clinical competency requirements include:

- American Registry of Radiologic Technologists (ARRT) required competencies.
- Patient care competencies.
- Program-specific competency requirements.
- Clinical practice requirements.
- Additional experiences supporting entry-level readiness.

Successful program completion requires completion of all required clinical competencies, clinical education requirements, academic requirements, and program-specific completion standards.

Completion of minimum ARRT competency requirements alone does not constitute completion of the Radiologic Technology Program.

All competencies must be completed, documented, validated, and approved according to the competency process outlined in Section V prior to graduation eligibility.

VI.B ARRT Clinical Competency Requirements

The Radiologic Technology Program maintains competency requirements consistent with the current American Registry of Radiologic Technologists (ARRT) Radiography Clinical Competency Requirements.

Students must complete all applicable ARRT-required competencies before graduation and eligibility to apply for the ARRT certification examination.

The program's competency requirements may exceed minimum ARRT requirements when additional experiences are determined necessary to support student preparation, clinical readiness, patient safety, or professional expectations.

The current ARRT Radiography Clinical Competency Requirements are available through:

American Registry of Radiologic Technologists (ARRT)
Radiography Primary Eligibility Pathway
https://www.arrt.org/pages/requirements/primary-requirements/radiography

The official ARRT competency matrix utilized by the program is maintained within Appendix A of this handbook.

VI.C Program Clinical Competency Requirements

In addition to ARRT requirements, students must successfully complete program-specific competency requirements established by the Radiologic Technology Program.

Program-specific requirements are designed to ensure students demonstrate consistent clinical performance across a variety of patient care situations, imaging procedures, specialty examinations, and clinical environments while progressing toward entry-level radiography practice.

Program requirements include:

- Required patient care competencies.
- Required ARRT imaging competencies.
- Program-selected additional imaging competencies.
- Required specialty procedure competencies, including program-defined fluoroscopy distribution requirements.
- Clinical practice requirements established by the program.

Students are responsible for completing all assigned competency requirements, including ARRT requirements and program-specific competency requirements, prior to graduation clearance.

VI.D Clinical Competency Progression Benchmarks

Clinical competency requirements are structured to support progressive development throughout the five-semester curriculum.

Students are expected to demonstrate continued growth in:

- Patient care skills.
- Positioning accuracy.
- Technical proficiency.
- Radiation safety.
- Clinical judgment.
- Professional behavior.
- Ability to perform examinations with increasing independence.

Minimum cumulative competency benchmarks are established in Section V.B.

These benchmarks represent minimum progression expectations and do not limit additional competency opportunities.

Failure to demonstrate expected competency progression may result in counseling, remediation, delayed progression, or other corrective action according to program policies.

VI.E Clinical Practice Requirements Prior to Competency Eligibility

Certain examinations require completion of designated practice experiences before competency eligibility.

Practice requirements are established to ensure students demonstrate appropriate preparation, technical understanding, and clinical readiness prior to formal competency evaluation.

Students must:

- Complete designated practice examinations identified by the program.
- Document practice experiences according to program procedures.
- Demonstrate appropriate readiness prior to competency eligibility.

Practice documentation procedures and competency eligibility processes are outlined in Section V.

The Program Director may require additional practice experiences when student performance does not demonstrate readiness for competency evaluation.

VI.F Skull and Head Imaging Practice Requirement

Due to positioning complexity and anatomy-specific requirements, students must complete designated practice experiences prior to competency eligibility for skull and head imaging procedures.

Students must complete:

Two (2) successful clinical practice examinations involving skull or head imaging prior to competency evaluation.

Acceptable practice examinations may include:

- Skull
- Facial bones
- Mandible
- Sinuses
- Orbits
- Nasal bones
- Temporomandibular joints

Practice experiences may occur at any approved clinical affiliate and must be documented according to program requirements.

The Program Director may require additional practice experiences when performance does not demonstrate competency readiness.

VI.G Fluoroscopy Competency Requirements

Fluoroscopy competencies are required clinical experiences designed to ensure students demonstrate safe and effective performance in contrast and specialty imaging procedures while adapting to varying clinical workflows and departmental practices.

Students must successfully complete the minimum fluoroscopy competency requirements established by the American Registry of Radiologic Technologists (ARRT) Radiography Clinical Competency Requirements.

In addition to meeting ARRT minimum requirements, the Radiologic Technology Program requires students to complete a minimum of four (4) fluoroscopy competency experiences distributed across approved clinical affiliates when clinically available.

Fluoroscopy competencies may include:

- Upper GI Series (single or double contrast)
- Contrast Enema (single or double contrast)
- Small Bowel Series
- Esophagus (excluding swallowing dysfunction studies)
- Cystography/Cystourethrography
- ERCP
- Myelography/Lumbar Puncture/Epidural Injection Procedures
- Arthrography/Joint Injection/Aspiration
- Hysterosalpingography

Students are expected to complete fluoroscopy competencies across multiple clinical affiliates to promote exposure to differences in equipment, physician preferences, procedural protocols, departmental workflows, and clinical expectations.

The Program Director will monitor fluoroscopy competency completion and distribution throughout the program and may assign students to specific clinical affiliates or approve alternate clinical experiences as necessary to support completion of program requirements.

If a specific fluoroscopy procedure is unavailable due to patient volume, physician scheduling, clinical limitations, or other circumstances outside of student or program control, the Program Director may approve completion of an alternate fluoroscopy competency experience.

Documentation of fluoroscopy competency distribution across clinical affiliates will be maintained through completed competency evaluation forms and program competency tracking records.

Student Participation Expectations During Fluoroscopy Procedures

Student participation expectations during fluoroscopy procedures may vary based on clinical site workflow, physician preference, procedural complexity, and the responsibilities routinely performed by radiographers at each affiliate.

Students are expected to participate in fluoroscopy procedures according to the role and responsibilities assigned by the supervising technologist and clinical site. Student responsibilities may include, but are not limited to:

- Assisting with patient preparation and positioning.
- Assisting with equipment setup and operation.
- Participating in procedural workflow under appropriate supervision.
- Assisting with sterile technique requirements when applicable.

- Applying radiation safety principles consistent with ALARA.
- Maintaining patient care and communication standards throughout the procedure.

Students are expected to perform the duties assigned to radiographers during the procedure while maintaining radiation safety, patient care, sterile technique when applicable, and professional standards.

Clinical Site Distribution Requirement

The program utilizes multiple clinical affiliates to provide students with varied fluoroscopy experiences. Clinical sites may include:

- Ascension St. Vincent's Riverside
- Ascension St. Vincent's Southside
- Ascension St. Vincent's Clay
- Ascension St. Vincent's St. Johns

Because fluoroscopy availability varies among clinical affiliates, the specific procedures completed at each site may differ. Students are expected to participate in available fluoroscopy examinations according to clinical site workflow and supervising technologist expectations.

Completion of fluoroscopy competencies remains subject to patient availability, clinical volume, physician availability, and appropriate educational opportunities.

VI.H Advanced Imaging Exposure Experiences

Students receive exposure to advanced imaging and specialty procedures as available through clinical affiliates.

Experiences may include:

- Mobile radiography
- Surgical/C-arm imaging
- Trauma imaging
- Pediatric imaging
- Geriatric imaging
- Advanced modality observation

These experiences are intended to enhance clinical understanding and professional development.

Participation in advanced imaging experiences does not automatically result in competency eligibility unless specifically designated by the program.

VI.I Program Completion Requirements

Students are eligible for graduation upon successful completion of:

- All academic requirements.
- All clinical education requirements.

- Required ARRT competencies.
- Program-specific competency requirements.
- Patient care requirements.
- Clinical documentation requirements.
- Program completion assessments.

Students must be in good academic, clinical, and professional standing prior to graduation clearance.

The Program Director maintains final authority for determining completion of clinical competency requirements and graduation eligibility.

VI.J Tips for Clinical Success

★ Greet each patient with a professional, welcoming demeanor and a calm confidence. A respectful introduction helps establish trust and improves the overall patient experience.

★ Introduce yourself to the patient as a Radiography student and clearly identify the supervising technologist or radiographer. Patients respond more positively when they understand your role and level of training.

★ Provide clear, concise explanations of the procedure. Outline what the examination involves and what is expected of the patient. Use language appropriate to the patient's level of understanding while maintaining professionalism and accuracy.

★ Demonstrate confidence in your clinical abilities. Patients can quickly recognize uncertainty. Perform each procedure to the best of your ability while maintaining patient safety, comfort, and image quality standards.

★ Respect the patient's time. Work efficiently while ensuring that diagnostic quality and patient care are never compromised. Minimize unnecessary delays in both preparation and completion of examinations.

★ Maintain strict patient confidentiality at all times. Any information obtained during the course of patient care is private and must not be discussed outside of the clinical setting.

★ Be punctual. Arriving on time means being prepared and ready to begin clinical duties at 8:00 a.m. or your assigned start time. Early arrival should be used productively for preparation and review. Overtime is not permitted as a means of accumulating clinical hours.

★ Remain engaged and productive throughout all clinical hours. Downtime should be used for clinically relevant activities such as:

- Reviewing positioning and anatomy
- Observing examinations
- Assisting technologists with patient care and workflow
- Practicing positioning in approved simulation areas (no exposures)

★ Sitting idle without clinical purpose is not permitted. Professional engagement is expected at all times, and professionalism grades may be affected by lack of initiative or engagement.

★ Maintain a professional appearance at all times. Hair must be secured and kept off the shoulders. Scrubs must fit appropriately and remain clean and professional. Undershirts must be tucked in. Identification badges and radiation dosimeters must be worn at all times in accordance with program policy. Hoodies, sweatshirts, and non-approved outerwear are not permitted in clinical areas. Refer to the official dress code policy for complete requirements.

★ Stay organized and maintain your Clinical Binder and documentation systems in an up-to-date and orderly manner. All required forms, competency documentation, and clinical logs must be current and readily available for review by program faculty or clinical preceptors.

★ Follow all facility-specific policies regarding parking, workflow, and departmental procedures. Students are responsible for identifying and adhering to appropriate parking locations at each assigned clinical site.

★ Maintain professionalism in all interactions with technologists, radiologists, staff, and patients. Accept feedback appropriately and avoid confrontational or defensive behavior. Clinical education is a supervised learning environment, and professional conduct is expected at all times.

★ Understand and fulfill all assigned departmental responsibilities. Expectations may vary by clinical site. Students are responsible for clarifying duties with supervising technologists or site leadership and completing all assigned tasks before leaving their clinical area.

★ **Practice, Practice, Practice!** Take advantage of every opportunity in both simulated and supervised clinical environments to refine positioning, technical skills, and workflow efficiency. Continue to participate in imaging examinations whenever possible—even after competency completion—to strengthen confidence, consistency, and clinical proficiency toward entry-level performance.

VI.K Graduation Ceremony Information

Graduation is scheduled for April 21, 2028.

The official graduation time and location will be announced by the Program Director as information becomes available.

APPENDIX A: PROGRAM CLINICAL COMPETENCY DOCUMENTS

The documents contained in this appendix are official program documents used to support the Radiologic Technology Program's Clinical Competency System.

These documents are intended to assist students in monitoring clinical competency progression and documenting required practice and competency completion. The policies and procedures governing clinical competency requirements, eligibility, documentation, evaluation, approval, and progression are established within the body of this Clinical Education Handbook and take precedence over any informational material contained within the appendix.

A.1 Program Clinical Competency Checklist

The Program Clinical Competency Checklist identifies the clinical competencies and other required competency-related activities that students must complete prior to program completion.

The checklist may include:

- ARRT-required imaging competencies
- Program-selected additional imaging competencies
- Patient care competencies
- Specialty procedure competencies
- Other program-defined competency requirements

Students are responsible for maintaining awareness of their individual competency progression and ensuring all required competencies are completed and validated prior to graduation clearance.

The current Program Clinical Competency Checklist is maintained as an official program document and is distributed to students through the program's approved educational platform or by the Program Director or designated program representative.

A.2 Clinical Practice Requirement Matrix

The Clinical Practice Requirement Matrix identifies examinations and procedures for which students must complete documented practice experiences before becoming eligible to attempt a competency.

Practice requirements may be established based on:

- Procedural complexity
- Frequency of examination occurrence
- Patient safety considerations
- Student progression
- Clinical readiness expectations
- Program competency requirements

Students must complete all required practice experiences and obtain the required program approval prior to attempting the associated competency.

The current Clinical Practice Requirement Matrix is maintained as an official program document and is distributed to students through the program's approved educational platform or by the Program Director or designated program representative.

A.3 Patient Care Competency Checklist

The Patient Care Competency Checklist identifies required patient care competencies that students must successfully complete as part of the Radiologic Technology Program's competency requirements.

Required patient care competencies may include:

- Basic Life Support (BLS) Certification
- Vital Signs
- Assisted Patient Transfer
- Care of Patient Medical Equipment
- Sterile and Medical Aseptic Technique

The timing of individual patient care competencies may vary based on curriculum sequencing, clinical availability, and student readiness.

The current Patient Care Competency Checklist is maintained as an official program document and is distributed to students through the program's approved educational platform or by the Program Director or designated program representative.

A.4 Fluoroscopy Competency Requirements

The Fluoroscopy Competency Requirements document identifies the fluoroscopy examinations and procedures available for competency completion and the program's required fluoroscopy competency expectations.

Students are responsible for completing fluoroscopy competencies in accordance with the requirements established in Section VI.G of this handbook.

The current Fluoroscopy Competency Requirements document is maintained as an official program document and is distributed to students through the program's approved educational platform or by the Program Director or designated program representative.

A.5 Clinical Competency Documentation Forms

Official clinical competency evaluation forms and related competency documentation are controlled and distributed by the Radiologic Technology Program.

Students must use only program-approved competency documentation forms. Students may not reproduce, alter, or independently create competency documentation.

The current competency evaluation forms are maintained as official program documents and are distributed to eligible students by the Program Director or designated program representative.

A.6 Clinical Practice Documentation Forms

Official clinical practice documentation forms are used to document required practice experiences that must be completed prior to competency eligibility.

Students are responsible for ensuring required practice experiences are accurately documented and submitted in accordance with the Clinical Competency System and program requirements.

The current clinical practice documentation forms are maintained as official program documents and are distributed to students by the Program Director or designated program representative.