

AMARILLO COLLEGE RADIOGRAPHY PROGRAM



CLINICAL HANDBOOK

2026-2027

Revised 5/19/26

**AMARILLO COLLEGE
RADIOGRAPHY PROGRAM**

FACULTY and STAFF

**Michael Hart, M. Ed., RT(R)
Director/Associate Professor
West Campus Allied Health Bldg.
Office 119
Email: m0077877@actx.edu
806-354-6099**

**Jamie Smith, M. Ed., RT(R)
Professor/Clinical Coordinator
West Campus Allied Health Bldg.
Office 128
Email: jamie.smith@actx.edu
806-354-6072**

**Marco Trevizo, M. Ed., R.T. (R)(MR) (ARRT), MRSO
Adjunct Instructor
Email: m0079583@actx.edu**

INTRODUCTION

Congratulations on being accepted to study in the field of allied health care and the career discipline known as Radiography. There are few other careers where one can find daily ever-changing challenges in the workplace and the very real potential for helping others, all while achieving a personal level of satisfaction. Your studies over the next two years should prove to be interesting and ambitious as you work toward becoming an allied health **professional** specializing in radiography.

A person is not born a professional. Instead, a person develops a professional character over time. As you study and observe other members of the health care team, you will come to know and appreciate the meaning of the word “professional”. You will see both good and bad examples of professional behavior and performance, which will guide you toward decisions as to which type of behavior and performance standards you want to imitate in your daily work. Hopefully, you will always endorse the positive standards and avoid the negative.

The title “professional” must be earned in any discipline. It will come to a person only through a consistent dedication and a strong perseverance to the achievement of the goals and competencies associated with the discipline. As you progress from semester to semester, remember to always take pride in your academic accomplishments and in what you do as a radiographer and respond appropriately. Only then will you begin to understand the term “professional.”

The Clinical Handbook documentation that follows is provided as a guide to the development of professionalism and a policy manual applicable to each radiography major who is enrolled in a Practicum (clinical) Course. Times and methodologies change so that the contents of this handbook may change at any time while you are enrolled in the program. However, any such change will be made known to each current student in writing no less than one week BEFORE the change will become effective to give the student ample time to become knowledgeable of the change and to make the necessary adjustments in order to honor the change.

Each student who enrolls in the Amarillo College Radiography Program will be required to complete a series of five practicum (clinical) courses, usually over a twenty-one month period. An additional twelve months is possible if a leave-of-absence is needed.

Practicum (clinical) education is the integration of cognitive, psychomotor and affective behaviors through observation, direct and indirect assistance and performance of actual diagnostic radiologic procedures. Practicum education moves progressively from a passive mode of observation to a more active mode through the five practicum courses. The student will be expected to observe, assist in, and eventually perform unassisted medical diagnostic imaging procedures while working under the direct and indirect supervision of qualified radiographers.

Most clinical assignment duty-shifts begin at 7:00 or 8:00 am and end by 3:30 pm. or 4:30 pm. During the first practicum course, the student will be on duty Tuesday and Thursday throughout the last twelve weeks of the semester working 9-hour days. During the next practicum course, the student will be on duty on Tuesday and Thursday throughout the semester working 9-hour days. The summer semester the student will be on duty Tuesday and Wednesday working 9.5-hour days. During the final two practicum courses (second year), the student will be on duty each Monday, Wednesday, and Friday throughout each semester. The student is required to participate in clinic for 8 hours each assigned day; this does not include the expected 30-minute lunch break. At least one evening rotation (11:00 AM –7:30 PM or 8:30 PM) will be required so that the student may train in the designated trauma centers and experience the routine department after normal hours.

An out-of-town rotation will also be required while enrolled in the program. More than one evening or out of town rotation may be assigned as deemed necessary by the clinical coordinator. When the student completes these five practicum courses, he/she will have accumulated approximately 1300 clock-hours of duty time and will have participated in over 1000 diagnostic x-ray examinations.

Because the practicum courses take place within a live, working medical environment, educational procedures, protocols, and rules must be in place and **strictly enforced** to ensure patient safety and a quality radiographic product. The following sections of this handbook describe these procedures, protocols, and rules. They are all necessary; they are all important. The student should become very familiar with all aspects of this handbook as quickly as possible to avoid any misunderstandings and/or errors that could lead to serious consequences.

AFFILIATES FOR PRACTICUM (CLINICAL) ROTATIONS

Various hospitals, clinics and private physician offices have contracted with Amarillo College through the past thirty-eight years to provide their facilities (staff, equipment, and patients) for student learning at no monetary charge to the college or students. While the technologists are there to help in your education, their first and foremost responsibility is to the patient. The student must understand that while assigned to a clinical affiliate, they are there as a guest and are required to conform to all of the affiliate/department rules and procedures. While on duty, students are expected to park in the designated areas for each affiliate. The student will be responsible for payment of any citation and/or tow fee as a result of a parking violation. The Clinical Affiliates are listed below:

AMARILLO VETERAN'S ADMINISTRATION HEALTHCARE SYSTEMS (VA)
BAPTIST/ST. ANTHONY'S HOSPITAL (BSA)
NORTHWEST TEXAS HEALTHCARE SYSTEMS (NWTX) (HOSPITAL)
NORTHWEST ER AT TOWN SQUARE
NORTHWEST ER AT GEORGIA ST.
AMARILLO MEDICAL SPECIALISTS
NORTHWEST PHYSICIAN'S GROUP
AMARILLO DIAGNOSTIC CLINIC
BSA URGENT CARE CENTER
OPEN AIR MRI
ADVANCED IMAGING CENTER
GOLDEN PLAINS HOSPITAL (BORGER)
HEREFORD REGIONAL MEDICAL CENTER (HEREFORD)
MOORE COUNTY DISTRICT HOSPITAL (DUMAS)
PAMPA REGIONAL MEDICAL CENTER (PAMPA)

Students should know that each affiliate reserves the right, in its absolute discretion, to refuse its facilities and services to any student who does not meet professional or other requirements of the facility or any appropriate authority controlling and directing said facility. Amarillo College has no authority whatsoever over the actions of the radiographers and physicians who work in these affiliates. Disputes between students and the employees of the affiliates are inevitable. The college will, however, always strongly support the **rights** of the student when conflicts occur.

Should any affiliate refuse its facilities and services to any student, documentation supporting that decision must be provided to the program Clinical Coordinator. If the clinical coordinator sustains the action and determines that the student has violated the "American Registry of Radiologic Technologists

Code of Ethics” the student will be refused admission back into that affiliate. The Code of Ethics can be seen in the appendix A.

And, if a student is dropped by an affiliate for behavior deemed inappropriate or for not adhering to the facility’s policies, the student will be placed on clinical probation and required to meet with one of the Radiography Faculty to complete a process of remediation outlined by the Clinical Coordinator.

If a student is dropped by a second affiliate for behavior deemed inappropriate or any other reason, documentation supporting that decision will be provided to the program Clinical Coordinator. If the clinical coordinator sustains the action, the student will receive a final practicum course grade of “F”, and the student will be dropped from the program with no option to re-enroll.

DRESS CODE AND APPEARANCE

Each student will be expected to arrive for clinical duty presenting a professional appearance. This is interpreted to mean...

1. Wearing the official uniform which is clean and neatly pressed. APPROVED SCRUB PANTS & TOPS OF DESIGNATED BLUE COLOR. NEUTRAL (white, black, or gray) SHOES (no “loud” colorings or eccentric designs – if in doubt, ask the Clinical Coordinator).
2. Wearing an Amarillo College Allied Health patch (available at Washington Campus bookstore) on the left sleeve of each short-sleeved uniform and the long-sleeved lab coat approximately two (2) inches below the shoulder seam.
3. Wearing an approved nametag with an ID picture. Do not use stickers to cover the photograph.
4. Wearing a current personnel radiation dosimeter badge at the level of the collar at all times during clinical and laboratory work hours. The badge is furnished to the student by the college. Students will **not be allowed** to participate in clinical or laboratory hours without their dosimeter badge. Loss of clinical/laboratory clock hours because of no dosimeter badge must be made up. Dosimeters are changed bimonthly. **If the dosimeter is not changed before the 6th day of the month, you will be pulled from clinicals to change it.**
5. Having Right and Left personalized (initialed) lead ID film markers during both clinical and laboratory duty hours. A student may not use another student’s or technologist’s ID markers nor should a student ever permit some other person to use his/her markers. All student markers must have three initials. The right marker must always be red and the left marker must always be blue.
6. Every student must take their competency card and a notebook and pen to clinicals every day. Students may be sent home if they fail to have these available.
7. Wearing hair up so that it does not hang in the face or on shoulders. Hair should be clean and dry. No distracting hair styles or colors.
8. No wearing strong perfumes /colognes or heavy makeup.
9. Fingernails will be natural, clean and kept short, (1/4” beyond the finger is acceptable). Only clear polish, very pale pink, or beige polish is allowed.

Applied nails pose a possible threat to patients as they can harbor microorganisms. This includes dipping and gel. These are not allowed.

10. Not wearing any visible body piercing apparatus with the exception of small ear studs (no loops or other dangling earrings). A nose stud is allowed, but no nose rings are allowed.
11. Not wearing a tongue piercing apparatus to ensure clear and unhindered speech.
12. No visible tattoos. All tattoos must be covered at all times in the clinic.
13. You may wear a long or short-sleeve undershirt. If it shows at all, it must be white, black, navy blue, or gray.
14. Scrubs may not be “low riders”. Tops must fall below waist line of pants, and pants must be worn at the waist. Scrubs may not be rolled down, or pushed below the waist. They also may not be skin tight nor made of spandex. You will be sent home if they are deemed to be too tight by the facility.
15. No earbuds or headphones allowed at clinical sites at any time. You must be able to hear the environment at all times in case of emergency.

In addition to maintaining a professional appearance, students are expected to maintain a high standard of conduct both on-duty and off-duty and follow the “*Code of Ethics for Radiologic Technologists.*” Students will be required to observe the following behavioral guidelines:

1. The student will **NOT** demonstrate unprofessional behavior; that is, making inappropriate comments or using inappropriate verbal or body language to patients, family or staff; gossip regarding patients, physicians, fellow students, or co-workers; discussion of clinical information (condition or prognosis) with patients or relatives (**all patient information is considered confidential and must be treated as such**); consumption of food/drink in patient areas, falling asleep, etc. “Common sense” applies here.
2. The student will **NOT** demonstrate an unprofessional “appearance,” that includes offensive odors (excessive perfume, bad breath, body odor, etc.), hickeys, chewing gum, etc. Again, “common sense” applies here.
3. The student will not make or receive personal telephone calls or texts during a practicum duty shift except in case of an emergency. All cell phones must be either turned off or placed on silent mode while in clinicals. Student phones should NEVER be out during clinicals. You may check your phones at lunch and during restroom breaks. CIs can and will send you home if they see you with a phone out during clinicals.
4. Adherence to policies and procedures applicable at the designated affiliate.

Any violation of the above rules will result in the student being sent home immediately, and time missed will have to be made up, as well as a 5-point deduction off of your tech evaluations per occurrence.

Willful failure to closely follow these aforementioned behavioral guidelines could result in the immediate dismissal of the student from the Radiography program with no option to re-enroll at a later date.

ATTENDANCE

It is the sole responsibility of each student to always be present at his/her assigned affiliate site on the days and times designated in the schedule. There can be no substitute for the role of clinical experience in the radiography program educational plan. Therefore, **attendance and tardy policies are rigid and strictly enforced.**

Certainly, events happen in everyone's life that will disrupt a daily schedule. That is certainly true for the typical college student. But, if a student must be absent or tardy from a practicum duty day, he/she **MUST** notify the appropriate clinical instructor (CI) PRIOR to the scheduled time of duty. **Failure to properly notify the CI will result in a reduction of one letter grade off the final practicum grade.**

No more than **three** absences (*an absence is defined as missing half the work day or more*) may be recorded during a fall or spring semester. No more than **two** absences may be recorded in a summer semester. After maximum absences have occurred, loss of points to the final semester grade will be assessed. Exceptions to this policy may be made only when the faculty clinical coordinator determines that a major and unavoidable disruption has occurred in the life of the student that resulted in the multiple absences (e.g. a lengthy hospitalization, death of an immediate family member). These exceptions are rare, but when they occur, they are handled on an individual basis and do not set precedence for future decisions of similar or like circumstances. The following grade penalties will apply for absences for each semester in which the absences occurred.

1 st absence over limit	Final grade lowered by one letter grade
2 nd absence over limit	Final grade lowered by an additional letter grade
3 rd absence over limit	Final practicum course grade of "F"

ALL absences/tardies during any practicum course must be made up. There are no so-called "grace" or "free" days. Make-up time for any absence/tardy must be scheduled and approved by the clinical instructor on the first day that the student returns to the affiliate following the absence. The exception to that is a tardy of one hour or less. In this case, the student may stay late on that same clinical day to make up time only with the approval of the CI. No Typhon approval is necessary. Students cannot make up days on school holidays, after 9:00 p.m., or weekends, but may make up days during mid-semester breaks. The request must then be put into Typhon for final approval by the clinical coordinator on that same day. Failure to enter makeup requests into Typhon by the day following the return to clinicals will result in a 1-point deduction **per day** off the tech evaluation grade for that rotation. These deductions will begin on the third day following the return to clinicals. The make-up day must occur as soon as possible and certainly before the end of the current semester. Make up days must be done in **four-hour (4.5-hour increments in the first spring and summer)** increments (if you miss that much time, but if you only miss 2 hours, that is all you have to make up). The point is that if you miss an 8-hour day, you can't stay an hour late for 8 days. It must be done in chunks. **If you make up time without prior approval, it will NOT be counted and you will be required to make up that time again with approval.** Failure to make-up all absence hours before the conclusion of the current practicum course will result in a grade of "F". No calls, no shows, tardies, etc., on make-up days will be treated the same as regular clinic days.

If the student schedules a make-up day and is then absent on that make-up day, there will be a 5 point reduction in the final semester grade.

Doing make-up time before an absence **IS NOT ALLOWED** unless arrangements have been made with the Program Clinical Coordinator.

Students will not be required to attend practicum assignments during final exam weeks that occur at the conclusion of the fall and spring semesters. However, final exam weeks may be used for practicum make-up hours if so approved, in advance, by the appropriate clinical instructor. Any make up time done during finals week must be completed by the Tuesday of that week and paperwork must be to the Clinical Coordinator no later than noon on the Wednesday of finals week.

Students will not be counted as absent or required to make-up practicum time missed while participating in an approved school function (e.g. attending the Texas Society of Radiologic Technologist annual meeting, graduation events or a career day). The faculty Clinical Coordinator will make the final decision to determine which school functions are approved for practicum absences.

Being tardy to a practicum assignment is unacceptable and will also result in serious consequences. A student is tardy when he/she arrives more than five minutes late and less than half the day late to the start of a work shift. A tardy will also be recorded for any time taken off during a clinical day (doctor's appointment, child's program, etc.) that is less than half the scheduled day but more than 5 minutes. The specific radiology department clock will be the official timekeeper. If the student is tardy by more than thirty minutes, the student may be sent home and an absence will be recorded for the day. It will be up to the CI whether the student may stay or not. If the clinical instructor allows the student to stay when arriving more than thirty minutes late, a tardy will be applied to the student's record. A tardy will also be assigned to students who leave the clinical site prior to their scheduled time, unless the facility is the one who sends the student home due to the facility closing or being slow. **Leaving less than half the day is a tardy (not counting a lunch half-hour). Leaving more than half the day (not counting a lunch half-hour) is an absence. All tardies over 15 minutes must be made up.**

Many students often work beyond their assigned times **or through their lunch times** and in doing so accumulate extra duty time. Working extra time provides for additional experience and is certainly encouraged and applauded by all concerned. However, any extra duty time cannot be used to make-up a future absence or tardiness. **A student who works through their lunch may not leave their clinical site earlier than they are scheduled.** Likewise, any extra time earned in one practicum course cannot be carried over into a succeeding practicum course.

Students who actually work a paid job at any facility may NOT log clinical time while getting paid. Likewise, the student may NOT have any practice exams and/or competencies signed off on their comp card during work hours. It is best to leave the competency card at home while at a facility for a paid job. It is unfair to have exams signed off when other students don't have the same opportunity and when you are not pushing the button. No student may radiate a patient when getting paid at a job; therefore, a student cannot receive a competency. If the program finds out a student is pushing the button while on a paid job, the student will immediately be removed from the program and the incident WILL be reported to the State of Texas and the Texas Medical Board. This is a criminal offense and will be dealt with accordingly. Likewise, if a student is having techs sign the comp card for either practice or competency exams while at a paid job, the student will be removed from the program, as this is fraudulent activity and will not be tolerated. **(updated 8/7/23)**

The following grade penalties are consequences that will result for tardies (per semester):

3 Tardies

Loss of one letter grade from the final practicum grade

4 Tardies	Loss of an additional letter grade from the final Practicum grade
5 Tardies	Final practicum course grade of "F"

Failure to properly notify appropriate clinical instructor of an absence or tardy prior to the scheduled start of the shift will result in a loss of one grade point off of the final practicum grade.

Obviously, these consequences are severe. Therefore, it is **STRONGLY RECOMMENDED** that the student develop the habit of **ALWAYS** being at his/her designated clinical site 10 - 15 minutes **BEFORE** the start of the work shift as an insurance against tardiness.

Shift hours may vary depending on location and type of rotation. It is the student's responsibility to know the assigned affiliate's work hours.

INCLEMENT WEATHER

If Amarillo College **OFFICIALLY** closes its campuses due to inclement weather (e.g. heavy snow), students will not be expected to attend their clinical rotation on the closure day(s). In the event that the student does manage to arrive at the assigned affiliate site before learning that the college has closed, he/she may stay on duty for the extra experience or may choose to return home. Any extra hours earned in this way cannot be used to make-up future absences. They certainly can be used as make-up time for absences that have already occurred (even though they were not officially scheduled as make-up time). College weather-related closures will be broadcast first on radio stations KGNC 710 AM and FM90. Also, announcements will soon appear on KAMR, KVII, and KFDA television channels. These announcements are usually made by 6:30 am on the day of the closure.

Some students must routinely commute to and from Amarillo from their hometowns over relatively long distances. If inclement weather is occurring at the student's home location, but the college has not closed, the student may choose to remain at home to avoid a dangerous commute. In such cases, the student must use the standard call-in procedure and the clinical coordinator will record the absence. Likewise, traveling within the city of Amarillo during a snow event may cause problems for some. The "rule of thumb" is to stay at home if it is too dangerous to travel – even if the college is still open for business that day.

Any approved weather-related absence will **NOT** count toward the designated absence limit. If the college officially closes, these hours do not have to be made up. If the college is open but travel is impossible, these hours must be made up.

DOCUMENTATION OF CLINICAL TIME

Students will be provided a link in Typhon to the official time logs for **ACCURATE** documentation of clinical duty hours. Failure to use these records correctly may result in the student being recorded as absent for that time period. The recording of this information is the responsibility of the student and must be validated by an affiliate CI authorized to make the validation. Students will only have 7 days to enter time logs. After that time logs will be locked. Any undocumented time will count as an absence, which means it must be made up. However, there will be occasional days in clinics when all x-rays for

the day are completed before the end of your shift. If the CI sends you home early because of this, you **MUST** put a note in your time log to let the Clinical Coordinator know why you left early. If there is no note, you will have to make up that time. If there is a note, you will not have to make up that time. There should never be a reason to leave the hospital early as there is always cleaning, stocking, or practicing to be done. All documentation must be completed by 3:00 on the Monday after the end of each rotation, or in the summer, by 3:00 on the Friday after the end of each rotation. It should be noted that different clinics have specific sign-in and sign-out protocols. The student should quickly learn what specific protocol applies in his/her current assigned clinic.

Time records which are not completed by the designated deadline may be refused by the college, in which case all time on the record must be re-worked.

Any falsification of practicum time records will result in a loss of one letter grade off of the final semester grade for the first offense. A second offense will result in a final course grade of "F" for that practicum. (Specifically, if you are sent home at 3:30 because there are no more x-rays, you must log 3:30, rather than when your shift normally ends). A third offense will drop the student from the program with no option to re-enroll.

STUDENTS RIGHTS AND RESPONSIBILITIES

Please refer to the Students Rights and Responsibilities publication of Amarillo College. These apply to practicum assignments as well as to on-campus activities.

RADIATION PROTECTION & MONITORING

It is an **ethical responsibility** of the student to keep radiation exposure to each patient and others (including self) to an absolute minimum. Each student is required to practice the **ALARA** (As Low As Reasonably Achievable) principle at all times. The student **must always** wear his/her current personnel dosimeter badge during clinical assignments and will NOT be permitted to participate in those assignments if he/she does not have the badge.

Students are never allowed to hold the IR during a procedure. They should never hold a patient during a procedure when an immobilization method is the appropriate standard of care. This is a direct violation of JRCERT rules and regulations (Standard 4.3). Any student caught holding an IR may be removed from the program immediately with no chance to re-enroll. They will also be required to do remedial radiation safety education.

Willful failure to practice proper ALARA radiation protection guidelines could result in the immediate dismissal of the student from the Radiography program with no option to re-enroll at a later date.

Reports: Occupational radiation dose reports are maintained and reviewed by the RSO. Dosimetry reports include the monitoring period, type of dosimeter, radiation quality, dose equivalents in mREM (deep, eye, and shallow) for that period, quarterly, year to date, and lifetime for each individual Radiologic Technology student. A current copy of the report is posted on the bulletin board location in the Radiology Lab at West Campus Allied Health Building, Amarillo College. All Radiologic Technology students will be given access to the Landauer website to access their own annual dose reports. It is the responsibility of the graduate to maintain and provide their future employers with a copy of this report.

Any radiation dosimetry report of an individual receiving dose limits over NRC, 20.1201 Occupational dose limits for adults/NCRP Report #116 will be investigated by the RSO, taking into account type of

radiation, proper shielding, etc. and appropriate action will be taken. All Radiologic Technology students have an individual responsibility for adhering to the Amarillo College Safety Policies and Procedures.

The annual permissible doses are as follows: (NRC, 20.1201 Occupational dose limits for adults/NCRP Report #116)

Whole body deep	5 rem/yr (5,000 mrem/yr)
Lens of eye	15 rem/yr (15,000 mrem/yr)
Shallow (skin & extremities)	50 rem (50,000 mrem/yr)

The radiation threshold doses established by the Radiography Program for the Nuclear Medicine Technology and Radiography Programs are as follows:

Whole body deep	3 rem/yr (3,000mrem/yr)
Lens of eye	10 rem/yr (10,000mrem/yr)
Shallow (skin & extremities)	30 rem/yr (30,000 mrem/yr)

Radiation Safety Counseling Guidelines

Doses received are monitored bi-monthly.

If any dose exceeds 2% of the annual dose limit, written notification from the RSO is initiated. (100 mrem)

If any dose exceeds 5% of the annual dose limit, written notification with the RSO is documented. (250 mrem)

Doses exceeding 5% of the annual dose limit receive additional investigation by the RSO of Amarillo College and the RSO at the site where the dose was believed to be received.

Any dosimetry report that shows Deep Dose Equivalent (DDE), Lens Dose Equivalent (LDE) or Shallow Dose Equivalent (SDE) to be higher than 100 mrem for any given period will require the student to report in writing to the Radiation Safety Officer (Jamie Smith) how the student will lower their dosage. The student will be sent written notification of the dose by the RSO as soon as the dosimetry report is received.

revised 7/14/2026

MRI Safety:

Due to the complexity of Magnetic Resonance Imaging (MRI) safety and the serious risk of harm to patient, staff, and students, Radiography students will go through MRI safety training.

During the first three weeks of Practicum I, students will learn and understand MRI safety. The training process will include filling out an MRI screening form and watching an MRI safety video.

Extended Time off for Injury or Illness

Occasionally a student will need to take extended time off for either an injury or an illness. Anytime a student must miss more than three (3) days of clinicals, there must be a doctor's note presented to the Clinical Coordinator before the student will be allowed to return to clinicals. Also, when returning the doctor's note must give the student a full release with no restrictions. Otherwise, the student will not be allowed to return to clinicals. This is for the safety of both the student and the patients. We cannot have a student in the hospital on lifting restrictions or crutches, for example.

ACCIDENTS

Any accident that occurs during clinical hours resulting in patient or personal injury and/or damage to the equipment must be reported immediately to the clinical instructor and to the faculty clinical coordinator. The student will be required to follow the procedure for documenting the incident on the proper form, per hospital/clinic policy, at the time the incident occurred. Also, the student must complete an Amarillo College incident report (found on the Amarillo College Health Sciences Home Page) and return it to the faculty clinical coordinator within one school day following the incident.

If you have an accidental needle stick, please see the Clinical Coordinator for a card to take immediately to the BSA Urgent Care Center on Bell St. for care. (Updated 7/12/2022).

Because each of you are required by law to have health insurance, the college no longer has you buy insurance through them. You may seek medical care wherever your insurance requires you to go.

DRUG SCREENING AND CRIMINAL BACKGROUND CHECKS

Amarillo College Health Sciences, through a third-party vendor, requires an initial drug screening and criminal background check on their students prior to starting clinical duty. Any of the clinical affiliates can also do an individual drug screening. You could be asked to submit to a random drug screen. It is expected that each student will comply with the policy of each clinical site. Clinical sites may also require further criminal background checks before a student is allowed to participate in clinical duty. Again, the student is expected to comply with each facility's policies. (updated 8/2020)

COMMUNICATION

Quality health care is centered on good communication. All members of the health care team must communicate clearly and effectively with their patients and with each other.

Any miscommunication, whether major or minor, will almost always have a negative impact on the health care of the patient. The student radiographer will be faced daily with receiving, interpreting, and carrying out directions from the medical staff and from the college instructors, and should, therefore, quickly learn to listen carefully and respond appropriately. If in doubt about a particular instruction, STOP and ask questions BEFORE proceeding. And remember, when a question is needed, avoid asking the question within the hearing range of the patient.

Students will also be called upon to offer words of consolation and reassurance to patients and their family members and friends. When a patient, relative, or friend leaves the care of the radiographer with a feeling of confusion or emotional hurt, that person will probably choose to go elsewhere the next time radiology care is needed. At the same time, however, do not give false reassurance to a patient or a family member or friend in an attempt to make the person "feel better." Eventually, the truth will surface and when it does, the reputation of the radiographer and the health care facility will suffer greatly and irreparably.

Never give medical or personal advice or offer your opinion concerning any patient comment (even during “small talk” discussions). Likewise, never disagree with a patient and certainly never demand an explanation from the patient.

Of course, communication may be spoken or may be nonverbal. The observant radiographer can learn a great deal about a patient through good interpretation of body language. Nonverbal communication may repeat or stress a spoken message (e.g. a patient whose body language confirms that he is in severe pain). Nonverbal communication may also contradict a verbal message (e.g. a patient complains of severe pain but smiles, moves about easily and seems to enjoy the radiography experience).

And, nonverbal communication may totally substitute for the spoken word (e.g. a patient whose facial expressions indicate severe pain when a body part is moved but has said nothing).

When giving instructions to the patient the student must learn to speak slowly and in a language that the patient can understand. Be simple and direct with the instructions. After an instruction has been given, determine if the patient understands the instruction before proceeding. A rehearsal may be needed BEFORE making the radiation exposure.

While in the program, students will be rotated to several different clinical sites. It is imperative that the student understands that different departments have different protocols. It is inappropriate for the students to make comments, especially negative comments about other agencies or personnel from other clinical affiliates. The students are expected to communicate in a clear and professional manner at all times. This includes treating the clinical instructors and radiographers with respect. Profanity or suggestive language will not be tolerated in any clinical setting or in the program laboratory.

HIPAA (confidentiality)

HIPAA (Health Insurance Portability and Accountability Act) became a federal law in 1996. The Privacy Rule section of HIPAA is what Radiographers need to focus on. The Privacy Rule standards address the use and disclosure of individuals' PHI (Protected Health Information). It ensures that PHI can be shared for core health activities while maintaining safeguards to limit the inappropriate use of patient data, and covers all PHI maintained in any format, whether electronic, paper, or oral. PHI is information, including demographic data, that relates to:

- The individual's past, present or future physical or mental health or condition;
- The provision of health care to the individual;
- The past, present, or future payment for the provision of health care to the individual; and
- That which identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual

Violations of HIPAA can result in the loss of your ARRT license, monetary penalties, and even jail. When asked for PHI, imaging professionals can protect patient information by following this simple rule:

If they do not need it, do not give it. If you do not need it, do not ask.

Students found to be in violation of HIPAA will be subject to removal from the Radiography Program with no possibility to re-enroll in the future.

Grievance Procedure for Clinical Issues

If a student has a situation in the clinical setting that they feel needs immediate attention, there is a Clinical Assistant (CA) who makes routine visits to the facilities. The CA is there strictly for students, so feel free to pull them aside and let them know about any situation you may be having. Many times, uncomfortable situations between students and technologists can be contributed to a miscommunication. Our CA can open a line of communication so that clarification can be made between the student and the technologist. The CA will assess the situation and handle it immediately if it is something they feel qualified to address. If it is not, they will notify the Clinical Coordinator, who will decide on the next course of action. The Clinical Coordinator reserves the right to get the Clinical Instructor, supervisor, and/or director of the department involved, depending on the situation. Students will only be removed from a facility for extreme issues. Any encounters that involve this grievance procedure will be documented by the Clinical Coordinator and will be signed by the student. The signed documentation will be placed in the student's file.

If the CA is not available at the exact time you need someone, you may contact the Clinical Coordinator directly (via phone call or text). The Clinical Coordinator will follow up by sending the CA to the facility, calling the facility or going to the facility.

PROBLEM SOLVING

When the student radiographer is assigned to perform a particular imaging procedure, decisions must be made that will determine the specific approach to be used in performing that procedure quickly, efficiently, safely and with the least discomfort as possible to the patient.

Be observant of the patient from the moment first contact is made. Note the ability of the patient to move about, to understand instructions, and to speak coherently. Proper evaluation of these criteria will determine the imaging approach to be used. If possible, involve the patient in the development of the approach plan. The patient will be more willing to cooperate if he/she feels partially responsible for the success of the procedure. That approach may slow things down a bit, but the long-term results are certainly worth the wait.

Once the approach plan has been determined, the radiographer should proceed with it as smoothly as possible.

After the images have been produced, evaluation of the plan is required which results in a learning process. How did the plan work? What unexpected problems were encountered and how were they resolved? What would be done differently next time? Etc. If an image must be repeated, NEVER go back to the patient and place the blame on the patient. Patients do not make mistakes – radiographers do!

When a problem surfaces, and it will, stop and think before reacting and learn to problem-solve in a systematic manner to lessen the likelihood of making a bad decision. Of course, experience will most certainly contribute to good decision-making.

PATIENT RIGHTS

When a patient presents for a radiologic examination, he/she has legal rights as a consumer of health care. The student radiographer must quickly learn the nature of those rights and be fully prepared to ensure that they are all observed.

1. The patient has the right to refuse any medical treatment or procedure.

If a patient refuses to have a radiographic examination, the student should never attempt to change the patient's mind and, most certainly, should never proceed on with the procedure. Instead, discontinue with the procedure immediately and inform the supervising technologist.

2. The patient has the right to physical privacy and to confidential treatment of his records.

The student radiographer should make every effort to keep the anatomy of the patient covered, to have the door to the room closed, and to ask permission of the patient for any person not involved in the procedure (e.g. another student) to be present.

Any information received from the patient, any procedure performed, and any test result must remain confidential within the applicable statutes. Speaking about any confidential patient records is a HIPAA violation and any student found to be in violation of HIPAA rules is subject to removal from the Radiography Program.

3. The patient has the right to be transferred to another medical facility for care at his/her request, and his/her records must be made available to those who will be involved in his/her care at the new facility.

4. The patient has the right to know the names and professional qualifications of those who treat him/her. If the treatment is experimental, the patient must be informed of this, and he has the right to refuse such treatment.

The student radiographer should always introduce himself upon meeting the patient for the first time and should inform the patient of the "student" status.

5. If the patient must have some type of follow-up care after leaving the radiology department, it is the responsibility of the radiographer or radiologist to explain fully to the patient the nature of the follow-up care.

6. The patient has the right to examine all financial charges presented to him/her regardless of how these charges are to be paid.

7. The patient has the right to an interpreter if he/she does not understand English.

8. The patient has the right to be informed of all clinic rules and regulations that will apply to his/her conduct as a patient in that clinic.

PRACTICUM (CLINICAL) SUPERVISION

The following guidelines for supervision are provided by the Joint Review Committee on Education in Radiologic Technology, standard five (5).

The Amarillo College radiography faculty are the primary supervisors of the students and are ultimately responsible to ensure competency in all clinical skills. It is not possible for a faculty person to be present

at all times while the student is in the clinical environment. Therefore, in the absence of these faculty instructors, the clinical instructor of the appropriate Radiology Department becomes the student's immediate supervisor. In the case of his/her absence, the staff technologist to whom the student is assigned is the student's supervisor.

(Standard 5.4) Until a student achieves and documents the program's required competency in any given procedure, all clinical assignments must be performed under the *direct* supervision of a qualified (Texas licensed ARRT) radiographer.

The following are parameters of ***direct supervision***:

1. A qualified radiographer reviews the request for examination in relation to the student's achievement;
2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge;
3. A qualified radiographer is physically present during the performance of the examination;
4. And, a qualified radiographer reviews and approves the finished radiographs.

Once the student has achieved the program's required competency, he/she may perform the given procedure under *indirect* supervision.

The exception to the direct supervision rule is all surgical and all mobile procedures. Regardless of competency, they must always be under direct supervision.

Also, all repeat images of any kind must always be under direct supervision. See page 23 for more details.

The following are parameters of ***indirect supervision***:

1. A qualified radiographer reviews the request for examination in relation to the student's achievements;
2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge;
3. A qualified radiographer is immediately available to assist the student regardless of the level of the student achievement (immediately available is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed).
4. A qualified radiographer reviews and approves the finished radiographs.

If at any time a student is found to be out of compliance with the guidelines for direct or indirect supervision, the following penalties will be assessed.

1 st occurrence	10% reduction from the semester grade
2 nd occurrence	An additional 10% reduction from the semester practicum grade(total-20% deduction)

Learning Opportunities

Standard 1:1 from the Joint Review Committee on Education in Radiologic Technology states – "The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available."

1. Amarillo College Radiography students will be allowed to observe or participate in mammography procedures; however, male students who request observing or participating in a mammography procedure may not be allowed to do so. This decision will be based on hospital policy and patient permission.
2. Amarillo College Radiography students will observe or participate in Voiding Cystourethrograms only after the patient has been catheterized.
3. Students may observe and participate in hysterosalpingograms with the facility's approval.

ROTATIONAL SCHEDULES

All students will be required to spend a minimum of 80 hours in each of the following:

Surgery
Portables
ER
Evening
Out of town
Clinic based facility
CT

The remaining rotations will be divided between fluoroscopy and routine procedures. A master schedule is maintained in the Clinical Coordinator's office to verify this process. A student's case log and competency card will be assessed at the end of each semester to determine what areas the student should receive more clinical time in.

PRACTICUM (CLINICAL) PERFORMANCE EVALUATION

At the conclusion of each practicum rotation, the student radiographer will receive a performance evaluation on Typhon from the clinical instructor who supervised the student during the evaluation period. In the event the clinical instructor did not work with the student during a rotation, the CI will consult the supervising technologist about the student's performance in order to fill out the evaluation accurately. This evaluation will comprise the majority of your Practicum grade.

The evaluation instrument and process will measure three aspects of learning:

1. Cognitive learning - Cognitive learning generally refers to knowledge gained in the classroom through lecture and demonstrations of various concepts and to the background information needed to understand a concept. In general, cognitive learning precedes the other two aspects of learning.
2. Psychomotor learning -Psychomotor learning is hands-on learning. This occurs in the energized campus laboratory and in the clinical environment. Successful psychomotor learning most always requires a certain level of cognitive information.

3. Affective learning- Affective learning involves attitudes, values, and feelings. Affective learning occurs in both the cognitive and psychomotor environments.

When the student receives the Typhon evaluation from the CI, the student **must** review the comments of the CI and may discuss with him/her or with the Clinical Coordinator any items where a less than desirable response is evident so that any problem area can be corrected before the next evaluation.

At the end of each Practicum semester a faculty evaluation will also be done on each student that will comprise another portion of the student's semester grade. This evaluation will be done in Typhon. You must review this evaluation and return it to the clinical coordinator. You are free to make comments on the evaluation or to visit with the clinical coordinator further about any concerns you may have.

PRACTICUM COMPETENCY TESTING

Students will perform competency-based testing to demonstrate their knowledge, skills and competency level for each basic or entry-level procedure.

A student's cognitive skills are directly evaluated in the classroom and indirectly evaluated throughout their practicum experiences. Their psychomotor skills are evaluated in the college's energized labs and during their clinical experiences in each of the affiliates. To properly evaluate the student's psychomotor skills, it is essential to determine the level of performance ability. Only through the use of a competency-based testing system can the proficiency level a student has achieved be determined.

The practicum portion of the radiography program is an integral part of the total curriculum. It is essential that the college and the affiliates work together to provide the best possible educational experiences to all students. It is the affiliate's role to provide practical experiences designed to bridge the gap between theory and application. This can only be accomplished through quality supervised clinical experiences. The students must have the opportunity to perform all routine types of radiographic procedures to be prepared for entry into the radiography profession.

COMPETENCY EVALUATION SUMMARY:

The ARRT, along with Amarillo College, prescribes a list of practicum competencies that must be successfully mastered before completion of the program. These are shown in the Competency Profile document and are restated here in this handbook:

Required Exam:

Extremities:

Clavicle

Shoulder

Shoulder (Y view, TT, or Axial)

Humerus

Elbow

Forearm (radius/ulna)

Wrist

Hand

Finger or Thumb

Hip

Hip – Cross table lateral

Femur

Knee

Tibia-Fibula

Ankle

Foot

Portable extremity

Trauma lower extremity (Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patient's condition.)

Trauma upper extremity

Geriatric extremity (at least 65 yrs of age and physically or cognitively impaired as a result of aging)

Trunk Organs:

Chest (routine)

Chest (6 years or younger)

Chest AP only (wheelchair or gurney)

Chest- portable

Geriatric chest

Abdomen (supine)

Abdomen (upright)

Abdomen-portable

Trunk Skeleton:

Cervical Spine

Any Spine (cross table lateral)

Thoracic Spine

Lumbar Spine

Pelvis

Ribs

Surgical/Other:

C-Arm Procedure (requiring manipulation to obtain more than one projection)

C-Arm Procedure (requiring manipulation around a sterile field)

Elective Procedures: (15 required)

Head: (requires 1 of 3)

Skull Series (required by AC in order to complete the skull practical) and

Paranasal Sinuses or

Facial Bones

Special Procedures (requires 2 Fluoro studies)

Myelogram

Arthrogram

ERCP

Upper GI Series

Contrast Enema

Small bowel Series

Esophagram

Then the rest from below:

Sacrum/Coccyx
SI Joints
Sternum
Pedi Abdomen (<6 yrs)
Scapula
Patella
Calcaneus
Pedi Extremity
Pedi Portable
Geriatric Hip/Spine

General Patient Care Competencies

The following is a list of general patient care procedures in which the student must demonstrate competence prior to graduation. These are listed on the competency card as well, but they do NOT count toward the total number of radiographic competencies required each semester. The activities should be performed on patients whenever possible, but simulation is acceptable.

CPR certified—All students must be CPR certified prior to beginning clinicals. The certification must remain current in order to attend clinicals. **This certification is only valid when done through an entity recognized by the Red Cross or the American Heart Association.**

Vitals—Students must know how to check a patient's blood pressure, temperature, pulse, respiration, and pulse oximetry.

Sterile and medical aseptic technique

Venipuncture

Transfer of Patient

Care of Patient Medical Equipment (e.g., oxygen tank, IV tubing)—This area is to be signed when a student successfully completes an x-ray exam while manipulating other medical equipment and without damage to that equipment or the patient.

PRACTICUM COMPETENCY PROCESS

Student competency in a practicum procedure begins with first-year in-class (didactic) instruction in the courses called Basic Radiologic Procedures (RADR 1411) and Intermediate Radiologic Procedures (RADR 2401). During each of these courses, the student will learn how to manipulate the body into all of the basic positions needed to demonstrate the anatomy radiographically.

1. Direct R.T. (R) supervision must be strictly followed until the student is competent with a procedure. The student is allowed to perform practice exams during this time, **see note below.
2. Upon successful completion of didactic instruction, successful completion of laboratory practice, and completion of the practice exams for that particular exam, he or she can proceed to completing competencies on the Competency Profile (comp card).

- a. After successful competency, --may perform the procedure with indirect supervision.
- b. If unsuccessful after two attempts—must return to open lab to practice with a lab supervisor before attempting again.

3. The student will complete Random Challenges (which serve as a second competency) starting in semester III (RADR 2260-Clinical III) and must complete the required amount in accordance with the clinical handbook.

4. Final competency is achieved once the student completes the lab practical in the open lab.

****note:** The student is able to perform practice exams with direct R.T. (R) supervision after he or she has observed the specific exam enough to feel comfortable performing with the direct supervision (required practice exams are documented on the Competency Profile sheet). A competency cannot be signed until the material has been covered in a didactic course, successfully completed in the energized lab setting, and the student has followed the steps to achieve competency (with the exception of exams that are not possible in the lab, i.e. surgery, myelogram, etc).

An **assisted procedure** is defined as one in which the supervising radiographer is in the exposure room at all times with the student and provides assistance as needed.

If the student attempts the procedure competency evaluation and is unsuccessful, the student will continue to perform additional assisted procedures until a second attempt is made.

If the student is successful with the procedure competency evaluation, the student is deemed competent in that procedure and may begin to perform that procedure without direct assistance.

An **unassisted procedure** is defined as one in which the supervising radiographer is readily available (but not necessarily in the exposure room) should the student need assistance.

Practice procedures are assisted procedures. The student must inform the technologist prior to attempting a procedure for practice. In order for a student to be granted a practice exam on the competency card the following criteria must be met:

- a. The student must do the majority of positioning the patient, but may have assistance.
- b. The student must do the majority of the procedure, namely; set up, explanation, and clean up, but may have assistance.
- c. The student may have repeats, but must have assistance on any repeats.
- d. The student must evaluate images with the assistance of a qualified radiographer.
- e. At the discretion of the Clinical Instructor or supervising technologist.

Competency procedures must be requested prior to beginning a procedure. A “Competency Evaluation” form must be provided to the supervising technologist at the time of the request. Competency will be granted if all the following criteria are demonstrated:

- a. Requisition evaluation
- b. Patient assessment
- c. Room preparation
- d. Patient management
- e. Equipment operation
- f. Technique selection
- g. Patient positioning
- h. Radiation safety
- i. Imaging processing

j. Image evaluation

If the student is successful in the competency attempt, the technologist must complete the Competency Evaluation form and sign it and the competency card. The student is then responsible for getting the completed form to the CI so that they may get it entered into Typhon daily.

If the student is unsuccessful in the competency attempt, the student may attempt the same competency on a different patient only two more times (for a total of three attempts). If the student is unsuccessful three times on the same competency, the student is required to attend a lab and have remediation with the Clinical Coordinator or Clinical Assistant prior to having another attempt on that competency. A completed Competency Evaluation form must be turned in to the CI for EVERY attempt. Failure to do so will be considered cheating and the consequences will be the same.

Simulations

ARRT allows students to simulate up to 10 procedures and these are indicated on the Competency Card with a ^. These simulations are only allowed in Practicum V (with the exception of the skull) as we want students to have every opportunity to perform all procedures on actual patients. In the event a student needs to simulate an exam, they must meet the following criteria:

1. The student must complete all possible hands-on tasks of the procedure on a live human being using the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient.
2. Students must meet the same criteria as competencies demonstrated on patients, i.e. must be under direct observation and be performed independently, consistently, and effectively.
3. Simulation of imaging procedures requires the use of proper radiographic equipment without activating the x-ray beam.
4. If applicable, the student must evaluate related images.
5. General Patient Care simulations do not count toward the ten imaging procedures that can be simulated.

Case Logs

All students will be required to maintain a case log that accounts for every procedure the student has direct contact in. All case log information must be entered into Typhon within 7 days of the procedure, at which time the log will be locked. These entries are not to be made during clinical hours; therefore, it is recommended that procedures be hand-written in a notebook so that they can be logged into Typhon at the end of each day. At the end of each rotation the Clinical Coordinator will check the case logs in Typhon. (This notebook does not need to be turned in to the Clinical Coordinator). Any incomplete case log will result in a 5-point reduction off the tech evaluation grade **for each day a case log was not entered**. For example, if a student was in clinicals for 10 days in a rotation and only had 8 days of case logs logged he/she would have a 10-point reduction in the tech evaluation grade. The final faculty evaluation will be affected by failing to meet these deadlines, as well. If the student has a day of clinicals in which no x-rays are performed, he/she must make a note of that in the time log so the Clinical Coordinator knows no x-rays were performed and, therefore, there will be no case logs for that day. No points will be deducted for days on which no x-rays were performed with this documentation. Points will also be deducted for incomplete case logs on any given day. For instance, a student is on an ER rotation and has 20+ x-rays most days, but on a couple of days only enters one case. Also, in a clinic setting where there are two or more students, the case logs should be similar in numbers, so if one student enters 20 cases for a day and the other enters only a couple of cases, this will be considered an incomplete case log and points will be deducted.

Students will also be responsible for having a small notebook to write down notes and techniques at each site. This is subject to inspection at any time and if the student is unable to produce such book, they will be sent home and any time missed must be made up. This notebook must be turned in at the end of each semester, but will be returned prior to the beginning of the next semester.

TURNING IN PAPERWORK

Clinical forms in Typhon must be completed for the clinical coordinator at the end of each clinical rotation. These forms must be available on the first day the student is scheduled to be on campus after the end of a rotation (or in the summer by the Thursday before finals week). If the forms are not completed by 3:00 p.m. on that day there will be a 5-point reduction in the evaluation total for EACH infraction for blanks on time logs, tech evaluations, etc. The forms that need to be completed every rotation include the time log and any makeup requests, a tech evaluation, and a case log (which must be done within 7 days of the procedure). At the end of the semester students must complete all of the above as well as turn in notebooks, repeat logs (on paper) and **copies** of the competency card. End of semester documentation must be turned in either by 3:00 on the first day the student is scheduled to be on campus after the end of the last rotation OR by noon on Tuesday of finals week, whichever comes first. Missing any of the end of semester paperwork will be a 10-point reduction for each infraction off of the faculty evaluation, which accounts for 40% of the semester grade. If any of the paperwork is incomplete (no notes from one or more facilities, missing repeat log signature), there will be a 5-point reduction off the faculty evaluation for each infraction. At the beginning of each rotation the student will be required to complete the Student Clinical Orientation Form with their CI. This is to be done each time you visit a new facility and must be turned in to the Clinical Coordinator by the end of the second week of the rotation. The specific instructions are listed on the form and the form can be found in the content area of the Practicum course in which you are enrolled. You must print it off and take it to your CI.

REPEAT IMAGES

If any of the images produced must be re-exposed, the repeat exposures automatically become assisted procedures — NO EXCEPTIONS.

If a student is found to be repeating images without the appropriate supervision, they will be sent home for the day, an absence will be recorded and a deduction of 10 points will be assessed to their final grade. Appropriate supervision means that the technologist must be IN the exam area with the student when the repeat exposure occurs. Direct Supervision is REQUIRED for all repeats. A paper repeat log must be initialed by the supervising technologist saying that they were in the exam area when the repeat exposure was taken. You will find the repeat log in the content area of each practicum class on Blackboard. You must print off this log and keep it with you during clinicals. You must have signatures for repeats OR signatures verifying there were no repeats for each rotation during every semester you are in the program.

RANDOM CHALLENGES

During the Summer Semester of the First year (Practicum III), the students will also be required to complete six (6) Random Challenges per semester. A Random Challenge is an exam that the student has demonstrated competency in during previous semesters. Essentially, the student will perform another competency on an exam on which they have already demonstrated competence. This means they may not ask questions and may not have repeats.

The Random Challenges will be at the discretion of the Clinical Instructor but must be identified as a Random Challenge before the procedure is started. The Random Challenges must be dated during the designated semester to count toward that semester's total of six. For example, a student cannot do all 18 Random Challenges dated August to December. There must be six in the summer, six in the fall, etc. The Random Challenges must be on different procedures, for example, a student cannot do six portable chest random challenges. Once a random challenge is completed it is documented on the competency card. It is expected that the types of procedures that are utilized as random challenges will be as varied as possible. A student will not attempt a random challenge on a procedure that they have not gotten a competency on, nor will they attempt the same study for a random challenge that they failed the same day. You do not want to get more than six Random Challenges per semester because

that will limit the exams you have to get them in future semesters. Get six and six only per semester. No Competency form needs to be filled out for Random Challenges.

FINAL COMPETENCY—Lab Practicals

When the student has successfully completed all or almost all procedure competencies in a certain body category, the student is ready to attempt a final “category” competency evaluation. This evaluation is performed in the energized campus laboratory under the supervision of one of the program faculty persons.

There are four final competency categories:

1. Extremities (upper and lower)
2. Trunk Skeleton
3. Trunk Organs
4. Head

During the final category competency evaluation, the student will have thirty minutes to produce five randomly selected images from the category being evaluated. The student will be observed by a faculty member during the competency evaluation.

The films will be reviewed with a faculty person for diagnostic accuracy.

The student will explain the following criteria while performing the competency evaluation.

1. Where is the central ray located when producing this image?
2. Describe the angle of the central ray.
3. What is the patient’s position?
4. Anatomy
5. What checkpoints are used to verify accurate positioning?
6. Describe the photographic properties of the image. Are they acceptable?
7. Relationships
8. Is the image diagnostic? Explain why it is or is not.
9. Indications/Contraindications

In order to be successful with the category evaluation, the student must produce five diagnostic images and must answer ALL questions to the satisfaction of the faculty interviewer.

In the event that a student does not successfully complete the lab practical, the student will be required to study the material and return another day to make another attempt.

Re-examinations may NOT take place on the same school day as the failed attempt.

Lab practical exams may NOT be scheduled at a time when the student is scheduled for clinical duty or class and may only be attempted while the student is officially enrolled in the radiography program.

Students who have satisfied competency requirements in a procedure or category will still be responsible for performing these procedures for as long as they are attending clinical assignments and will be encouraged to tutor other students in that category.

SPECIAL AREA ROTATIONS

When the student has successfully completed all four category evaluations, if clinical time remains, the student may then petition the faculty clinical coordinator for clinical assignments in radiology specialty areas to include...

1. Magnetic Resonance Imaging
2. Special Procedures (e.g. heart cath, EP lab)
3. Mammography

At the end of every semester, a copy of the competency cards must be turned in to the Clinical Coordinator along with notebooks and repeat logs.

Throughout the clinical experiences, college faculty will monitor the student's mastery of previous skills. The end-of-rotations evaluations and technologist/faculty supervisors will help determine this mastery level. Just because a student has passed all competency testing on a given procedure does not mean the student no longer has to participate in that procedure. The student must continue to participate in that procedure to improve upon his/her skills.

The student is responsible for maintaining a record of specific procedure competencies that he has mastered (Competency Profile). Each student is responsible for completing **ALL** designated competency tests **PRIOR** to graduation.

The student must also participate in exams that are not included on the Competency Profile. NO exam is 'exempt' from student participation

TEXAS MEDICAL RADIOLOGIC TECHNOLOGIST CERTIFICATION ACT

Texas law prohibits persons from becoming employed as radiographers while enrolled as a student radiographer.

Any student employed as a radiographer before completion of their training will be required to provide proof of compliance with the TEXAS MEDICAL RADIOLOGIC TECHNOLOGIST CERTIFICATION ACT.

Students who are employed in violation of the TEXAS MEDICAL RADIOLOGIC TECHNOLOGIST CERTIFICATION ACT prior to the completion of all program requirements will be immediately dropped from the program with no option to re-enroll at a later date.

WHAT ABOUT "FREE" TIME?

There will be periods of time while on-duty when there are no imaging procedures to be performed in the assigned room. Such so-called "free-time" should be used as follows:

1. Take the initiative to see if someone else needs help in another room.
2. Stock supplies wherever necessary.
3. Clean the equipment as needed.
4. Practice positioning skills with another student or staff member.
5. Conduct a film critique session with another student or staff member.
6. With permission, watch the radiologist interpret images.
7. Practice manipulating the equipment.

Generally, practicum hours are primarily intended for development of psychomotor and affective skills. “Textbook studying” should **NOT** occur at this time. However, learning is always expected.

WHAT ABOUT MEAL BREAKS?

Each student will normally be provided thirty minutes to take a meal break during a training shift. This break not only provides time to eat, but also provides a much needed pause in the daily stresses of the work environment.

On rare occasions, a heavy workload in the department may prevent this break time. Otherwise, each student is expected to take the break. A student may not skip the break with the intention of leaving thirty minutes early at the end of the work shift. Likewise, this break period may **NOT** be counted to meet the weekly time requirement.

SMOKING

Several affiliate campuses are smoke free. Their policy is attached as appendix C. Amarillo College will support whatever action is taken by the facility if infractions occur.

FORMS APPENDIX A

CODE OF ETHICS

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Registered Technologists and Candidates may evaluate their professional conduct as it relates to patients, health care consumers, employers, colleagues and other members of the health care team. The Code of Ethics is intended to assist Registered Technologists and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist conducts herself or himself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, color, creed, religion, familial status, disability, veteran status, age or socioeconomic status or any other legally protected status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

APPENDIX B

Guidelines for each semester of practicum

Fall freshman

1. Know the office procedures for entering a patient into the system.
2. Be able to locate a patient film file.
3. Know the office procedures for loaning film files to other facilities.
4. Apply appropriate Body Mechanic techniques in a manner safe for both worker and patient.
5. Be able to process x-ray films using the appropriate equipment.
6. Be able to evaluate each requisition.
7. Demonstrate proper physical facilities readiness.
8. Demonstrate proper patient care.
9. Under the direct supervision of a certified radiographer, be able to effectively operate basic equipment in assigned areas.
10. Under the direct supervision of a certified radiographer, demonstrate positioning skills for body parts as appropriate for this level of training.
11. Demonstrate appropriate radiation protection skills for this level of training.
12. Observe and assist the certified radiographers as requested.
13. Observe and assist the radiologists (or other physicians) as requested.
14. Demonstrate emotional and social behaviors, as appropriate, for the level of professional development.
15. Complete paperwork associated with practicum (time logs, case logs, make-up requests, repeat logs, notebooks, competency cards)
16. Perform all pre-competency and competency exams at a level commensurate with the students' clinical experience during the semester.
17. Participate in the organized radiographic "film critique" and successfully complete all required assignments.
18. Be able to perform CPR

Fall - sophomores

1. Be able to continue to perform those procedures associated with RADR 1411 and RADR 2401.
2. Be able to process x-ray films using the appropriate equipment.
3. Be able to perform CPR.
4. Be able to evaluate each requisition.
5. Demonstrate proper physical facilities readiness.
6. Demonstrate proper patient care.
7. Under the indirect supervision of a certified radiographer, be able to effectively operate basic equipment in assigned areas.
8. Under the indirect supervision of a certified radiographer, demonstrate positioning skills for body parts as appropriate for this level of training.
9. Be able to evaluate the finished radiograph for positioning, photographic qualities, correct anatomy and proper film identification.
10. Demonstrate appropriate radiation protection skills.
11. Observe and assist the certified radiographers as requested.
12. Observe and assist the radiologists (or other physicians) as requested.
13. Demonstrate emotional and social behaviors, as appropriate, for the level of professional development.
14. Complete all aspects of clinical competency evaluation.
15. Perform all competency exams at a level commensurate with the students' clinical experience during the semester.
16. Complete a minimum of two lab practicals by the end of this semester.
17. Complete 6 additional Random Challenges.

Spring – freshman

1. Know the office procedures for entering a patient into the system.
2. Be able to locate a patient film via hard film or PACS system.
3. Know the office procedures for loaning film files to other facilities.
4. Apply appropriate Body Mechanic techniques in a manner safe for both worker and patient.
5. Be able to evaluate each requisition.
6. Demonstrate proper physical facilities readiness.
7. Demonstrate proper patient care.
8. Under the direct supervision of a certified radiographer, be able to effectively operate basic equipment in assigned areas.
9. Under the direct supervision of a certified radiographer, demonstrate positioning skills for body parts as appropriate for this level of training.
10. Demonstrate appropriate radiation protection skills for this level of training.
11. Observe and assist the certified radiographers as requested.
12. Observe and assist the radiologists (or other physicians) as requested.
13. Demonstrate emotional and social behaviors, as appropriate, for the level of professional development.
14. Perform all pre-competency and competency exams at a level commensurate with the students' clinical experience during the semester.
15. Be able to perform CPR.

Spring – sophomores

1. Be able to continue to perform those procedures associated with RADR 1311 and RADR 2301
2. Be able to perform CPR.
3. Be able to evaluate each requisition.
4. Demonstrate proper physical facilities readiness.
5. Demonstrate proper patient care.
6. Under the indirect supervision of a certified radiographer, be able to effectively operate basic equipment in assigned areas.
7. Under the indirect supervision of a certified radiographer, demonstrate positioning skills for all body parts as appropriate for this level of training.
8. Be able to evaluate the finished radiograph for positioning, photographic qualities, correct anatomy and proper film identification.
9. Demonstrate appropriate radiation protection skills.
10. Observe and assist the certified radiographers as requested.
11. Observe and assist the radiologists (or other physicians) as requested.
12. Demonstrate emotional and social behaviors, as appropriate, for the level of professional development.
13. Complete all aspects of clinical competency evaluation.
14. Perform all competency exams at a level commensurate with the students' clinical experience during the semester.
15. Complete all four lab practicals by the end of this semester.
16. Complete six additional Random Challenges.

Summer freshman

1. Be able to continue to perform those procedures associated with RADR 1311 and RADR 2301
2. Be able to perform CPR.
3. Be able to evaluate each requisition.
4. Demonstrate proper physical facilities readiness.
5. Demonstrate proper patient care.
6. Under the direct supervision of a certified radiographer, be able to effectively operate basic equipment in assigned areas.
7. Under the direct supervision of a certified radiographer, demonstrate positioning skills for body parts as appropriate for this level of training.
8. Be able to evaluate the finished radiograph for positioning, photographic qualities, correct anatomy and proper film identification.
9. Demonstrate appropriate radiation protection skills.
10. Observe and assist the certified radiographers as requested.
11. Observe and assist the radiologists (or other physicians) as requested.

12. Demonstrate emotional and social behaviors, as appropriate, for the level of professional development.
13. Complete all aspects of clinical competency evaluation.
14. Perform all competency exams at a level commensurate with the student's clinical experience during the semester.
15. Complete six Random Challenges.

Appendix C

Smoking Policy

Effective January 2008, BSA and their Clinics and NPTH entered into a tobacco free campus. This applies to students performing their clinical rotations here. I've pasted (below) the language from our new policy. Please advise your students that they cannot use tobacco on our campus, not in an automobile parked on our campus and cannot smell of tobacco while on duty on any of our campuses.

I. Policy:

Baptist St. Anthony's Health Care System (BSA) wishes to promote good health practices and to provide a safe and healthy environment, consistent with its Vision to make BSA a great place for patients / customers and a great place for people to work.

BSA is a tobacco free organization; as such, use of tobacco products in BSA physical plants, on its properties, in its vehicles, or in vehicles on its properties is not permitted.

This policy applies to but is not limited to all employees, visitors, patients, vendors, contracted workers, and students practicing at BSA.

II. Definitions:

- A. Tobacco - any form of tobacco, whether for chewing or snuffing, or for smoking in cigarettes, cigars, cigarillos, or pipes.
- B. Property - includes BSA owned, partially owned, or leased physical property, buildings and land. Included in this definition are vehicles on BSA property.

III. Guidelines:

- A. All people are prohibited from using tobacco products on BSA Property.
- B. Since education regarding this policy is posted throughout the organization and appears on the BSA web site and on applications for employment, any employee (and student) found using tobacco in violation of this policy will immediately be given a written warning. A second violation will result in termination.
- C. Security will have the authority to escort violators off of the property, if appropriate, and to report employees' violations of this policy.
- D. Tobacco, smoking materials or related supplies may not be sold or distributed on BSA Property.
- E. Employees are responsible for monitoring compliance and enforcing the provisions of this policy.
- F. Employees who leave BSA Property (to smoke or chew) during their shift must comply with all BSA policies regarding clocking in and clocking out, employee breaks and lunches, and employee hygiene.

AMARILLO COLLEGE RADIOGRAPHY PROGRAM

CLINICAL HANDBOOK AND PRACTICUM SYLLABI ACKNOWLEDGMENT

Each student is required to sign this form which acknowledges that the student has received a copy of the Clinical Handbook and the course syllabus for Practicum I.

Furthermore, the student's signature acknowledges that he/she agrees to abide by the present content of this handbook as well as any revisions that may be necessary prior to his/her graduation from the program, assuming that such revisions do not violate the college catalog under which the student is enrolled.

By my signature below, I acknowledge that I have received a copy of the radiography program Clinical Handbook and Practicum I course syllabus. I have read these documents and have had the opportunity to ask questions concerning their contents and interpretations. I also understand that it may become necessary for program officials to revise the contents of the handbook prior to my completion of the program, in which case I agree to abide by the revisions.

Student's Signature

Printed Name

Today's Date

*Remove this signed and dated form
and present it to the Clinical Coordinator
to be placed in your permanent student file.*