Midwestern State University
BSRT – Entry Level Program
Clinical Handbook
2021
(Graduates of 2022)
Midwestern State University
Robert D. and Carol Gunn College of Health Sciences and Human Services
The Shimadzu School of Radiologic Sciences
Bachelor of Science in Radiologic Technology Program

STUDENT HANDBOOK

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Note: This handbook is prepared for use by students in the Bachelor of Science in Radiologic Technology Program and contains specific information about the Radiologic Technology Program. For general MSU policies, see the MSU student handbook and catalog.

The information in this handbook is current at the time it is posted. However, this manual may be revised or amended upon written notification to the student. No revision or amendment will be retroactive but will become effective upon the date of student notification. The Chair of Radiologic Sciences will make final interpretation of program policies and procedures.
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CLINICAL PROGRAM FACULTY

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AFFILIATE HOSPITALS AND CLINICAL SITES

Clinical Affiliates

Baylor Scott & White of Marble Falls, Marble Falls, TX**
Carrolton Regional Medical Center, Carrollton, TX**
Chickasaw Nation Medical Center, Ada, OK**
Clay County Hospital, Henrietta, TX
Electra Hospital, Electra, TX
Graham Regional Medical Center, Graham, TX**
Kell West Regional Hospital, Wichita Falls, TX
Medical City of Dallas, Dallas, TX**
Medical City of Denton, Denton, TX**
Medical City of Lewisville, Lewisville, TX**
Mercy Hospital Ada, Ada, OK**
Mercy Hospital Ardmore, Ardmore, OK**
Methodist Charlton Medical Center, Dallas, TX**
Methodist Dallas Medical Center, Dallas, TX**
North Texas Medical Center, Gainesville, TX**
San Angelo Community Medical Center, San Angelo, TX**
Shannon Medical Center, San Angelo, TX**
Southwestern Medical Center, Lawton, OK**
United Regional Health Care System, Wichita Falls, TX
Wilbarger General Hospital, Vernon, TX**
Wise Regional Health System, Decatur, TX**

Students are assigned to only one affiliate institution for the duration of their clinical education. Some could be rotated to other affiliates as needed to meet clinical competencies

Additional Clinical Sites*

Clinics of North Texas - Midwestern Site, Wichita Falls, TX
Faith Community Rural Health Clinic, Bowie, TX
Texas Scottish Rite Hospital for Children, Dallas, TX**
Texas Oncology, Wichita Falls, TX

*Students may be assigned to these additional clinical sites to meet clinical competencies.
** These clinical sites are more than or approximately 1 hour travel from the main campus of Midwestern State University.
THE CLINICAL ENVIRONMENT

Introduction

The student’s clinical experience will be different from the academic environment in which he/she is accustomed. The success of the student to function and learn in the clinical setting depends, in part, on how he/she approaches and deals with the differences.

Patient care is of utmost importance in the radiology department. The patient's welfare is considered first above all other considerations. The first priority of patient care is consistent with the goals and needs of clinical education. Occasionally, this reality dictates the scheduling and conducting of educational activities be flexible.

Compared to the learning activities conducted on campus in the classroom setting, the learning activities in the clinical setting are frequently less structured. The student must take a more active and responsible role for integrating the academic preparation with the individual examinations being observed and/or performed.

Generally, in the classroom setting, students work independently as they pursue their academic goals. In the clinical setting, the student must pursue his/her educational goals within the overall goals of the department to deliver quality patient services efficiently and effectively. Rather than function independently, the student becomes a part of a health care delivery team and must function cooperatively to achieve educational and departmental goals.

Another difference between the academic environment and the clinical environment is the student’s performance of an examination to produce a diagnostic image. When students produce diagnostic images of acrylic phantoms in the on-campus laboratory, the attention is narrowly focused on the mechanics of producing the diagnostic image. Since live patients are not exposed to produce images in on-campus laboratory learning, there was no need to be concerned or cautious about the welfare of the “patient.” In the clinical situation, students must develop the ability to expand their awareness of the patient as a person as well as the mechanics of producing diagnostic images of optimum quality.

Clinical skills can be developed by following a systematic step-by-step approach. The following sequence of steps will generally produce outstanding technologists:

- Academic Preparation
- Observation
- Assisting and Performing Examinations under the Supervision of a Qualified Radiologic Technologist
- Competency Evaluation
- Performance Maintenance
Academic Preparation
The student is considered academically prepared by successfully completing didactic courses in imaging physics, imaging principles and techniques, anatomy and physiology, diagnostic imaging positioning, etc. before entry into the clinical environment.

Observation
The student’s initial activities in the clinical environment will consist primarily of observing qualified radiologic technologists at work.

Assisting and Performing Examinations under the Supervision of a Qualified Radiologic Technologist
Once the student is comfortable in the diagnostic imaging exposure room, he/she will be given an opportunity to assist and perform diagnostic imaging procedures under the supervision of a qualified radiologic technologist. Students will not perform diagnostic imaging examinations without direct supervision until competency on the selected examination is obtained.

Competency Evaluation
When the student believes he/she is able to perform a particular examination by himself/herself, the student will ask the Clinical Preceptor or a qualified radiologic technologist to perform a competency evaluation for the examination when the next patient for the selected examination arrives. The student’s performance will be documented on a Competency Evaluation Form. If competency is achieved on the selected examination, the student will be marked as competent on the Competency Form and the list of competency examinations. If competency is not achieved, the examination must be repeated until competency is achieved. Additionally, all diagnostic images submitted as completed competencies will be visually evaluated by the Clinical Coordinator or Assistant Clinical Coordinator. Final approval of competency evaluations will be by the Clinical Coordinator or Assistant Clinical Coordinator, regardless of prior approval by Clinical Preceptor or designate.

Performance Maintenance
Once the student passes the Competency Evaluation for a particular examination, the student will need additional practice to maintain and perfect his/her skill. The student may now perform the examinations which they have shown competency with indirect supervision (a qualified radiologic technologist must be in an adjacent room or area but not necessarily in the exposure room). However, if a repeat examination should become necessary for factors over which the student had control; a qualified radiologic technologist must be present to provide direct supervision. The student must have the qualified radiologic technologist who was present for the repeat performance of the examination, initial his/her logbook, thus documenting the technologist was present for the repeat performance.

When the student is assigned or rotates to another room, the student should have an updated competency list available to show qualified technologists which exams must be performed with direct supervision.
CLINICAL POLICIES AND PROCEDURES

In an effort to promote excellence in the professional and ethical conduct of students and to provide the highest quality of medical care for patients, the following policies are currently in effect for students in the Midwestern State University (MSU) Bachelor of Science in Radiologic Technology (BSRT) program.

Before Placement at Clinical Site

BACKGROUND INVESTIGATION POLICY

The BSRT program is committed to ensuring public and professional trust and providing safe patient care. In order to meet this goal, background checks, fingerprinting, and drug screening of students is required. Many of our clinical education settings require additional criminal background investigations of all employees and students. To comply with these requirements, accepted students will be asked to submit to these tests to ascertain the student’s suitability for clinical rotations.

Criminal Background Check

All students will be required to submit to a criminal background check before clinical rotation. The background check will include, but is not limited to, a review of prior criminal records, review of nationwide sexual offender records, review of nationwide healthcare fraud and abuse records, review of the nationwide Patriot Act records, review of residency history, and Social Security verification. Students with any felonies on the criminal record will be ineligible for admission into the MSU BSRT Program. The submission of any false information to MSU BSRT program shall be cause for immediate dismissal. Students are responsible for the payment of the criminal background check. *The criminal background check includes criminal records for counties in the state of Texas; additional counties outside of Texas will be searched for an additional fee.

Drug Screening Test Policy

Students are required to submit for 10 panel urine drug screening (cocaine, amphetamines, barbiturates, benzodiazepines, marijuana, opiates, phencyclidine, propoxyphene, methadone, and synthetic opiates) before clinical rotation and at any time in the program. The student will be responsible for payment of the screening test. If the student tests positive for any illegal substance, he/she will be withdrawn from the program immediately. Non-negative results will be processed further and may require additional testing. Additional drug screening will be at the student’s expense. Failure to pass drug screening will result in immediate dismissal from the program. The submission of any false information to MSU BSRT program shall be cause for immediate dismissal.

This information will remain confidential and will only be viewed by the Radiologic Science Program Chair or designee. Any criminal conviction which is found during the background investigation that may deem a student unsuitable for clinical rotations will be considered on a case by case basis. Additional information regarding the conviction may be required in order to make an informed decision. The background investigation will be made available to clinical education
settings that require such. Individuals at the Clinical Education Setting, who are authorized to make decisions regarding an individual’s eligibility to attend a setting, will inform the Program Chair if a student will be allowed to attend clinical at that setting. If an offense appears on the criminal background check that disqualifies the student from attending clinical experiences, the clinical site(s) will notify the program regarding any students’ disqualification for attending clinical at that site. The student will receive written notification. Students who receive notification of ineligibility and who wish to dispute the results of the background investigation may follow the College of Health Sciences and Human Services Grievance Procedure.

If a student has been convicted of a crime, including a felony, or a misdemeanor with the sole exception of speeding and parking violations, these must be reported to the American Registry of Radiologic Technologists (ARRT). All alcohol and/or drug related violations must be reported. All potential violations must be investigated by the ARRT in order to determine eligibility. Individuals must file a pre-application with the ARRT in order to obtain a ruling of the impact of their eligibility for the examination. This pre-application must be submitted before entry into the program. For pre-application contact the ARRT at:

ARRT
1225 Northland Dr.
St. Paul, MN 55120-1155
Tel: (651) 687-0048

Cardiopulmonary Resuscitation Certification (CPR)

A course in CPR must be completed before the student enters the clinical phase of the program and must be current through the end of clinical. When the student has completed the CPR course, a copy of the card is to be submitted to Undergraduate Program Secretary to be kept in the student's clinical file.

Student Malpractice Coverage

BSRT students must carry professional liability insurance during the clinical education phase of the training. These fees are to be paid online at the MSU BSRT webpage through the Program Fees link. The liability insurance is effective on the day clinical education begins and ends on the day the BSRT program is completed. The coverage is only valid during the students scheduled clinical hours. Cost of the insurance is approximately $18.00 per academic year or any portion of the academic year. Students will be asked to pay for this insurance the semester before the start of clinical education.

Health Insurance

Students are responsible for any personal injury that occurs at the university or hospital. Purchase of Health/Accident Insurance is required. A copy of student insurance information is to be submitted to the Undergraduate Program Secretary and kept in the student’s file. It is students’ responsibility to keep this information current.

Any MSU student may purchase health insurance through the university. Students can contact Vinson Health Center for additional information.
Immunization Requirements

Each student entering the clinical environment is required to have the following immunizations according to Texas state law:

- 2 doses of live MMR vaccine (measles, mumps, rubella)
- TB Screening
- 2 doses of Varicella (chicken pox) or proof of illness
- Td/Tdap - one dose of Tdap and TD boosters every 10 years thereafter
- Hepatitis B series
- Seasonal Flu Immunization (September - March)

All required immunizations must be completed prior to the first day of clinical. If a student has NOT had the Hepatitis B series, the first shot (in a series of 3) must be taken by October 1st. Titers must be completed by October 1st in case another Hepatitis B series must be given. TB Screening must be completed by March 1st of the spring semester before clinical. Students who have not completed their immunizations will NOT be allowed to participate in clinical education until cleared by the MSU Vinson Health Center. The Vinson Health Center requires all shot records be forwarded to them, and the Vinson Health Center may provide immunizations on an appointment basis only. Please refer to the Immunization and Infectious Policy for Higher Education Students in Health Care Related Fields for detailed information.

Clinical Assignments

Because of the locations of the clinical education centers and all centers are full-service medical facilities; students are assigned to only one major affiliate institution for the duration of the clinical education. Students are rotated to other affiliates as needed to satisfy learning objectives.

Clinical site assignment will be determined by:

- Recommendations from faculty
  1. Performance
  2. Integrity
  3. Attitude
  4. Ability to work as a team member with faculty and students
- Site availability
- GPA ranking at the end of the first professional semester (professional courses and Anatomy & Physiology I & II courses)
- MSU cumulative GPA
- Hometown
- Date of submitted application
- On campus athlete or band (must be approved by Clinical Coordinator)
- Student preference for clinical sites

The students will declare clinical site preferences at the end of the fall semester, and the program will announce assignments at the beginning of the spring semester. Opportunities to transfer, if available, will be made known approximately 60 days before clinical education begins. Clinical sites are located in a wide geographic area in addition to Wichita Falls. Students are responsible
for their own transportation, housing, and living expenses during their off-campus clinical courses. Additionally, students must also arrange to have Internet access while enrolled in online courses off-campus.

Situations may arise during the clinical experience that may necessitate a transfer to another clinical site. The BSRT program will make every effort to make the transfer as easy as possible. Any expenses incurred because of this transfer will be the sole responsibility of the student.

*Obtaining Clinical Competencies*

During the course of the third semester of clinical education, the student will be afforded the opportunity to rotate to a clinical site of higher level of patient care to obtain competencies which are not normally observed at the currently assigned site. Any additional expense of this change will be incurred by the student.

*Transportation Policy*

It is the student's responsibility to provide his/her own travel to and from class and clinical education sites. Neither the college nor the clinical sites assume any responsibility or liability for student transportation needs.

**During Clinical Rotation**

*Responsibilities of Students in the Hospital*

The primary function of the hospital is patient care. Under no circumstances should the presence of students reduce the quality of patient care. It is the student’s responsibility to:

- Follow the administrative policies established by the radiology department and the hospital.
- Students must report to the assigned work center at least 10 minutes prior to the scheduled time clinical time.
- Notify the Clinical Preceptor and Clinical Coordinator no later than 30 minutes before the student’s scheduled time in case of illness or absences which are beyond the student’s control.
- Wear radiation monitoring badge as outlined in the handbook.
- Check with radiologic technologists and/or Clinical Preceptor before leaving the assigned work center.
- Follow the directions provided by the radiologic technologists and/or Clinical Preceptor
- Ask for advice when indicated. DO NOT experiment with patients. Be industrious and ask questions.
- Do not discuss clinical information with patients, relatives, or anyone outside the radiology department.
Professional Behavior Policy

As a representative of the MSU BSRT program, the assigned clinical institution, and the entire profession of the radiologic sciences, it is of paramount importance the student maintains the highest standards of professionalism.

The students are expected to conduct themselves on a professional level. Professional conduct is reflected in attitude and in communication with physicians, supervisors, co-workers, and patients.

Professional conduct includes, but is not limited to:

Commitment to Excellence

• refraining from performing any professional service which requires competence that one does not possess or which is prohibited by law unless the situation morally dictates otherwise;
• striving to exceed expectations at all times;
• committing to life-long learning by taking responsibility for one’s own learning and accurately reflecting on the adequacy of one’s knowledge, skill development and personal barriers to accomplishing learning and growth;
• taking responsibility for learning in group settings by being present, prepared and engaged;
• striving for mastery learning appropriate for one’s level of training;
• reflecting with colleagues on the success of group work.

Honesty and Integrity

• identifying truthfully and accurately one’s credentials and professional status
• communicating appropriately in an honest and timely manner;
• accurately representing actions and events;
• avoiding cheating, plagiarism, misrepresentation of the truth;
• reflecting on one’s personal reaction to encounters with others and accepts responsibility for personal actions;
• recognizing, appropriately disclosing and managing conflicts of interest; is forthcoming with information; does not withhold and/or use information for power;
• admitting mistakes.

Compassion

• recognizing and responding to the fears, suffering and hopes of patients and their families;
• assisting colleagues in dealing with the challenges of professional work.

Respect for Others

• respecting confidentiality of patients;
• recognizing and respecting personal and sexual boundaries;
• avoiding bias (e.g. gender, race, age, sexual orientation) in interactions with others; articulate and embrace the many positive aspects of difference among people and demonstrating awareness of how such differences affect personal interactions;
• demonstrating a commitment to resolving conflicts in a collegial manner;
• showing sensitivity and respect for the needs, feelings, ideas, and wishes of others in clinical and education settings;
• demonstrating humility in interactions with others;
• recognizing that appropriate dress and appearance demonstrate respect for others and for the profession.

Professional Responsibility
• is present and punctual for scheduled activities;
• taking responsibility to notify others for unavoidable absence or tardiness;
• coping with the challenges, conflicts, and ambiguities inherent in professional work;
• identifying and appropriately dealing with problematic behaviors of oneself and colleagues;
• being cognizant of and adhering to the chain of command;
• appropriately displacing clinical responsibilities when personal needs demand it;
• adhering to established professional codes of conduct;
• practicing according to accepted standards of care;
• identifying ethical issues in professional situations and acts in an ethical manner;
• regarding as strictly confidential, all information concerning each patient and refraining from discussing this information ith any unauthorized individual, including the patient.

Social Responsibility
• understanding and actively addressing the multiple social factors that threaten the health of patients;
• actively working for appropriate social change to improve the health of populations;
• modeling healthy behaviors.

Altruism
• placing the interests of others above self-interest;
• being able to give up some personal needs to meet needs of patients.

Examples of unprofessional behaviors include, but are not limited to:
• gossip
• disclosure of medical information with patients or relatives
• discussions pertaining to clinical in public areas (e.g. elevators, cafeterias)
• discussions of inappropriate subject matter within hearing of patients, visitors, etc.
• consumption of food in patient areas (including gum)
• excessive noise
• inappropriate jokes
• loitering

In addition, the student will adhere to the following policies while at the clinical facility:
1. Smoking, smokeless tobacco, vaping, eating, drinking, or chewing gum is permitted only in the lounge or designated areas.
2. Students will not leave their assigned area at any time without permission.
3. Students will not remain in the radiology department after clinical hours except when on duty.
4. When not actively engaged in diagnostic imaging work or other duties, students will make wise use of time to study or update Trajecsys logs, and will not congregate in offices, halls, or other rooms.
5. Personal telephone calls are not encouraged. No one will be called from working area except in an emergency.
6. Patients will not be left unattended.
7. Electronic devices, such as cell phones, are not permitted in patient care areas.
8. Students will wear uniforms ONLY during assigned clinical hours.

Students are responsible for their own actions and must not engage in any activities considered unprofessional or non-conducive to proper patient care. Failure of a student to maintain a professional conduct may result in reduction of clinical grade, course failure, and possible expulsion from the program.

If a student encounters a problem in the clinical environment, contact the Clinical Preceptor immediately.

HIPAA

All patient records are confidential in nature. Requests for information concerning a patient should be referred to the supervising technologist or the clinical preceptor. Students are expected to maintain confidentiality in a professional manner.

In accordance with Health Insurance Portability and Accountability Act (HIPAA) of 1996, all patient information will be confidential. Students will maintain the privacy of protected health information by limiting discussion of protected health information to private areas and conference rooms; not discussing health information outside the health care facility unless such discussion is with an appropriate faculty member and in private; not discussing protected health information with other students; refraining from copying any part of the medical record for use outside of the health care facility.

Students can learn more about HIPAA through this online presentation.

Appropriate Use of Social Networking Sites

Social networking websites provide unique opportunities for students to get to know one another, share experiences, and keep in contact. As with any public forum, it is important that users of these sites are aware of the associated risks and act in a manner which does not embarrass or shame the students, the BSRT Program, and the University. It is also important to ensure patient information is not made publicly available.

The BSRT Program has adopted the following guidelines to assist students in carefully using these
A. Personal Privacy
- Set students’ profiles on social networking sites so that only those individuals whom the students have provided access may see their personal information.
- Evaluate photos of students that are posted to these sites and “untagging” photos that depict the student in what may be construed as compromising situations.
- Be aware of the security and privacy options available to them at any sites where students post personal information. Keep in mind privacy settings are not impervious, and information can be shared willingly or unwillingly with others, even with “Friends Only” access.

B. Protection of Patient Information
- Comments made on social networking sites should be considered the same as if they were made in a public place in the clinical setting.
- HIPAA rules apply online, and students may be held criminally liable for comments that violate HIPAA.
- Remember that simply removing the names of patients does not make them anonymous.
- Family members or friends of that patient or of other patients the student is caring for may be able to determine to whom the student is referring based on the context.

C. Professionalism
- Use of these sites can have legal ramifications. Comments made regarding care of patients or that portray the student or a colleague in an unprofessional manner can be used in court or other disciplinary proceedings.
- Statements made under students’ profiles are attributable to the student and are treated as if the student verbally made that statement in a public place.
- Use discretion when choosing to log onto a social networking site at school. Keep in mind the use of these sites during lecture and clinical assignments are prohibited.
- Keep in mind photographs and statements made are potentially viewable by future employers.

Students may be subject to disciplinary actions within the University for comments that are either unprofessional or violate patient privacy. Each student is representing MSU and the BSRT Program when logging on to a site and making a comment or posting a photograph.
Radiation Monitoring

It is the goal of this program to keep radiation exposure to students as low as reasonably achievable. Each clinical site RSO maintains the exposure reports and students are required to review their reading quarterly. Exposure review by the students will be verified by the Clinical Preceptor and reviewed and documented by the student on the 2nd & 3rd semester professional development evaluation.

NCRP Report #102 will be used to establish maximum dose values.

1. At least one month before students start their clinical education, the Clinical Coordinator will provide each Clinical Preceptor with a list of students who will start clinical. The clinical preceptor will ensure a radiation monitoring badge will be available for each student on the first day of clinical.
2. Students will wear their radiation monitoring badge when at clinical and will follow the storage policy and other related policies of the clinical affiliate (radiation monitoring badge should remain at affiliate).
3. If a student receives an exposure over a 30-day period that exceeds 1 mSv (0.1 rem), the MSU Radiation Safety Officer will conduct an investigation.

Additional rules to be followed concerning radiation monitoring badge use are:

1. Radiation monitoring badges are to be worn any time students are working in the energized lab on campus or at the clinical affiliate to which they are assigned.
2. Radiation monitoring badges should not be allowed to get wet.

Pregnancy Policy

The Pregnancy Policy is consistent with applicable federal regulations and state laws. Every effort will be made to protect the well-being and privacy of the student. All students are informed of the risks of radiation exposure during pregnancy and have the option of declaring or not declaring their pregnancies. A pregnant student may voluntarily notify the MSU Radiation Safety Officer and Department Chair. A student may rescind a pregnancy notification in writing at any point for any reason without explaining the reason. After declaring pregnancy, students have the option to continue in the program without any modifications or they may select from the following options:

1. During the first two semesters, the MSU Radiation Safety Officer and the Laboratory Instructors will be sure the student is monitored during laboratory classes.
2. During the final three semesters, the MSU Radiation Safety Officer, the Clinical Coordinator, and the Clinical Preceptors will be sure the student is monitored during clinical hours.
3. Pregnant students will be provided an additional personal radiation monitoring badge to be worn at waist level under any lead apron (when applicable) and be identified as the fetal dose monitor.
4. The student radiation exposure will be continuously monitored. If the fetal dose monitor reaches 5 mSv (0.5 rem), the student will be removed from clinical assignments in radiation areas.

5. If the student exceeds the maximum permissible dose, she will be withdrawn from all clinical courses for the remainder of the pregnancy.

6. Attendance, absence, and make-up policies will be equally enforced.

**Workplace Hazards**

The Occupational Safety and Health Administration (OSHA) is an agency of the United States Department of Labor to prevent work-related injuries, illnesses, and deaths by issuing and enforcing rules (called standards) for workplace safety and health. OSHA aims to ensure employee safety and health in the United States by working with employers and employees to create better working environments. Students are educated about workplace hazards including but not limited to the following:

- Standard precautions
- Communicable disease awareness
- Fire safety
- Hazardous materials (chemical, electrical, bomb threats, etc.)
- Blood-borne pathogens

**Contagious Diseases Policy**

Students entering the BSRT Program must be aware, like all healthcare workers, they will be exposed to various contagious diseases during their training and career. Precautions to be taken are outlined in the MSU Patient Care course. Additional information regarding contagious diseases is provided by each clinical facility. The students are encouraged to use any protective devices available.

If the student should be the carrier of a contagious disease, the student must contact the Clinical Coordinator immediately. A temporary suspension of training may be necessary for legal reasons and for the protection of patients.

Most contact will be with patients who have not yet been diagnosed with a contagious disease and therefore, the precautionary procedure of wearing gloves is of paramount importance. Students will use strict isolation techniques if the patient has been diagnosed as having a contagious disease. **Students may not refuse to perform radiologic services for patients diagnosed or suspected of having a contagious disease.**

Student must use gloves and other protective or precautionary measures (consistent with institutional policies) for all procedures in which there may be contact with body fluids (urine, blood, excretion, saliva, etc.).
The following disciplinary actions will be administered for noncompliance to this policy:

1. First offense - retraining on universal precautions
2. Second offense - one day suspension from clinical
3. Third offense - a three day suspension from clinical
4. Fourth offense - termination from the program

Professional Appearance Policy

Hospitals and their employees are expected to set examples of cleanliness and appearance. The "Dress Code" of the clinical site will set minimum standards. Students are expected to meet or exceed these standards.

Items listed in the dress code generally include:

1. Clean and pressed uniform.
2. Clean and polished shoes.
3. Clean hands and fingernails. Artificial nails (acrylic, gel, dipped, etc.) are not allowed. (If fingernail polish is worn, it must be in light natural colors. No bright or unusual colors such as red, black, orange, blue, etc.)
4. Hair must be kept neat and clean and, if long, must be pulled up off the collar. No bright or unnatural hair colors. No extreme hairstyles (definition of extreme shall be determined by the clinical site).
5. A mustache or beard is permitted so long as it is kept neatly trimmed.
6. Excessive perfume and cosmetics are not permitted as determined by the Clinical Preceptor.
7. Only a wedding ring, watch, and one small stud earring in each ear is allowed. No necklaces or bracelets or other adornments are allowed. (Only exception is Med-Alert and religious medallions which are to be worn inside the tunic).
8. Body adornments (including but not limited to tattoos, hickeys, or facial piercings) must be covered or removed.
Specific Uniform Policy

The uniform will consist of the following:

- Program specific colored tunic top and matching pants with embroidered school name on top (to be purchased from a specific manufacturer).
- White or dark colored shoes (nursing shoes preferred, but white or dark colored tennis shoes with no color stripes, insets, etc. will be allowed).
- Program specific colored lab coat with embroidered school name is optional.
- Radiation monitoring badge.
- Image markers.
- Identification badge issued by clinical site.

Proper attire includes all of the items listed above. Each student must have at least three uniforms. If a student is not in proper uniform, the Clinical Preceptor or Clinical Coordinator will send the student home and require the student to return to clinical properly attired. Clinical time missed should be made up the same day. In the event a trip home is necessary, the student will be counted tardy for the day.

At no time are student uniforms to be worn while the student is working as an employee or volunteer of a clinical facility. If working hours are scheduled immediately following clinical hours, the student must change clothing prior to beginning paid or volunteer work.

Work During Clinical Experience

Outside Employment

Faculty are aware some students must work; however, classes, including Clinical Practicum, are scheduled with learning objectives in mind so student employment must be scheduled around courses. It is not possible to adjust course schedules for individual employment needs. No student’s clinical schedule will be adjusted to accommodate the student’s outside employment schedule or his/her commute to the clinical setting. It is in violation of Texas State law for student radiologic technologists to perform radiologic procedures outside of the scope of clinical courses. In accordance with this law, students may not log paid hours as a part of their clinical experience nor may they count paid experiences as a part of their course experience.

Student Employment in Health Care Setting Policy

Students employed at any clinical facility or who volunteer time at a clinical facility will not be allowed to receive credit for student time or competencies performed during those working hours. Student time and competencies will only be performed during regularly scheduled clinical hours.

Any student who attempts competencies during paid employee time or any time outside clinical hours may be removed from the program.

During the second clinical semester, students may request a “call back” for competencies not
generally seen during regular day time clinical hours. The student can request a “call back” by informing the Clinical Preceptor or a supervising radiologic technologist of the procedure and the student’s contact information. “Call backs” can be made provided another student is not already scheduled on a shift requested to be “called back,” and the already scheduled student is not in need of the competency in question. The student who receives a “call back” must arrive in the regular Midwestern State University uniform to perform these “call back” competencies.

Students who are performing duties related to their employment must NOT wear any part of the student uniform.

Absence and Tardiness Policy

Absences

Two (2) days of clinical absences are allowed each semester. You must use hospital computer only to access Trajecsys.com for your attendance. You must contact the Clinical Preceptor and Clinical Coordinator if you going to be absent. For each absence above the two allowable absences, the returning student must bring a physician's note and a receipt of service from the care provider, and the student will be required to make-up the days missed if more than the 2-day allowance. For each clinical day missed after the 2-day allowance, 5 points per absence will be subtracted from the final clinical grade. The student will be required to make up the days missed, and the make-up time must start within two weeks. Excessive absences (more than 3) will result in a referral to the Department Chair and/or the Dean of the college and may result in a dismissal from the program. Unexcused absences will not be tolerated. If extenuating circumstances occur (for example: surgery, car accidents, death in family), the Clinical Coordinator will make arrangements on an individual basis.

Tardiness

Time missed because of tardiness should be made up at the end of the assigned shift the same day. This will be recorded as a tardy. Three (3) tardies within one semester will result in the deduction of 5 points from the final clinical grade.

Illness/Injury Guidelines

If the student becomes ill prior to the start of his/her shift and the student feels he /she cannot perform his/her duties or may be contagious, the student should stay home. The student must contact the Clinical Preceptor or a supervisor and Clinical Coordinator at least 30 minutes before the beginning of an assigned shift if an absence is going to occur.

If the student becomes ill at the clinical site, he/she will notify the Clinical Preceptor immediately before leaving the facility. If the student is injured outside the clinical environment, and the injury prevents the attendance of clinical rotations, the student must provide a physician's note or statement of injury from a physician before the absence(s) will be excused. Notes from physicians at the clinical facility will not be accepted unless accompanied by a copy of the emergency room statement of service.
If the student is injured at the clinical site, notify the Clinical Preceptor immediately. If the student needs to be seen by a physician, the student may check into the emergency room or leave to seek the attention of his/her own physician. The hospital may not have any responsibility for payment of emergency room charges or any other charges incurred by the student as a result of his/her injury, so the decision to seek treatment is up to the student. If the injury causes a student to miss clinical time, a physician's note is required for excused absence credit. The student may be required to provide a physician's release for return to work depending on the circumstances of the injury. The Clinical Coordinator should be informed of all absences.

**Inclement Weather Policy**

In cases of bad weather or severe weather conditions, the student must use his or her own judgment when deciding whether or not to attend clinical. The student will inform the Clinical Preceptor as soon as possible. *If schools in the student’s clinical area are canceled, the absence will be excused.*

**Academic Instruction During Clinical Policy**

Even though a greater portion of the student’s time is devoted to clinical education after the fourth semester, academic growth and responsibilities continue to be a very important part of the student’s professional technical development and proficiency. Each semester the student will participate in special courses offered by MSU. The format of instruction may differ significantly from what the student has been accustomed to in the first two semesters. These courses are administered within the typical on-campus classroom setting, in the form of seminars, and are held two to four times per semester. *Attendance is mandatory.*

**Clinical Hours Policy**

The student’s clinical education will be scheduled for 32 hours per week. Clinical assignments may not exceed 10 clock hours in any one day. The first clinical semester will be scheduled for dayshift and with an option to do two weeks of weekends and/or evening shift. During the second and third clinical semesters, clinical hours are scheduled for dayshift and two weeks of weekend and/or evening shifts (excluding holidays). If a holiday falls on a weekday, that day will count as the day off, and the student will not get an additional day off during that week. Within the 32 hours for clinical, one hour for critique class and one hour for discussion will be scheduled weekly. Day shift hours can be anytime between 5:00 am to 7:00 pm.

Combined didactic and clinical hours are not to exceed 40 hours per week.

**Magnetic Resonance Imaging (MRI) Screening Form**

Before any student is allowed to perform a rotation in MRI, the MRI form must be completed and reviewed by the Clinical Coordinator, Clinical Preceptor, and the MRI supervisor. If a student is contraindicated to perform a rotation in the MRI area, the Clinical Coordinator will adjust the student’s clinical requirements to ensure the safety of the student.
Mammography Policy

No males or females may observe and/or participate in mammography examinations.

Venipuncture

Venipuncture is a procedure commonly performed at the clinical education setting. Venipuncture training occurs in the MSU Patient Care class. This practice is required as an ARRT clinical competency requirement. Students in the professional curriculum may perform venipuncture if approved by the clinical site after appropriate training.

Clinical Grievance Policies

Students

It is the policy of the MSU BSRT program to work with students in finding fair and equitable solutions to problems, including any student grievance, appeal, question, misunderstanding, or discrimination. Students are urged to take problems concerning clinical education to their Clinical Preceptor.

1. The student should first take his or her problem or question to their Clinical Preceptor. Usually the Preceptor will have direct knowledge about the subject and is best qualified to resolve the situation.

2. If the student and Clinical Preceptor are unable to find a solution or answer within a reasonable amount of time, the student may then bring the matter to the attention of the Clinical Coordinator. The student should feel free to discuss the matter fully.

3. Should a satisfactory and impartial solution not result from step 2, the student may pursue the matter through the Department Chair.

All students will have the option of appointing a person to accompany them during the grievance procedure.

Hospital/University

In the event the hospital requests a student be removed from the facility permanently, three subsequent courses of action may take place:

1. If the situation is based on a problem specific to the facility and would not prevent the student from completing the program, the university may assign a student to another facility.

2. If the facility is willing to accept the student with full disclosure, the student will be allowed to complete the program.
3. The student will not be allowed a second transfer unless the facility is no longer functioning or policies at the facility change so students are no longer accepted.

If the situation is based on unacceptable, intolerable, or illegal actions by a student which violate the clinical policies set forth in this handbook or which violate any local, state, or federal laws, the student will be removed from the clinical site and released from the program. Under these circumstances, a student will not be allowed to reenter the program at any time in the future.

**CLINICAL SUPERVISION**

**Clinical Preceptor**

Each clinical facility has one or more Clinical Preceptor(s). In addition to their responsibilities of day-to-day operations in the department, these individuals are responsible for the supervision of the student’s clinical education. This includes scheduling students through appropriate departmental work centers and assuring they are assigned to qualified technologists; reviewing performance evaluations and rotation appraisals to determine the level of supervision necessary for each student and when he or she can work independently in a given situation; performing competency and professional development evaluations on each student per semester; scheduling and conducting weekly image critiques; and being available to assist, advise, and counsel students. Clinical Preceptors enforce supervision and repeat of unsatisfactory image(s) policies. In addition, Clinical Preceptors monitor each student’s clinical exam record or log sheet weekly.

**Clinical Coordinator**

One MSU faculty member is given responsibility for assisting in the organization, supervision, and coordination of the clinical education courses in each of the affiliated hospitals. This responsibility includes assisting in establishing procedures, guidelines, and manuals for the clinical education component of the curriculum, serving as a liaison between the academic and clinical faculty, and maintaining communications between the affiliates and the University. The Clinical Coordinator is also responsible for assisting the Clinical Preceptors as needed and relating the curriculum objectives for the classroom and clinical portions of the program to make the educational experiences as relevant and as well coordinated as possible. The Clinical Coordinator also participates in the clinical education experience by observing students at the affiliate sites and by being available to advise and counsel students. Additionally, the Clinical Coordinator visually evaluates diagnostic images submitted for completed competencies for final approval. Supervision policies are enforced and monitored through the periodic clinical site visits by the Clinical Coordinator.

**Assistant Clinical Coordinator**

The Assistant Clinical Coordinator position is under the guidance of the Clinical Coordinator. The Assistant Clinical Coordinator performs duties as assigned by the Clinical Coordinator and the program officials which include items discussed above. This includes serving as liaison between the academic and clinical faculty and maintaining communications between the affiliates and the
University. The Assistant Clinical Coordinator also participates in the clinical education experience by observing students at the affiliate sites and by being available to advise and counsel students and visually evaluate diagnostic images submitted for completed competencies for final approval. Supervision policies are enforced and monitored through the periodic clinical site visits by the Assistant Clinical Coordinator.

SUPERVISION OF STUDENTS POLICY

The activities of a student must be monitored by a qualified radiologic technologist. Until a student demonstrates competence in a given diagnostic procedure, all of the student’s clinical assignments must be directly supervised. The following definitions will be utilized in the supervision policy.

Direct Supervision Policy*

All clinical assignments must be carried out under the direct supervision of a qualified radiologic technologist until the student demonstrates competence in a given procedure.

The following are parameters of direct supervision by a qualified radiologic technologist:

- Reviews the request for examination in relation to the student’s achievements.
- Evaluates the condition of the patient in relation to the student’s achievements.
- Physically present in the room during the performance of the examination.
- Reviews and approves the images taken.

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

Indirect Supervision Policy*

Once a student successfully completes an exam for competency, he/she may perform the procedure with indirect supervision. Indirect supervision is defined as supervision provided by a qualified radiologic technologist who is immediately available to assist the student regardless of the level of student achievement.

“Immediately Available” is interpreted as the presence of a qualified radiologic technologist adjacent to the room or location where a diagnostic imaging procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use including bedside and surgical procedures.

Repeating Unsatisfactory Images Policy*

In the event a repeat of unsatisfactory image(s) of an examination being performed by a student is required, the non-diagnostic image must be critiqued by a qualified radiologic technologist, and direct assistance by a qualified radiologic technologist must be given to the student while repeating any image(s). The qualified radiologic technologist must sign his or her initials in the student’s
logbook documenting the technologist was present for repeat imaging.

* These supervision and repeat unsatisfactory images policies are also enforced and monitored through the periodic clinical site visits by the Clinical Coordinator and/or Assistant Clinical Coordinator. While the clinical sites are provided a copy of this handbook, personal visits completed by the Clinical Coordinator and/or Assistant Clinical Coordinator, ensure standardization. In addition, Clinical Preceptors monitor each student’s clinical exam record or logbook weekly.
REQUIRED CLINICAL EDUCATION DOCUMENTATION

The following explanations tell how different forms will be used to evaluate the student’s progress in the hospital environment. The student will be issued forms as needed by his/her Clinical Preceptor.

**Forms to be completed by the student**

*Orientation Checklist*

This checklist must be complete by the 4th week of the first clinical semester. The student will turn the orientation checklist into his/her Clinical Preceptor, who will submit the form to the MSU Clinical Coordinator at the end of the semester.

**Purpose:** This form allows the student, clinical personnel, and MSU BSRT program assurance the student is introduced to all different facets of the hospital and the radiology department.

*Checklists for Room Familiarization*

The student is expected to complete the Checklist for Room Familiarization located at the back of the Clinical Handbook for each exposure room the first time the student rotates through the exposure room. The student will turn checklists into his/her Clinical Preceptor who will submit the form to the MSU Clinical Coordinator at the end of the summer term.

**Purpose:** This form allows the student to become familiar with equipment found in each diagnostic imaging room. Certain items on the checklist are important, and the student should know what the items are and where to find them. If the equipment specifications are not readily available, ask the qualified radiologic technologist or Clinical Preceptor for the specifications. The student may research the item in the operator's manual provided by the equipment manufacturer. The student should not hesitate to discuss this list with the qualified radiologic technologist or Clinical Preceptor.

*Clinical Examination Record (Log)*

It is the student’s responsibility to maintain a daily log of all examinations the student observes, assists with, and performs in Trajecsys (an online program). **Student logs will be randomly reviewed through the Trajecsys system by the Clinical Coordinator.** Repeat images and/or examinations are to be documented in the logbook and the qualified radiologic technologist present for the repeat diagnostic image and/or examination must initial logbook. This log must remain intact and will be turned in periodically to the Clinical Preceptor, the Clinical Coordinator, and/or Assistant Clinical Coordinator for evaluation.

*List of Competency Examinations*

This form identifies all of the examinations in which the student will be required to
successfully achieve competency and identifies most of the examinations the student will encounter during his/her clinical education period. Before students can perform any examination by themselves, they must demonstrate to a qualified radiologic technologist or Clinical Preceptor that they can perform the examination satisfactorily. A minimum number of competencies are required for each clinical semester and are listed in course syllabi.

The List of Competency Examinations will be issued to the student when he/she enters the clinical education phase of training. It is the student’s responsibility to keep the List of Competency Examinations up-to-date and to have the form readily available when the student is in the clinical site.

**Image Repeat Analysis**

In order to properly assess the technical progress of the student, an analysis of the number of repeated diagnostic images and reasons for repeats should be completed at least once per semester by the student under the supervision of the Clinical Preceptor. A report of repeat percentages should be forwarded to the MSU Clinical Coordinator by the end of each semester.

**Clinical Evaluation by the Student**

An evaluation of the clinical experience by the student is to be completed at times deemed by the Clinical Coordinator. This information includes identification of the site's strengths and weaknesses. Results from these evaluations will be used to help the clinical sites identify problem areas and seek improvements. These forms are anonymous and will promote better communication between university faculty and clinical site personnel, which in turn will help raise the level of student evaluation of the clinical experience. These evaluations include: Evaluation of Clinical Preceptor by the Student and Evaluation of Clinical Site by the Student.

**Forms to be completed by the Clinical Preceptor/Qualified Radiologic Technologist**

**Professional Development Evaluation**

This evaluation is completed by the student’s Clinical Preceptor at the end of each semester. It constitutes a portion of the student’s clinical grade.

**Purpose:** The student’s conduct in the clinical setting is judged by the general public to determine a department’s professional level. Appropriate conduct is a broad category encompassing a number of considerations including comprehension of examinations, quality of work, organization of work, quantity of work, patient rapport, and performance under pressure, interpersonal relationships, initiative, judgment, attendance/punctuality, personal appearance, and professional ethics. The Clinical Preceptor will solicit comments from other radiology personnel concerning the student’s overall performance.
**Competency Evaluations**

When the student feels proficient in an examination, the student will ask the Clinical Preceptor or qualified radiologic technologist to complete a Competency Evaluation. The Clinical Preceptor or qualified radiologic technologist will complete the evaluation with no interruption unless a compromise of patient and/or equipment welfare is questionable. Competency Evaluations are Pass/Fail only and count as a part of the student’s clinical grade.

Upon completion of each competency, the student will show competency diagnostic images for evaluation by the Clinical Coordinator and/or Assistant Clinical Coordinator. The Clinical Coordinator and/or Assistant ClinicalCoordinator have the final word in the acceptance or denial of clinical competencies by signing Clinical Competency Evaluation Form and checking Approved or Denied on the form. These will also be documented and tracked in the Trajecsys system by the Clinical Coordinator and/or Assistant Clinical Coordinator.

Simulations are approved and arranged by the Clinical Coordinator in the final clinical semester. Students should make every effort to obtain all examinations on live patients. Failure to complete all competencies by the end of the third clinical semester will result in an Incomplete being assigned as the grade, and the student will have thirty (30) days from the first day of the next long semester to complete the competencies and final grade will be reduced by a letter grade.
Definition of Terms

American Registry of Radiologic Technologists (ARRT): The purposes of the Registry include encouraging the study and elevating the standards of radiologic science, as well as the examining and certifying of eligible candidates and periodic publication of a listing of registrants.

Clinical Coordinator: The MSU faculty member who is directly responsible for communications between the clinical facility and MSU.

Clinical Preceptor: The qualified radiologic technologist designated at each clinical facility to be responsible for the supervision of the clinical education of students assigned to that facility.

Competency: The student has performed the procedure independently, consistently, and effectively during the course of his or her formal education.

Department Chair: The current Chair of the MSU Radiologic Sciences Program.

Direct supervision: Supervision of the student by a qualified radiologic technologist who personally reviews the request for examination in relation to the student’s achievements; evaluates the condition of the patient in relation to the student’s achievements; is physically present in the room during the performance of the examination; and reviews and approves the images taken.

Indirect supervision: Supervision provided by a qualified radiologic technologist who is immediately available to assist the student regardless of the level of student achievement.

Immediately available: The presence of qualified radiologic technologist adjacent to the room or location where a diagnostic imaging procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use including beside and surgical procedures.

Medical Radiologic Technologist: A radiologic technologist who is licensed through the Texas Medical Board as a medical radiologic technologist. All working radiologic technologists within the state of Texas must be certified as a medical radiologic technologist.

Program Director: The MSU faculty member who assures effective program operations, oversees ongoing program accreditation and assessment processes, and assumes the leadership role in the continued development of the program (most often the department chair).

Qualified Radiologic Technologist: Technologists who are certified through the American Registry of Radiologic Technologists (ARRT) and if the clinical site is in the state of Texas, the Medical Radiological Technologist (MRT).

Radiology department: The department or area of the hospital or clinical facility which performs imaging procedures, using various techniques of visualization, with the diagnosis and treatment of disease using any of the various sources of radiant energy.

Supervisor: The person who supervises radiologic technologists, clerical staff, and other support personnel of the radiology department and/or other imaging areas of the radiology department.
**Unsatisfactory image:** An image of undiagnostic quality as determined by the qualified radiologic technologist, Clinical Preceptor, or Clinical Coordinator because of patient positioning, exposure factors, motion, artifacts, etc. Unsatisfactory images performed by a student must be repeated with direct supervision by the qualified radiologic technologist.
SAMPLE CLINICAL FORMS:
MAGNETIC RESONANCE IMAGING (MRI) SCREENING FORM
Midwestern State University Bachelors of Science in Radiologic Technology

WARNING: Certain implants, devices, or objects may be hazardous to you. **Do not enter** the MRI system room or MRI environment if you have any question or concern regarding an implant, device, or object.

The MRI system magnet is **ALWAYS** on!

Please go through the list below. If you answer yes to any of the following, please visit with your clinical coordinator before entering the MRI environment.

<table>
<thead>
<tr>
<th></th>
<th>Yes □</th>
<th>No □</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Aneurysm clip(s)</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Cardiac pacemaker</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Implanted cardioverter defibrillator (ICD)</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Electronic implant or device</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Magnetically-activated implant or device</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Neurostimulation system</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Spinal cord stimulator</td>
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<td>Yes □</td>
<td>No □</td>
<td>Internal electrodes or wires</td>
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<td>Yes □</td>
<td>No □</td>
<td>Bone growth/bone fusion stimulator</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Cochlear, otologic, or other ear implant</td>
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<td>Yes □</td>
<td>No □</td>
<td>Insulin or other infusion pump</td>
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<td>Yes □</td>
<td>No □</td>
<td>Implanted drug infusion device</td>
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<td>Yes □</td>
<td>No □</td>
<td>Any type of prosthesis (eye, penile, etc.)</td>
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<td>Yes □</td>
<td>No □</td>
<td>Heart valve prosthesis</td>
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<td>Yes □</td>
<td>No □</td>
<td>Eyelid spring or wire</td>
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<td>No □</td>
<td>Artificial or prosthetic limb</td>
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<td>Yes □</td>
<td>No □</td>
<td>Metallic stent, filter, or coil</td>
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<td>Yes □</td>
<td>No □</td>
<td>Shunt (spinal or intraventricular)</td>
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<td>Yes □</td>
<td>No □</td>
<td>Vascular access port and/or catheter</td>
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<td>Yes □</td>
<td>No □</td>
<td>Radiation seeds or implants</td>
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<td>Yes □</td>
<td>No □</td>
<td>Swan-Ganz or thermodilution catheter</td>
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<td>Yes □</td>
<td>No □</td>
<td>Medication patch (Nicotine, Nitroglycerine)</td>
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<td>Yes □</td>
<td>No □</td>
<td>Any metallic fragments or foreign bodies (metal in eyes, shrapnel, etc.)</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Wire mesh implant</td>
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<td>Yes □</td>
<td>No □</td>
<td>Tissue expander (e.g., breast)</td>
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<td>Yes □</td>
<td>No □</td>
<td>Surgical staples, clips, or metallic sutures</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Joint replacement (hip, knee, etc.)</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Bone/joint pin, screw, nail, wire, plate, etc.</td>
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<td>Yes □</td>
<td>No □</td>
<td>IUD, diaphragm, or pessary</td>
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<td>Yes □</td>
<td>No □</td>
<td>Dentures or partial plates</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Hearing aid (Remove before entering MR system room)</td>
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<td></td>
<td>Yes □</td>
<td>No □</td>
<td>Other medically implanted device</td>
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</table>
IMPORTANT INSTRUCTIONS

Before entering the MRI environment or MRI system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry, body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, & clothing with metallic threads.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room!

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

Name of Student: ____________________________

Signature of Student: _________________________

Date ________________________________
<table>
<thead>
<tr>
<th>Task</th>
<th>Tech Initial</th>
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<tbody>
<tr>
<td>1. Tour of Facility</td>
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<td>2. Tour of Department</td>
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<tr>
<td>3. Policies and Procedures</td>
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<tr>
<td>a. Location of Policy and Procedure Manual</td>
<td>___________</td>
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<td>b. Orientation to chain of command</td>
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<tr>
<td>4. Location of Equipment</td>
<td>___________</td>
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<tr>
<td>a. Carts</td>
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<td>b. Wheelchairs</td>
<td>___________</td>
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<tr>
<td>c. IV poles</td>
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<tr>
<td>d. Oxygen tanks</td>
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<td>e. Crash carts</td>
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<td>f. Emergency drug trays</td>
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<tr>
<td>g. Suction</td>
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<td>h. Telephones</td>
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<tr>
<td>5. Disaster/Cold/Fire Procedures</td>
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<tr>
<td>6. Telephone Orientation</td>
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<td>7. Personal item storage</td>
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<tr>
<td>8. Smoking policy</td>
<td>___________</td>
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<tr>
<td>9. Parking policy</td>
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<tr>
<td>10. Clock-in, clock-out procedures</td>
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<tr>
<td>11. Restroom key</td>
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________________________
Clinical Preceptor signature

________________________
Date

________________________
Student signature

________________________
Date
ROOM FAMILIARIZATION

NAME ___________________________ DATE: ______________

Clinical Facility ___________________________
Exposure Room ___________________________
Manufacturer of Equipment ___________________________

Highest mAs _______ Lowest mAs _______

Highest kVp _______ Lowest kVp _______

Number of emergency cut-off switches/buttons? _______

Image receptor holder in the room ___Yes ___No Storage location _______

Patient seating options ___________________________

Draw the control panel icons for:

Table  Chest  Free  AEC Cell

Fluoroscopy Tower (if applicable)

Tower Attachments ___________________________

Myelogram stop ___Yes ___No

Fluoro Magnification Options ___________________________

Fluoro Timer Alarm ___________________________

Room Table

Degree of table tilt: Head____ Foot____

Highest table position _____ Lowest table position _____ Patient step assist Y/N

List the table attachments available ___________________________

What is used to clean the table? ___________________________
Upright Bucky
Exists ______ Yes _____ No ______ Tilt ______ Yes ______ No ______ Automatic tracking ______
Number of Image Receptor (IR) batteries ______ Number of IR charging stations ______
Size of image receptors ________________________________________________
Wall Bucky accessories _________________________________________________
Type of Bucky grid ________ Ratio ________
Type of Free grid ________ Ratio ________

Emergency Supplies
Emergency cart or tray ______ Yes ______ No ______ Room Oxygen ______ Yes ______ No
Mobile oxygen storage location __________________________________________
Wall Suction ______ Yes ______ No ______ Mobile Suction ______ Yes ______ No
Biohazard bin ______ Yes ______ No ______ Contrast disposal ______ Yes ______ No
Sharps disposal ______ Yes ______ No ______

Accessory Equipment
Number of lead aprons available? _____________________________
What is the lead equivalency of the aprons? _______________________
How many lead gloves are available? _____________________________
Are sandbags available? _____ Yes _____ No ______
Are gonadal shields available? _____ Yes _____ No ______

Exposure Button
Can the exposure button engage without exposure ______ Yes ______ No
How do you make an exposure? ________________________________________
How do you know if an exposure is complete? ____________________________

_____________________________ ________________________________
Clinical Preceptor Signature Date
## REPEAT LOG

<table>
<thead>
<tr>
<th>Date (accession)</th>
<th>Exam</th>
<th>S#</th>
<th>Technique kVp@mAs</th>
<th>#Repeats: Include Position &amp; Reason</th>
<th>Tech Initials</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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Clinical Instructor signature
REPEAT ANALYSIS

Student Name ____________________________________________

Clinical Facility ________________________________ Semester ______

This analysis is for the clinical period from __________ to __________

Reasons for repeat:                            # (number of images)
  1. Overexposed   __________
  2. Underexposed  __________
  3. Patient Motion __________
  4. Centering      __________
  5. Positioning    __________
  6. Other          __________

A. Total number of radiographic images taken __________
B. Total number of repeats taken during this period __________
C. Calculate to get % of repeats  B x 100 = __________

1. Analyze the above information and give reasons for repeated radiographic images.
   ________________________________________________________________

2. What is the most common reason for repeat examinations?
   ________________________________________________________________

3. How can this problem be corrected?
   ________________________________________________________________

________________________  __________________________
Student signature          Clinical Instructor signature
<table>
<thead>
<tr>
<th>CHEST AND THORAX</th>
<th>RT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest AP - Wheelchair or Stretcher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ribs (Above D) or (Below D)</td>
<td></td>
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<tr>
<td>SC Joints*</td>
<td></td>
<td></td>
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<tr>
<td>Sternum*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft Tissue Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPPER EXTREMITY</td>
<td>DATE</td>
<td></td>
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<tr>
<td>Finger</td>
<td></td>
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</tr>
<tr>
<td>Thumb</td>
<td></td>
<td></td>
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<tr>
<td>Hand</td>
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<tr>
<td>Wrist</td>
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<tr>
<td>Forearm</td>
<td></td>
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<tr>
<td>Elbow</td>
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<tr>
<td>Humerus</td>
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<tr>
<td>Shoulder</td>
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<tr>
<td>Clavicle</td>
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<tr>
<td>Scapula</td>
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<tr>
<td>A-C Joints*</td>
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<tr>
<td>LOWER EXTREMITY</td>
<td>DATE</td>
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<tr>
<td>Toe</td>
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<tr>
<td>Foot</td>
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<tr>
<td>Calcaneus</td>
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<tr>
<td>Ankle</td>
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<tr>
<td>Lower Leg</td>
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<tr>
<td>Knee</td>
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<tr>
<td>Patella</td>
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<tr>
<td>Femur</td>
<td></td>
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</tr>
<tr>
<td>Hip</td>
<td></td>
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</tr>
<tr>
<td>X-Table LAT Hip (Horizontal Beam &amp; Pt. Recumbent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABDOMEN</td>
<td>DATE</td>
<td></td>
</tr>
<tr>
<td>Abdomen (2 View)</td>
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<tr>
<td>Abdomen Decubitus</td>
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<td></td>
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<tr>
<td>Intravenous Urography</td>
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<tr>
<td>HEAD (must have 2)</td>
<td>DATE</td>
<td></td>
</tr>
<tr>
<td>Facial Bones</td>
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<tr>
<td>Mandible</td>
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<tr>
<td>Nasal Bones</td>
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<tr>
<td>Sinoses</td>
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<tr>
<td>Sinus</td>
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<tr>
<td>Zygomatic Archre*</td>
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</tr>
<tr>
<td>Computerized Tomography (CT)</td>
<td>DATE</td>
<td></td>
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<tr>
<td>CT Head</td>
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</tr>
<tr>
<td>CT Chest</td>
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<tr>
<td>CT Abdomen/Pelvis</td>
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<table>
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<tr>
<th>SPINE AND PELVIS</th>
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<th>DATE</th>
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<tbody>
<tr>
<td>Cervical Spine</td>
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<tr>
<td>Thoracic Spine</td>
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<tr>
<td>Lumbar Spine</td>
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<tr>
<td>Pelvis</td>
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<tr>
<td>Sacrum</td>
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<tr>
<td>Coccyx*</td>
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<tr>
<td>X-Table LAT Spine (Horizontal Beam &amp; Pt. Recumbent)</td>
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<tr>
<td>CONTRAST STUDIES</td>
<td>DATE</td>
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<tr>
<td>Arthrogram</td>
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<tr>
<td>Contrast Enema</td>
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<tr>
<td>Cystogram, VCUG</td>
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<tr>
<td>Esophagram (Barium Swallow)</td>
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<tr>
<td>EGD, ERC, ERCP, Pancreatogram</td>
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<tr>
<td>Myelogram</td>
<td></td>
<td></td>
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<tr>
<td>Small Bowel Series</td>
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<tr>
<td>Upper GI Series</td>
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<tr>
<td>SURGERY</td>
<td>DATE</td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td></td>
<td></td>
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<tr>
<td>OR Cholangiogram</td>
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<tr>
<td>C-Arm - 2 projections</td>
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<td></td>
</tr>
<tr>
<td>Surgical C-Arm</td>
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<td></td>
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<tr>
<td>MOBILE RADIOGRAPHY</td>
<td>DATE</td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Chest</td>
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<tr>
<td>Extremity</td>
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<tr>
<td>PEDIATRIC (0-6 Years old)</td>
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<tr>
<td>Abdomen*</td>
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<tr>
<td>Chest</td>
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<tr>
<td>Extremity</td>
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<tr>
<td>Mobile</td>
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<tr>
<td>GERIATRIC (65+) physical or cognitive impairment</td>
<td>DATE</td>
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<tr>
<td>Chest</td>
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<tr>
<td>Extremity</td>
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<tr>
<td>Hip or Spine</td>
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<tr>
<td>GENERAL TRAUMA***</td>
<td>DATE</td>
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<tr>
<td>Upper Extremity (non-shoulder)</td>
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<tr>
<td>Shoulder or Humerus (Scapula Y, Transverse, etc)</td>
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<tr>
<td>Lower Extremity</td>
<td></td>
<td></td>
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<tr>
<td>OBSERVATION ONLY**</td>
<td>DATE</td>
<td></td>
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<tr>
<td>Abdominal Angiogram or Run Off</td>
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<td></td>
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<tr>
<td>Cerebral Angiogram or CTA Head</td>
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</tbody>
</table>

NOTES: * These examinations may be evaluated by simulation.
** No Competency Evaluations will be done from this group.
*** Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patient’s condition.
MIDWESTERN STATE UNIVERSITY

CLINICAL COMPETENCY EVALUATION FORM

Student:__________________________ Date:_____________________
Examination/Procedure:____________________ Clinical Indications:____________________
Patient X-ray #:_____________________
Radiologist Interpretation:
The student will notify the clinical instructor or staff technologist when ready to perform a competency. The examination procedure will be monitored by the evaluator. All skills must be passed to successfully complete a competency.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>1. EVALUATE REQUEST</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checks patient’s identification (ID)</td>
<td></td>
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<tr>
<td>2. PATIENT PREPARATION</td>
<td></td>
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<tr>
<td>Dresses patient, gives explanation of procedure, identifies no contradictions</td>
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<tr>
<td>3. ROOM PREPARATION</td>
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<tr>
<td>Room clean, obtains supplies, sets up for procedure, and uses proper cassettes</td>
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<tr>
<td>4. PROFESSIONALISM</td>
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<tr>
<td>Projects a professional attitude, uses good communication skills, respects patient, and is efficient</td>
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<tr>
<td>5. PERSONAL AND PATIENT SAFETY</td>
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<tr>
<td>Uses universal precautions and proper body mechanics</td>
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<tr>
<td>6. PATIENT POSITIONING</td>
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<tr>
<td>Gives proper breathing instructions and uses proper alignment</td>
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<tr>
<td>7. EQUIPMENT</td>
<td></td>
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<tr>
<td>Uses proper SID and tube angulation</td>
<td></td>
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<tr>
<td>8. RADIATION SAFETY</td>
<td></td>
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<tr>
<td>Uses shielding, collimation, and no repeats</td>
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<tr>
<td>9. EXPOSURE FACTORS</td>
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<tr>
<td>Sets correct technique, AEC and focal spot size</td>
<td></td>
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<tr>
<td>10. IMAGE EVALUATION</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Critiques images proficiently, markers and patient information properly displayed</td>
<td></td>
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<tr>
<td>11. EXAM COMPLETION</td>
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<tr>
<td>Discharges patient completes paperwork and room cleaned up</td>
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</tbody>
</table>

COMMENTS:__________________________

Technologist Signature:__________________________ Date:_____________________
Clinical Instructor Signature:__________________________ Date:_____________________
Student Signature:__________________________ Date:_____________________
Evaluator:__________________________ Approved ________ Denied ________ Date:_____________________

PASS/FAIL
CT EXAM CLINICAL PERFORMANCE EVALUATION FORM

Student: ___________________________ Date: ___________________________
Examination/Procedure: CT ___________ Clinical Indications: ___________
Patient X-ray #: _____________________ CTDI: ___________ DLP: ___________
Radiologist Interpretation: __________________________

The student will notify the clinical instructor or staff technologist when ready to perform an exam. The examination procedure will be monitored by the evaluator. All skills must be passed to successfully complete exam.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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<tbody>
<tr>
<td>1. EVALUATE REQUEST</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Checks patient’s identification (ID)</td>
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<tr>
<td>2. PATIENT PREPARATION</td>
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<tr>
<td></td>
<td>Dresses patient, gives explanation of procedure, checks for possible pregnancy and prepares consent form</td>
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<tr>
<td>3. ROOM PREPARATION</td>
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<tr>
<td></td>
<td>Room clean, obtains supplies, sets up for procedure</td>
<td></td>
<td></td>
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<tr>
<td>4. PROFESSIONALISM</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Projects a professional attitude and uses good communication skills</td>
<td></td>
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<tr>
<td>5. PERSONAL AND PATIENT SAFETY</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Uses universal precautions and proper body mechanics</td>
<td></td>
<td></td>
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<tr>
<td>6. PATIENT POSITIONING</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Gives proper breathing instructions and part centered properly</td>
<td></td>
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<tr>
<td>7. EQUIPMENT MANIPULATION</td>
<td></td>
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<tr>
<td></td>
<td>Properly manipulated gantry based on patient condition in a timely manner</td>
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<tr>
<td>8. RADIATION SAFETY</td>
<td></td>
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<tr>
<td></td>
<td>Uses shielding &amp; collimates</td>
<td></td>
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<tr>
<td>9. SELECTS CORRECT PROTOCOL</td>
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<tr>
<td>10. IMAGE EVALUATION</td>
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<td></td>
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<tr>
<td></td>
<td>Compares cross-sectional images proficiently and patient’s information is properly displayed</td>
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<tr>
<td>11. EXAM COMPLETION</td>
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<tr>
<td></td>
<td>Discharges patient, completes paperwork and room cleaned up</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: _____________________________________________________________

Technologist Signature: ___________________________ Date: ___________
Clinical Instructor Signature: ___________________________ Date: ___________
Student Signature: ___________________________ Date: ___________
Evaluator ___________________________ Approved ___________ Denied ___________ Date: ___________
CLINICAL AFFILIATIONS
### CLINICAL AFFILIATION DISTANCE FROM MSUTEXAS

<table>
<thead>
<tr>
<th>Clinical Affiliates</th>
<th>Distance from MSU</th>
</tr>
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<tbody>
<tr>
<td>Baylor Scott &amp; White of Marble Falls, Marble Falls, TX**</td>
<td>256 miles – 4 hrs 17 mins</td>
</tr>
<tr>
<td>Carrollton Regional Medical Center, Carrollton, TX **</td>
<td>126 miles – 2 hrs</td>
</tr>
<tr>
<td>Chickasaw Nation Medical Center, Ada, OK**</td>
<td>148 miles – 2 hrs 30 mins</td>
</tr>
<tr>
<td>Clay County Hospital, Henrietta, TX</td>
<td>20 miles – 21 mins</td>
</tr>
<tr>
<td>Electra Hospital, Electra, TX</td>
<td>32 miles – 32 mins</td>
</tr>
<tr>
<td>Graham Regional Medical Center, Graham, TX**</td>
<td>61 miles – 1 hr</td>
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<tr>
<td>Kell West Regional Hospital, Wichita Falls, TX</td>
<td>5 miles – 7 mins</td>
</tr>
<tr>
<td>Medical City of Dallas, Dallas, TX**</td>
<td>138 miles – 2 hrs 15 mins</td>
</tr>
<tr>
<td>Medical City of Denton, Denton, TX**</td>
<td>106 miles – 1 hr 45 mins</td>
</tr>
<tr>
<td>Medical City of Lewisville, Lewisville, TX**</td>
<td>118 miles – 1 hr 47 mins</td>
</tr>
<tr>
<td>Mercy Hospital Ada, Ada, OK**</td>
<td>149 miles – 2 hrs 39 mins</td>
</tr>
<tr>
<td>Mercy Hospital Ardmore, Ardmore, OK**</td>
<td>90 miles – 1 hr 37 mins</td>
</tr>
<tr>
<td>Methodist Charlton Medical Center, Dallas, TX**</td>
<td>148 miles – 2 hrs 16 mins</td>
</tr>
<tr>
<td>Methodist Dallas Medical Center, Dallas, TX**</td>
<td>142 miles – 2 hrs 15 mins</td>
</tr>
<tr>
<td>North Texas Medical Center, Gainesville, TX**</td>
<td>84 miles - 1 hr 30 mins</td>
</tr>
<tr>
<td>San Angelo Community Medical Center, San Angelo, TX**</td>
<td>241 miles – 3 hrs 30 mins</td>
</tr>
<tr>
<td>Shannon Medical Center, San Angelo, TX**</td>
<td>234 miles – 3 hrs 30 mins</td>
</tr>
<tr>
<td>Southwestern Medical Center, Lawton, OK**</td>
<td>59 miles – 1 hr</td>
</tr>
<tr>
<td>United Regional Health Care System, Wichita Falls, TX</td>
<td>2.7 miles – 7 mins</td>
</tr>
<tr>
<td>Wilbarger General Hospital, Vernon, TX**</td>
<td>56 miles – 1 hr</td>
</tr>
<tr>
<td>Wise Regional Health System, Decatur, TX**</td>
<td>77 miles – 1 hr</td>
</tr>
</tbody>
</table>

#### Additional Clinical Sites*

| Clinics of North Texas - Midwestern Site, Wichita Falls, TX | 2.6 miles – 7 mins |
| Faith Community Rural Health Clinic, Bowie, TX             | 49.5 miles – 48 mins |
| Texas Scottish Rite Hospital for Children, Dallas, TX**     | 140 miles – 2 hrs   |
| Texas Oncology, Wichita Falls, TX                           | 4.7 miles – 7 mins  |

*Students may be assigned to these additional clinical sites to meet clinical competencies.

**These clinical sites are more than or approximately 1 hour travel from the main campus of Midwestern State University.
ACKNOWLEDGEMENT OF 2021 EDITION OF CLINICAL HANDBOOK
BACHELOR OF SCIENCE IN RADIOLOGIC TECHNOLOGY

My signature below indicates I have read and understand the contents of this clinical handbook. I agree to abide by the policies and procedures outlined and understand I am responsible for adhering to them. I understand noncompliance can result in disciplinary action up to and including dismissal from the radiologic technology program.

Print Name

Student Signature

Date