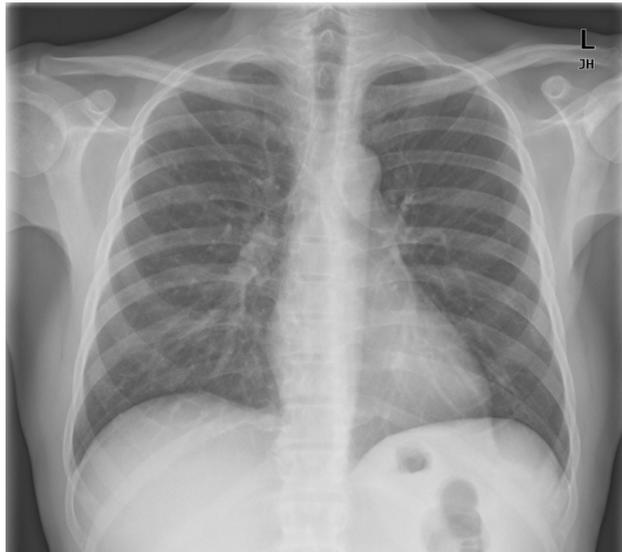


**AL 134 - AL 238 PROGRAM & CLINICAL MANUAL  
RADIOLOGIC TECHNOLOGY (RADIOGRAPHER) PROGRAM**

**Manual for 2022-2024 cohort**

**WASHBURN UNIVERSITY OF TOPEKA  
SCHOOL OF APPLIED STUDIES  
TOPEKA, KS**



As the Radiologic Technology program and the world continue to navigate the impact of COVID-19, we reserve the right to alter any aspect of the program to ensure a quality learning experience and environment for our students. Alterations include but are not limited to delayed program start dates, changes in the sequence of course delivery, changes to the posted two-year calendar, and changes to the delivery format of courses.



**WASHBURN UNIVERSITY OF TOPEKA  
RADIOGRAPHER PROGRAM  
AGREEMENT  
PROGRAM COPY**

**An electronic copy will be sent to you for signature and return.**

I certify that I have received a copy of the Washburn University Radiographer Program Student Manual. I understand that these policies apply to each and every course within the Radiographer Program. I understand that I am responsible for providing my own medical insurance, completion of the physical examination form prior to clinical education, maintaining a current CPR certification, providing transportation to and from campus and the clinical facility, providing proof of a second negative tuberculin skin test (PPD) at the beginning of Fall Semester of the second year, and any additional requirements requested by the clinical facility.

I further certify that I have read and fully understand the academic and clinical policies set forth by the Radiographer Program and agree to abide by those requirements. I understand that I have responsibilities as a student in this program and that I may be dismissed from the program if I disregard these policies or ignore my role in the educational process.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Washburn University  
School of Applied Studies  
HEALTH INSURANCE COVERAGE POLICY**

**An electronic copy will be sent to you for signature and return.**

By signing this agreement, I, \_\_\_\_\_, understand that it is the policy of the Radiographer Program at Washburn University to obtain and maintain health insurance throughout the Radiographer Program, including all academic semesters and clinical rotations. I agree to obtain health insurance and provide a copy of the insurance card and policy number prior to the program start date. Furthermore, I understand that the program may request documentation of health insurance coverage at any time during my education in the Radiographer Program at Washburn University and failure to do so is considered **grounds for dismissal** from the Radiographer Program. I will notify the Program Director/Clinical Coordinator should any changes in health insurance coverage occur.

Complete either Part 1 or Part 2 below as applicable.

Part 1: I verify that I continue to have the same health insurance information as submitted by the July deadline for incoming radiographer students.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Part 2: Complete the following information only if new health insurance has been obtained since program start.

**Health Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Name of Policy Holder** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Attach a copy of the new insurance card.

**WASHBURN UNIVERSITY  
ALLIED HEALTH DEPARTMENT  
RADIOGRAPHER PROGRAM**

RE: Policies and Procedures Manual

TO: Admitted Students

**An electronic copy will be sent to you for signature and return.**

**ACKNOWLEDGEMENT OF PROGRAM POLICIES AND PROCEDURES**

\_\_\_\_ I have read and fully understand the academic and clinical policies set forth by the Radiographer Program and agree to abide by those requirements. I understand that I have responsibilities as a student in this program and that I may be dismissed from the program if I disregard these policies or ignore my role in the educational process.

\_\_\_\_ I understand that the ability of the Allied Health Department program to place me in an approved site(s) to complete required clinical/practicum/internship courses may be impacted by circumstances beyond the control of the University and/or Program (such as a pandemic). Temporary suspension or postponement of the required clinical/practicum/internship to a later date may also affect my original projected graduation date.

**AUTHORITY TO PROVIDE CREDENTIALS TO POTENTIAL EMPLOYERS**

\_\_\_\_ I hereby authorize the Faculty members of the Radiographer Program at Washburn University to release information regarding my potential job skills, including academic and clinical performance. This may be done at my request or at the potential employer's request.

\_\_\_\_ I hereby authorize the Faculty members of the Radiographer Program at Washburn University to release information regarding my potential job skills, including academic and clinical performance **only** at my request.

**AUTHORIZATION FOR RELEASE OF WRITTEN DOCUMENTATION**

\_\_\_\_ I hereby authorize the faculty of the Radiographer Program to use any written documentation from the clinical internships (confidentiality of patient, facility, physician, and Radiographer staff will be maintained), written documentation of practical examinations and patient treatment scenarios of case analysis for educational purposes.

**CLINICAL AFFILIATION REQUIREMENTS**

\_\_\_\_ I understand that I will be participating in clinical education during the course of my schooling in the Radiographer Program. As a student in this program I understand and agree to the following:

1. I must abide by the rules, policies, and procedures of the clinical affiliate.
2. If the clinical education site requests additional requirements such as (but not limited to) a drug screen (at student cost), attendance at their organization's orientation, and completion of HIPAA/OSHA training I will complete the requested requirements.
3. I must have reliable transportation and that I am responsible for all costs incurred during travel to and from the Clinical Site, i.e. gas, lodging, meals etc.
4. Clinical hours will be held between fall and spring semesters, spring and summer semesters, and summer and fall semesters.
5. Each student is required by the clinical facility to obtain an influenza vaccination **EACH** fall.

## CONFIDENTIALITY AGREEMENT

\_\_\_\_ I understand that as a student in the Radiographer Program at Washburn University I will work with medical records of actual patients in health care facilities and in the classroom. As a student in the Radiographer Program, I may receive direct or indirect information about current or former patients from other employees, other students, or faculty. It is imperative that confidentiality of the patients' records be maintained for legal and ethical reasons, including confirmation that a patient is receiving radiologic technology examinations/treatments.

Pertaining to Classroom and Clinical Patient Information/Confidentiality, I:

1. Agree to keep all patient/client information confidential according to HIPAA Privacy laws.
2. Understand that any student who breaches patient confidentiality in any manner, where sufficient evidence exists, may be dismissed from the clinical education site and from the Radiographer Program.

## MAINTAINING CURRENT HEALTH INSURANCE COVERAGE

\_\_\_\_ I understand that it is the policy of the Radiographer Program at Washburn University to obtain and maintain health insurance throughout the Radiographer Program, including all academic semesters and clinical rotations. I agree to obtain health insurance and provide a copy of the insurance card and policy number prior to the program start date. Furthermore, I understand that the program may request documentation of health insurance coverage at any time during my education in the Radiographer Program at Washburn University and failure to do so is considered **grounds for dismissal** from the Radiographer Program. I will notify the Program Director/Clinical Coordinator should any changes in health insurance coverage occur.

## MAINTAINING CURRENT CPR CERTIFICATION

\_\_\_\_ I understand that it is the policy of the Radiographer Program at Washburn University to obtain and maintain CPR certification throughout the Radiographer Program, including all academic semesters and clinical rotations. I agree to maintain CPR and provide a copy of the CPR card prior to the program start date and at anytime the certification is renewed. Failure to maintain certification may be considered **grounds for dismissal** from the Radiographer Program.

## ACADEMIC MISCONDUCT POLICY

\_\_\_\_ I understand that all students at Washburn University are expected to conduct themselves appropriately and ethically in their academic work and in the clinical setting. Inappropriate and unethical behavior includes (but is not limited to) giving or receiving unauthorized aid on examinations or in the preparation of papers or other assignments, knowingly misrepresenting the source of academic work, falsifying time records, or misrepresenting clinical documentation. Washburn University's Academic Impropriety Policy describes academically unethical behavior in greater detail and explains the actions that may be taken when such behavior occurs. For guidelines regarding protection of copyright, consult [www.washburn.edu/copyright/students](http://www.washburn.edu/copyright/students). For a complete copy of the Academic Impropriety Policy, contact the office of the Vice President for Academic Affairs, Morgan 262, or go on-line to: [www.washburn.edu/admin/fac-handbook/FHSEC7.htm#VIII](http://www.washburn.edu/admin/fac-handbook/FHSEC7.htm#VIII)

## **PREGNANCY POLICY**

The National Council of Radiation Protection (NCRP) advises that control measures should be taken to avoid or reduce the risk of ionizing radiation exposure to the human embryo or fetus. All pregnant students in the Washburn University Radiographer Program must make the final decision as to their acceptance or non-acceptance of this risk. The National Regulatory Commission currently states that the dose equivalent to the embryo/fetus during the entire pregnancy, due to the occupational exposure of a declared pregnant woman, cannot exceed 0.5 rem. The NCRP recommends that fetal exposure be restricted to an equivalent dose of 0.05 rem per month.

\_\_\_\_ I understand that if I am pregnant or become pregnant during my enrollment in the Radiographer Program, I shall review the full Pregnancy Policy of the Radiographer Program located in the Clinical Manual. I understand that declaring my pregnancy is voluntary and that I am not considered pregnant until I provide written documentation to the program. I may seek the advice and counsel of the Medical Physicist or Radiation Safety Officer of the facility in which I train as well as seek the advice and counsel of my attending physician when determining my options.

## **SUBSTANCE ABUSE POLICY**

### University Policy

The Washburn University Student Conduct Code, approved by the Board of Regents, provides a procedure and rules by which a student will be afforded due process in the matter of alleged violations of university standards, rules and requirements governing academic and social conduct of students. Possession of alcohol and controlled substances on University property or in conjunction with University sponsored activities, except as expressly permitted by state law and University policies, is prohibited (See Student Conduct Code, II Violations P and Q). Directed Practice or Clinical Education is a University sponsored activity activated by student enrollment. A student shall be subject to disciplinary action or sanction upon violation of listed conduct proscriptions.

### Allied Health Program Policy

Allied Health education requires directed practice or clinical education in a variety of health care settings. Health care facilities may be located within Topeka, within East Kansas or outside the state of Kansas. The Student Conduct Code remains in force regardless of student location. Allied Health Programs follow a Code of Ethics, which requires every provider (as well as students) to maintain a competent level of practice. As students involved in clinical education are in direct contact with patients, it is the policy of the Allied Health Department that students performing in clinical education be unimpaired by the consumption of alcohol or controlled substance. Students, who are found to be under the influence of drugs or alcohol, are subject to disciplinary action up to termination from the academic program in which they are enrolled.

\_\_\_\_ I understand that it is the policy of the Radiographer Program at Washburn University that students be unimpaired by the consumption of alcohol or a controlled substance in the classroom or clinical setting and should a student be found to be under the influence of drugs or alcohol, the student will be subject to **disciplinary action up to termination from the academic program** in which the he or she is enrolled.

## **STUDENT SUPERVISION**

\_\_\_\_ I understand that radiographer students be supervised by a qualified radiographer when performing examinations. I understand the requirements of direct and indirect supervision and agree to abide by such.

## **STUDENT EMPLOYMENT**

\_\_\_\_ I understand that students may see and obtain employment, outside of clinical education hours, while completing the Radiographer Program. Students may not work overnight shifts and then arrive for clinical education hours as this action puts the clinical site and their patients at risk. As well, it is the policy of the program that the scheduled didactic and clinical courses be the number one priority of the employed student. Assignments, meetings, clinical hours, etc. will not be rearranged to accommodate work schedules.

Employment of a student in a clinical affiliate facility cannot substitute for clinical education requirements. In cases where students are employed at a clinical site, employment hours will not be during scheduled clinical hours. Students will not receive any wage or salary from clinical affiliates for clinical education hours used to satisfy the clinical education requirement of the program.

While in the employment of the health facility, the individual is not covered by the University liability or worker's compensation policy. As an employee of the health facility, the student is subject to all of the rules, policies and requirements established by the employer.

## **RULES OF ETHICS**

The ARRT requires that all prospective and/or enrolled Radiography students be aware of the "established policy" if the individual has been convicted of a crime. The By-Laws of the ARRT requires that applicants for certification and registered technologists be of a good moral character. This could include but is not limited to, the conviction of either a felony or any offense (misdemeanor or felony) indicating a lack of good moral character for purposes of determining an applicant's fitness for registration or a registrant's right to continue holding a certificate. An applicant who has been convicted of an offense involving moral turpitude may be eligible for registration (assuming he or she has met all other qualifications for registration) if he or she has served his or her sentence(s) (including parole) and has had his or her civil rights restored. The Board of Trustees of the ARRT shall inquire into the circumstances surrounding the commission of the crime in order to determine whether it was an offense involving moral turpitude.

Students concerned that a conviction record could compromise their career may now have the ARRT application pre-reviewed. The "Ethics Pre-application" may be downloaded at <https://www.arrt.org/pdfs/Ethics/Ethics-Review-Pre-Application.pdf> or may be requested by honing the ARRT office at 651.687.0048

\_\_\_\_ I am aware of the ARRT pre-application review.

## **RULES OF ETHICS AND BACKGROUND CHECK**

A requirement for all allied health majors is a criminal background check. Successful completion of the Radiographer Program requires participation in clinical practicum courses. Students can only be placed in clinical practicum courses after a background check has been completed which discloses they do not present a criminal history according to ARRT guidelines.

\_\_\_\_ I attest that no criminal offenses have occurred since my submission of the background check for the radiographer program. If at any time any offense occurs, I will report such to the program director.

## ESSENTIAL FUNCTIONS

Radiography involves the provision of direct care for individuals and is characterized by the application of verified knowledge in a skillful performance of radiological technical functions. Therefore, in order to be retained in the program, all applicants should possess:

- 1) Sufficient visual acuity, such as is needed in the accurate preparation and administration of contrast media and for observation necessary for patient assessment and nursing care.
- 2) Sufficient auditory perception to receive verbal communication from patients and members of the health care team and to assess health needs of people through the use of monitoring devices, such as cardiac monitors, stethoscopes, intravenous infusion pumps, fire alarms, etc.
- 3) Sufficient communication skills (speech, reading and writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary.
- 4) Sufficient gross and fine motor coordination to respond promptly and to implement the skills including the manipulation of equipment, positioning and lifting patients, required in meeting health needs of the patient.

For more detailed information, please see the Essential Functions listed at the program website <http://www.washburn.edu/main/sas/allied-health/radiologic-technology>

\_\_\_\_\_ I have been informed of the Essential Functions of the Washburn University Radiographer Program. I have reviewed the requirements and have asked questions if I was unfamiliar with the standards and skills listed. If I believe I require accommodations, I will request an appropriate accommodation with the Student Services Office (Morgan Hall, Room 135). I realize that it could take up to 2 months to complete the process. I have the ability to meet the standards and skills listed in the Essential Functions and agree to complete the educational requirements for the radiographer program.

## SOCIAL MEDIA POLICY

\_\_\_\_\_ I understand that failure to adhere to the Social Media policy may result in disciplinary procedures. In addition, failure to adequately protect the privacy of confidential patient information may result in dismissal from the clinical site and from the Radiographer Program.

## HUMAN HOLDER POLICY

\_\_\_\_\_ I understand, have reviewed and will comply with the human holder policy.

## MAGNETIC RESONANCE SAFE PRACTICES AND SCREENING

\_\_\_\_\_ I, have read and understand the policy. I attest that the information submitted to the program is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## **Magnetic Resonance Safe Practice and Screening Radiologic Technology Program**

The Joint Review Committee on Education in Radiologic Technology Standard 5 (Health and Safety) requires radiography programs to establish a safety screening protocol for students having potential access to the MR environment. This assures that students are appropriately screened for magnetic wave or radiofrequency hazards.

Student clinical rotations in the radiographer program at Washburn University begin the initial semester of the course-of-study. During clinical assignment in general radiology, students may be in other radiology-related areas such as MRI to provide patient lift assistance, etc. Due to the potential dangers associated with implants or foreign bodies, a safety screening protocol has been established. Students may also request a clinical rotation in MRI during the second year of the program for a more in-depth understanding.

Students are provided with the MRI screening questionnaire during the week of program orientation, which is prior to the start of the clinical experience. If a student answers “yes” to any of the safety criteria, the screening document will then be sent (by the clinical coordinator) onto the MRI supervisor at the primary clinical education setting. The MRI manager will then approve the student for participation. If the MRI supervisor does not approve student clearance, the student may not enter the MRI department or elect a clinical rotation during any clinical assignment. In addition to the MRI supervisor, this information will be shared with the clinical instructor and Radiology Department manager.

Prior to a cleared second year radiographer student rotating through MRI, they have didactic instruction and testing in AL220 Advanced Radiographic Procedures in the fourth semester. This information does cover associated hazards with MRI.

Reminder to students providing assistance within MRI:

- All ferromagnetic metal must be removed prior to entering the magnet area which includes the name tag (ID badge).
- Metallic jewelry such as earrings (another reason the program limits the number of earrings a student can wear), watches, hair clips, other piercings and wedding rings. The program limits usage of cellphones to lunch break only, so this shouldn't be a problem because students don't carry their cellphones routinely.
- No stethoscope, pens or scissors.
- IV poles and other medical equipment must be non-ferrous in order to be in the MRI magnet area.
- Transdermal patches may contain aluminum such as Nicoderm CQ. Remove and then replace with new patch afterwards.

## Magnetic Resonance Safe Practice and Screening

Students must complete the following questionnaire in order to identify possible safety issues during clinical education, since the MR magnet is always on. If the answer to any question below is “yes”, this document will be sent to the MRI department at their clinical education setting for review. **This screening document is due to the clinical coordinator Monday afternoon of orientation.**

Name \_\_\_\_\_

Please indicate if you have any of the following:

Yes	No	
		Aneurysm clip(s)
		Any injury involving metallic fragment or foreign body (eye, other soft tissue, etc.)
		Any type of prosthesis (eye, shoulder, etc.)
		Artificial heart valve, coil, filter and/or stent
		Cardiac Pacemaker or implanted cardioverter defibrillator
		Ear (cochlear) implant, middle ear implant and/or hearing aids
		Electronic implant or device
		External/internal drug pump for Insulin or other medicine
		IV access port
		Implanted post-surgical hardware (pins, rods, etc.)
		Medication patch
		Metallic removable dental work, braces, retainers
		Neurostimulator or spinal cord simulator
		Shunt
		Spinal fixation device or spinal fusion
		Surgical clips, staples or surgical mesh
		Other metal

Explain in further detail if you answered “yes” to any of the above questions.

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Information related to specific radiology clinicals (AL134 – AL238) will be located within the online learning system for that clinical course. This is accessible through My Washburn and then My Courses tab.

**SECTION I:**  
**PROGRAM INFORMATION**



## WELCOME

The Radiographer Program, School of Applied Studies, Washburn University of Topeka, believes that quality patient care is provided by individuals receiving quality instruction, consistent with professional, educational and instructional guidelines.

Washburn is pleased to have you enrolled as a student in radiologic technology (radiographer). You should be proud of your selection into this program, for enrollment is limited. Acceptance into the program signifies belief in your ability to become a member of a demanding profession.

The radiographer program does require a commitment from an individual in terms of time. The scheduled theory classes and clinical education account for approximately 35 hours each week. The study time required by an individual will be beyond that. A more specific listing of hours and assignments may be found under [Degree Requirements](#) and [Clinical Education Plan](#).

The program is designed to help you develop the knowledge, skills, and attitude required to successfully complete the program. As questions or problems arise, please feel free to discuss these with faculty. We are here to assist you in your development to a professional.

This manual is designed to assist in the orientation of new students and to clarify policies and procedures governing your actions and practices while a radiographer student. It is expected that students will be familiar with the following information. This manual is subject to change and/or amendment at the discretion of the program and clinical faculty. After review, if you have any questions, please contact a faculty member for clarification. For additional information, refer to the University catalog which is available online at [www.washburn.edu](http://www.washburn.edu).



## DEGREE REQUIREMENTS

### RADIOLOGIC TECHNOLOGY ASSOCIATE OF SCIENCE

<u>Major Courses</u>	<u>Credit Hours</u>
AL101 Foundations of Health Care	3
AL120 Radiographic Procedures & Patient Care I	3
AL121 Radiographic Procedures & Patient Care II	3
AL130 Radiographic Exposure I	3
AL131 Radiographic Exposure II	3
AL134 Radiology Clinical I	3
AL135 Radiology Clinical II	3
AL220 Radiographic Procedures III	2
AL230 Radiologic Equipment Operation	2
AL231 Radiation Protection & Biological Effects	2
AL236 Radiology Clinical III	3
AL237 Radiology Clinical IV	4
AL238 Radiology Clinical V	4
AL321 Advanced Radiographic Imaging	<u>2</u>
Total	40

#### Related Major Courses

BI250 Introduction to Anatomy *	3
BI230 Introduction to Human Physiology *	3
AL320 Human Disease	<u>3</u>
Total	9

#### University Requirements

EN101 Freshman Composition	3
WU101 Washburn Experience (Freshman Only)	2
Social Science Electives	6
Humanities Electives	6
Natural Science Electives (MA 116) (BI 100)	<u>6</u>
Total	23

\*Biology prerequisite (BI100)

TOTAL CREDIT HOURS 72



## **PROGRAM MISSION STATEMENT**

The Radiologic Technology/Radiographer Program is focused on development of qualified medical imaging technologists who provide optimum patient care through technical competency and professional conduct.

## **PROGRAM GOALS AND OUTCOMES**

1. Students and graduates will demonstrate clinical competence.  
Outcome 1: Students will apply positioning skills.  
Outcome 2: Students will validate proper patient care.
2. Students will utilize critical thinking and problem-solving skills.  
Outcome 1: Students will be able to adapt positioning for trauma patients.  
Outcome 2: Students will perform non-routine exams.
3. Students will be able to communicate effectively.  
Outcome 1: Students will demonstrate written communication skills.  
Outcome 2: Students will demonstrate oral communication skills.

## **PROGRAM ACCREDITATION**

The program has continuing accreditation status of 8-years through the Joint Review Committee on Education in Radiologic Technology. The program operates under a document titled Standards for an Accredited Educational Program in Radiography (2021 edition). The Standards document is posted on the Trajecsys website for review, located in the radiology classroom (Benton 114) or accessed at [https://www.jrcert.org/sites/jrcert2/uploads/documents/2021\\_Standards/2021\\_Standards\\_Radiography\\_02\\_18\\_21.pdf](https://www.jrcert.org/sites/jrcert2/uploads/documents/2021_Standards/2021_Standards_Radiography_02_18_21.pdf). Curriculum content was developed by the American Society of Radiologic Technologists.

As an accredited program, graduates are eligible to sit for the national certification exam through the American Registry of Radiologic Technologists. Earning this credential allows an individual to use the professional designation of RT(R) or Registered Technology in Radiography.

## **JRCERT COMPLAINT RESOLUTION POLICY**

The Radiologic Technology/Radiographer program at Washburn University is accredited by the Joint Review Committee on Education in Radiologic Technology, 20 N. Wacker Drive, Ste. 2850, Chicago, Illinois 60606-3182, 312-704-5300, email: mail@jrcert.org. As such, the program operates under guidelines titled "Standards for an Accredited Educational Program in Radiologic Sciences".

A copy of the Standards is listed on the T-system for student and Clinical Preceptor access. The Standards are also located in the Radiology classroom.

Standard 1.5: "Any individual associated with the program has the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards and/or JRCERT policies. Additionally, an individual has the right to submit allegations against the program if the student believes that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students."

"Contacting the JRCERT must not be a step in the formal institutional or program grievance policy/procedure. The individual must first attempt to resolve the complaint directly with institutional/program officials by following the grievance policy/procedures provided by the institution/program. If the individual is unable to resolve the complaint with institutional/program officials or believes that the concerns have not been properly addressed, the individual may submit

allegations of noncompliance directly to the JRCERT.”

#### Program Procedure:

- If, at any time, one disagrees that the Washburn University Radiologic Technology program is following the Standards, a written complaint will be made to the Program Director and Clinical Coordinator. The program will investigate the complaint, consult with the Allied Health Chairperson and Dean of SAS and provide a written response within 21 days.
- If the student does not feel there has been resolution, the student has the right to contact the JRCERT. All good faith efforts by all parties must be made in an effort to solve the conflict before the JRCERT is contacted. This is simply good policy and the JRCERT will expect that this has occurred before it is contacted.
- In the event that the program has allegations or complaints relating to its non-compliance with the Standards, and the JRCERT, after its due process, agrees that the complaint is valid, the program will make every effort to immediately correct the situation.

Revised 3/16/2021, 11/18/2022

## **UNIVERSITY FACILITIES**

The Radiographer Program has faculty offices in Benton Hall on the Washburn campus. Two energized radiographic units is located on campus in Benton Hall. The laboratory is utilized for procedures and exposure laboratory session. It is also available for individual student practice/assignments when instructors are available. Rules for laboratory use are posted and must be adhered to. Radiographic facilities at the major affiliates may also be utilized for required laboratory assignments, practice and competencies.

Faculty are provided a shared office very close to the dedicated classroom and easily accessible to the students. Anytime a student requests a confidential meeting with specific faculty, the other faculty “steps out “of the office for the discussion.

## **ENERGIZED LAB**

All lab instruction is done under the supervision of a qualified radiographer. The program allows students to practice on the equipment in Lab B outside of scheduled lab times if a qualified radiographer is readily available. The student must email program faculty requesting access to the lab; 24 hours’ notice is preferred.

If a qualified radiographer is not available, the exposure mechanism must be disabled before students can work with the equipment. The program places a lock on the electrical feed to the control panel which completely eliminates the ability to produce radiation.

Access to the mobile lab (Lab A) will only be allowed if a qualified radiographer is available as there is no way to disable the exposure mechanism

## **REASONABLE ACCOMODATION**

If you have a special need that may require accommodation, contact the Diversity & Inclusion Office (Student Services). You may also inform program instructors. For more information, see University course syllabi addition. Some accommodation may be made related to didactic courses and testing.

## **UNIVERSITY CATALOG**

Individuals enrolled in the program should familiarize themselves with the following sections and policies in the University on-line catalog ([www.washburn.edu](http://www.washburn.edu)).

1. Equal Opportunity Policy Statement
2. Sexual Harassment
3. General University Information
4. Academic Policies and Regulations
5. Grading System
6. Admission and Attendance
7. Student Support Services
8. Financial Information
9. Withdrawals

## **FACULTY**

Radiographer Program Full-time Faculty:

Hillary A. Lolley, Assistant Professor and Program Director, 2022;

RT(R) Associates of Science from Washburn University 2005; BHS Bachelors of Health Services  
Admiration, Baker College 2010, MBA Masters of Business Administration, Baker College 2013.

Michele Smith, Clinical Coordinator/Lecturer 2022;

RT(R) Associates of Science from Hutchison Community College 1985; BHS Bachelors Physical  
Science 1994, Masters of Science Physical Science, Emporia State University 1997.

Radiographer Adjunct Instructors are:

- Melinda Chiroy
- Kristi Rouch

## **ADVISORY COMMITTEE**

A representative committee has been appointed to assist in the evaluation and coordination of the program. The advisory committee should be representative of the groups involved in or affected by the educational program. A student representative from the first-year class & from the second-year class will be on the committee. The student members of the advisory committee have the responsibility to gather concerns from class members, attend all advisory meetings and report the committee's activities back to their respective class.

## SPECIAL COSTS

In addition to the University tuition and fees, a radiographer student is expected to provide:

- a. uniforms - approximately \$300
- b. transportation to the clinical site
- c. identification markers (\$25)
- d. CPR certification or recertification (approximately \$25)
- e. KSRT membership (\$25 yearly)
- f. Health insurance
- g. Trajecsys system onetime cost of 150.00 for two years. This system is used for tracking clinical paperwork.
- h. Verified Credentials estimated cost of 95.00 one-time fee. This system is used for tracking immunizations and other program documentation.
- i. Clover Learning for registry review 33.00 a month for 3 months
- j. COVID testing as required by assigned clinical site(s)

## CERTIFICATION

Candidates for certification by the American Registry of Radiologic Technologists (ARRT) must meet the ethics, education, and examination requirements as described in the ARRT Rules and Regulations and must agree to comply with the ARRT Rules and Regulations and the ARRT Standards of Ethics.

Upon successful completion of all requirements (didactic and clinical competency), students may take the ARRT on-line examination. Any incomplete course work will delay one's eligibility for the national exam. The cost of the national examination is \$225.

Candidates must comply with the "Rules of Ethics" contained in the *ARRT Standards of Ethics*. The Rules of Ethics are standards of minimally acceptable professional conduct for all Registered Technologists and candidates. The Rules of Ethics are intended to promote the protection, safety and comfort of patients. Registered Technologists and candidates engaging in any of the conduct or activities noted in the Rules of Ethics, or who permit the occurrence of such conduct or activities, have violated the Rules of Ethics and are subject to sanctions. One issue addressed by the Rules of Ethics is the **conviction of a crime**, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. Offenses that occurred while a juvenile and that are processed through the juvenile court system are not required to be reported to ARRT. Conviction as used in this provision includes a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered, or the sentence is suspended or stayed; or a criminal proceeding where the individual enters a plea of guilty or nolo contendere (no contest). All potential violations must be investigated by the ARRT in order to determine eligibility. Registered technologists and candidates who violate the Rules of Ethics must provide the ARRT with a written explanation, including court documentation of the charges, with the application for examination. The court documentation must verify the nature of the conviction, the nature of the sentence imposed by the courts, and the current status of the sentence. If an applicant is convicted between the time of application and the exam administration date, it is the applicant's responsibility to inform the ARRT immediately and begin the review process.

Individuals who have violated the Rules of Ethics may request a pre-application review of the violation in order to obtain a ruling of the impact on their eligibility to apply for ARRT examination. The individual may submit a pre-application form at any time either before or after entry into an approved educational program, but not within 6 months of graduation. This review may enable the individual to avoid delays in processing the application for examination that is made at the time of graduation. The pre-application must be requested directly from the ARRT. Submission of a pre-application request form does not waive the application of examination, the examination fee, or any of the other application procedures.

Ethics pre-application information and forms may be found at:

<https://www.rrt.org/index.html?content=ethics/preapp.htm>

## **CONFIDENTIALITY OF STUDENT EDUCATIONAL RECORDS**

Protection of students' right to privacy is a program priority and accomplished in a variety of ways. Washburn University website contains information dedicated to FERPA, in order to make students aware of their right to privacy of his/her education records. A release form is also available.

At the program level, educational records requiring confidentiality include:

- Written program application and interview-related records
- Pre-program clearance utilizes Verified Credentials as a secure web source. Data from Verified is shared with clinical education sites, as required for clearance.
- Radiation monitoring reports
- Academic advising sheets
- Clinical-related files are maintained via the Trajecsys website
- Individual student files contain a variety of documents and are located in the program faculty office. These are available upon request.
- Upon graduation, individual student files are scanned and uploaded in a secure manner.

A full explanation of the above procedures is available from program faculty. Revised 3/19/2021



## **Study/Test Taking Tips - Radiography Program**

### Budget Time

- Make a calendar and post it where you can actually see it; the calendar is your written contract
- The calendar focuses you on a study topic(s), rather than "what should I study tonight"
- Be certain to take 1 day off each week from study
- What subject areas are you stronger or weaker in?
- You need preparation time for classes, as well as review time
- Examination preparation is another category

### Study

- What is the need for regular study (reading for class preparation, worksheet, etc.) versus the need for quiet study (examination preparation, a difficult topic, etc.?)
- For actual quiet time: library, have someone take the kids, etc.
- How do you learn: reading, seeing, hearing, writing or a combination of?
- Skim through the entire chapter and then read the first section; at the end of each section, stop and think about what was read
- Read small sections versus larger sections at one time
- Stop and think about what was just read, take notes, compare to the objectives
- Reread the sections if material is still not clear at the end of a chapter
- At home after class: read your notes from that day, rewrite the notes if unclear, and make a notation to ask the instructor at the next class for still unclear points
- Several smaller study sessions are more effective than one marathon study session; take breaks
- Recite material out loud
- In regards to note taking in class: don't need full sentences, but concepts and key points
- Link your thought(s) with a mental picture
- Audio-tape lectures; listen back on your way home
- Note cards are good for: specific facts, key concepts and practice questions
- Practice concepts at clinical if possible
- Need time to prepare for an examination. Study material at least 2 times before a test

### Test Taking

- Negative relaxation techniques: don't cram just before the exam; don't run late in travel time to the exam; one sign of increased stress is a jaw tightly clenched
- Positive relaxation techniques: relax for a couple of minutes just before the exam; take deep, slow breaths; if you notice increased stress during an exam - stop, close your eyes and count to 5 or 10 while concentrating on your breathing
- When beginning the exam, make a few notes
- You don't have to answer the questions in exact order. But remember that rereading a question uses up time
- Read the entire question then determine exactly what is being asked. Is it a definition versus a comparison versus factors that are increased, decreased or maintained?
- What are the key words in the question?
- You may need to underline the key words in a question in order to stay focused
- A rule of thumb: if a recall question takes you more than 1 minute to answer, mark it and move on
- Recognize incorrect answers as well as correct answers
- Have a procedure for marking each choice as you read it as to "no", "maybe", or "yes". You may end up with two "yes" answers, then decide which is best for the situation
- Don't read into the question. If you hear yourself thinking "if" or "but", stop and read the question again
- On the test, draw diagrams, make sample problems, etc. that assist you in thinking out the question and bring you to the answer.
- If you don't understand a question at all, ask for clarification.
- Don't keep changing your answers.
- Be certain that you don't leave any question unanswered.



**SECTION II:**  
**CLINICAL GUIDELINES AND POLICIES**



## **THE PATIENT**

*A Patient is the most important person in any hospital,  
A Patient is not dependent on us -- we are dependent on him,  
A Patient is not an interruption of our work -- he is the purpose of it,  
A Patient does us a favor when he calls -- we are not doing him a favor by serving him,  
A Patient is part of our business -- not an outsider,  
A Patient is not a cold statistic -- he is a flesh and blood human being with feelings and emotions like our own,  
A Patient is not someone to argue or match wits with,  
A Patient is a person who brings us his wants -- it is our job to fill those wants,  
A Patient is deserving of the most courteous and attentive treatment we can give him,  
A Patient is the life blood of this and every other business.*

## **CLINICAL EDUCATION DESCRIPTION**

The radiologic technologist is assigned to various rooms in the radiology department and is expected to be proficient in all aspects of each room.

Therefore, diagnostic clinical or medical imaging is a vital portion of a student's education in the evolution to an effective radiologic technologist.

In order to ensure the student's clinical ability and understanding of the didactic relationship to the clinical setting, the competency evaluation system is utilized.

A student begins his/her clinical education by observation of general department procedures. Students then progress to clinical participation by assisting a staff RT in the execution of duties (passive mode). Upon completing simulated examination in AL 120 and AL 121 Laboratory, the student moves to an active mode of assisting a staff RT in the performance of radiographic examinations. As the student gains experience, he/she will move into an active state of performance. The student will actually perform the examination under direct supervision of a staff RT. When a student feels he/she has mastered a particular examination, a category evaluation for competency can be requested. Upon passing the category competency, the level of direct supervision is removed (Exceptions: first semester students are always under direct supervision and repeats are always under direct supervision). The student may then gain clinical experience under indirect supervision. Continued competency evaluations will be held periodically to re-examine the student's clinical skills. A final competency evaluation of non-related radiographic examinations must be completed prior to graduation.

1. Observation
2. Passive mode of assistance
3. AL 120 and AL 121 Laboratory evaluations
4. Active mode of performance with direct supervision
5. Competency evaluation(s)
6. Active mode of performance with indirect supervision
7. Continued competency evaluations
8. Final competency evaluation

## **CLINICAL TERMINOLOGY**

**Clinical Laboratory:** After instructor demonstration and student practice, the student will demonstrate the essential clinical skills under simulated conditions.

**Simulation:** The student shall perform the examination on either a phantom or a live subject (not a patient) and simulate the exposure of radiation.

Direct Supervision: is defined as student supervision by a qualified radiographer who: reviews the procedure in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is physically present during the conduct of the procedure, and reviews and approves the procedure and/or image.

Indirect Supervision: A radiologic technologist present in a radiologic department and immediately available to assist the student as needed.

Category: A series of related radiographic examinations that demonstrate ability in an area of the human body, i.e. upper extremity.

Competency: The ability to function within a realm of limited supervision and assume those duties and responsibilities as set forth in course and clinical objectives.

General Competency Evaluation: The procedure by which a student's performance and the resulting image is evaluated.

Continued Competency Evaluation: Radiographic examinations that demonstrate a student's sustained clinical ability

Final Evaluation: A series of non-related radiographic views that demonstrate the ability to radiograph the human body according to accepted professional standards.

## **CLINICAL AFFILIATES**

Clinical education is obtained through the institutions listed below:

Atchison Hospital, 800 Raven Hill Dr, Atchison, KS, 66002; 913-360-5392

Coffey Health Systems, 801 N 4th, Burlington, KS 66839; 620-364-2121, ext. 233

Colmery-O'Neil Veterans Administration Medical Center, 2200 Gage Blvd., Topeka, KS, 66622; 785-350-3111, Extension 52688

Geary Community Hospital, 1102 St. Mary's Road, Junction City, KS, 66441; 785-238-4131

Lawrence Memorial Hospital, 825 Maine, Lawrence, KS, 66044; 785-749-6100

Lawrence Memorial Hospital West Campus, 6265 Rock Chalk Drive Lawrence, KS 66049

Leavenworth VAMC, 4101 S. 4<sup>th</sup> St, Leavenworth, KS 66048

Manhattan Surgical Hospital, 1829 College Ave, Manhattan, KS 66502

Via Christi at Manhattan, 1823 College Ave, Manhattan, KS, 66502; 785-776-2888

Nemaha Valley Community Hospital, 1600 Community Drive, Seneca, KS, 66538; 785-336-2189 x155

Ottawa Family Physicians, 1418 S Main, Suite 5, Ottawa, KS; 785-242-1620, Ext 343

University of Kansas St. Francis Campus, 1700 West 7th, Topeka, KS, 66606; 785-295-8338

Stormont-Vail Health, 1500 West 10th, Topeka, KS, 66604; 785-354-6171

Stormont Vail Health Cotton-O'Neil Clinic, 901 Garfield, Topeka, KS, 66606; 354-9591, ext. 120

Stormont Vail Health, Kanza Park 2660 SW 3rd St Topeka KS 66606; (785) 354-9591

Tallgrass Orthopedics, 6001 SW 6<sup>th</sup> Ave #200 Topeka KS, 785-233-7941

Truman Medical Center, 7900 Lee's Summit Rd, Kansas City, MO 64139; 816-404-7000

TMC Lakewood, 7900 Lee's Summit Road, Kansas City, MO 64139; 816-404-7000

## **CLINICAL PRECEPTORS**

Mike Odgren, RT(R)(CT)(ARRT), Stormont Vail Health, 2022

Kelli Esser, RT(R), St. Francis Hospital and Medical Center, 2007\*

Sherrie Shaw, RT(R), St. Francis Hospital and Medical Center, 2006

Jennifer Dean, RT(R), Kanza Orthopedic Center, 2020

Shawna Hotchkiss, RT(R) VA Medical Center, 2020

Elisabeth Casey, RT(R)(CT), VA Medical Center, 2022

Justin Sump, RT(R), Via Christi at Manhattan, 2016

Shannon Bailey, RT(R), Lawrence Memorial Hospital, 2012

Carlee Funk, RT(R), Atchison Hospital, 2022

Heather Birkinsha, RT(R), Atchison Hospital, 2020

Lynn Bolen, RT(R), Coffey Health Systems, 2007

Janae Pritchett, RT(R), Coffey Health Systems, 2007

Suzann Pryor-Smith, RT(R), Geary Community Hospital, 2018

Devin Muir, RT(R), Geary Community Hospital, 2019\*

Kim Sweet, RT(R), Cotton-O'Neil Clinic, 2019

Penny Barger, RT(R), Cotton-O'Neil Clinic, 2019

Ronda Sunnenberg, RT(R), Nemaha Valley Community Hospital, 2015

Erika Perry, RT(R), Ottawa Family Physicians, 2016

Lindsay Giaridan, RT(R) Tallgrass Orthopedics

Bailey Furse, BHS RT(R), Truman Medical Center, 2020

Priyanka Patel, RT(R)(N)(CT), 2015

Stephanie Eggers

Joshua Linn

Kim Rowden, RT(R), Manhattan Surgical Hospital. 2019

Revised 2/15/2022, 5/9/22

## **CLINICAL EDUCATION DUTIES**

Any facility personnel can report any policy violation to program faculty at any time.

### **Staff Technologists**

#### **Qualifications:**

Hold ARRT certification or equivalent and active registration in the pertinent discipline

#### **Duties:**

- Complete Performance Evaluations
- Complete laboratory evaluations
- Complete category competency evaluations and continued competency evaluations
- Assist & supervise students
- Review image quality with students
- Assures direct/indirect supervision – as appropriate
- Assures images are repeated in the presence of a qualified radiographer
- Provides a positive professional role model for students

### **Clinical Preceptors**

#### **Qualifications:**

Proficient in supervision, instruction and evaluation; two years full-time experience in the professional discipline; holds ARRT certification or equivalent and active registration in the pertinent discipline; be knowledgeable of program goals and curriculum, clinical objectives and evaluation system.

#### **Duties:**

- Schedule Change Approval
- Complete Performance Evaluations and review as needed
- Perform competency, continued competency & laboratory evaluations
- Inform students of hospital procedures & policies
- Communicate program goals & requirements to staff
- Clinical education planning
- Clinical demonstrations
- Counseling
- Clinical orientation for new students
- Assist & supervise students
- Attend Clinical Preceptor and advisory board meetings
- Time sheet approval
- Inspect student uniforms

### **Washburn University Faculty**

#### **Duties:**

- Tardy, Absence, & Compensation Records
- Performance Evaluation Review
- Course Syllabus Preparation
- Room Rotation Assignment
- Competency Evaluations & Continued Competency Evaluations
- Competency evaluation verification
- Laboratory Evaluations
- Clinical Education Planning
- Clinical Demonstrations
- Counseling
- Clinical Orientation
- Student Assistance & Supervision

## CHAIN OF COMMAND

The chain of command in radiology is as follows: Radiologist-in-charge, Radiologists, Radiology Director, Lead Technologist, Staff Technologists, and Students.

Each radiologic technologist has the combined duty of: 1) completion of clinical examinations, and 2) instruction of students. The first duty includes providing proper patient care, completion of the correct examination, correct image latitude and maintaining the patient flow. The second duty includes providing instruction in patient care, exposure factor selection, positioning skills and professionalism development.

One method of positioning will be demonstrated by faculty to the student in the laboratory. The student should keep in mind that this is not the only acceptable method. The student should observe, listen and try various methods and eventually decide upon a method best suited to him/her.

The technologist you are working with is in charge of that room or examination. The technologist has expertise which will be demonstrated to the student. However, due to the comparison of clinical ability between the technologist and student, the student demonstrates a greater need for practice with the technical aspects. The technologist should not perform the majority of examinations.

The technologist in each assigned area will also (on a daily basis):

- a. determine the time for the lunch break
- b. check for proper room cleanliness and supplies
- c. approve departure time
- d. approve practice time for positioning laboratory

If the technologist is not available, then the supervising or lead technologist in diagnostic radiology should be contacted.

## CLINICAL SUPERVISION

Students must have adequate and proper supervision during all clinical assignments. The student to radiography clinical staff ratio must be maintained at 1:1 at all times, regardless of competency achievement. However, if an uncommon procedure is performed (such as skull imaging), it is acceptable for more than one student to be temporarily assigned to one RT(R).

After demonstrating competency, students may perform procedures with indirect supervision. Indirect supervision is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

Students who have not yet achieved competency in an exam remain under direct supervision of a RT. Direct supervision is explained as:

- A. A qualified registered radiographer reviews the request for the examination to determine the capability of the student to perform the examination with reasonable success; or to determine if the condition of the patient contraindicates performance of the examination by the student.
- B. A qualified radiographer is physically present during the conduct of the examination.
- C. The qualified registered radiographer reviews and approves the radiographs prior to the dismissal of the patient. Medical judgment may supersede this provision.

- D. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure.

The Washburn University program policy is that first semester students are under direct supervision for all examinations performed. Thereafter, as each examination competency has been successfully passed, students may drop to indirect supervision. *Indirect supervision is defined as supervision provided by a qualified radiographer immediately available (in the location where the procedure is being performed) to assist students regardless of the level of student achievement.*

Per Accreditation Standards from the Joint Review Committee on Education in Radiologic Technology, Objective 5.4 (Radiography) – Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

**The repeat policy remains in force with indirect supervision. Professional action towards any patient involves a concern for radiation safety. As such, every student technologist must repeat all radiographic examinations while a registered radiographer is physically present with the student. If a registered technologist is not available, the patient should be told that there will be a short wait until a registered technologist arrives. A counseling report will be completed on any student repeating radiographs without the direction of and presence of a radiographer.**

Revised 2/15/2022

## REPEAT POLICY FOR RADIOLOGY STUDENTS WASHBURN UNIVERSITY

### Supervision and Repeats

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

The parameters of direct supervision are:

1. RT(R) reviews the procedure in relation to the student's level of achievement;
2. RT(R) evaluates the patient's condition in relation to the student's ability and knowledge;
3. RT(R) is physically present during the examination conduct of the procedure, and
4. RT(R) reviews and approves the procedure and/or image.

All student radiographs will be reviewed by an RT(R) regardless of the level of competency of the student. Students will not dismiss patients until the radiographs have been reviewed by an RT(R). The reviewing RT(R) will determine the need for repeated radiographs at that time and will be responsible for directly supervising the student repeating the radiograph.

In support of professional responsibility for provision of quality patient care and radiation protection, unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer, regardless of the student's level of competency.

After demonstrating competency, students may perform procedures with indirect supervision. Indirect supervision is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This does not include being available by phone, intercom or pager, but within verbal distance. This availability applies to all areas where ionizing radiation equipment is in use.

All students will document their repeat images along with necessary correction and initials of the supervising technologist on the designated form. The form will be submitted to Washburn faculty at mid-semester and at the end of the semester. The form should be initialed by the Clinical Preceptor prior to submission to Washburn.

Failure to follow the above policy will result in documentation of the incident and a decrease in the clinical grade.

Revised: 2/4/04; 7/09; 7/10; 7/11; 2/14/22

## **CLINICAL EDUCATION PLAN**

A plan for the clinical education segment of the program has been devised. This allows faculty to: 1) provide a plan for the scheduling of the clinical experience, as well as 2) compute the credit hour value of each course.

The plan is flexible in design and may be altered to fit the needs of the radiographer students and program.

### **AL 134 - Fall Semester I**

The week before official University Start of Fall Semester

Clinical Orientation – Monday through Thursday

Weeks 1-15

Tuesday and Thursday - 8 hours/day

Week 16

No scheduled clinical - clinical hour completion & final examinations

Fall Recess

Monday Only - No lecture class/labs

Thanksgiving Recess

Wednesday, Thursday & Friday - No clinical

Semester Break

2 weeks - No clinical

AL 134 = approximately 248 clock hours = 3 credit hours

### **AL 135 - Spring Semester I**

Winter Intersession

10 days clinical

Monday thru Friday - 8 hours/day

Weeks 1-15

Tuesday and Thursday - 8 hours/day

Saturday, optional – 8 hours/day

Weeks 1-15

Fridays, every other - 8 hours

Saturday, optional – 8 hours

Week 16

No scheduled clinical - clinical hour completion & final examinations

Spring Recess

5 days - no clinical

Semester Break

4-5 days - No clinical

AL 135 = approximately 360 clock hours - 3 credit hours

### **AL 236 - Summer Session I**

Summer Intersession

1 week clinical

Monday thru Friday – 8 hours/day

Weeks 1-8

32 hours/week

Week 3

\*May begin Evening shifts  
Session Break  
2 weeks - No clinical  
AL 236 = approximately 296 clock hours = 3 credit hours

### **AL 237 - Fall Semester II**

Fall Intersession  
2 weeks clinical  
Monday thru Friday - 8 hours/day  
Weeks 1-15  
Monday, Wednesday and Friday - 8 hours/day  
Saturday, optional – 8 hours/day  
\* Evening shifts  
Week 16  
No scheduled clinical - clinical hour completion & final examinations  
Fall Recess  
Monday & Tuesday - No clinical  
Thanksgiving Recess  
Wednesday, Thursday and Friday - No clinical  
Semester Break  
2 weeks - No clinical  
AL 237 = approximately 432 clock hours = 4 credit hours

### **AL 238 - Spring Semester II**

Winter Intersession  
2 weeks  
Monday thru Friday - 8 hours/day  
Weeks 1-15  
Monday, Wednesday, Friday - 8 hours/day  
Saturday, optional – 8 hours/day  
\* Evening shifts  
Week 16  
No scheduled clinical - clinical hour completion & final examinations  
Spring Recess  
No clinical  
AL 238 = approximately 392 clock hours = 4 credit hours

**\* = A total of 12 shifts completed between June 1<sup>st</sup> and mid-May.**

Clinical Education Plan - Rotation Emphasis

AL 134 - Diagnostic, surgery/mobile, and transport (at selected sites)  
AL 135 - Diagnostic, surgery/mobile  
AL 236 - Diagnostic, surgery/mobile, evening  
AL 237 - Diagnostic, surgery/mobile, evening & imaging modality  
AL 238 - Diagnostic, surgery/mobile, evening & imaging modality

Total hours are approximately 1728; credit hours for clinical education are computed at a range of 80-120 clock hours. Example: AL134 Radiology Clinical I has an assigned credit hour value of 3.0 which computes to 82.6 clock hours per credit hour. As per accreditation policy:

- Students cannot be scheduled for more than 10 clinical hours in any one day regarding student and patient safety.
- The combination of didactic and clinical hours cannot exceed 40 hours weekly.
- Hours exceeding the previous stated limitations are voluntary on the student's part.

## CAMPUS SAFETY AND STUDENT RESOURCES

The Joint Review Committee on Education in Radiologic Technology Standard 5 (Health and Safety), specifically standard 5.5, requires that the sponsoring institution and program have policies and procedures that safeguard students' health and safety. The radiologic technology program at Washburn University complies with this standard by communicating and adhering to the following university policies.

Washburn University has implemented iAlert, a mass message emergency notification system that significantly enhances the ability to maintain a safe academic environment for staff, faculty, and students.

- When an alert is sent, all users will receive an email at their washburn.edu email address.
- Users can also choose to receive the alerts via text message and telephone calls by enrolling their telephone numbers at the following website:

All iAlert participants will be informed as quickly as possible in the event of a campus emergency or particular situation to take appropriate and timely measures in response to the event.

iAlert will be used to notify individuals of:

- situations threatening the safety and security of the campus
- closings due to emergency situations threatening the safety and security of the campus

Washburn University is committed to maintaining a safe and secure learning environment for the campus community. Washburn University discloses the reported instances on campus via iAlert. Every active student at Washburn University is automatically signed up for alerts during the mandatory university orientation.

The campus crime statistics report can be accessed via the following link:

[Annual Campus Security Report https://washburn.edu/student-life/health-safety/police/required-reporting/annual-campus-security-and-fire-report.pdf](https://washburn.edu/student-life/health-safety/police/required-reporting/annual-campus-security-and-fire-report.pdf)

Washburn University has regulations and procedures in place to address concealed carry of weapons on campus. Those regulations and procedures can be located at.

<http://www.washburn.edu/concealedcarry>

Updated 2020

## EMERGENCY PREPAREDNESS

In the event an emergency renders a clinical site incapable of supporting a quality learning environment for students, the following will occur.

1. The student(s) will be removed from the clinical site immediately.
2. Faculty will adjust the clinical semester rotation to facilitate displaced students' movement to other rotational sites. *The program has enough rotation sites to accommodate losing the clinical site that takes the largest number of students.*
  - a. Contact rotation sites and gain clearance for new students(s)
  - b. Communicate new semester rotation via email and Trajecsyst
3. Faculty will meet with the clinical site that was affected by the emergency to develop a reintegration plan. The results of this discussion will determine the program's next steps.

In the event an emergency renders the University Campus incapable of supporting a quality learning environment for students, the following will occur.

1. The faculty will transition curriculum to an online format until resolution to the situation rendering the campus incapable is resolved.

Updated 2020

## **HARASSMENT & DISCRIMINATION**

The University is required by federal laws to address complaints of discrimination and harassment. Faculty are considered responsible employees and as responsible employees, are required to report an incident of discrimination or sexual harassment (e.g., hostile environment, sexual assault, domestic violence, dating violence, stalking) to the university EEO. A faculty member is only required to report the complainant's name but may convey more information at his/her/their discretion.

Sexual harassment may be defined as sexual oriented behavior, demand, comment, or physical contact, initiated by an individual at the workplace, that is a term or condition of employment, a basis for employment decisions or that interferes with the employee's work or creates a hostile or offensive working environment.

While the above statement speaks of wage-related employment, the same may be applied in the education setting as a student. As such, a student has the right to report harassment.

Harassment situations should be reported to either the Clinical Coordinator or Program Director. Prior to the faculty's appropriate action, the student will be asked to write down the incident(s) in detail. The student statement should be notarized and reviewed again with faculty to be certain that all facts are clearly understood. If the student does not feel adequate resolution has been achieved, they will contact the Equal Opportunity Office.-Students and employees may file complaints with the Equal Opportunity Director/Title IX Coordinator,

1. Michelle White online at <https://washburn.edu/statements-disclosures/equal-opportunity/complaint-form.html> or with
2. Washburn University Police at (785) 670-1153.

For supportive measures to be provided, whether or not a formal complaint is filed, the Title IX Coordinator (Dr. Foster) must be notified (785-670-1509).

### **Confidential Resources:**

On-campus: University Counseling Services offers free, confidential counseling to students on any topic, including experiences with sexual assault or relationship violence: <http://washburn.edu/current-students/services/counseling/index.html>

Student Health Services offers confidential, urgent care:  
<http://washburn.edu/current-students/services/health-services/index.html>

Updated 2020, 2022

## **COMMUNICABLE DISEASES**

Washburn University's Radiologic Technology program instructs students in their first semester on preventing the spread of communicable diseases. It is the expectation of the program that students will adhere to the instructed standard precautions. Examples of communicable disease include, but are not limited to: strep, gastroenteritis, pneumonia, impetigo, scabies, etc.

In the event a communicable disease reaches pandemic levels, the program will complete the following steps:

1. Collect information regarding the threat from:
  - a. JRCERT recommendations or modifications to current program requirements
  - b. ARRT recommendations or modifications to current board certification requirements
  - c. CDC center for disease control
  - d. Local health department
  - e. Washburn University recommendations and policy requirements
  - f. Clinical site/Clinical Preceptors
  - g. Students
2. After the information is collected, the program faculty will:
  - a. Develop a plan that adheres to governing agencies' requirements and ensures the safety of the program students.
  - b. The program will communicate to students, clinical site administration, Clinical Preceptor, and university administration via email.
    - i. The finalized plan will be uploaded to the Trajecs system under documents for fast and easy reference.

As the perceived threat environment changes, the program reserves the right to alter any program aspect to ensure a quality learning experience and environment for our students. Alterations include but are not limited to delayed program start dates, changes in the sequence of course delivery, changes to the posted two-year calendar, and changes to courses' delivery format.

## **RADIATION PROTECTION GUIDELINES**

Students will practice radiation protection for the patient, self and others. Following are some radiation protection guidelines:

1. Position yourself behind the lead lined control area when making an exposure.
2. Wear protective devices such as lead aprons, gloves, glasses and thyroid shields when in a room where fluoroscopic and/or radiographic examinations are being performed.
3. Use immobilization devices to hold patients, i.e. sponges.
4. Maintain maximum distance between you and the source of radiation.
5. Always wear monitoring device while in all clinical education areas. Wear monitoring device at collar level. Place outside of apron when wearing lead apron. Monitoring device should be left in the department in the designated area when not being worn. Report any accidental damage to or loss of device to your Clinical Preceptor and Program Clinical Coordinator immediately.
6. Minimize dose by selecting exposure factors appropriate to the patient and the examination.
7. Collimate to the desired anatomy.
8. Use lead shielding if it won't compromise the examination.
9. Report equipment malfunctions to appropriate personnel.
10. When performing mobile examinations, stand at least 6 feet from the x-ray source and wear a lead apron when the exposure is being made.
11. Under no circumstances will the student radiographer or any other human serve as a model for test exposures or experimentation.
12. No holding a patient or image receptor during an exposure – no exceptions. See Human Holder policy/procedure.

Update 5/10/2022

## HUMAN HOLDER

The Joint Review Committee on Education in Radiologic Technology Standard 4 (Health and Safety) requires that students follow practices to keep radiation exposures as low as reasonably achievable (ALARA).

**“Students must understand basic radiation safety practices prior to assignment to clinical settings. Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care”.**

The above statement is clear on the intent which is under no circumstance will a student hold either an image receptor or patient during a radiographic exposure. If holding is needed, the RT(R), family member or other health care professional (nurse, etc.) will provide the assistance.

In the unlikely event that a student has held either a patient or image receptor during an exposure, it must be reported immediately via the Trajecsys system by both the RT and student. The documentation is placed under Evals and Forms: Summary – Clinical Incident and then an email is sent to Clinical Coordinator.

The Clinical Coordinator will meet with the student for clarification of the situation, as well as contact the RT involved. Since the policy is strongly worded as to the purpose, the next step would be activation of the Professionalism policy.

Professionalism policy statement: If unprofessional behavior is demonstrated, a written counseling form will be completed. Any incident will result in a minimum deduction of 5 points (maximum 10) from the final clinical grade. Continuing issues or continued counseling results in consequences ranging from additional point deductions to suspension to dismissal from the program. Circumstances and severity of the counseling issue are considered. At any time, if patient safety is at risk, a student may be dismissed from the program and a failing clinical course grade assigned. Examples include, but are not limited to: 1) failure to call-in prior to scheduled arrival time; 2) inappropriate clinical dress; 3) repeat image without RT supervision; 4) not completing appropriate paperwork (evening clinical, schedule change, etc.); 5) usage of an electronic device other than at lunch break; 6) examination of the wrong patient, 7) Cursing in front of a patient, 7) Usage of a cellphone or laptop during clinical education (non-lunch), 8) Falsifying documents, 9) HIPAA violations, 10) falsifying electronic or paper records or 11) being a human holder for either the patient or image receptor.

## RADIATION MONITORING PROCEDURE

Students will receive a radiation monitoring badge issued by the program.

Second-year students are issued a radiation badge for monitoring radiation doses received while at the clinical site.

First-year students are issued two separate badges:

1. a radiation monitoring badge during on-campus lab-related courses of radiographic procedures and radiographic exposure. This badge remains in the BE114 lab area.
2. the second badge is designated for monitoring radiation doses received while at the clinical site.

The radiation monitoring period is quarterly for both lab and clinical badges. At the end of that period, the clinical coordinator will collect currently issued badges and distribute the new badges. An email will be sent out to all students by the clinical coordinator the week before clinical badges are due. The student must have the badge returned within that week to the clinical coordinator. Failure to meet this requirement will result in a deduction of the clinical grade per incident, as listed in the professionalism policy within each clinical syllabus. 2-5 points.

All badges are managed by the program’s clinical coordinator, i.e., ordering, reviewing reports, and necessary follow-up.

## MONITORING BADGE COST

The cost of the monitoring badge service is \$72 per student for one year. Payment of the \$72 fee occurs before entry into the program and is nonrefundable. This fee will be added to your Washburn tuition and fees costs for AL 130.

If the badge is lost or damaged, the student is responsible for any additional costs related to issuing a new badge. The student will then write a summation of how the incident occurred and submit it to the clinical coordinator for documentation of why no dose was reported for the student during that time. If the badge is lost or damaged more than once, the student will be responsible for any additional costs and receive a deduction in their clinical grade for that semester.

Always wear monitoring device at collar level while in all clinical education areas. Monitoring devices should be left in the department in the designated area when not being worn;

1. Report any accidental damage to or loss of device to the Clinical Preceptor & Clinical Coordinator immediately.
2. Report equipment malfunctions to appropriate personnel.
3. For occupational radiation workers, NCRP Report #116 recommends:
  - a. Annual effective dose equivalent limit of 5 rem (50 mSv).
  - b. Cumulative effective dose equivalent limit of 1 rem X age in yrs. (10 mSv X age)
4. For education & training purposes in which the student is under the age of 18 years:
  - a. Annual effective dose equivalent limit of 0.1 rem (1 mSv)

Students must review and document their radiation detection device. The radiation monitoring report will be posted in the radiologic technology class room for students to review and initial. Report results are posted within 30 days of receipt.

- **Failure of the student to review doses will result in a deduction of points (2-5) from clinical grade. See clinical grades sheets for summation of deductions**

## ACTIONS TO FOLLOW AFTER REVIEW OF DOSES:

- If the report values are less than the defined Level I value, no action is necessary.
- If the report values are between the Level I and Level II values, the Clinical Coordinator will communicate with the Clinical Preceptor at the clinical education site and the student to review clinical activity and identify possible actions that would reduce future exposures.
- If the report value exceeds the established Level II values, the Clinical Coordinator will contact the Clinical Preceptor at the clinical education site to inquire about the possible causes of the excessive dose and inquire about investigational activities. The Clinical Coordinator will communicate with the student regarding the excessive values. A report will be completed by the Clinical Coordinator and reviewed/approved by the clinical sites RSO. Conclusions from the report will identify required modifications or corrective actions. A copy of the report will be reviewed with the student and provided to the student for signature.

See tables below for the NRC 10CFR20 annual occupational dose limits for adults and the investigational limits that will be utilized by the program.

## 10CFR20 Annual Occupational Dose Limits

Total Effective Dose Equivalent for Adults	5 rem or 0.05 Sv TEDE in calendar year
Lens of the eye	15 rem or 0.15 Sv LDE in calendar year
Individual organ	50 rem or 0.5 Sv (DDE + CDE) in calendar year
Skin or extremity	50 rem or 0.5 Sv SDE in calendar year

## QUARTERLY Occupational Safety and Health Administration as low as reasonably achievable investigational levels

	Level 1	Level II
Total Effective Dose Equivalent	125mrem/quarter	375mrem/quarter
Sum of Deep Dose Equivalent to Any Individual Organ or Tissue Other Than Lens of Eye	1250mrem/quarter	3750mrem/quarter
Eye Dose Equivalent	375mrem/quarter	1125mrem/quarter
Shallow Dose Equivalent	1250mrem/quarter	3750mrem/quarter

Updated 4/28/2, 11/8/22

### **ENERGIZED LAB**

All lab instruction is done under the supervision of a qualified radiographer. The program allows students to practice on the equipment in Lab B outside of scheduled lab times if a qualified radiographer is readily available. The student must email program faculty requesting access to the lab; 24 hours' notice is preferred.

If a qualified radiographer is not available, the exposure mechanism must be disabled before students can work with the equipment.

Access to the mobile lab (Lab A) will only be allowed if a qualified radiographer is available as there is no way to disable the exposure mechanism

Updated 9/1/21

### **PROFESSIONALISM**

This term denotes competence or skill expected of an individual enrolled in an allied health care program or working in a patient-care related field. There are several traits seen in a professional such as, but not limited to:

- Placing the patient first; improving their quality of care
- Striving to become an expert in the field through learning

- Doing more than expected
- Able to communicate effectively, i.e. verbally, non-verbally and written
- Honesty in the classroom and clinical setting
- Following policies in a consistent manner
- Commitment to confidentiality
- Positive attitude
- Appearance that shows you care about yourself as a person; therefore, have the capacity to care about others

When an incident occurs that displays a lack of professionalism, the program first seeks to fact-find and then makes a determination of the best course-of-action. Actions within the program may include: Verbal warning, written warning, clinical grade deduction, suspension ranging from one to three days or withdrawal from the program. The program may also choose to refer the student to the Vice President's Office for breach of student conduct or academic impropriety policy. For more information, see <http://www.washburn.edu/current-students/policies-forms/academic-policies.html>.

Professionalism policy statement: If unprofessional behavior is demonstrated, a written counseling form will be completed. Any incident will result in a minimum deduction of 5 points (maximum 10) from the final clinical grade. Continuing issues or continued counseling results in consequences ranging from additional point deductions to suspension (one to three days) to dismissal from the program. Circumstances and severity of the counseling issue are considered. At any time, if patient safety is at risk, a student may be dismissed from the program and a failing clinical course grade assigned. Examples include, but are not limited to: 1) failure to call-in prior to scheduled arrival time; 2) inappropriate clinical dress; 3) repeat image without RT supervision; 4) not completing appropriate paperwork (evening clinical, schedule change, etc.); 5) usage of an electronic device other than at lunch break; 6) examination of the wrong patient, 7) Cursing in front of a patient, 7) Usage of a cellphone or laptop during clinical education (non-lunch), 8) Falsifying images, 9) HIPAA violations, 10) falsifying electronic or paper records or 11) being a human holder for either the patient or image receptor.

## HEALTH

All students are required to submit evidence of good health and immunization. Upon acceptance to the program, each student is sent a medical record form. This form must be completed and returned to the clinical coordinator prior to the beginning of AL 134 Clinical Education I. The physical examination required on the medical record form may be performed at Student Health Services if an individual is enrolled at Washburn University. An individual is required to pay for the laboratory work however.

Any illness or leave of absence requiring a physician's signature will be reflected in an individual's file.

Injuries received at a clinical site during assigned clinical education will be treated at the student's expense. Hospital worker's compensation does NOT cover students during their learning experience.

Any student diagnosed as having a communicable disease will contact the program director immediately. The director will in turn contact the infection control nurse at the appropriate clinical site. Communicable disease may include, but is not limited to the following: AIDS, hepatitis, resistant staph, strep throat, pneumonia, influenza, meningitis, German measles, scabies, impetigo, chicken pox or rubeola measles.

Any student who has been treated, hospitalized or absent due to pregnancy, surgery, injury, serious physical or mental illness or emotional disorders must present medical documentation of:

- a. Ability to participate without restriction in classroom, college laboratories and clinical areas.
- b. Adequate physical, mental and/or emotional ability to continue in the program of study.

The Hepatitis A vaccination is available at Student Health. Hepatitis A is a highly contagious viral disease. It attacks the liver. Based on recent statistics, about 124,000 people in the United States are infected each year.

It is most commonly spread from person to person, mostly through fecal contamination and then hand to mouth contact, or through food prepared by infected food handlers. The cost is approximately \$25.00. You would receive a booster one year later.

The Hepatitis B series is a 3-series vaccine. Following the first injection, the second shot is given a month later and the third is given 5 months later. A titer, which tests antibody level, should then be performed.

Reviewed 9/1/21

## **STUDENT INCIDENTS/INJURIES**

Students must report clinical incidents to the Clinical Preceptor/department manager and Washburn University faculty. A student involved in a clinical incident/injury will follow hospital protocol. Realize that any treatment/testing is at the expense of the student. The student will write a summary of the incident/injury and any treatment/testing which will be kept in the student file.

Reviewed 9/1/21

## **INCOMPLETE GRADES**

Incomplete grades may affect one's financial aid for the following semester, based on the type of financial award. Incomplete grades may be given in didactic (lecture) courses at the discretion of the instructor. However, incomplete grades are not given for clinical courses as related to competency evaluations. The designated semester allows enough time for student skill development and completion of required competency evaluations. The only reason an incomplete would be given in a clinical course would be an extended absence related to mandatory pregnancy leave.

## **LIABILITY INSURANCE**

Washburn University provides all enrolled students in the radiographer program, as well as other allied health students, with liability insurance. Additional coverage is available, if desired, by the individual.

## **PROGRAM & DEPARTMENTAL HONORS**

SAS School Honors: In the School of Applied Studies, students are eligible to receive School honors upon graduation if they fulfill the following minimum requirements:

### Associate Degree Honors

1. A minimum grade point average of 3.5 in the major and correlate courses, with a minimum of 30 hours of degree courses completed at Washburn University.
2. Grade point averages are calculated on all required major and required correlated courses applied to the Associate degree,
3. The recommendation of the department. Individual departments may specify additional requirements.

### Outstanding Radiographer Student

In addition to School of Applied Studies Honors, one individual may be identified by each allied health program. Criteria for the Radiographer Program are:

1. Minimum 3.50 cumulative grade point average and
2. Evidence of a quality scholarship project and
3. Recommend participation in community service (previous 3 years) and/or involvement in a professional society.

## **SEXUAL HARASSMENT**

Sexual harassment may be defined as sexual oriented behavior, demand, comment, or physical contact, initiated by an individual at the workplace, that is a term or condition of employment, a basis for employment decisions, or that interferes with the employee's work or creates a hostile or offensive working environment. While the above statement is speaking of wage-related employment, the same may be applied in the education setting as a student. As such, a student has the right to report harassment.

Harassment situations should be reported to either the Clinical Coordinator or Program Director. Prior to appropriate action by faculty, you will be asked to write down the incident(s) in detail. The student statement should be notarized and reviewed again with faculty, to be certain that all facts are clearly understood. If the student does not feel adequate resolution has been achieved, they will contact the Equal Opportunity Office. See Sexual Harassment Policy, University Catalog. You may review a complete copy of the policy & complaint procedures for sexual harassment, equal education & employment opportunity online under the student tab of My Washburn.

<http://www.washburn.edu/statements-disclosures/equal-opportunity/index.html>

## **STUDENT EMPLOYMENT**

It is recognized that individuals may seek and obtain employment at a health facility associated as a clinical education center with the University. It is the policy of the radiographer program that the scheduled didactic and clinical courses be the number one priority of that employed individual. Assignments will not be rearranged to accommodate the work schedule. Employment of a student in a clinical affiliate/health facility cannot substitute for clinical education requirements. In cases where students are employed at any of the clinical sites, employment hours will not be during scheduled clinical hours. Students will not receive any wage, salary, etc. from clinical affiliates for any clinical education hours used to satisfy the clinical education requirement of the program.

While in the employment of the health facility, the individual is not covered by the University liability policy. As an employee of the health facility, the student is subject to all of the rules, policies, and requirements established by the employer. Students are not allowed to perform competency examinations when completing radiographic examinations as an employee.

The Kansas Board of Healing Arts mandates any student working as a student technologist obtain a signed student supervision letter. The letter protects the student proving there is direct supervision during employment. Contact program faculty for a copy of the letter.

## **CLINICAL EDUCATION FOCUS**

Clinical emphasis is patient care and skill development. Students should refrain from involvement in department politics. Be as neutral as possible in these situations. Should situations arise involving patient care, contact Washburn faculty.

## **UNIVERSITY DUE PROCESS/GRIEVANCE PROCEDURE**

Within any education or work setting, grievances or complaints may arise for a variety of reasons. Due process refers to the formal resolution of a grievance or complaint. At the University level, policies and procedures exist in regards to Student Conduct, Academic Impropriety and Grade Appeal. These are presented in the University catalog.

## **CLINICAL DUE PROCESS/GRIEVANCE PROCEDURE**

Within any education or work setting, grievances or complaints may arise for a variety of reasons. The student should try to deal as an individual with the clinical problem, if possible. If there is fear of reprisal, if the problem affects more than one student, or if the problem continues, the Clinical Preceptor or University faculty will intercede on the student's behalf. The student should report the incident within 21 days after occurrence.

Radiography Faculty will have 21 days to investigate, take action, and report back to the student. During investigation, Faculty may consult with the Radiology Manager and/or Radiologist-in-Charge as deemed necessary.

If satisfactory results are not obtained, the student has 7 days to submit a written petition to the chairperson of Allied Health. The chairperson has two weeks to respond. If the student still has not received satisfactory results, the student has 7 days to submit a written petition as a final appeal to the Associate Dean, School of Applied Studies. The Associate Dean has 10 days in which to respond.

An individual may be released from the Radiologic Technology program for failure to follow University policies and procedures as presented in Student Conduct and Academic Impropriety. While clinical education is conducted off-campus, said policies and procedures are still in force. Each clinical education setting accepts students for fulfillment of clinical objectives, with quality patient care as the overall goal.

1. If a student demonstrates serious deficiencies, a contract for continuance and correction may be created between the program, clinical education setting and student. Breach of the contract by the student will result in program dismissal.
2. Clinical education settings have the right to cancel a student's affiliation based on improper behavior.

### **COURSE GRADE COMPUTATION**

When computing radiologic technology course grades, all components (exams, quizzes, homework, etc.) will be computed to the closest tenth point. (Example: 94.5, 89.3, or 86.8) All evaluation criteria will then be given the proper weights, added together, and rounded up to the closest whole number to determine the final grade. (Example: 84.5 = 85; 84.3 = 84)

### **COURSE GRADE DEFICIENCY AND APPEALS PROCESS**

Enrollment in any Radiologic Technology course is based on acceptance to the program, as well as achieving and maintaining a minimum grade average. Since radiography is a profession in which less than adequate performance may result in poor patient care, standards must be maintained which are high enough to ensure the effectiveness and competency of our graduates. Accordingly, the program grading system may be somewhat different than for other Washburn University courses. Achieving less than the minimum grade average will serve to bar one from enrolling in any subsequent Radiologic Technology course. The program uses the following grading scale, with 78 being the minimum for passing.

- A 92 - 100
- B 85 - 91
- C 78 - 84
- D 70 - 77
- F Under 70

A student who receives a final grade of D or F or withdrawal from a Radiologic Technology course will be removed from the program's course-of-study. To appeal a course grade, see Grade Appeal Policy located in the University catalog.

A student who wishes to repeat the course may appeal to the Radiologic Technology Program Director. A petition, which contains information regarding the reason(s) for the course grade, specific explanations of changes to be made to assure future passing grades, rational for continuing in the program, etc., must be submitted within 10 working days of notification. The Radiologic Technology Retention Committee will then convene. The committee is composed of the program director, the clinical coordinator and a minimum of one Clinical Preceptor/adjunct instructor.

The committee will consider the following: 1) Is this the first D, F or withdrawal from a Radiologic Technology course, and 2) will there be space available in the course and/or program. The committee will also review: 1) the course syllabus, 2) course work completed by the student, 3) grades the student has received in radiologic technology and other courses, and 4) the petition. The committee will make a final decision. Possible findings of the committee might include: 1) approval to repeat the course\*; or 2) permanent withdrawal from the program.

\*If the course is a prerequisite to an upcoming AL course, the student would be unable to continue the AL curriculum until successful completion of the failed course. If the course is not a prerequisite to future AL courses, it could be possible for the student to continue in the program and repeat the course the following year. Radiologic Technology curriculum must be completed within a maximum of three years from the initial fall starting date.

A student who receives a grade of D or F in two radiology courses or withdraws a second time from any AL course is permanently withdrawn from the program.

The Retention Committee will be activated within 2 weeks from receiving the student petition. The student will receive a written decision prior to the beginning of the next semester.

Developed 4/95; Reviewed by SAS Dean and WU legal office 1/97; Revised 1/97.

See also "University Grade Appeal procedure which is located within the online University Catalog".

Updated 4/28/21

## **SCHOOL OF APPLIED STUDIES**

### **Student Program Status Appeals Policy**

Students appealing a decision related to acceptance into a program or termination of status in a program, should follow the steps outlined below.

A student must first attempt to resolve their dispute concerning program status through consultation with the program director or coordinator. The program director or coordinator must be notified in writing by the student of their intention to begin the appeal process. Such notification must be received within 10 working days of the day of the day on which the student receives notification of the decision related to acceptance into a program or termination of status in a program. If satisfaction is not obtained, the student may then appeal this decision to the chair of the department. The Department Chair must be notified in writing by the student of their intention to continue the appeal process. Such notification must be received within 10 working days of the day on which the student was notified of the program director or coordinator's decision regarding the student's appeal. The process shall be terminated if notification is not received within 10 working days. Following meeting with the chair of the department, if the student is still not satisfied with the outcome, they may appeal to the Student Program Status Appeals Committee (SPSA). The Associate Dean of the School of Applied Studies must be notified in writing by the student of their intention to continue the appeal process. Such notification must be received within the 10 working days of the day in which the student was notified of the department chair's decision regarding the student's appeal. The process shall be terminated if notification is not received within the 10 working days. Upon receiving an appeal from the student, the university representative at each level (program director, department chair, or Dean) will reach and communicate a decision to the student as soon as possible, but not more than 30 working days from receipt of the appeal, unless exceptional circumstances occur and are communicated to the student. Meetings may be held remotely if any entity makes such a request.

The SPSA committee will be composed of faculty from the SAS with the associate dean presiding as chair of the committee. Members of the committee will be appointed by the Dean. The Dean will seek to appoint members who do not have a conflict of interest with the petitioner, however, all appointments are final and

cannot be challenged. The committee will include four members and represent a minimum of two departments. The associate dean will not be a voting member of this committee.

It is critical that the student understand the following

1. The burden of proof, which is a preponderance of the evidence, rests with the student who is responsible to present evidence to support the argument.
2. The decision of the SPSA is final.

In this final stage of the appeal process the student must complete the following steps.

1. The student submits a letter of appeal to the SPSA. In that letter of the Appeal the student must:
  - a. Specifically detail what program policy is being challenged
  - b. State clearly how that policy was applied to the student
  - c. Articulate all arguments which support the student's appeal
2. The department chair will submit any materials related to her/his recommendation, including if applicable, materials submitted by the program director.
3. The SPSA will schedule a meeting for argument to be heard by both the student and the program director or chair.
4. The student will be allowed to make a presentation to the committee; however, only arguments stated in the appeal letter will be heard. The program director/chair will be allotted an equal amount of time to present. The amount of time allotted is at the discretion of the committee as long as both parties have equal time allowed. No one other than these individuals will be allowed to make a presentation at the hearing.
5. The student is allowed to bring a person with them for support. If the student decides to bring another person with them to the hearing, then the student must sign a consent form in compliance with FERPA and the privacy of student records (**Appendix F**). The support person in attendance with the student may not address the committee though the student may ask for their advice during the hearing.
6. A committee vote of more than 50% (e.g. 3 out of 4) is required to support the student's petition.
7. The chair of the SPSA will notify in writing the student and the department chair the decision of the Committee.
8. The decision of the SPSA will be final and there will be no more appeals.

Revised policy approved by SAS Faculty 4/2021



## STUDENT PROGRAM STATUS APPEAL (SPSA)

### CONSENT FORM

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Persons other than University officials, as defined by the University under FERPA, are considered third parties under FERPA to which disclosure of education records is not permitted without consent of the student.

Students may choose to complete and submit this form to allow a third party to be present when information from the student's education records are discussed or reviewed. Please note that while this form authorizes Washburn University to share private student information with a designated third party, it does not obligate Washburn University to do so.

Protected records under FERPA include information directly related to a student that is maintained by the institution. This includes, but is not limited to, grade information, disciplinary documentation, and billing and financial aid data. The Student Program Status Appeal (SPSA) process allows the student making the appeal to have a third party support person present during their presentation to the SPSA committee.

For additional information, visit Washburn's FERPA Information page at <http://www.washburn.edu/statements-disclosures/ferpa/> **OR**

The U.S. Department of Education's website at [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

Please enter the name and address of the person who will attend the meeting and may have access to your private student information.

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Relationship to Student</u>
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I understand (1) I have the right not to consent to the person being present during the appeal process, (2) I have a right to revoke this consent at any time.

Student Name: \_\_\_\_\_  
(Print)

Student Signature: \_\_\_\_\_

WIN: \_\_\_\_\_

Date: \_\_\_\_\_



## **VENIPUNCTURE POLICY**

Radiologic Technology students are introduced to infection control, aseptic technique, pharmacology, and drug administration in lecture classes. A lab session is held giving students the opportunity to perform venipuncture on an artificial arm. A mandatory one week rotation is completed at a local laboratory with formal instruction during the second year of the program.

Each clinical site has the option to allow or not allow students to perform venipuncture during clinical education. Any contrast injection **MUST** be under direct supervision.

## **ELECTRONIC COMMUNICATION DEVICES OR APPS POLICY**

Any device or app that permits information sharing are not permitted to be turned on or used within the clinical setting (lunch only). A few examples of such devices are but not limited to cellphones, smart watches and computers. Please give your family members the following numbers for emergency situations. Michele: 785-670-2173; Hillary: 785-670-1535 or allied health secretary: 785-670-2176.

## **CLINICAL DRESS POLICY**

Clothing is a form of non-verbal communication that reflects confidence in ability and judgment, personal behavior and sense of professional image. Patient's perceptions of competence and professionalism of the radiographer are often based on first impressions, which are then processed into stereotypic responses to the image the radiographer presents; thus, the first impression of the radiographer in uniform is the strongest statement of professionalism. It is essential that you present yourselves as professionals; therefore, a strict dress code policy has been developed. This policy will be enforced by the Clinical Preceptor and faculty. Final authority for interpretation lies with the Program Director. Various items pertain to patient/student safety. Students should have the following items in their possession during clinical education: lead markers, ID badge, monitoring device, positioning pocket guide, watch and pen.

### General

- All garments are to be clean, pressed, properly sized, appropriate length and in good repair. Hospital scrub clothes are to be worn only when assigned to surgery or if clothing becomes soiled or damaged during clinical.
- Earrings, necklaces, rings, etc. may be worn in moderation. Earrings will be confined to the ear lobe. For safety reasons, no dangling earrings are allowed. If a student has body piercing, only jewelry for ear piercing may be visible during clinical education experiences. Tongue rings and other facial piercing are not allowed. Necklaces are to be worn inside the shirt or blouse. Safety and patient care concerns are the primary issues concerning this policy.
- Hair, including beards and mustaches, is to be clean, neatly groomed, and kept in such a way as not to interfere with student duties or safety. Hair longer than shoulder length will be tied back in a neat manner to prevent contamination and to decrease the spread of microorganisms. Hairstyles should be conservative and professional.
- Use of excessive fragrances must be avoided. Cosmetics should be conservatively applied.
- Personal hygiene practices are to be sufficient to ensure cleanliness and the absence of noticeable body odor.
- An ID badge should be worn at all times.
- A radiation monitoring badge will be provided and must be worn at all times.
- Nails must be short and well-manicured. Artificial nails and nail jewelry are not to be worn.
- Appropriate undergarments are to be worn at all times.
- Shoes are to be kept clean and polished. Clogs and sandals are prohibited.

Male and female allowed dress includes:

- Solid navy blue scrubs\*, pull-over V-neck top, elastic or drawstring waist, may not be low-rise.
- The fit of the scrubs must allow for freedom of movement and entirely cover the body when reaching up, reaching over and bending down (no skin seen). Scrubs should not be as tight fitting as everyday clothes.
- Visit the following web site: <http://scrubsmag.com/the-top-5-scrubs-fashion-blunders/>
- "Washburn University Radiology Student" must be embroidered in white lettering on the left-hand side of the top
- White or blue hose or socks
- Solid white or color that coordinates with the navy scrubs (no bright colors) uniform or athletic shoes (no high tops, no open toe or open heel) are required.
- If a lab coat is worn, it must be white.
- Only all white shirts or T-shirts may be worn under the scrub top. No design or wording on shirt.
- For cooler environments, only all white long sleeve shirts under scrub top, along with white lab coats is allowed

Note: Students who do not meet the dress code will be dismissed from their clinical assignment by the Clinical Preceptor. Students may return to the assignment when they are properly dressed. Any hours missed will constitute an unexcused absence and must be completed during finals week. Failure to comply with the dress code may result in a verbal warning. Continued non-adherence to the policy will result in a written statement(s) accompanied by a grade deduction for clinical education.

**Students must abide by the clinical site's dress code should it be more stringent than the university policy.**

- **Students assigned to Stormont Vail Health must cover all tattoos per the facility's policy.**
- **\*Students assigned to Truman Medical Center must wear CEIL blue scrubs along with a white lab jacket.**

## COMPENSATION TIME

A responsibility of any radiologic technologist is to attend to the patient as well as completing the procedure. This necessitates placing the patient as a priority. A result of this priority is that breaks, lunch and/or departure time may be delayed. It is the responsibility of each student technologist to complete the examination, whether it is through observation, assistance or performance.

Be aware that breaks and lunch will be taken as the patient schedule permits. Breaks are considered a privilege; however, the student should notify the clinical coordinator if a situation occurs in which a lunch break is not possible. Compensation time will not be given for a missed lunch break.

It is recognized that a schedule for clinical hours is developed for each semester of education. It is again mentioned that while everyone (students, faculty and staff technologists) prefers to leave as scheduled, your responsibility is not fulfilled until patient examinations are completed. If you are unable to stay on a specific day (doctor appointment, job obligation), inform the Clinical Preceptor or faculty.

In requiring student technologists to complete patient examinations past the scheduled departure time, compensation time will be returned to the student as registered on the time sheets. Guidelines for this policy are as follows:

- a. Compensation time will not accumulate until 15 minutes beyond the scheduled departure time. In order to receive the time for additional clinical education, the student must have arrived by the scheduled time on that day.
- b. A student staying beyond the scheduled time but not for examination performance (waiting for a ride, performing lab evaluations) should sign out at the scheduled time and will not receive comp time.
- c. In order to receive compensation time, a time exemption must be completed identifying the exam and technologist you worked with and approved by the CP.
- d. The time accumulated is recorded by faculty on the compensation time form. This record of compensation time is compiled solely from the time sheet. Credit will only be given if time is noted on the online time sheet, a time exemption is completed and approved by the CP.
- e. A student wishing to use compensation time should notify the Clinical Preceptor at that facility and submit a schedule change form.
- f. Any usage of compensation time requires the completion of a schedule change request form and approval by the Clinical Preceptor prior to usage.
- g. Compensation time acquired may be used as clinical hour completion at the end of the semester.

## CLINICAL ATTENDANCE – PART 1 (TARDY & ABSENCE)

A good attendance record for the clinical portion of the program is extremely important. Clinical rotations provide the varied experiences necessary in developing clinical skills and problem-solving ability. Absence from clinical results in missed experiences that are not possible to attain by any other method than completing the required number of clinical hours. Clinical absences reduce the number of days the student has to complete clinical education requirements. A good attendance record is also considered vital by future employers and clinical rotations give the facilities an opportunity to observe future employees.

If a clinical absence or tardy is unavoidable, the student must contact the assigned clinical affiliate (phone) and Washburn University faculty (phone or email) PRIOR to scheduled clinical education. Early notification allows time for making schedule adjustments to best meet the needs of students. Failure to call the clinical site prior to scheduled clinical hours will result in a **minimum** deduction of two (2) percentage points from the final clinical grade. The student is required to log an absence in the Trajecs system the day of the occurrence.

University Closing: Closures for inclement weather are posted on the University website and on IAlert and announced on major radio & TV stations. Students are excused from clinical and classes when the university is closed due to weather. During inclement weather, but when WU is not closed, students should use prudent judgment pertaining to clinical attendance. As always, contact the Clinical Preceptor and faculty prior to scheduled clinical education per non-attendance policy.

Radiographer students are allowed 6 days (48 hours) of excused absences during the five semester program. Any absences beyond the allotted time must be made-up according to policy. The 6 days (48 hours) may be used as you deem necessary (Illness, vacation, appointments, etc.) The student is required to notify the clinical facility prior to the scheduled clinical on the day of absence or the absence may be approved by the Clinical Preceptor prior to a planned absence. The 6 days (48 hours) may be utilized in 8 hour or less increments (you must use a minimum of 1 hour). Any scheduled absences must be documented on a schedule change online document, which must be completed prior to the day of. All hours must be utilized prior to graduation.

Make-up policy: Should make-up hours be required, they must be scheduled with the written permission of the appropriate Clinical Preceptor and follow the guidelines as stated in each clinical course syllabus. Make-up hours will be scheduled during finals week. If make-up consists of more than 24 hours, arrangements will be made in consultation with the program director or clinical coordinator. Weekday absences should be made-up during weekdays, evening absences must be made-up during evening hours. Night hours (3<sup>rd</sup> shift) will not be utilized for make-up hours. The hours must be completed prior to the conclusion of finals week of the appropriate fall/spring semester or no later than one week after the end of the summer semester. Extenuating circumstances will be reviewed on an individual basis.

Clinical attendance is reflected in the final grade in all courses involving clinical hours. Attendance includes absence, late arrival (beyond 30 minutes), and early departure. The following would be considered an excused absence and would not affect the clinical grade:

1. You or your child under physician care (**note** from physician or copy of prescription and completion of schedule change form required within 1 week of return to clinical)
2. Court appearance (clinical must have prior notification with schedule change form completed and documentation of court attendance)
3. Funeral (clinical must have prior notification with schedule change form completed)
4. Students who are in need of a particular clinical day off may arrange for pre-approval with the Clinical Preceptor. A schedule change form **MUST** be completed. A minimum of 1 clinical day of notice will be required for a day to be considered pre-approved. Clinical hours missed due to a pre-approved absence must be completed at the time approved by the Clinical Preceptor.

Each following unexcused occurrence will result in the following grade deductions:

# Unexcused Hrs.		Deduction
1-8 hours	=	2 point deduction
9-16 hours	=	4 point deduction
17-24 hours	=	6 point deduction
25-32 hours	=	8 point deduction
> 32 hours	=	Faculty withdrawal from the program with resulting grade of "F"

Students who attend clinical education must be able to actively participate in clinical activities or will be instructed to leave and the missed hours will need to be rescheduled.

#### Absence scenarios

- 1) It is the beginning of the year and you have 24 hours of excused absence. You are ill and call in sick for the day. Eight (8) hours will be deducted from the 24 hours of excused absence hours you have. You will complete a schedule change form upon return to clinical.

- 2) You are at clinical and become ill. You leave 5 hours early (after completing a schedule change form). 5 excused hours will be deducted from the number of excused absence hours you have.
- 3) You have an appointment and need to be absent from clinical for 2 hours. You have completed a schedule change form and your Clinical Preceptor has signed it. The 2 hours will be deducted from the number of excused absence hours you have.
- 4) You are ill and call in sick. You have utilized your 24 excused absence hours. You will make-up the 8 hours during finals week of the semester in which the absence occurred. For this absence to be excused, you must present a note from a physician or copy of prescription within 1 week and complete a schedule change form upon return to clinical. Without the aforementioned the absence will be considered unexcused and will affect the clinical grade.
- 5) You have an appointment and need to be absent for 3 hours. You have 1 hour of excused absence remaining so the 3 hours will be deducted from this. You will need to complete the remaining 2 hours at a time agreed upon by you and the Clinical Preceptor. Because the absence was pre-approved, the remaining 2 hours will be considered excused.
- 6) You find a flat tire and will be late to clinical. This will probably make you approximately 2 hours late. You call your Clinical Preceptor, it is determined that you have remaining excused hours. The 2 hours will be deducted from those hours.

Clinical hours missed during the semester will be completed during the final examination period of that semester and will be scheduled with the approval of the Clinical Preceptor. Acquired compensation time may be used toward clinical completion hours during final examination week. An individual with more than 24 hours to complete may complete hours prior to finals week (scheduled at the discretion of university and clinical faculty), but must leave 24 hours for completion during the final examination period.

Be aware that non-completion of clinical education hours will result in an "F" grade for that clinical education course.

A good attendance record also includes promptness. Tardiness is also a trait considered undesirable by clinical staff as well as future employers. Any time in excess of 30 minutes is considered clinical absence time. Be reminded that students are expected to be in their assigned area at the appropriate time, not arriving at the facility.

One tardy is allowed per clinical course without a penalty. Each following occurrence will result in the following grade deductions: *\*If a student clocks in 3 minutes late a tardy will be documented.*

<b># Tardiness</b>	<b>Deduction</b>
1 =	1 point deduction
2 =	2 point deduction
3 =	4 point deduction
4 =	6 point deduction
5 =	8 point deduction
6 =	10 point deduction
7 =	12 point deduction
8 =	14 point deduction

Excessive absences/tardiness may result in dismissal from the program. This decision would be made in conjunction with the assigned clinical education setting and the radiographer program

Any grievance related to deductions due to clinical non-attendance must be presented to the Program Director within one month of absence.

## CLINICAL ATTENDANCE – PART II

Regular attendance during radiology clinical (patient-related) is essential since it directly relates to skill development, along with maintenance of established skills. When a student misses either a block of time or multiple days on various occasions during a course, the student's clinical performance is directly impacted. A student cannot develop proficiency or maintain skill when not actively practicing on a routine, scheduled basis. Continuity of patient care cannot be sustained which is a listed item in the "Patient's Bill of Rights". The professional documents of "Code of Ethics" and "Practice Standards" also address providing quality patient care.

The clinical attendance policy allows students 48 clock hours (6 days) of clinical absence for the duration of the Radiographer Program. The policy also addresses grade deductions related to excessive, unexcused absence. Even when a student is under the care of a physician, absence from clinical has a derogatory effect on patient care. If a student is under the care of a physician for a disability, they must contact the Washburn University Student Services Office to arrange for a possible reasonable accommodation. A reasonable accommodation may not fundamentally alter the nature of the program.

A student will be withdrawn from any enrolled clinical course and given a failing grade (F) when excessive absence occurs. Excessive absence is defined as missing 20% of the required clinical hours (beyond the allowed 48 clock hours or 6 days). Whether a student is under the care of a physician or not, the excessive absence policy applies. When a student receives a failing grade of a clinical course, this precludes them from continuing in the program due to course prerequisites.

Legal Office Approved: May 2013

### **FREE LEAVE:**

**Occasionally, the clinical site may experience low volume and choose to allow the student to leave early. This is allowed; however, any free leave that exceeds 1 hour will be taken out of comp time. Meaning, if a student is released two hours early from clinical one hour is free the second hour would be deducted from the student's remaining comp time.**

## TIME SHEET (electronic)

**Clocking in from your mobile phone constitutes fraud, and counts as unprofessional behavior. Points will be deducted per policy.**

A time sheet is utilized by students at each clinical site via the online tracking system (Trajecsys). The purposes of this recording device are:

1. To provide a record of completed hours of clinical education regarding clinical absence and tardy.
2. To provide a review tool for Clinical Preceptors and program instructors.
3. To give a record of compensation hours.

### NOTE:

- A. Each student is expected to record his/her arrival and exit times, not that of his/her classmates.
- B. Failure to clock in and out on a given day constitutes an absence of eight (8) hours.
- C. Failure to clock in or out on a given day will constitute a tardy and a possible grade deduction (see tardy policy).
- D. Should a student stay beyond the scheduled departure time completing a patient exam, the student will submit time exemption via the T-system.

## ID MARKER (IMAGE) POLICY

It is the expectation of the Radiographer Program that students will place their right/left marker on each image prior to exposure, rather than annotate the data post-exposure. The focus of this practice relates not only to attention and accuracy of detail during exam performance, but also to potential medicolegal issues. If annotation of the right/left marker occurs during a competency evaluation, full credit will not be given in this section.

## CLINICAL SETTING TRANSFER WITHIN THE RADIOGRAPHER PROGRAM

When a currently enrolled student in the Washburn University program desires to transfer to a different primary clinical education setting, the following applies:

1. Student will submit an email to full-time program faculty that contains: 1) request for transfer to (name) clinical education setting and 2) reason for change.
  - A. If a clinical student position is available proceed to step 2 of this policy.
  - B. If no clinical student position is available, program faculty will initiate an email to current student cohort, inquiring about the willingness to switch clinical sites.
    1. If a student agrees to switch proceed to step 2 of this policy.
    2. If no student agrees to switch the program does not feel it is a reasonable accommodation to require another student to switch. At which point the student will not be able to continue progression within the program. These situations will be assessed on a case-by-case basis. Possible outcomes include, but are not limited to, delayed clinic education experience, one-year leave of absence to resume proper course sequence, or possible withdrawal from the program.

2. Program faculty will send this email directly onto the Clinical Preceptor at the potential site. The Clinical Preceptor can 1) request more information from faculty as to the student's performance at their current assigned site, 2) request more information from the student via email, phone and/or 3) require the student to spend one day observing at the potential site.

3. After information has been reviewed by the Clinical Preceptor at the potential site, they will respond to program faculty as to acceptance or declination of transfer. If the site declines, the transfer is cancelled. The program will NOT force a clinical site to accept transfer.

4. If the transfer is accepted, documentation regarding background check, insurance, immunization, etc. must be sent and clearance to attend is provided via email. Many facilities have a lengthy process involving Human Resources or the Medical Education Staff Office. Any clinical hours missed during the transition period will be completed at the end of the program and may delay graduation and the national certification examination.

5. A clinical transfer contract will be initiated by the program with criteria for obtainment by the student which includes, but is not limited to:

- Room rotation checklist completion
- Orientation objectives
- Length of orientation
- Performance evaluation review

6. Only one primary clinical transfer is allowed during the student's course-of-study in the radiographer program.

Updated: 8/24/2021

## PREGNANCY REGULATION

The National Council of Radiation Protection (NCRP) advises that control measures should be taken to avoid or reduce the risk of ionizing radiation exposure to the human embryo or fetus. All pregnant students in the Washburn University Radiologic Technology Program must make the final decision as to their acceptance or non-acceptance of this risk. The NCRP currently states that the dose-equivalent to the embryo and fetus should be limited to 0.5 rem (5 mSv) during the entire gestation period or 0.05 rem (0.5 mSv) in a month. Based on the above information, these guidelines shall be followed:

Upon confirmation of pregnancy, the student initiates the first step of declaring her pregnancy by **voluntarily** notifying the Program Director or clinical coordinator in **writing**. In the absence of the voluntary, written disclosure, a student cannot be considered pregnant. Detailed program policies will then be reviewed to provide the student with a complete understanding of her status in the program whether she chooses to complete the program during her pregnancy or following pregnancy leave.

The student should, upon notification of pregnancy, seek counsel with the Medical Physicist or the Radiation Safety Officer of the facility in which she trains relating to her recent exposure history, acceptable exposure levels, and radiation protection procedures. Documents concerning protection of and dose to the embryo will be provided. The pregnant student should seek the advice and counsel of her attending physician.

1. The student may voluntarily declare the pregnancy and provide verification (see forms). Once the pregnancy is declared, the student may elect from one of the following options:
  - a. Submit a written request to withdraw from the program,
  - b. Elect to continue in the program with stipulated modifications,
  - c. Elect to continue in the program without any pregnancy modifications,
  - d. Elect to take a leave of absence from clinical, or
  - e. Elect to take a leave of absence from the program
  - f. Declaration of pregnancy may be withdrawn at any time



2. If pregnancy is documented and the student elects to remain in the program, the student will:
  - a. Review and implement radiation safety practices as outlined by NRC Regulatory Guide 8.13, revision 3, June 1999.
  - b. Receive medical clearance by the physician that she will be physically capable to participate in normal clinical education activities (see forms). 
  - c. Perform or participate in all functions and/or procedures
  - d. Sign a release form which states Washburn University and its educational clinical sites will not be liable for injuries incurred.
  - e. Review the clinical facility's radiation protection guidelines with the Radiation Safety Officer.
  - f. If the student wishes to receive accommodations while in the program, she will complete the Physician's Awareness of Pregnancy form and follow the accommodation process by contacting the office of Diversity and Inclusion.

The declared pregnant student must follow the established program policies and meet the same clinical and educational criteria as all other students before graduation and recommendation of the national certifying examination. The pregnant student must also follow the policies established by the clinical facility and will sign the current pregnancy form utilized by the facility. A copy will be kept in the University file.

The declared pregnant student should abide by the following rules regarding her radiation monitoring during her pregnancy:

1. The declared pregnant student will be provided with a second personnel radiation monitor with instructions to wear it at waist level and under the protective apron (when utilized). The radiation monitoring report associated with this badge should reflect that it is a fetal dose monitor. If at any time the abdominal badge suggests the dose to the fetus may be approaching recommended limits, the individual will be advised of the safety hazard to the fetus and allowed to be removed from areas as reasonable in which radiation hazards exist. The individual will be advised to submit a revised accommodation request to University Diversity and Inclusion.
2. During pregnancy, aprons of a minimum of 0.5 mm lead equivalent with wrap-a-around or front and back protection should be utilized at all times when in the areas of potential radiation exposure (maternity protective apron should be worn, if available). In fluoroscopic areas, pregnant students should refrain from patient handling during the fluoroscopic procedures, and should avoid proximity to the patient and to the source of radiation during spot film exposure.
3. If pregnancy is documented and the student elects to remain in the program without any pregnancy modifications, the student will:

Continue clinical and didactic education without modification or interruption. The student accepts full responsibility for her own actions and the health of her baby. She relieves Washburn University, its faculty, and the clinical site of any responsibilities in case of adverse effects.

If at any point the student decides she would like accommodations, she will make accommodation requests through the office of University Diversity and Inclusion. As the pregnancy progresses, and other accommodations may be necessary, the student will need to follow-up with Diversity and Inclusion to have the current accommodations modified.
4. Should the student elect to take a leave of absence from the clinical assignments during her pregnancy, the following will occur:

The student and faculty will develop a plan and the student may submit to University Diversity and Inclusion to determine any adjustments that are reasonable and responsive to the student's temporary pregnancy status. Accommodations may include, but are not limited to, an incomplete for the course, withdrawal from the clinical course, re-taking a semester, taking an online course, taking additional time to finish, etc. Leave should be for as long as the doctor deems necessary and the student will be reinstated to the status held when her leave began, including the opportunity to make-up any work missed. Either situation may result in a delay of graduation and/or sitting for the ARRT examination.
5. Should the student elect to take a leave of absence from the program, the following will occur:

If the student notifies the Program Director of her desire to return, she will be reinstated in the program. Depending on the semester of leave, reinstatement would be after completion of pregnancy leave at the appropriate semester of the next academic year. Leave should be for as long as the doctor deems necessary and the student will be reinstated to the status held when her leave began, including the opportunity to make-up any work missed. Graduation and ARRT examination dates could be affected.
6. Course of action (if declaring pregnancy):
  1. Notification of pregnancy sent to program director or clinical coordinator. The Program will inform the clinical facility and provide copy of notification.
  2. Read NRC Regulatory Guide 8.13 and appendix; discuss with clinical coordinator and Radiation Safety Officer.

3. Meet with the office of Diversity and Inclusion if accommodations are desired. Provide the accommodation form to the clinical coordinator so it may be provided to the clinical facility.
  4. Complete Washburn University/clinical facility release form and physician verification of pregnancy form and send to clinical coordinator.
  5. Copies of forms will then be provided to the clinical facility and the student.
- 
7. At any time, a student may retract her declaration of pregnancy by submitting the request in writing to the Program Director/Clinical Coordinator. (see Notification of Pregnancy Form)
  8. Upon delivery the program recommends a medical leave of not less than six weeks. A release note is required from physician for return.



## NOTIFICATION OF PREGNANCY

Formal, voluntary notification is the only means by which the clinical facility and the Washburn University Radiologic Technology program can ensure the dose to the embryo-fetus is within the current recommended limits for safety to the fetus. In the absence of the voluntary, written disclosure, a student cannot be considered pregnant. Written notification should be given to the Program Director or Clinical Coordinator. For the safety of the student and her fetus, notification of the pregnancy will be communicated to appropriate personnel at the clinical site.

This form should be used for declaration of pregnancy.

## DECLARATION OF PREGNANCY

I, \_\_\_\_\_, am declaring that I am pregnant. I believe that I  
(Print Name)  
became pregnant in \_\_\_\_\_, \_\_\_\_\_ (only the month and year need be provided).  
(Month) (Year)

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 mSv) (unless that dose has already been exceeded between the time of conception and submitting this letter).

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PROGRAM DIRECTOR OR  
CLINICAL COORDINATOR SIGNATURE**

\_\_\_\_\_  
**DATE**

I wish to withdraw my declaration of pregnancy.

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PROGRAM DIRECTOR OR  
CLINICAL COORDINATOR SIGNATURE**

\_\_\_\_\_  
**DATE**



**WASHBURN UNIVERSITY  
RADIOLOGIC TECHNOLOGY PROGRAM  
PREGNANCY RELEASE FORM**

I, \_\_\_\_\_, a student of the Washburn University Radiologic Technology Program currently assigned to \_\_\_\_\_ (Clinical Education Facility) am declaring my pregnancy. I understand the implications (of radiation and other hazards) stated in the Pregnancy Policy and NRC Regulatory Guide 8.13, and agree to adhere to the stated guidelines. I will not hold Washburn University or the clinical education facility/facilities liable in case of abnormalities to this pregnancy which may be caused by radiation exposure.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Witnessed by: \_\_\_\_\_  
Program Director or Clinical Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Radiation Safety Officer of Facility

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Department of Radiology

\_\_\_\_\_  
Date



WASHBURN UNIVERSITY  
RADIOLOGIC TECHNOLOGY PROGRAM

PHYSICIAN'S AWARENESS OF PREGNANCY

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SS#

The student named above is presently enrolled in the Washburn University Radiologic Technology Program. Due to the nature of the program, this student may be exposed to ionizing radiation or other hazards (i.e. lifting, possible exposure to contagious disease, etc.). In order to determine the appropriate precautions, we need the following information:

1. Approximate date of conception \_\_\_\_\_
2. Approximate date of delivery \_\_\_\_\_
3. Present health status \_\_\_\_\_

4. Will the student be under your care during her pregnancy?      \_\_\_ Yes      \_\_\_ No
5. Do you recommend her continuation with Clinical Education?      \_\_\_ Yes      \_\_\_ No
6. Do you recommend that she continue in the program?      \_\_\_ Yes      \_\_\_ No
7. Recommended length of maternity leave \_\_\_\_\_

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date



SUBSTANCE ABUSE  
ALLIED HEALTH DEPARTMENT  
WASHBURN UNIVERSITY

University Policy

The Washburn University Student Conduct Code, approved by the Board of Regents, provides a procedure and rules by which a student will be afforded due process in the matter of alleged violations of university standards, rules and requirements governing academic and social conduct of students. Possession of alcohol and controlled substances on University property or in conjunction with University sponsored activities, except as expressly permitted by state law and University policies, is prohibited [See Student Conduct Code, II. Violations P and Q].

Directed Practice or Clinical Education is a University sponsored activity activated by student enrollment. A student shall be subject to disciplinary action or sanction upon violation of listed conduct proscriptions.

Allied Health Program Policy

Allied Health education requires directed practice or clinical education in a variety of health care settings. Health care facilities may be located within Topeka, within northeast Kansas or outside the state of Kansas. The Student Conduct Code remains in force regardless of student location.

Allied Health Programs follow a Code of Ethics, which requires every provider [as well as students] to maintain a competent level of practice. As students involved in clinical education are in direct contact with patients, it is the policy of the Allied Health Department that students performing in clinical education be unimpaired by the consumption of alcohol or controlled substance. Students who are found to be under the influence of drugs or alcohol, are subject to disciplinary action up to termination from the academic program in which they are enrolled.

Procedure

Reasonable suspicion to believe a student is under the influence of alcohol or controlled substance may exist when:

- a) a controlled substance or alcoholic or cereal malt beverage is in the possession of the student, on his/her person or under her/his control. Under his/her control includes, but it not limited to the student's locker, automobile, book bag, duffel bag; or,
- b) appearance of impairment, including, but not limited to: Increased drowsiness, decreased motor coordination, changes in pupil size, excitation, euphoria, alcohol odor on the breath, intoxicated behavior without alcohol odor, increased or repeated errors, decreased concentration, memory problems, notable change in verbal communication (stuttering, loud, incoherent, slurred, etc.) or written communication, frequent or unexplained disappearances, irrational or aggressive behavior(verbal or physical) and/or disorientation.

The contact person (Clinical Preceptor, clinical supervisor, etc.) shall:

- a) Evaluate whether possession or behavior change(s) constitute reasonable suspicion that a student is under the influence of controlled substance(s) or alcohol;
- b) Document the conditions giving rise to the reasonable suspicion and shall, with at least one witness, obtain from the student a listing of all medications, prescription and over-the-counter, the student is taking;

- c) Contact the appropriate administrator at the health facility and the designated Allied Health Faculty contact person to report the matter;
- d) Relieve the student from performing duties at the facility;
- e) present, in the company of at least one witness, the student with consent/refusal form for laboratory testing of student's urine and/or blood samples; and
- f) In the event student consents to testing, arrange for the collection of the appropriate urine and/or blood sample. If student assignment is at a hospital, appropriate testing will be done there. If not, the student should be driven to a facility that can provide testing. The student is responsible for any costs associated with testing.

Laboratory testing may include, but is not limited to, any or all of the following tests:

- g) Blood alcohol
  - Urine drug screen for street/illegal drugs:
    - Amphetamines/methamphetamines,
    - Cocaine,
    - Class opiates,
    - Phencyclidine (PCP),
    - Marijuana,
    - Class barbiturates, and
    - Class benzodiazepines
  - Urine drug screen for prescription drugs

The student, once relieved from performance of his/her duties, executing the consent/refusal form, and, if consent is given, giving samples, shall be provided transportation to his/her residence.

In the event test results are negative, the student may return to his/her health care assignment after consultation with Allied Health Faculty. If the results are positive, the matter will be reported to the Chair of Allied Health for appropriate action.

**WASHBURN UNIVERSITY  
ALLIED HEALTH DEPARTMENT  
CONSENT FORM FOR DRUG AND ALCOHOL TESTING**

I, \_\_\_\_\_, SS# \_\_\_\_\_, hereby consent to provide a urine and/or blood sample for the purpose of testing for the presence of controlled substance [unlawful drugs and prescription drugs] at a designated laboratory. I understand that I am responsible for payment of said laboratory testing. I authorize release of the test results to the appropriate Allied Health Program Faculty at Washburn University. Test results may be released to other parties as applicable, such as the Chairperson of Allied Health. Call prior to faxing the report to Washburn University, Allied Health Department, 785-670-2170. I understand that refusing to provide a sample(s), tampering with samples or providing false information on a specimen's chain of custody form, may constitute grounds for termination in the educational program. I understand that failure to pass the drug/alcohol test may result in disciplinary action up to and including termination.

Laboratory testing includes the following tests:

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Student Signature: \_\_\_\_\_

Clinical Preceptor/Supervisor Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date and Time: \_\_\_\_\_

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**REFUSAL FORM FOR DRUG AND ALCOHOL TESTING**

I, \_\_\_\_\_, SS# \_\_\_\_\_, do not consent to provide a urine and/or blood sample for the purpose of reasonable cause testing. I understand that refusal to participate in testing may result in my termination in the educational program.

Student Signature: \_\_\_\_\_

Clinical Preceptor/Supervisor Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date and Time: \_\_\_\_\_



## Alcohol and Drug Policy

Washburn University, as an institution receiving federal financial aid for students in attendance, has adopted policies for prohibiting the use of alcohol and other drugs by students and employees in the workplace in compliance with the federal laws and regulations of the U.S. Department of Education. In addition, the University has adopted and implemented an alcohol and other drug prevention program. As part of this program, the University is required to provide the following information annually to all students and employees.

Washburn University prohibits the unlawful possession, use/consumption or distribution of illicit drugs and alcohol by students and employees on the University property or as part of any of its activities. The sale and/or possession of alcoholic beverages is prohibited on campus except as approved by the Washburn University Board of Regents. *(On occasion, state law does permit the University to designate "non-classroom instruction" areas where alcohol liquor may be consumed.)*

Violations of this policy, applicable city ordinances, or state law will result in disciplinary action as well as criminal prosecution. The Washburn University Student Disciplinary Code and Drug-Free Workplace Policy contain these prohibitions and establish appropriate sanctions for violation of University policy.

### Summary of State and Federal Laws Concerning Alcohol and Other Drugs

Federal, state and local laws provide severe penalties for the unlawful possession, use, or distribution of illicit drugs and alcohol.

#### Under Kansas state statutes:

1. Possession of alcoholic liquor/cereal malt beverage by a person 18 to 20 years of age is a Class C Misdemeanor, punishable by confinement up to one month and/or a minimum fine of \$200. The person also may be requested to submit to a State approved rehabilitation /educational awareness program and/or perform 40 hours of community service.
2. Furnishing alcoholic beverages/cereal malt beverage to a minor may lead to imprisonment up to 6 months and/or a minimum fine of \$200.
3. Possession of certain controlled substances may be punishable on a first offense with imprisonment of up to 23 months and/or a fine of up to \$100,000.
4. Possession with intent to sell narcotics may lead, on a first conviction, to imprisonment of up to 57 months and/or a fine up to \$300,000. Personal and real property used in connection with drug trafficking may be seized.

#### Under federal law:

1. Simple possession of controlled substances, other than for possession of a controlled substance with a mixture or substance with a cocaine base, is punishable on a first offense by one year in prison and/or a fine up to \$1,000.
2. First conviction for distribution of narcotics or controlled substances to a person under 21 years of age may result in a sentence of 20 years to life in prison and/or a \$2,000,000 fine.
3. The distribution and/or manufacture of narcotics or controlled substances in or near schools, colleges, playgrounds, community centers, and video arcades is also punishable by imprisonment from 20 years to life and/or a fine of \$2,000,000.

#### Enforcement

As required by law, University officials will forward to the appropriate law enforcement authorities any knowledge they have about suspected violations of laws relating to alcohol and other drugs.

#### Faculty and staff – sanctions

The *WU Policies, Regulations, and Procedures Manual* states that employees who violate the University's prohibitions on the use of alcohol and other drugs will be subject to disciplinary action, which may result in temporary suspension of employment without pay or permanent termination of employment with the University.

**Students – sanctions**

As prescribed in the Student Conduct Code, students who are found to be in violation of the University's policies on the use of alcohol and other drugs may be subject to disciplinary sanctions. These sanctions may include suspension from the University for a stated period of time or expulsion from the University with no possibility of return. The University also reserves the right to notify the parents of students under the age of 21 who have violated the University's alcohol and other drug policies.

**LOCAL AND ON-CAMPUS REFERRAL INFORMATION**

***On Campus***

Alcohol and other drug awareness information is available through Student Health Services, the Counseling and Testing Services, the Office of Student Life, the Alcohol and Drug Abuse Program in the School of Applied and Continuing Education, and the University Police Department. Staff members of the Counseling and Testing Services are available for students and employees to talk about possible substance abuse problems and to make appropriate referrals. In addition, a list of drug counseling and rehabilitation programs in the Topeka/Shawnee County area is available from the Washburn Human Resources Office and the Counseling and Testing Services.

**Counseling and Testing Services** -- Center for Learning and Student Success (CLASS) (Morgan Hall 122, 670-1299). Counselors provide initial assessment and referral resources if needed and a post alcohol treatment (if done) update/follow up. Counseling Services will also provide similar assistance to Washburn faculty and staff.

**Student Health Services** (Morgan Hall 170, 670-1470) - Personnel are prepared to provide initial evaluation, referral and emergency medical support.

**University Police Department** (Morgan Hall 156, 670-1153) - University Police Department provides emergency assistance and maintains a 24-hour phone line.

***Off Campus***

<b>Recovery Center at St. Francis</b> 4646 NW Fielding Rd. Topeka, KS 66618 246-3100	<b>Al-Anon &amp; Al - Teen Family Groups</b> 357-8725
<b>Women's Recovery Center</b> 1324 SW Western Topeka, KS 66604 233-5885	<b>Sims-Kemper Clinical Counseling &amp; Recovery Services</b> 1709 SW Medford Ave. Topeka, KS 66604 233-0666
<b>Battered Women's Task Force</b> YWCA 225 SW 12 Topeka, KS 66612 354-7927	<b>Valeo Behavioral Health Care - Recovery Center</b> 330 SW Oakley Dr. Topeka, KS 66606 233-1730
<b>Alcoholics Anonymous</b> 2100 SW Central Park Ave. Topeka, KS 66611 296-9309	<b>Shawnee Regional Prevention &amp; Recovery Services, Inc.</b> 2209 SW 29th Topeka, KS 66611 266-8666

## **HEALTH EFFECTS OF ALCOHOL AND OTHER DRUGS**

### **Alcohol**

Alcohol is "legal", but it is a drug just the same. Alcohol kills more people and causes more diseases and social problems than all the other drugs put together.

Drinking can cause addiction, and it doesn't matter who you are or what you do for a living. Long-term, heavy drinking is linked to a range of health problems, including heart and liver disease, cancer, ulcers, pancreatitis, and stroke. On average, alcoholics' lives are shortened by 12 years because of drinking.

Drinking is of special concern for pregnant women. Women who drink alcohol during pregnancy may give birth to infants with physical deformities, brain damage, and mental retardation. Collectively, these symptoms are known as Fetal Alcohol Syndrome (FAS); and they are irreversible. If you are pregnant or nursing, do not drink or use drugs.

Other Possible Effects: high blood pressure; increased susceptibility to infection; impotence; diarrhea; enlarged heart; brain atrophy; deficits in problem solving, abstract thinking and difficult memory tasks; links to violence and aggression; accidental death and injury; dementia; blackouts; seizures; memory loss; hallucinations; nausea; and headaches.

### **Stimulants or Amphetamines (*Dexedrine, Methamphetamine or "Crystal", "Crank", and "Speed"*)**

This is a group of drugs that increases alertness and physical activity. Amphetamines increase heart and breathing rates and blood pressure, dilate pupils and decrease appetite. A user can experience insomnia, loss of appetite, sweating, dry mouth, blurred vision, and dizziness. In addition to the physical effects, users feel restless, anxious and moody, become excitable and have a false sense of power and security. People who use large amounts of the drug experience amphetamine psychosis --- they have auditory, visual and tactile hallucinations, feel intensely paranoid/suspicious, have irrational thoughts and beliefs (delusions), and are mentally confused. Amphetamine overdose can also cause cardiac arrhythmias, headaches, convulsions, hypertension, rapid heart rate, coma and death. Amphetamines are psychologically and physically addictive.

### **Nicotine**

Nicotine is the active chemical found in tobacco. Its chief hazards are cancer of the lungs, larynx and mouth. Exposure to second-hand smoke also increases these health risks, even for a non-smoker. Nicotine is a highly addictive stimulant and contributes to approximately 340,000 Americans' deaths annually.

### **Caffeine**

Caffeine is a stimulant found in coffee, tea, soft drinks, cocoa, and in some over-the-counter drugs (e.g., aspirin, diet pills, cough and cold remedies). High doses may cause nausea, diarrhea, insomnia, headaches, nervousness/agitation, and trembling. Caffeine may increase rates of miscarriage and low birth weight. Caffeine withdrawal symptoms include fatigue, headache, nausea and irritability.

### **Cocaine/Crack**

Cocaine is an extremely addictive stimulant. The intense euphoria is short-lived and prompts users to use again and again. Physical effects of cocaine/crack use include increases in blood pressure, heart rate, respiration and body temperature. Continued use produces insomnia, hyperactivity, anxiousness, agitation and malnutrition. Overdoses can be lethal.

### **Anabolic Steroids**

Steroids are lab-made versions of the male sex hormone, testosterone. Side effects include liver and kidney dysfunction, high blood pressure, heart disease, degeneration of the testicles, premature baldness, and acne. Abnormal aggression, mood swings and psychiatric symptoms are linked to steroid use.

## **Hallucinogens**

(LSD, PCP, DMT, Mescaline and Psilocybin) Hallucinogens are a group of drugs that are very unpredictable. "Bad trips" are not uncommon, and the user may experience morbid hallucinations and feel panicked, confused, and paranoid and out of control. The heightened suggestibility and intensified emotions that hallucinogens create worsen any pre-existing emotional problems. Physical effects of hallucinogen use include dilated pupils; sweating; insomnia; loss of appetite; tremors; and increased body temperature, heart rate and blood pressure.

## **Narcotics (*Opium, Morphine, Codeine, Heroin*)**

Narcotics are used medically to relieve pain. Narcotics are also used inappropriately for their mood-altering effects and are both physically and psychologically addictive. Medical problems associated with narcotic abuse include infection of the heart valves, skin abscesses, congested lungs, liver disease, tetanus, anemia and pneumonia. Death can occur from overdose.

## **Sedatives/Barbiturates (*Valium, Librium, Xanax, Quaaludes*)**

Sedatives have appropriate medical uses, but are also drugs of abuse. They cause slurred speech, disorientation and "drunken-like" behavior. They are physically and psychologically addictive. Withdrawal symptoms include anxiety, insomnia, tremors, delirium, convulsions, and possible death.

## **Marijuana**

Marijuana has over 400 different chemical compounds and contains even more cancer-causing agents than are found in tobacco. Even low doses interfere with coordination, perception of time passage, reasoning and judgment, all of which make driving under its influence extremely dangerous. Marijuana use causes short-term memory loss, decreases sperm and testosterone production in men, and may disrupt the menstrual cycle and cause miscarriage and stillbirth in women.

## **SOCIAL MEDIA POLICY** (Allied Health Department Policy)

Social Media can provide students with an opportunity to collaborate and communicate in various, and many times, beneficial and effective means. For program purposes, social media can be defined, but not limited to the following: texting, blogs, emails, eLearn communications, and proprietary platforms such as Twitter, LinkedIn, Facebook, YouTube, Flickr, Vine, Tumblr, Instagram, Snapchat, etc. Web content is by definition public information and as such, no confidential or personally identifying patient information will be published at any time. Postings on these networks that exude any unprofessional behavior should be avoided as it may reflect negatively on the University, the program and the profession that a student represents. In addition, postings on these networks should also not reflect negatively on the clinical institution, clinical staff or any individuals. Recent court decisions have upheld dismissal of students from academic programs where the actions could be deemed as materially disruptive to the education process, i.e. actions that could impact the future viability of the program, such as clinical sites being uncomfortable accepting students because of current behaviors.

It is important for students to understand that many state and national organizations providing licensure, certification and registration have established policies and procedures regarding patient-confidentiality standards. Failure to protect patient privacy is considered an ethics infraction and may have an impact on one's future professional practice. Remember the following guidelines often referenced by others concerning the use of social media: be respectful, be careful, be responsible, and be accountable. What you post online is not personal and is usually permanent.

Be aware that in many instances around the country, involving both employees and students, such communications are not discovered because the institution is lurking online trying to find these things, but eventually someone who gains access to the post tells someone who is connected to the institution and at that point, the institution and clinic program cannot ignore what is being posted.





**SECTION III:  
CLINICAL OBJECTIVES**



## CLINICAL ASSIGNMENT

Radiographer students are assigned to a cluster of radiology facilities for clinical education (patient related) prior to the start of the program. Clinical education provides the opportunity to apply knowledge learned in the classroom and lab setting, as well as development of the necessary skills to be successful as a radiographer. Entry-level skill is mandatory in the areas of patient care, communication, radiation safety, routine and non-routine procedures, professionalism, equipment usage and proper application of radiation. Through assignment at two or more radiology facilities, the radiographer student develops the necessary flexibility and adaptability with exam protocols, equipment, variable patients and different radiologists.

Students may be assigned to one primary clinical site for the initial year of the program and then rotate out during the second year for an extended period. Assignment to a secondary clinical site ranges from 8-16 weeks depending on a variety of factors, i.e. pediatric volume.

- When transferring to another clinical site, two documents are completed on the T-system: Orientation (to the applicable site) and Equipment Checklist. These documents must be completed in the first two weeks of the new assignment as part of the orientation process.

Clinical education assignments for the current academic year include:

- Group 1: Atchison (with clinic), VAMC Leavenworth and Truman Medical Center
- Group 2: KU St. Francis, and VAMC (Topeka)
- Group 3: Geary Community Hospital (with orthopedic clinic), Via Christi at Manhattan & Manhattan Surgical Center
- Group 4: Lawrence Memorial Hospital, Lawrence West, Coffey County Medical Center & Ottawa Family Physicians

Updated 5/10/2022

## CLINICAL EDUCATION SITE DESCRIPTIONS

- Atchison Hospital, Atchison: acute care community hospital and clinic
  - 25-bed inpatient facility with emergency department, medical and surgical services
- Coffey County Medical Center, Burlington: acute care community hospital
  - 36-bed acute care facility with emergency medical services, medical and surgical services
- Geary Community Hospital, Junction City: acute care community hospital and orthopedic clinic
  - 36-bed acute care facility with emergency department, bariatric unit, medical and surgical services
- Lawrence Memorial Hospital, and West Campus Lawrence: regional hospital
  - Over 50-bed acute care with emergency department, medical and surgical services, orthopedics, radiation oncology
  - Outpatient center
- Manhattan Surgical Center; specialty facility
  - Orthopedic-related surgeries and pain management
- Via Christi at Manhattan: regional hospital
  - Over 50-bed acute care with emergency department, medical and surgical services, orthopedics
- Nemaha Valley Community Hospital, Seneca: acute care community hospital
  - Less than 25-bed facility with emergency department, medical and surgical services
- Ottawa Family Physicians: family practice office
  - Family medicine, i.e. pediatrics, adults, geriatric care, minor surgery, radiology
- Stormont Vail Health, Cotton-O'Neil Clinic and Kanza Ortho: regional hospital and clinic
  - Over 100-bed Level II trauma center, emergency department, medical and surgical services, radiation oncology, orthopedics, neonatal ICU

- Out-patient clinic
- Tallgrass Orthopedics -inactive
  - Out-patient clinic
- Truman Medical Center: regional hospital and clinic
  - Over 100-bed Level I trauma center, emergency department, medical and surgical services, radiation oncology, dialysis, orthopedics
- University of Kansas Medical St. Francis Campus: regional hospital
  - Over 100-bed Level III trauma center, emergency department, medical and surgical services, radiation oncology, dialysis, orthopedics
- VA Medical Center, Topeka: medical and surgical facility for veterans
  - Acute care and long-term care
- VA Medical Center, Leavenworth: medical and surgical facility for veterans
  - Acute care and long-term care

Updated 4/28/21

## **DIAGNOSTIC ROTATIONS**

Diagnostic or medical imaging comprises the major component of the radiographer program. Diagnostic rotation areas include fluoroscopy, general, chest, genitourinary, surgery and mobile. Clinical experience in diagnostic radiology is obtained primarily through weekday scheduling. However, evening, weekend, and holiday shifts offer the student a varied experience with diagnostic examination performance. Objectives and guidelines are available for each of these clinical areas. Diagnostic hours may vary with the needs of each health facility.

Atchison Hospital:

Diagnostic 8:00am – 430pm

Coffey County Medical Center:

Diagnostic 8-430pm

Geary Community Hospital:

Diagnostic 8-430pm

Lawrence Memorial Hospital and West Campus:

Diagnostic 8-430pm

Manhattan Surgical Center;

Diagnostic CI communicates via text hours of attendance

Via Christi at Manhattan

Diagnostic 630-3pm alternating with 830-530pm

Nemaha Valley Community Hospital

Diagnostic 8-430pm

Ottawa Family Physicians

Diagnostic 8-430pm

Stormont Vail Health, Cotton-O'Neil Clinic and Kanza Ortho:

Diagnostic 8-430pm

Surgery 730-4pm  
Saturday 8-430pm

Tallgrass Orthopedics -inactive  
8:00 to 4:30pm

Truman Medical  
Diagnostic 7-330pm alternating with 8-430pm

University of Kansas Medical St. Francis Campus  
Diagnostic 730-4pm  
Surgery 730-4pm

VA Medical Centers, Topeka and Leavenworth  
Diagnostic 8-430pm

Updated 4/28/21

## **CLINICAL SITE ORIENTATION**

During the initial fall semester of the radiologic technology program, students at each assigned primary clinical education setting complete the Orientation Objectives which are specific to each radiology department. This form is located under the Trajecsys Clinical Tracking System (T-system), Documents sections. The objectives are completed by the stated September deadline each fall and turned into radiography instructors.

Also completed during the semester of the program entry is the Equipment Checklist which demonstrates each student's ability to operate the equipment. This form is located on the T-system under Evaluations and is submitted online.

When rotating to a secondary clinical site (SVHC to VAMC, etc.), there is a mandatory assignment of Orientation Objectives and Equipment Checklist at the new site. Both forms should be completed on the T-system during the first two (2) weeks, since these assignments will assist with adjustment to the new site.

## **RADIOLOGIC TECHNOLOGY TERMINAL COMPETENCIES**

The following represents skills which should be attained by the end of the second year of education. Terminal competencies shall include:

### **Professional Responsibility**

1. The graduate will support the profession's code of ethics and comply with the profession's scope of practice.
2. The graduate will accept responsibility for personal and professional growth through continuing education.

### **Interpersonal Communication**

1. The graduate will demonstrate knowledge and skills relating to verbal, nonverbal and written medical communications in patient care intervention and professional relationships.

### **Patient Care and Management**

1. The graduate will provide basic patient care and comfort and anticipate patient needs.
2. The graduate will recognize emergency patient conditions and initiate first aid and basic life-support procedures.

### **Imaging Procedures**

1. The graduate will operate medical imaging equipment, processing equipment and accessory devices.
2. The graduate will position the patient and medical imaging system to perform procedures.
3. The graduate will evaluate radiographic images for appropriate positioning and image quality.
4. The graduate will demonstrate knowledge of anatomy, physiology and pathology.

### **Radiation Protection**

1. The graduate will practice radiation protection for the patient, self and others.

### **Quality Assurance**

1. The graduate will demonstrate knowledge and skills relating to quality assurance activities.
2. The graduate will recognize equipment malfunctions and report them to the proper authority.

### **Clinical Education**

1. The graduate will competently perform a full range of radiologic procedures.

### **Critical Thinking and Problem Solving**

2. The graduate will display independent judgment in the completion of medical imaging procedures which encompasses ethical behavior, communication, patient care, imaging routines, radiation safety and quality assurance.

## **GENERAL DIAGNOSTIC ROTATION**

Students will observe and perform diagnostic examinations throughout the clinical phase of the education program. Competency evaluations are required.

### Objectives

- a. Provide consistent radiation protection for the patient and operator.
- b. Attend to each patient's safety and comfort.
- c. Act in a professional manner at all times.
- d. Demonstrate proper body mechanics.
- e. Observe proper isolation techniques.
- f. Demonstrate the ability to attain accurate vital signs.
- g. Communicate in an effective manner with patients, physicians and other allied health workers.
- h. Demonstrate proper processing technique.
- i. Observe the principles of sterile technique.
- j. Demonstrate proper usage and care of radiographic equipment such as the overhead tube and radiographic table.
- k. Provide accurate administration of contrast media.
- l. Develop expertise in radiographic positioning.
- m. Develop efficiency with exposure factor selection.
- n. Gain an accurate patient history through the review of the requisition, chart and patient questioning.
- o. Operate support equipment such as gastric pump, IV pump, oxygen tank, catheters, splints and drug administration materials.
- p. Accurately perform CPR if needed.
- q. Demonstrate competency through the evaluation process on chest, abdomen, upper extremity, lower extremity, spine, and IVU.
- r. Demonstrate the ability to perform non-routine examinations.

## **FLUOROSCOPY ROTATION**

Students will observe and perform fluoroscopy examinations throughout the clinical phase of the education program. Competency evaluations are required.

### Objectives

- a. Provide consistent radiation protection for the patient and operator.
- b. Attend to each patient's safety and comfort.
- c. Act in a professional manner at all times.
- d. Demonstrate proper body mechanics.
- e. Observe proper isolation techniques.
- f. Demonstrate the ability to attain accurate vital signs.
- g. Communicate in an effective manner with patients, registered radiologic technologists, physicians and other allied health workers.
- h. Demonstrate proper processing technique.
- i. Observe the principles of sterile technique.
- j. Demonstrate proper usage and care of radiographic equipment such as the image intensifier, video camera, overhead tube, television, and radiographic table.
- k. Provide accurate administration of contrast media.
- l. Develop expertise in radiographic positioning.
- m. Develop efficiency with exposure factor selection.
- n. Gain an accurate patient history through the review of the requisition, chart and patient questioning.
- o. Provide radiologist assistance through professionally approved methods.
- p. Operate support equipment such as gastric pump, IV pump, oxygen tank, catheters, and drug administration materials.

- q. Accurately perform CPR if needed.
- r. Demonstrate competency through the evaluation process on barium enema, Upper GI and special examinations.
- s. Demonstrate the ability to perform examinations such as small bowel, barium swallow, sialogram, myelogram, etc.

## **SURGERY AND MOBILE CLINICAL**

Surgery and portable (mobile) radiography are an integral functioning portion of radiology. While knowledge and competency in these areas are essential for employment in a hospital facility, it is not a required function in a clinic setting. However, the adaptation skills learned in these areas as related to positioning, exposure factors and patient care prove invaluable in the diagnostic clinic. Students will observe and perform surgical mobile examinations throughout the clinical phase of the program. Students are required to complete competency evaluations in both the surgical C-arm and portable/mobile areas.

### Objectives

- a. Locate the surgical department within the hospital.
- b. Identify within the surgery department the areas of:
  - Locker or changing rooms
  - Mobile equipment storage area
  - Control desk
  - Surgical suites
- c. Dress in surgical clothes according to the department guidelines.
- d. Describe the procedure for checking the schedule for possible cases in which radiology may be involved.
- e. Be oriented to the procedure used to alert the radiographer that surgery is ready for their assistance.
- f. Describe the difference between areas and personnel located within a surgical suite that are considered "sterile" and should not be touched or walked near, versus "safe" areas in which radiographer will perform their duties.
- g. Be punctual and observe assigned hours.
- h. Observe, assist or perform all radiology cases.
- i. Observe proper radiation protection for patients, nursing personnel, and operators.
- j. Attend to patient comfort and safety.
- k. Demonstrate proper usage and care of all mobile units.
- l. Demonstrate proper usage and care of all mobile fluoroscopy units (C-arm).
- m. Demonstrate proper processing technique.
- n. Develop competency in the positioning aspect of surgical radiography.
- o. Develop competency in exposure factor selection.
- p. Demonstrate completion of examinations.
- q. Complete tasks as delegated by the surgery technologist in radiology.
- r. Understand the role of the radiographer during various examinations.

## WEEKEND CLINICAL (DAY HOURS)

It is recognized that the maximum patient load in radiology is performed in the morning and early afternoon hours. Emergency and overflow compose the later afternoon examinations. In order to provide each student with a solid base in clinical and to utilize examinations, students have the option of performing a limited number (2 per semester) of Saturday clinicals. A student electing to perform a Saturday clinical will forego Friday daytime clinical in the preceding week. This will allow the student ample time to complete required studies. Clinical Preceptors, with faculty input, will approve Saturday clinicals.

If the Clinical Preceptor is not assigned that particular day, the supervising technologist will be the Clinical Preceptor.

A student unable to attend a scheduled weekend clinical will follow the standard reporting procedure. Completion of these hours will occur during finals on weekend hours.

### Objectives

- a. To provide additional opportunities for skill development in contrast studies, thorax, abdomen, extremity, spine and surgery.
- b. To expand the ability to function under different management styles (supervisors, protocols, staff technologists).
- c. To further the technologist-patient relationship.
- d. To develop and maintain professionalism.
- e. To provide consistent radiation protection for the patient and operator.
- f. To perform under continued supervision by a technologist as competency dictates.
- g. To document ability by completion of competency evaluations.

## EVENING CLINICAL

While day clinical education provides students with a variety of experiences, it is recognized that other time frames also provide valuable learning situations. Radiology functions on the evening shift are composed of pre-admit, trauma and in-patient examinations. Fluoroscopy is seldom performed, while orthopedic examinations increase in frequency. Surgical cases will involve primarily orthopedic reductions. Portable cases involve CCU and ICU chest examinations, and emergency room trauma. A greater number of pediatric patients is seen during the evening hours.

The required evening rotation may begin June 1<sup>st</sup> and will consist of twelve (12) shifts, occurring in summer session I (beginning June 1st), fall semester II, and spring semester II. Hours will be 2:30-10:30pm and will utilize the evenings of Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday. A maximum of three (3) shifts may be completed on the 12:15pm to 8:15am shift. A minimum of six (6) rotations must be completed on weekends (Friday, Saturday, and Sunday).

Assignment to the evening shifts will be determined by the student and Clinical Preceptor. Only one student can be scheduled to complete an evening on one calendar day. Stormont Vail has a trauma II designation and can therefore accommodate two students scheduled for one calendar day. Options for completion include consecutive weeks on evenings or a mix of day and evening shifts. However, a student must not exceed 40 hours per week of class and clinical assignments.

### Evening Clinical Objectives

- a. Perform radiographic procedures with a focus on trauma, orthopedic, surgical reduction, mobile and pediatric.
- b. Knowledge building under both routine and non-routine situations.
- c. Equipment manipulation under non-routine situations.
- d. Attend to each patient's comfort and safety, being alert to emergency situations.
- e. Expand the ability to function under different management styles.
- f. Further develop the decision making ability of a technologist (no radiologist available, more responsible for patient flow)

- g. Communicate directly with attending physicians using professional behavior.
- h. Improve the technologist-patient relationship with patients under a variety of stress (emergency, pediatric, parents of pediatric patients).
- i. Perform under supervision by a technologist as competency dictates.
- j. To document ability by completion of competency evaluations.

Due to the limited number of assignments to evening clinical, compensation time may NOT be used during this rotation.

Any absences from an assignment to evening clinical must be completed during evening hours.

At the Clinical Preceptors and faculty meeting the following guidelines were adopted concerning completion of evening clinical:

1. 12 evening shifts will be completed by each student during the second year (fall semester, spring semester or summer session). Students should not wait until the later part of the second year to complete this required clinical rotation since a delay in graduation could occur.
2. Students will place their requests for evening hours on the schedule change form and submit to the Clinical Preceptor. The clinical coordinator may contact the evening supervisor for approval and return an answer to the student. A one week period for this process should be allotted.
3. Only one student will be scheduled for each evening shift.
4. A record of evening shifts will be kept in each student's clinical folder.
5. Any changes in the approved schedule must be made at least 48 hours in advance.
3. No evenings may be scheduled when on rotations other than diagnostic (Ex: MR, CT, OR, other facility).
4. Performance evaluations are required to be completed (1 for every 4 evening shifts- 3 total).

**RADIOLOGIC TECHNOLOGY PROGRAM  
WASHBURN UNIVERSITY**

**Low Patient Workload Guidelines**

Radiology workloads consistently occur in peaks and valleys. During peak workload sessions, students actively participate and learning results. During the sessions of low patient availability however, students may fall into a non-learning mode. Rather than provide students with "free leave," faculty and Clinical Preceptors should stimulate the student to further the learning level. Listed below are suggestions for educators.

1. Demonstrate room warm-up procedures.
2. Demonstrate review of a patient chart.
3. Demonstrate/practice patient care techniques: BP, pulse, CPR, turn on O2 tanks, etc.
4. Practice equipment usage: C-arm, mobile, radiographic, fluoroscopic, etc.
5. Perform required QA tests such as reject analysis or evaluate lead aprons
6. Assist with supply orders as applicable with supply order system.
7. Image critique: A) Have students access several of their performed cases for review and/or B) Have RT access interesting and unusual cases.
8. Anatomy review (see clinical syllabus).
9. Medical terminology review (see clinical syllabus).
10. Simulated positioning by students on routine and non-routine examinations: Merchants, baby chests, c-spines, etc.
11. Send to other imaging modalities for observation.
12. Examination or quizzes: Using laboratory evaluation form, ask the student to complete various examinations.



**SECTION IV:**  
**CLINICAL EVALUATIONS**



There are core clinical competencies that all individuals must demonstrate to establish eligibility for ARRT certification. These requirements are in addition to graduation from an educational program accredited by a mechanism acceptable to ARRT. The requirements listed are the minimum core clinical competencies necessary to establish eligibility for participation in the ARRT Radiography Examination. ARRT encourages individuals to obtain education and experience beyond these core requirements.

Students must demonstrate competency in all of the mandatory Radiological Procedures. At least 32 of the mandatory Radiological Procedure competencies must be demonstrated on patients (not phantoms or simulated). Students must demonstrate competency in at least 17 of the elective Radiological Procedures. One elective imaging procedure must be from head section. Two elective imaging procedures must be from the fluoroscopy studies section, one of which must be either an upper GI or a Barium Enema. Fourteen (14) of the electives must be demonstrated on patients. The remaining three (3) may be demonstrated by simulation. Simulation exams may only be done during AL237 Radiology Clinical IV and AL238 Radiology Clinical V.

Students must also demonstrate competency in various patient care activities. These activities should be performed on patients; however, some may be simulated.

ARRT recommends that educational programs include a mechanism of continuing and terminal competency evaluation to assure students maintain proficiency during the course of the program. Competency demonstration should incorporate patient-specific variations such as age and pathology.

#### **Failed Competency Policy:**

**If a mandatory competency evaluation is failed, the student must successfully repeat that competency within the same semester. If the student fails to complete the repeat in the same semester, they will accrue 0% for that exam. However, the student is still required to successfully repeat the competency evaluation even if they receive a 0%, so the ARRT guidelines are met.**

**A repeat competency evaluation does NOT count towards the required number of competency exams within a clinical course.**

**Failure to pass an evaluation within two (2) attempts will require completion of the remedial policy with additional patient examinations prior to the third attempt.**

#### **Remedial Procedure**

Policy for failure of mandatory general competency evaluations. Failure is considered to be a grade of less than 86 on initial competencies, 80 on simulation competencies, 92 on continued competencies, and 92 on final competencies.

Step A:

1. The student will review the text and/or audio-visual material pertaining to that general competency.
2. The student may be reassigned to that particular area to practice and gain additional expertise.
3. Following satisfactory demonstration of the examination, the student will then be re-evaluated by a clinical instructor.
4. The student must demonstrate 86% accuracy.

Step B:

1. The student will follow all steps from section A.
2. The student will work with a clinical instructor on all facets of that particular general competency.
  - a. Failure of Step A or B may result in an incomplete grade for the semester.

Competency evaluation scoring is recorded as a whole number only (no tenths or hundreds 00.00) even though the Trajecsys online tracking system does list the grade/score beyond a whole number.

**\*What is meant by "trauma extremity"?** "Trauma" procedures refer to radiographic examinations of the extremity or other anatomic structure in which the patient cannot move and assume the position used for

routine radiographic procedures. Radiographic and accessory equipment are moved around the patient to avoid causing additional injury or discomfort. Professional judgment and creativity are a part of trauma radiography.

**\*What if the radiologist produces all radiographs?** Since the students cannot complete radiographs following radiologist fluoroscopy, the procedure should be simulated. Simulation includes phantom and/or peer positioning. Simulation should include a verbal explanation of steps that cannot be completed in the simulated setting. Overheads generally completed as a part of a fluoroscopic procedure may be done on a positioning phantom. If simulation includes peer positioning, administration of contrast agents and radiation exposure is not allowed. Evaluation of radiographic images should be simulated with radiographs from a teaching file.

### **GENERAL COMPETENCY EVALUATIONS**

General competency evaluations will be performed in each clinical course. Each student will request general competency evaluations prior to the end of each semester. A minimum number of specific examinations must be performed prior to specific evaluations.

A score of 86 is required to successfully complete a general competency evaluation. A grade of less than 86 (within two attempts) will result in remedial course work (see remedial policy). A record of each category evaluation will remain in a permanent portion of each student's file.

A registered technologist will complete a general competency via Trajecsyst. The student is required to add the exposure factor information within one week of the competency submission in the T-system. Program faculty will verify submission of exposure factors is complete and on time. If the information is not submitted on time the competency score will be reduced.

**CONTINUED COMPETENCY EVALUATIONS** – Continued competency evaluations **CANNOT** be completed the same semester as the original competency (since the purpose is to demonstrate continued skill)

Students will demonstrate continued competency on a variety of examinations. These competencies will be completed during AL135, AL236, and AL237. Continued competencies will consist of seventeen (17) examinations previously completed as category competencies. An examination may be utilized only once as a continued competency. Only one (1) examination of the chest may be utilized.

Of the required 17 continued competencies **9 must be**: KUB, shoulder, knee, trauma extremity, hip, mobile exam and two (2) spines. The remaining competencies are the choice of the student/technologist.  
**Continued competencies require a passing grade of 92 or above.**

A registered technologist will complete a continued competency evaluation via Trajecsyst. The student is required to add the exposure factor information **and comments on how the exam could be improved** within one week of the competency submission in the T-system. Program faculty will verify submission of exposure factors is complete and on time. If the information is not submitted on time the competency score will be reduced.

### **FINAL COMPETENCY EVALUATIONS**

A final competency evaluation series will be conducted during the last 8 weeks of AL 238 (after spring break). **A minimum grade of 92% must be achieved to obtain a competency rating.** A grade of less than 92% will require the exam to be repeated and a possible incomplete for the course. This could delay graduation.

The Clinical Preceptor will complete a final competency evaluation via Trajecsyst. The student is required to add the exposure factor information within one week of the competency submission in the T-system.

Program faculty will verify submission of exposure factors is complete and on time. If the information is not submitted on time the competency score will be reduced.

**Final Competencies are:**

- 1) KUB
- 2) 3 upper extremities
- 3) 3 lower extremities
- 4) 2 spines
- 5) Chest (any mode)
- 6) Mobile study

Each clinical course will require the following evaluations:

- AL 134: Minimum of 7 general evaluations  
*Student may complete 5 additional general competencies that carry over to AL 135*  
Student may not complete more than 4 competencies within one week of clinical
- AL 135: Minimum of 11 general competencies evaluations,  
4 continued competency evaluations  
*Student may complete 5 additional general competencies that carry over to AL 236*  
Student may not complete more than 5 competencies within one week of clinical
- AL 236: Minimum of 12 general competencies evaluations,  
6 continued competency evaluations  
*Student may complete 6 additional general competencies that carry over to AL 237*
- AL 237: Minimum of 13 general competencies evaluations,  
7 continued competency evaluations  
*Student may complete 7 additional general competencies that carry over to AL 238*
- AL 238: Any remaining general competency examinations  
Any remaining continue competency examinations  
Final competency evaluations (**start after spring break**)

**Repeat Images**

Any repeated image will result in a deduction of 5 points, for each repeat from the final grade. This deduction will occur after Washburn University faculty has reviewed the competency exam and manually deducts the points from the comp within the Trajecsys system. The final comp grade is indicated by the validation status.

**Geriatric Patient Clinical Competency**

ARRT defines a geriatric patient as one being at least 65 years old **and** physically or cognitively impaired as a result of aging. Required ARRT competencies include upright chest, upper extremity and lower extremity.

Aging and disease are not one and the same, as many older adults have minimal (if any) health issues. Physical illness is not aging and age-related changes may be minor. What constitutes physical impairment?

- Joint stiffness and associated decreased range of motion related to various forms of arthritis.
- Contracture of extremities due to stroke or other neurological condition, i.e. Lou Gehrig's, Huntington's disease, multiple sclerosis.
- Increased fatigue may necessitate additional assistance during an exam with possible alternate positioning such as with advanced COPD or fragility.
- Loss of bone mass resulting in kyphosis can require adjustment in positioning and exposure factors.
- Decreased ability with balance, coordination, strength, flexibility require more assistance from the technologist and different positioning, i.e. frailty.

Cognitive impairment is related to disease, aging and disuse in older adults.

- Dementia including Alzheimer’s disease.
- Increased confusion or agitation related to depression or possible medication side effects.
- Inability to focus attention related to disease such as stroke.

Sensory impairment.

- Vision diminished due to macular degeneration, glaucoma, birth defects, trauma, etc.
- Reduced hearing which requires a change in communication or assistance during the exam.

In-patients or emergency room patients identified as “fall risk” typically incorporate changes in both physical and cognitive changes related to aging; therefore, meeting the criteria.

Once the geriatric competency evaluation is submitted, the student will add an explanation of how the patient was impaired to document meeting ARRT criteria, as well as what they did differently for the patient. Students must expand on the exact condition of the patient; cannot simply state “fall risk”. Specially, why do they meet the fall risk criteria (see next page)?

**FALL RISK CRITERIA (Related to Geriatric Competency Evaluations)**

Review the stated information which addresses one possible criteria for meeting the definition of a geriatric patient. Morse Fall Scale is one tool utilized which is based on Fall Risk Factors and is more than a total score. It can be used to target interventions to reduce risks as well.

Variables	Score
History of fall No = 0 points Yes = 25 points	
Secondary diagnosis – more than one diagnosis No = 0 points Yes = 15 points	
Ambulatory aid None/bed rest/nurse assist = 0 points Crutches/cane/walker = 15 points Furniture (having to navigate around) = 30 points	
IV apparatus No = 0 points Yes = 20 points	
Gait Normal/bed rest/wheelchair = 0 points Weak (short steps, may shuffle) = 10 points Impaired (difficulty rising from chair, poor balance) = 20 points	
Mental status Knows their own limits = 0 points Overestimates or forgets limits = 15 points	

Results:

- 1-24 = No Risk
- 25-50 = Low Risk
- ≥51 = High Risk

Safety Factors:

- Wrist band ID
- Ambulate with assistance
- Do not leave unattended for transfer or toileting
- Patient wears non-skid slippers or own shoes
- Lock wheelchairs and stretchers
- Gait belt

#### Assessment

- Patient's ability to comprehend and follow instructions
- Patient's knowledge for proper usage of adaptive devices, i.e. cane
- Hydration: monitor for orthostatic changes in BP
- Medications causing potential fall risk: hydrochlorothiazide or HCTZ (treats HTN & fluid retention), ACE inhibitors (HTN such as Lisinopril), Ca channel blockers (lower BP – Norvasc, Cardizem, verapamil) and B blockers (HTN Tx such as Atenolol, Coreg, Lopressor, Sotalol)



## COMPETENCY EVALUATION - GENERAL

Purpose: The competency evaluation is a measurable method by which an individual student's ability to accurately perform routine procedures can be documented. The assurance of a student's skill is obtained through performance of a patient examination by the student with observation and evaluation by faculty or a clinical coordinator.

The competency evaluation system enables faculty to ascertain that didactic theory and clinical skills are being brought together by a student. The attitude portion of the student technologist may also be reviewed. The competency evaluation system also allows the student to proceed from observation to active performance at an individual rate of development. The competency evaluation system lastly enables the staff technologist to provide the correct level of supervision.

### Criteria for Competency Evaluations

#### **Exam Preparation and Completion**

##### Evaluate Requisition and Prepare Room

1. Identify procedures and any additional projections to be performed
2. Recall patient name and age
3. Identify mode of transportation
4. Recall history
5. Have room clean and orderly
6. Have appropriate image receptor(s) available
7. Have appropriate supplies accessible
8. Have x-ray unit turned on and prepared for exposures
9. Have tube in proper position

##### Dismiss Patient, Complete Records & Clean Room

1. Gives patient appropriate follow-up instructions
2. Dismisses patient properly (stat reading, call-report, etc.)
3. Completes paper work (computer procedures, complete nurses' notes, etc.)
4. Radiographs placed with correct folder if applicable
5. Acquire readings and distribute as appropriate
7. Cleans all necessary equipment
8. Prepares room for next examination
9. Restocks any supplies

#### **Produce Image**

##### Patient Prep & Assessment; Obtain History & Explain Exam

1. Identifies correct patient
2. Ascertains patient is appropriately dressed
3. Removes artifacts (jewelry, dentures, elastic, etc.)
4. Introduces self to patient
5. Assesses patient's ability to move
6. Knows medications given
7. Assesses level of consciousness
8. Is able to recognize patient limitations
9. Asks appropriate questions to determine history and type of injury
10. Verifies that history matches requisition history and examination to be performed
11. Appropriate explanation to patient
12. Answers patient questions

##### Assist Patient & Correct Positioning

1. Assist patient from mode of transportation to table
2. Proper handling of IV's, catheters, etc.

3. Attends to patient safety and comfort
4. Attends to patient modesty
5. Converses with patient
6. Gives proper moving and breathing instructions
7. Follows proper transmission-based precautions
8. Patient properly positioned (AP, oblique, lateral, etc.)
9. Anatomy properly centered
10. Appropriate landmarks utilized
11. Adapt for patient's condition
12. Performs correct projections as per department protocol

#### Perform With Confidence in a Reasonable Time

1. Instills patient confidence
2. Performs without undo hesitation
3. Reasonable amount of time varies with difficulty of exam/patient

#### Correct IR w/ Proper Placement and/or Appropriate Collimation

1. Chooses correct size cassette (as applicable)
2. Correct cassette orientation for given situation (as appropriate)
3. Collimates to anatomic part

#### Control Panel Set Accurately

1. Proper factors selected
2. Adapts for changes in SID, grid, etc.
3. Utilizes exposure/technique chart
4. Adapts for patient conditions of size, disease, age, cast, etc.

#### Correct Tube Placement & Central Ray Entry

1. Tube direction correct
2. SID correct
3. CR angled correctly
4. CR centered to IR/part
5. Tube centered to Bucky

#### Radiation Protection: gonadal shielding, exposure factors, etc.

1. Collimates to part
2. Uses shielding as appropriate
3. Utilizes immobilization devices
4. Selects optimum technique factors
5. Adjusts technique for motion

### **Image Evaluation**

Demonstrated all required anatomical parts

#### Proper centering (anatomy/tube) & Correct Positioning

1. Anatomy centered to IR
2. Tube centered to part and IR
3. Part shown in proper prospective
4. Patient obliqued or rotated correctly

#### Adequate Exposure Factors (FS, mAs, kVp, etc.)

1. Proper brightness, gray scale and resolution
2. Compensation of factors for pathology
3. Correct exposure used to produce image
4. Proper exposure indication range

Correct Identification: R/L w/o annotation, Pt. ID, etc.

1. Correct R & L markers placed on the image before exposure, not annotated
2. R & L markers properly located
3. Other markers utilized as necessary
4. Patient information and date visible and correct

Recognize Acceptable Criteria; Student Submission of mAs, kVp, exposure indicator # and Identify Anatomy

1. Identifies correct position of anatomy
2. Identifies correctness of brightness, gray scale, resolution & distortion
3. Determines if patient identification is complete
4. Determines if radiation safety was provided for patient and operator
5. Recognizes if repeat is necessary
6. Student adds exposure factor data (mAs, kVp & exposure indicator #)
7. Student identifies applicable anatomy per list

### **Repeat Image**

Deduct 5 points for each repeat from the final grade. This deduction will occur after Washburn University facility has reviewed the competency exam and manually deducts the points from the comp form with in the Trajecsys system.



Criteria for Fluoroscopy Competency Evaluations

**Examination Preparation and Completion**

Evaluate Requisition and Prepare Room

1. Identify procedures and any special projections to be performed
2. Recall patient name and age
3. Identify mode of transportation
4. Recall history
5. Contrast media prepared
6. Assemble sterile items as necessary
7. Have appropriate supplies available
8. Room clean and orderly
9. Have appropriate cassettes as applicable
10. Image intensifier prepared
11. Table and bucky in proper position

Control Panel Accurate for Fluoroscopy and Overhead Images

1. Proper factors set

Assist Radiologist during Fluoroscopy

1. Instills confidence in radiologist
2. Anticipates changes in the exam and acts appropriately

Dismiss Patient, Send Images, Complete Records and Clean Room

1. Gives patient appropriate follow-up instructions
2. Dismisses patient properly
3. Completes paper work (computer procedures, charting, etc.)
4. Acquire readings and distribute as appropriate (call report or stat)
5. Cleans all necessary equipment
6. Prepares room for next examination
7. Restocks any supplies used

**Projections**

Patient Prep & Assessment; Obtain History & Explain Exam

1. Identify correct patient
2. Introduce self to patient
3. Ascertain patient is appropriately dressed
4. Remove artifacts (jewelry, dentures, applicable clothing, etc.)
5. Assess patient's ability to move
6. Know medications given
7. Assess level of consciousness
8. Know patient limitations
9. Ask appropriate questions to determine history
10. Verifies that history matches requisition history and examination to be performed
11. Appropriate explanation to patient
12. Answers patient questions

Assist Patient; Correct Patient Positioning

1. Assist patient from mode of transportation to table
2. Proper handling of IV's, catheters, etc.
3. Attends to patient safety, comfort and modesty
4. Converses with patient
5. Gives proper moving and breathing instructions

6. Follows proper transmission-based precautions
7. Introduce patient to radiologist
8. Assist with contrast media
9. Demonstrates ability to properly position requested projections

Perform With Confidence in Reasonable Time

1. Instills patient confidence
2. Performs without undo hesitation
3. Reasonable amount of time varies with difficulty of exam/patient

Correct Image Receptor w/ Proper Placement and Appropriate Collimation

1. Chooses correct size image receptor (as applicable)
2. Correct cassette orientation for given situation (as appropriate)
3. Collimates to anatomic part

Correct Tube Placement & Central Ray Entry

1. Tube direction correct
2. SID correct
3. CR angled correctly
4. CR centered to IR/part
5. Tube centered to Bucky

Radiation Protection

1. Collimates to part
2. Uses shielding as appropriate
3. Utilizes immobilization devices
4. Selects optimum exposure factors
5. Adjusts exposure factors to prevent motion

**Image Evaluation**

Demonstrated all required anatomical parts

Proper Centering (anatomy/tube) & Correct Positioning

1. Anatomy centered to IR
2. Tube centered to part and IR
3. Part shown in proper prospective
4. Patient obliqued or rotated correctly

Adequate Exposure Factors

1. Proper brightness, gray scale and resolution
2. Compensation of factors for pathology
3. Correct exposure used to produce image
4. Proper exposure indication range

Correct Identification: R/L w/o annotation, Pt. ID, etc.

1. Correct R & L markers placed on the image before exposure, not annotated
2. R & L markers properly located
3. Other markers utilized as necessary
4. Patient information and date visible and correct

Recognize Acceptable Criteria; Student Submission of mAs, kVp, exposure indicator # and Identify Anatomy

1. Identifies correct position of anatomy
2. Identifies correctness of brightness, gray scale, resolution & distortion
3. Determines if patient identification is complete
4. Determines if radiation safety was provided for patient and operator
5. Recognizes if repeat is necessary

6. Student adds exposure factor data (mAs, kVp & exposure indicator #)
7. Student identifies applicable anatomy per list

**Repeat Image**

Deduct 5 points for each repeat from the final grade. This deduction will occur after Washburn University facility has reviewed the competency exam and manually deducts the points from the comp form with in the Trajecsys system.



## MOBILE COMPETENCY SAMPLE (Located in the Trajecsys online tracking system)

### Criteria for Mobile Competency Evaluations

#### **Examination Preparation and Completion**

##### Evaluate Requisition and Select Correct Image Receptor

1. Identify procedures and special projections to be performed
2. Recall patient name and age
3. Recall history
4. Selects correct IR size as applicable

##### Completes Records

1. Completes paper work (computer procedures, charting, etc.)
2. Radiographs placed with correct folder as applicable
3. Leaves patient room as found
4. Acquire readings and distribute as appropriate (stat)

#### **Produced Images**

##### Prepare & Assess Patient; Obtain History & Explain Examination

1. Identify correct patient
2. Remove artifacts (jewelry, dentures, etc.)
3. Introduce self to patient
4. Assess ability to move
5. Know medications given
6. Assess level of consciousness
7. Know patient limitations
8. Ask appropriate questions to determine history and type of injury
9. Verifies that history matches requisition history and examination to be performed
10. Appropriate explanation to patient
11. Answers patient questions

##### Assist Patient & Correct Patient Positioning

1. Proper handling of IV's, catheters, etc.
2. Attends to patient safety, comfort and modesty
3. Converses with patient
4. Gives proper moving and breathing instructions
5. Follows proper transmission-based precautions
6. Patient properly positioned and knows correct projections
7. Anatomy properly centered
8. Appropriate landmarks utilized
9. Adapts for patient condition

##### Perform With Confidence in Reasonable Time

1. Instills patient confidence
2. Performs without undo hesitation
3. Reasonable amount of time varies with difficulty of exam/patient

##### Correct Tube Placement & Central Ray Entry

1. Tube direction correct
2. SID appropriate for conditions
3. CR angled correctly
4. CR centered to IR/part

##### Correct Image Receptor w/ Proper Placement & Appropriate Collimation

1. Chooses correct size cassette (as applicable)

2. Correct cassette orientation for given situation (as appropriate)
3. Collimates to anatomic part

#### Control Panel Correct

1. Proper factors selected
2. Adapts for changes in SID, grid, etc.
3. Adapts for patient conditions of size, disease, age, cast, etc.

#### Radiation Protection

1. Collimates to part
2. Uses shielding as appropriate
3. Utilizes immobilization devices
4. Selects optimum exposure factors
5. Adjusts exposure factors to reduce motion

#### Image Evaluation

Demonstrated all required anatomical parts

##### Proper Centering (anatomy/tube) & Correct Positioning

1. Anatomy centered to IR
2. Tube centered to part and IR
3. Part shown in proper prospective
4. Patient obliqued or rotated correctly

##### Adequate Exposure Factors (FS, mAs, kVp, etc.)

1. Proper brightness, gray scale and resolution
2. Compensation of factors for pathology
3. Correct exposure used to produce image
4. Proper exposure indication range

##### Correct Identification: R/L w/o annotation, Pt. ID, etc.

1. Correct R & L markers placed on the image before exposure, not annotated
2. R & L markers properly located
3. Other markers utilized as necessary
4. Patient information and date visible and correct

##### Recognize Acceptable Criteria; Student Submission of mAs, kVp, exposure indicator # and Identify Anatomy

1. Identifies correct position of anatomy
2. Identifies correctness of brightness, gray scale, resolution & distortion
3. Determines if patient identification is complete
4. Determines if radiation safety was provided for patient and operator
5. Recognizes if repeat is necessary
6. Student adds exposure factor data (mAs, kVp & exposure indicator #)
7. Student identifies applicable anatomy per list

#### Repeat Image

Deduct 5 points for each repeat from the final grade. This deduction will occur after Washburn University facility has reviewed the competency exam and manually deducts the points from the comp form with in the Trajecsys system.

SURGERY SAMPLE (Located in the Trajecsys online tracking system)

#### Criteria Surgery Evaluation

#### Examination Preparation and Completion

Portable to OR Suite

1. Easily maneuvers machine into and within OR suite

2. Communicate with staff in an appropriate manner

#### Complete Records and Removes Equipment from OR Suite

1. Completes paperwork (computer, etc.)
2. Acquires radiologist readings as appropriate
3. Removes equipment and readies for next case

#### Produced Images

##### Perform with Confidence in Reasonable Time

1. Instills confidence in physician and staff
2. Performs without undo hesitation

##### Correct Tube Placement

1. SID correct
2. CR centered to part
3. CR angled correctly
4. Tube centered to IR

##### Correct Image Receptor w/ Proper Placement & Appropriate Collimation

1. Chooses correct size cassette (as applicable)
2. Correct image receptor orientation for given situation
3. Collimates to anatomic part of interest

#### Image Evaluation

##### Demonstrated all required anatomical parts

##### Correct Identification: R/L w/o annotation, Pt. ID, etc.

1. Correct R & L markers placed on the image before exposure, not annotated
2. R & L markers properly located
3. Other markers utilized as necessary
4. Patient information visible and correct; date visible and correct

##### Recognize Acceptable Criteria; Student Submission of mAs, kVp, exposure indicator # and Identify Anatomy

1. Identifies correct position of anatomy
2. Identifies correctness of brightness, gray scale, resolution & distortion
3. Determines if patient identification is complete
4. Determines if radiation safety was provided for patient and operator
5. Recognizes if repeat is necessary
6. Student adds exposure factor data (mAs, kVp & exposure indicator #)
7. Student identifies applicable anatomy per list

#### Repeat Image

Deduct 5 points for each repeat from the final grade. This deduction will occur after Washburn University facility has reviewed the competency exam and manually deducts the points from the comp form with in the Trajecs system.



## PERFORMANCE EVALUATIONS

As you participate in your radiography education, you will be expected to demonstrate that you have indeed learned what is required to become a professional radiographer. There are three main component areas, all important, all interrelated, into which your learning may be categorized: cognitive, psychomotor and affective.

When most people think of schooling, they usually refer to the first two of these areas. You learn the facts and theories and then you put them into practice, actually performing the tasks, skill, etc. All too often the development of what the profession considers to be the appropriate attitudes, beliefs, and feelings toward what you are learning, what you are doing, and how you are doing them are assumed to occur automatically. A truly balanced education requires that all three areas be attended to. In view of this, to gain an awareness of your progression, evaluations of how you demonstrate to staff, Clinical Preceptors, and faculty that you are mastering the necessary skills and the behaviors associated with the affective domain. Since no one is capable of directly knowing someone's thoughts or feelings, we can only assess your affective skills learning by 1) letting you know what we consider to be important in this area, and 2) letting you know what observable behaviors we will be looking for to evaluate your mastery of affective skills. We will be assessing the degree to which your behaviors demonstrate the actions of what the majority of members of the profession, and the majority of the public, consider to be indicative of professionalism.

The professional development evaluations contain traits faculty has identified as essential elements of the affective area. The evaluation also includes items addressing the cognitive and psychomotor areas.

Evaluations on clinical progress on a day-to-day basis are completed for the following reasons:

1. To provide feedback to the students concerning their affective, cognitive, and psychomotor progress.
2. To maintain quality health care to the patient.
3. To certify continuing competency.
4. To compose a portion of the clinical grade.

An evaluation will be completed on each student in the following areas at each clinical education setting:

1. Fluoroscopy
2. General
3. Chest
4. Surgery
5. Mobile
6. Evening

Staff technologists and faculty will evaluate the students in the diagnostic areas listed above. Professional Development evaluations will begin at the mid-term of AL 134 and continue throughout the educational program. Surgical progress notes will begin with an individual student's second rotation in that area.

Performance evaluation scoring is recorded as a whole number only (no tenths or hundreds 00.00) even though the Trajecsys online tracking system does list the grade/score beyond a whole number.

### Student Requirements

It is the student's responsibility to request evaluations in a timely manner. The program suggests the student submit this request via emailing and copy yourself for documentation.

Trajecsys:

- Once a performance evaluation is submitted the program faculty will review and approve it. The student will not be able to view the evaluation for a minimum of three days after it is submitted.
- The student is required to indicate in Trajecsys that they have viewed the evaluation.



**WASHBURN UNIVERSITY RADIOGRAPHY PROGRAM  
FIRST YEAR STUDENT PERFORMANCE EVALUATION**

Student Name: \_\_\_\_\_ Area: \_\_\_\_\_ Date: \_\_\_\_\_

Radiographer: \_\_\_\_\_

**INSTRUCTIONS:** If you agree with the statements in the following areas, and the student has met your expectations during the time you observed them, you may simply check the "as expected" box. **If the student performed beyond, or fell short of your expectations, please comment using specific examples.** Please keep in mind the length of time the student has been in clinical and previous rotations when determining your expectations.

---

**1. Initiative:** *Amount of motivation and/or willingness to perform exams. Uses clinical time constructively & productively. Active & enthusiastic. Is an effective time manager.*

- Consistently Exceeds Expectations Explain:
- Consistently Meets Expectations Explain:
- Room for Improvement Meeting Expectations

---

**2. Dependability:** *Completes procedures and remains in assigned area. If necessary, informs radiographer as to your whereabouts. Observes hospital, department, & university rules/regulations. Shows up consistently and on time. Follows through on assignments.*

- Consistently Meets Expectations Explain:
- Room for Improvement Meeting Expectations

---

**3. Attitude:** *Demonstrates a positive, cooperative, and courteous attitude. Demonstrates a desire to learn. Seeks constructive feedback in areas that need improvement-clinically or interpersonally-and makes an effort to improve.*

- Consistently Meets Expectations Explain:
- Room for Improvement Meeting Expectations

---

**4. Patient Care:** *Conveys confidence to patient. Displays compassion in response to patient's needs and concerns. Provides for safety, privacy, & comfort.. Listens. Treats all people (including those of different backgrounds, beliefs and gender), with fairness and respect.*

- Consistently Meets Expectations
- Room for Improvement Meeting Expectations Explain:

---

**5. Equipment:** *Assigned room kept clean, applicable supplies, fresh linen, etc. Careful to operate equipment safely and appropriately (radiographic, oxygen, IV, catheters, etc.) Doesn't abuse equipment. Understands and demonstrates both aseptic and sterile technique.*

- Consistently Meet Expectations Explain:
- Room for Improvement Meeting Expectations

**6. Knowledge/Application:** Degree to which student applies knowledge of positioning to produce desirable radiographs and knowledge of anatomy. Demonstrates competence performing procedures.

Acceptable with level of learning

Room for Improvement Explain:

---

**7. Knowledge/Application:** Degree to which student applies knowledge of technique to produce desirable radiographs.

Acceptable with level of learning

Room for Improvement Explain:

---

**8. Protection:** Is mindful of patient and operator protection. Utilizes collimation, shielding, proper technical factors, minimal repeats, etc. Pays attention to detail.

Consistently Meets Expectations

Room for Improvement Meeting Expectations Explain:

---

**9. Communication:** Good rapport & effective communication with patient. Collects appropriate history from patient. Demonstrates the ability to interact with staff & physicians in an effective manner.

Consistently Exceeds Expectations Explain:

Consistently Meets Expectations Explain:

Room for Improvement Meeting Expectations

---

**10. Professionalism/Attire:** Reflects a professional appearance by adhering to the dress code. Demonstrates respect by not gossiping & complaining. Maintains patient confidentiality. Doesn't make excuses. Actively works through conflicts with co-workers. Seeks help on unfamiliar clinical processes. Adheres to the usage of cellphone only during lunch break.

Consistently Exceeds Expectations Explain:

Consistently Meets Expectations Explain:

Room for Improvement Meeting Expectations

---

**11. Adaptability:** Receptive to new ideas. Willing to be guided, directed and instructed in making constructive changes in behavior or performance. Accepts hourly or daily changes in assignments.

Consistently Meets Expectations Explain:

Room for Improvement Meeting Expectations

---

**What specifically about the student's clinical performance this week impressed you the most?**

**What suggestions could you give this student to help him/her improve clinical performance?**

**WASHBURN UNIVERSITY RADIOGRAPHY PROGRAM  
SECOND YEAR STUDENT PERFORMANCE EVALUATION**

Student Name: \_\_\_\_\_ Area: \_\_\_\_\_ Date: \_\_\_\_\_

Radiographer: \_\_\_\_\_

**INSTRUCTIONS:** If you agree with the statements in the following areas, and the student has met your expectations during the time you observed them, you may simply check the "as expected" box. **If the student performed beyond, or fell short of your expectations, please comment using specific examples.** Please keep in mind the length of time the student has been in clinical and previous rotations when determining your expectations.

---

**1. Initiative:** *Amount of motivation and/or willingness to perform exams. Uses clinical time constructively & productively. Active & enthusiastic. Effective time manager.*

Consistently Exceeds  
Expectations

Explain:

Consistently Meets  
Expectations

Room for Improvement in  
Meeting Expectations

---

**2. Dependability:** *Completes procedures and remains in assigned area. If necessary, informs radiographer as to your whereabouts. Observes hospital, department, & university rules/regulations. Shows up consistently and on time. Follows through on assignments.*

Consistently Exceeds  
Expectations

Explain:

Consistently Meets  
Expectations

Room for Improvement in  
Meeting Expectations

---

**3. Attitude:** *Demonstrates a positive, cooperative, and courteous attitude. Demonstrates a desire to learn. Seeks constructive feedback in areas that need improvement-clinically or interpersonally-and makes an effort to improve*

Consistently Meets  
Expectations

Explain:

Room for Improvement  
Meeting Expectations

---

**4. Patient Care:** *Conveys confidence to patient. Displays compassion in response to patient's needs and concerns. Provides for safety, privacy, & comfort.. Listens. Treats all people (including those of different backgrounds, beliefs and gender), with fairness and respect.*

Consistently Exceeds  
Expectations

Explain:

Consistently Meets  
Expectations

Room for Improvement in  
Meeting Expectations

---

**5. Equipment:** *Assigned room kept clean, applicable supplies, fresh linen, etc. Careful to operate equipment safely and appropriately (radiographic, oxygen, IV, catheters, etc.). Doesn't abuse equipment. Understands and demonstrates both aseptic and sterile technique.*

Consistently Meets  
Expectations

Explain:

Room for Improvement  
Meeting Expectations

**6. Knowledge/Application:** Degree to which student applies knowledge of **positioning** to produce desirable radiographs and knowledge of **anatomy**. Demonstrates competence performing procedures.

- Above average with level of learning
- Acceptable with level of learning      *Explain:*
- Room for Improvement

---

**7. Knowledge/Application:** Degree to which student applies knowledge of **technique** to produce desirable radiographs.

- Above average with level of learning
- Acceptable with level of learning      *Explain:*
- Room for Improvement

---

**8. Protection:** Is mindful of patient and operator protection. Utilizes collimation, shielding, proper technical factors, minimal repeats, etc. Pays attention to detail.

- Consistently Meets Expectations      *Explain:*
- Room for Improvement Meeting Expectations

---

**9. Communication:** Good rapport & **effective communication with patient**. Collects appropriate history from patient. Demonstrates the ability to **interact with staff & physicians** in an effective manner.

- Consistently Exceeds Expectations      *Explain:*
- Consistently Meets Expectations      *Explain:*
- Room for Improvement Meeting Expectations

---

**10. Professionalism/Attire:** Reflects a professional appearance by adhering to the dress code. Demonstrates respect by **not gossiping & complaining**. Maintains patient confidentiality. **Doesn't make excuses**. Actively works through conflicts with co-workers. Seeks help on unfamiliar clinical processes. Adheres to the usage of cell phone only during lunch break.

- Consistently Exceeds Expectations      *Explain:*
- Consistently Meets Expectations
- Room for Improvement in Meeting Expectations

---

**11. Adaptability:** Receptive to new ideas. Willing to be guided, directed and instructed in making constructive changes in behavior or performance. Accepts hourly or daily changes in assignments.

- Consistently Exceeds Expectations      *Explain:*
- Consistently Meets Expectations
- Room for Improvement in Meeting Expectations

---

**What specifically about the student's clinical performance this week impressed you the most?**

**What suggestions could you give this student to help him/her improve clinical performance?**

## Unsatisfactory Clinical Evaluation Policy

It is recognized by program faculty and Clinical Preceptors that on occasion, an evaluation may be completed which the student is in disagreement with. Due to variations in patient examination and student performance which exist during any evaluation, no set policy has been devised. Each situation will be evaluated on an individual basis. The following guidelines are offered:

1. **Performance Evaluations:** Students generate an email to a RT requesting completion of a performance evaluation via Trajecsys (T-system). After the RT completes the form, program instructors have up to 7 days to review and verify the submission. If there is a question about scoring or a comment, program instructors will follow-up with the RT and/or Clinical Preceptor. When the evaluation is released to the student, no RT name is visible. If a question concerning the validity of the evaluation is present, the matter should be discussed with the Program Director. The Program Director's decision to allow or disallow the evaluation is final.
2. **Competency evaluations:** The evaluator of a competency examination discusses the evaluation with the student upon completion. If the student disagrees with the evaluation result, he/she should contact WU faculty assigned to that clinical education setting within one week of the evaluation date. Faculty will review the evaluation with the student and the evaluator, separately, and make a ruling. In such cases where the clinical coordinator performed the evaluation, the Program Director will fact-find and make a ruling. If the Director performed the evaluation, the Allied Health Chairperson will be consulted for a decision within two weeks of the evaluation date.



**WASHBURN UNIVERSITY RADIOGRAPHY PROGRAM**  
**Orientation Objectives Surgery**

The official surgery objective forms are located on the Trajecsys System. Students do not have access to these forms so the program is providing a sample of the document for students to review before asking a technologist to complete surgery orientation objectives.

**Orientation Objectives -Surgery #1**

Completion of these objectives will provide you with a base of knowledge needed to function in surgery/operating room (OR) rotation. The first day in surgery is an orientation session. Objectives 1 should be completed during your first surgery rotation. **All objectives (1 and 2) must be completed prior to competency evaluations.**

The student was oriented to proper dress code requirements.

**Repeat      Pass**

The student is aware of how the OR staff communicates to the technologist that they are ready for their assistance.

**Repeat      Pass**

The student was shown the location of c-arm, portables, and other equipment (as applicable).

**Repeat      Pass**

The student was shown the location of pre-op and post-op areas as applicable.

**Repeat      Pass**

The technologist introduced the student on various entrances into the surgical room and precautions to be followed.

**Repeat      Pass**

The student indicates an understanding of sterile and non-sterile field.

**Repeat      Pass**

The student was instructed on how to safely plug-in and unplug the c-arm and monitor.

**Repeat      Pass**

The student was shown basic operation of the various locks and movements on the c-arm and was given a minimum of five minutes to practice using controls/locks on the c-arm.

**Repeat      Pass**

The student was instructed on the radiation safety precautions that are used in surgery.

**Repeat      Pass**

The student makes an effort to observe all possible procedures during their time in OR.

**Repeat      Pass**

## **Orientation Objectives -Surgery #2**

Completion of these objectives will provide you with a base of knowledge needed to function in surgery/operating room (OR) rotation. Objectives 2 should be completed during the student's 2<sup>nd</sup> surgery rotation. **All objectives (1 and 2) must be completed prior to competency evaluations.**

Students followed OR dress requirements.

**Repeat      Pass**

The student demonstrated the ability to check the surgery schedule for procedures that require radiology.

**Repeat      Pass**

The student demonstrated the ability to move around sterile fields and identify contaminations if it occurs.

**Repeat      Pass**

The student is able to explain the role and purpose of radiology in various surgeries including, but not limited to:

- Orthopedic procedures (ORIF, TFN, Arthroplasty, etc.)
- Pacemaker and or Port-A -Cath
- Cholangiogram
- C&R (cysto)

**Repeat      Pass**

The student demonstrated the ability to safely plug-in and unplug the c-arm and monitor.

**Repeat      Pass**

The student demonstrated the operation, lock, and control panel of the c-arm through direct operation or simulation.

**Repeat      Pass**

The student follows radiation safety precautions in surgery.

**Repeat      Pass**

The student performed a minimum of three different exams with assistance.

**Repeat      Pass**

Does this student have the experience and confidence necessary to comp on a surgery case?

- The student needs a moderate amount of surgery time before comping (2-3 more rotations).
- The student needs a minimal amount of surgery time before comping (1-2 more rotations).
- The student is ready to attempt competency evaluations.

## COMPETENCY EVALUATION ANATOMY (Also posted on each clinical course website and T-system)

Students should be able to identify the following anatomy:

### UPPER EXTREMITY & SHOULDER GIRDLE

#### Finger & Thumb

proximal, middle, & distal phalanges  
interphalangeal joints (proximal & distal)  
metacarpal  
metacarpophalangeal joints

#### Hand (finger plus...)

carpals: scaphoid/navicular, lunate/semilunar,  
triquetrum/triquetral/triangular, pisiform,  
trapezium/greater multangular, trapezoid/lesser  
multangular, capitate/os magnum, & hamate/unciform  
carpometacarpal joints  
sesamoid bones  
radius & ulna

#### Wrist

metacarpal  
carpometacarpal joints  
carpal bones - see hand  
radius & ulna

#### Forearm

radius & ulna  
styloid processes  
radial head, neck, & tuberosity  
coronoid process  
olecranon process  
medial & lateral epicondyles

#### Elbow

medial & lateral epicondyles  
trochlea  
coronoid process  
capitulum/capitellum  
radial head, neck, & tuberosity  
olecranon process

#### Clavicle

acromial & sternal ends  
body  
acromioclavicular & sternoclavicular joints

#### Humerus

glenoid cavity  
greater & lesser tubercles  
head  
anatomic & surgical neck  
body  
medial & lateral epicondyles  
trochlea  
capitulum/capitellum  
radius & ulna

#### Shoulder

clavicle  
acromion  
acromioclavicular joint  
coracoid process  
humeral head  
glenoid cavity  
greater & lesser tubercles  
anatomic & surgical neck  
Y-view: body of scapula, acromion & coracoid

#### Acromioclavicular Joints

clavicle  
acromion  
humeral head  
acromioclavicular joint  
coracoid process

#### Scapula

clavicle  
acromion  
coracoid process  
glenoid cavity  
body  
lateral/axillary border  
medial/vertebral border  
inferior angle  
humeral head

## LOWER EXTREMITY & PELVIS

Students should be able to identify the following anatomy:

### Toes

proximal, middle & distal phalanges  
interphalangeal joints (proximal & distal)  
metatarsals  
metatarsophalangeal joints

### Foot (toes plus...)

tarsals: cuneiforms (medial/first, intermediate/second, lateral/third), cuboid, talus/astragulus, navicular/scaphoid, calcaneus/os calcis  
sinus tarsi  
sesamoid  
tarsometatarsal joints

### Calcaneus

subtalar joint  
sustentaculum tali  
trochlear process  
tuberosity  
talus  
navicular

### Ankle

tibia & fibula  
Medial & lateral malleoli  
navicular/scaphoid  
calcaneus  
talus  
cuboid

### Leg

medial & lateral femoral condyles  
patella  
tibia & fibula  
head of fibula  
tibial tuberosity  
medial & lateral malleoli

### Knee

intercondylar fossa & tubercles  
medial & lateral femoral condyles  
medial & lateral femoral epicondyle  
medial & lateral tibial condyles  
patella: apex & base  
head of fibula  
tibial tuberosity

### Patella

base & apex  
patellofemoral articulation  
medial & lateral condyles

### Femur

acetabulum  
greater & lesser trochanter  
head & neck  
body  
medial & lateral condyles & epicondyle  
patella

### Pelvis &/or Hip

femoral head & neck  
greater & lesser trochanter  
ilium, ischium, & pubic bones  
iliac crest  
acetabulum  
ASIS  
obturator foramen  
intertrochanteric crest  
symphysis pubis  
sacrum & coccyx  
sacroiliac joint

## **VERTEBRAL COLUMN**

The student should be able to identify the following anatomy:

### **Cervical spine**

base of skull  
atlas & axis  
dens/odontoid process  
disk spaces  
bodies  
pedicles  
intervertebral foramina & disk spaces  
mandible  
spinous processes  
zygapophyseal joints

### **Thoracic spine**

bodies  
pedicles  
transverse processes  
spinous processes  
intervertebral foramina  
intervertebral disk spaces

### **Lumbar spine**

bodies  
pedicles  
transverse processes  
lamina  
intervertebral disk spaces  
intervertebral foramina  
spinous processes  
zygapophyseal joints  
SIJ  
crest  
Scotty Dog: ear = superior articular process,  
nose=transverse process, eye=pedicle, body=lamina,  
neck=pars interarticularis, leg=inferior articular process

### **Sacroiliac joints**

sacrum  
ilium  
SI joints  
S-1 & L-5

### **Sacrum/Coccyx**

sacral foramina  
sacrum & coccyx  
L-5

### **Scoliosis Series**

cervical, thoracic & lumbar regions  
bodies  
lamina  
transverse processes  
pedicles  
spinous processes

## **THORAX**

The student should be able to identify the following anatomy:

### **Ribs**

1-12 (anterior & posterior)  
head  
shaft  
axillary

### **Sternum**

clavicle  
sternoclavicular joints  
manubrium  
jugular notch  
sternal angle  
body  
xiphoid process

### **Sternoclavicular joints**

clavicle  
manubrium  
sternoclavicular articulation

### **Chest**

apices  
diaphragm  
costophrenic angles  
pulmonary markings  
sternum  
clavicle  
trachea  
heart  
hilum  
aortic arch  
spine  
scapula  
ribs

## **ABDOMEN & DIGESTIVE TRACT**

The student should be able to identify the following anatomy:

### **Abdomen`**

diaphragm  
liver  
kidneys  
bladder  
crest  
psoas muscles  
symphysis pubis  
lumbar vertebrae  
sacrum & coccyx

### **Upper GI**

fundus  
body  
greater & lesser curvatures  
pylorus  
duodenum

### **Small Bowel**

stomach  
duodenum  
jejunum  
ileum

### **Barium Enema**

cecum  
ascending colon  
rt. colic flexure/hepatic  
transverse colon  
lt. colic flexure/splenic  
descending colon  
sigmoid  
rectum

### **IVP**

kidneys  
minor & major calyces  
renal pelvis  
ureters  
bladder  
psoas muscles  
vertebrae

## **CRANIUM**

The student should be able to identify the following anatomy:

### **Skull**

sella turcica  
TMJ  
mastoid air cells  
frontal, parietal, temporal, occipital bones  
foramen magnum  
petrous ridge

### **Facial bones**

sella turcica  
mandibular rami  
maxilla  
nasal bones  
orbit  
mandible

### **Mandible**

ramus  
body  
symphysis  
condyle  
coronoid process

### **Sinus**

frontal, ethmoid, maxillary, sphenoid  
petrous ridge

**SECTION V: FORMS**



EXAMINATION RECORD

Name \_\_\_\_\_

The student must complete the required number of exams in each category in order to prove competency. Exams must be performed under **DIRECT SUPERVISION**. Students must comp on a **2 view CXR prior** to comping on any other CXR category.

CATEGORY	DATE	PT ID	mAS, kVp, Index #	TECH INITIALS
Upright 2 view CXR (10)				

CATEGORY	DATE	PT ID	mAS, kVp, Index #	TECH INITIALS
Portable CXR (6)				

CATEGORY	DATE	PT ID	mAS, kVp, Index #	TECH INITIALS
Cart / Wheelchair / Bed CXR (2)				

Updated 4/28/21, 5/9/22

CATEGORY	DATE	PT ID	mAS, kVp, Index #	TECH INITIALS
KUB (8)				

CATEGORY	DATE	PT ID	mAS, kVp, Index #	TECH INITIALS
Upper Extremity 10 total Or 3 of the same exam				

CATEGORY	DATE	PT ID	mAS, kVp, Index #	TECH INITIALS
Lower Extremity 10 total Or 3 of the same exam				





## **LABORATORY EVALUATIONS**

The purpose of lab evaluations is to establish minimum competency of radiographic examinations. Each projection in an examination is evaluated separately. Example: A hand examination consists of PA, oblique and lateral projections. Evaluations are computed on the following basis:

### **Procedure Time:**

2 rating = 1 minute or less to complete a projection

1 rating = 1 minute to 2 minutes to complete a projection

0 rating = an excess of 2 minutes to complete a projection

### **Source Image Distance:**

2 rating = less than 2" variation

1 rating = between 2" and 4" variation

0 rating = an excess of 4" variation, or cause a repeat

### **Positioning:**

2 rating = acceptable

1 rating = needs minor improvement

0 rating = needs major improvement, would cause a repeat image

### **Central Ray:**

2 rating = correct

1 rating = needs minor improvement

0 rating = needs major improvement, would cause a repeat image

### **Collimation:**

2 rating = correct

1 rating = slightly large

0 rating = does not demonstrate necessary anatomy, would cause repeat

### **Cassette size, type and position:**

2 rating = all segments correct

1 rating = partially correct

0 rating = would cause a repeat image

### **Markers:**

1 rating = correct

0 rating = incorrect

### **Exposure Factors:**

2 rating = correct adjustment

0 rating = incorrect adjustment, would cause a repeat image

### **Miscellaneous: (accessory equipment, communication, protection, etc.)**

1 rating = acceptable

0 rating = unacceptable

Any student not demonstrating minimum competency of 80% (13 points) or making an error which would cause a repeat image will be required to have additional practice and retest in order to establish competency for patient contact. Retesting must be completed within 1 week of the initial evaluation.



**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

**RADIOLOGIC TECHNOLOGY PROGRAM – PROCEDURES LABORATORY EVALUATION**

**STUDENT:** \_\_\_\_\_

**INSTRUCTOR:** \_\_\_\_\_

Examination:

<b>Projection:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	
1. Completion Time (2)									Pass _____
2. SID (2)									Retest _____
3. Positioning (2)									Date _____
4. CR (2)									Late _____
5. Collimation (2)									
6. Cassette (2)									Pass _____
7. Markers (1)									Retest _____
8. Exposure Factor (2)									Date _____
9. Miscellaneous (1)									Late _____
Points Achieved									
Pass/Retest									

COMMENTS: (List by projection & number) \_\_\_\_\_

## EVENING CLINICAL DOCUMENTATION RADIOGRAPHER PROGRAM

Name \_\_\_\_\_ Clinical Site(s) \_\_\_\_\_

You must maintain the stated number of clinical shifts weekly as per the Clinical Rotation schedule.

Summer Session (4 days*)	Fall Semester (3 days*)	Spring Semester (2 days* or 3 days**)
Sunday PM = Monday Monday PM = Monday* Tuesday PM = Tuesday* Wednesday PM = Wednesday* Thursday PM = Thursday* Friday PM = Thursday Saturday PM = Thursday	Sunday PM = Monday Monday PM = Monday* Tuesday PM = Wednesday Wednesday PM = Wednesday* Thursday PM = Friday Friday PM = Friday* Saturday PM = Friday	Sunday PM = Monday Monday PM = Monday* ** Tuesday PM = Wednesday Wednesday PM = Wednesday* ** Thursday PM = Friday Friday PM = Wednesday (2-day week) Friday PM = Friday (3-day week)** Saturday PM = Wednesday (2-day week) Saturday PM = Friday (3 day week)

	DATE AND DAY (Sun, etc.)	HOURS	SUBSTITUTES FOR	WU FACULTY INITIALS
	Example: 6/16 Monday	2:30-10:30pm	6/16	JR
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

**Guidelines:**

- A minimum of 12 evening shifts are required and maximum of 15 may be completed.
- Minimum of 6 weekend shifts (Friday, Saturday and Sunday).
- Maximum of 3 night shifts (12:15am-8:15am) – optional shift.



## **IMAGING MODALITY ROTATIONS**

AL237 and AL238

The main goal of the radiologic technology program is to provide a graduate technologist with demonstrable skill as a radiographer. It is recognized that knowledge of the broad field of radiology is a vital component. AL 220 Radiographic Procedures III is a required course which provides students with an understanding of basic theory and clinical application of the various imaging modalities.

During Fall Semester II and Spring Session II, students will participate in rotations through two (2) imaging modalities plus CT. The modalities available are:

1. Computed Tomography
2. Nuclear Medicine
3. Radiation Therapy
4. Interventional radiography
5. Diagnostic Medical Sonography
6. MRI
7. Venipuncture
8. Mammography

When assigned to any modality, it is expected you will complete a minimum of 7 hours daily in that area. If there are low patient exams or equipment problems, the student must return to diagnostic radiology to complete the scheduled hours for that day.

Each student will indicate the preferred rotations, with one alternate. Rotations have objectives and assignments available for guidance. The assignment sheet, answers and time sheets will be completed and returned to the clinical coordinator within one (1) week of rotation completion.

Modality technologists will complete the imaging modality evaluation and return to program faculty. This evaluation does not account for a percentage of the clinical education grade. It is expected that each student will fulfill all stated objectives in a professional manner. However, if on return of the evaluation form, it is noted that areas of "improvement needed" exist, formal documentation and a grade point deduction will occur.



## **CT SCANNING CLINICAL ROTATION**

### Introduction

AL 220 presented concepts and information as related to CT Scanning. This presentation was a prerequisite to the clinical rotation in Computed Tomography. The second year radiographer student may spend one week in CT to observe and assist with technical procedures.

The rotation hours are:

- KU St. Francis: 7:30-4:00 (295-8004)
- Stormont-Vail Health: 7:30-4:00 (354-6185)
- Topeka VA: 8:00-4:30 (350-3111 X 2688)
- Via Christi, Manhattan: 7:00-3:30 (776-2888)
- Lawrence Memorial Hospital: 7:00-3:30 (749-6194)
- Atchison Hospital: 8:00-4:30 (913-367-6642)
- Geary Community Hospital: 8:00-4:30 (238-4139)
- Truman Medical Center: 7:30-4:00pm

When assigned to any modality, it is expected you will complete a minimum of 7 hours daily in that area. If there are low patient exams or equipment problems, the student must return to diagnostic radiology to complete the scheduled hours for that day. A variation of the hours will be at the discretion of the CT supervisor. If at any time a student is allowed to leave early, the supervisor MUST note it on the clinical worksheet.

If a student is unable to be present on the scheduled days, call the CT site as well as Washburn faculty (leave a message) at 670-2173 or 670-1535.

### Objectives

- 1 Identify the types of CT scans that can be performed
- 2 Identify the advantages and disadvantages of CT
- 3 Discuss the CT scan procedure
- 4 Discuss the physical and mental preparation of the patient
- 5 Outline types of oral and IV contrast media
- 6 Describe positioning and procedure involved with each exam
- 7 Discuss equipment and computer application
- 8 Relate the radiation dosage of diagnostic radiology to the CT dosage

### Guidelines

*Be certain to wear your radiation monitoring badge to this rotation.*

Students will be expected to have a basic knowledge and understanding of the objectives by the end of their clinical rotation. This will be verified by the completion of the assignment. It is the responsibility of each student to have this form completed and returned to faculty within one week after the rotation's end. No credit will be given if you fail to complete the rotation or return the worksheet.

## CT SCANNING CLINICAL ROTATION

Student: \_\_\_\_\_ Date: \_\_\_\_\_

The time sheet below DOES NOT replace “clock in/out” on the T-system. This documentation allows the student to communicate hours, so the CI can approve student clock in/out.

Time Sheet	Hours of Attendance (student arrived on time)	RT Initials
Monday		
Wednesday		
Friday		

### Assignment

Resources for completing this assignment include the CT technologists at the site and the computed tomography chapter in Merrill’s Atlas.

1. Define the following as they relate to CT: attenuation, pixel, matrix, voxel, pitch.
2. List two advantages of CT over conventional radiography.
3. List some limitations of CT.
4. Discuss the considerations of shielding in CT and how it differs from conventional radiology.
5. Discuss the application of contrast media used in observed procedures during your rotation. (Name, concentration, route of administration, purpose, etc.)
6. Describe CTA and list its advantages.
7. Clinical application: position the patient for examination of head, lumbar spine, abdomen, and chest.
8. Clinical application: enter patient and exam information.
9. Clinical application: assist with loading and programming the injector.
10. Submit performance evaluation document to the supervising RT.

Turn in the following elements to Jera, Hillary, or your Washburn clinical site faculty member within one week of rotation completion.

- Record of all examinations observed during modality rotation
- View at least one of each of the following studies with a radiologist: head, chest, abdomen, pelvis and spine.
  - Have the radiologist initial next to each exam viewed with them on the record of all exams observed during the rotation.
- Assignment sheet with answers on a separate page
- Timesheet
- Performance evaluation which may be returned directly to you or sent to the program.

## **NUCLEAR MEDICINE CLINICAL ROTATION**

### Introduction

AL220 provided prerequisite information in Nuclear Medicine prior to the clinical rotation. The second year radiographer student may spend one week in Nuclear Medicine to observe and assist with technical procedures.

The rotation hours are:

- KU St. Francis: 8:00-4:30 (295-8340)
- Stormont-Vail Health: 8:00-4:30 (354-6176)
- Atchison Hospital: 8:00-4:30 (913-367-6642)
- Lawrence Memorial Hospital: 7:00-3:30 (749-6194)
- Via Christi, Manhattan: 7:00-3:30 (776-2888)
- Geary Community Hospital: 8:00-4:30 (238-4139)

If a student desires to view pharmacy procedures at KU St. Francis, arrangements should be made through Brent Wilkins. If pharmacy observation is involved, the hours will be 6:00am to 2:30pm for that day. (If scheduled at Stormont-Vail for the rotation, observe at St. Francis from 6:00am to 8:00am and then return to Stormont-Vail.)

When assigned to any modality, it is expected you will complete a minimum of 7 hours daily in that area. If there are low patient exams or equipment problems, the student must return to diagnostic radiology to complete the scheduled hours for that day. A variation of the hours will be at the discretion of the Nuclear Medicine supervisor. If at any time a student is allowed to leave early, the supervisor MUST note it on the clinical worksheet.

If a student is unable to be present on scheduled days, call the nuclear medicine site as well as Washburn faculty (leave a message) at 670-2173 or 670-1535.

### OBJECTIVES

- 1 Correlate the examination with the radiopharmaceutical
- 2 Identify the types of scans that can be performed
- 3 Describe positioning and procedure involved with each exam
- 4 Discuss equipment and computer application
- 5 Identify major anatomy on the scans
- 6 Scan a patient with supervision
- 7 Relate pathological conditions to the examinations being performed

### GUIDELINES

*Be certain to wear your radiation monitoring badge to this rotation.*

Students will be expected to have a basic knowledge and understanding of the objectives by the end of their clinical rotation. This will be verified by the completion of the assignment. It is the responsibility of each student to have this form completed and returned to faculty within one week after the rotation's end. No credit will be given if you fail to complete the rotation or return the worksheet.

## NUCLEAR MEDICINE CLINICAL ROTATION

Student: \_\_\_\_\_ Date: \_\_\_\_\_

The time sheet below DOES NOT replace “clock in/out” on the T-system. This documentation allows the student to communicate hours, so the CI can approve student clock in/out.

Time Sheet	Hours of Attendance (student arrived on time)	RT Initials
Monday		
Wednesday		
Friday		

### Assignment

Resources for completing this assignment include the nuclear medicine technologists at the site and the nuclear medicine chapter in Merrill’s Atlas.

1. Define the following: isotope, half-life, scintillation detector, alpha particle, beta particle, gamma ray, curie, gamma camera, and SPECT.
2. Discuss radiation protection of the technologist.
3. Describe a hot lab and list what can be found in them.
4. Discuss disposal of waste products and equipment.
5. Discuss protocol if a “spill” occurs.
6. Discuss the following imaging methods: static/planar, whole-body imaging, dynamic imaging, SPECT imaging, and combined SPECT/CT imaging.
7. Briefly discuss the following exams and their main purpose: bone scan, radionuclide angiography, brain SPECT study, thyroid scan, hepatic artery perfusion study, xenon-133 lung ventilation scans, and sentinel node imaging.

Turn in the following elements to Jera, Hillary, or your Washburn clinical site faculty member within one week of rotation completion.

- Record of all examinations observed during modality rotation
- View at least four imaging exams with a radiologist.
  - Have the radiologist initial next to each exam viewed with them on the record of all exams observed during the rotation.
- Assignment sheet with answers on a separate page
- Timesheet
- Performance evaluation which may be returned directly to you or sent to the program.

## **RADIATION ONCOLOGY CLINICAL ROTATION**

### **INTRODUCTION**

AL220 presented the modality of radiation oncology in preparation for a clinical experience. The second year radiographer student may spend one week in radiation therapy to observe the process of treatment with radiant energy.

The rotation hours are:

Stormont-Vail Radiation Oncology: 7:30 - 4:00 (785-354-5300)  
KU St. Francis Comprehensive Cancer Center: 8:00-4:30 (785-295-8008)  
Central Kansas Cancer Institute, Manhattan: 7:30-4:00 (785-539-2500) Scott  
Lawrence Memorial Hospital, Lawrence: 8:00-4:30pm (785.749.3600) Kristine

When assigned to any modality, it is expected you will complete a minimum of 6 hours daily in that area. If there are low patient exams or equipment problems, the student must return to diagnostic radiology to complete the scheduled hours for that day. A variation of the hours will be at the discretion of the supervising Radiation Therapist. If at any time the student is allowed to leave early, it must be noted on the page below. If a student is unable to be present at on the scheduled days, call the therapist as well as Washburn faculty (leave a message) at 670-2173 or 670-1535.

### **Objectives**

- 1 Identify the type of equipment being utilized for treatment
- 2 Observe the "set up" prior to the radiation treatment
- 3 Understand the operation (controls) of the equipment
- 4 Associate the treatment plan with the type of tumor
- 5 Understand dose computation
- 6 Observe protective measures for therapists and the patients
- 7 Understand the importance of accurate and complete records
- 8 Observe:
  - a. consult session
  - b. status-check session
  - c. follow-up session

### **Guidelines**

*Be certain to wear your radiation monitoring badge to this rotation.*

You will be expected to have a basic knowledge and understanding of the objectives by the end of their clinical rotation. This will be verified by completion of the assignments. It is your responsibility to have this form completed and returned to faculty within one week of the rotation. No credit will be given if you fail to complete the rotation or return the worksheets.

Record all examinations observed or assisted with.

Return the time sheet with therapist initials verifying the time to faculty.

## RADIATION ONCOLOGY CLINICAL ROTATION

Student: \_\_\_\_\_ Date: \_\_\_\_\_

The time sheet below DOES NOT replace “clock in/out” on the T-system. This documentation allows the student to communicate hours, so the CI can approve student clock in/out.

Time Sheet	Hours of Attendance (student arrived on time)	RT Initials
Monday		
Wednesday		
Friday		

### Assignment

Resources for completing this assignment include the technologists at the site and the radiation oncology chapter in Merrill’s Atlas.

1. Define the following: LET, RBE, dosimetry, brachytherapy, fractionation, metastasis, and teletherapy.
2. List the general types of patients treated on each machine.
3. Briefly discuss the following steps in radiation oncology: simulation, dosimetry, and treatment.
4. Describe the difference between internal and external risk factors for malignancy and give some examples for each.
5. What is proton therapy and why has its usage in radiation oncology increased?
6. Discuss the usage of PET and CT in radiation oncology.
7. Briefly discuss the treatment of lung cancer, prostate cancer, and breast cancer.

Turn in the following elements to Jera, Hillary, or your Washburn clinical site faculty member within one week of rotation completion.

- Record of all examinations observed during modality rotation
- Assignment sheet with answers on a separate page
- Timesheet
- Performance evaluation which may be returned directly to you or sent to the program.

## **ULTRASOUND CLINICAL ROTATION**

### Introduction

AL220 presented concepts and information as related to Ultrasound. This presentation was a prerequisite to the clinical rotation in Ultrasound. The second year radiographer student may spend one week in Ultrasound to observe and assist with technical procedures.

The rotation hours are:

KU St. Francis: 7:30-4:00 (295-8352)  
Stormont-Vail Health: 8:00-4:30 (354-6289)  
Atchison Hospital: 8:00-4:30 (913-367-6642)  
Lawrence Memorial Hospital: 7:00-3:30 (749-6194)  
Via Christi: 7:30-4:00pm (776-2888)  
Ransom Memorial: 8:00-4:30 (229-8352)  
Geary Community Hospital: 8:00-4:30 (238-4139)  
Truman Medical Center

When assigned to any modality, it is expected you will complete a minimum of 7 hours daily in that area. If there are low patient exams or equipment problems, the student must return to diagnostic radiology to complete the scheduled hours for that day. Any variation of the hours will be at the discretion of the Ultrasound technologist. If at any time a student is allowed to leave early, the supervisor **MUST** note it on the clinical worksheet.

If a student is unable to be present on the scheduled days, call the ultrasound site as well as Washburn faculty (leave a message) at 670-2173 or 670-1535.

### Objectives

- 1 Identify the types of ultrasound scans that can be performed
- 2 Discuss the preparation of the patient for each scan type
- 3 Discuss the scanning procedure with each examination
- 4 Discuss the equipment utilized
- 5 Identify major anatomy on the scans
- 6 Define ultrasound terminology

### Guidelines

Students will be expected to have a basic knowledge and understanding of the objectives by the end of their clinical rotation. This will be verified by the completion of the assignment. It is the responsibility of each student to have this form completed and returned to faculty within one week after the rotation's end. No credit will be given if you fail to complete the rotation or return the worksheet.

Record all examinations observed or assisted with and return to faculty. You will also be required to view at least 1 of each of the following examinations with a radiologist: abdomen, pelvis, obstetrical. Have the radiologist initial the worksheet as each exam is read.

Return the time sheet with technologist signature verifying time to Washburn faculty.

## ULTRASOUND CLINICAL ROTATION

Student: \_\_\_\_\_ Date: \_\_\_\_\_

The time sheet below DOES NOT replace “clock in/out” on the T-system. This documentation allows the student to communicate hours, so the CI can approve student clock in/out.

Time Sheet	Hours of Attendance (student arrived on time)	RT Initials
Monday		
Wednesday		
Friday		

### Structures to be Identified on Scans

- A. Organs: liver, kidneys, pancreas, gallbladder, uterus, thyroid, and bladder.
- B. Obstetrical Structures: uterus, placenta, amniotic fluid, baby’s abdomen and chest, baby’s heart, and baby’s head.
- C. Vessels: aorta, IVC, and portal vein.

### Assignment

Resources for completing this assignment include the ultrasound technologists at the site and the diagnostic medical sonography chapter in Merrill’s Atlas.

1. Define the following: ultrasound, echogenic, transducer, longitudinal, transverse, cystic, hypoechoic, hyperechoic, and Doppler ultrasound.
2. Discuss the preparation of 3 patients examined during your rotation and the importance of this preparation.
3. Discuss the landmarks utilized for 3 examinations observed.
4. List 5 pathological conditions in which ultrasound is the exam of choice.
5. Discuss various transducers and the use of each.
6. Discuss the following common specialties in ultrasound and what exam(s) are performed in each: cardiac, vascular, general, and obstetric.

Turn in the following elements to Jera, Hillary, or your Washburn clinical site faculty member within one week of rotation completion.

- Record of all examinations observed during modality rotation
- View one of each of the following exams with a radiologist: abdomen, pelvis, obstetrical.
  - Have the radiologist initial next to each exam viewed with them on the record of all exams observed during the rotation.
- Assignment sheet with answers on a separate page
- Timesheet
- Performance evaluation which may be returned directly to you or sent to the program.

of choice.

- 5 Discuss various transducers and the use of each

## **MAGNETIC RESONANCE CLINICAL ROTATION**

### Introduction

AL220 provided prerequisite information in Magnetic Resonance prior to the clinical rotation. The second-year radiographer student may spend one week in Magnetic Resonance to observe and assist with technical procedures.

The rotation hours are:

Atchison Hospital: 8:00-4:30pm  
Lawrence Memorial Hospital: 7:00-3:30 (749-6194)  
Via Christi: 7:00-3:00 (776-2888)  
Stormont-Vail Health: 8:00-4:30 (354-6205)  
KU St. Francis: 8:00-4:30 (295-8175)  
Geary Community Hospital: 8:00-4:30pm  
Topeka VA: 8:00-4:30pm  
Leavenworth VA: 8:00am-4:30pm

When assigned to any modality, it is expected you will complete a minimum of 7 hours daily in that area. If there are low patient exams or equipment problems, the student must return to diagnostic radiology to complete the scheduled hours for that day. A variation of the hours will be at the discretion of the supervising technologist. If at any time the student is allowed to leave early, it MUST be noted on the clinical worksheet.

If a student is unable to be present on the scheduled days, call the MR site as well as Washburn faculty (leave a message) at 670-2173 or 670-1535.

### Objectives

- 1 Identify major anatomy on the scans.
- 2 Have a basic understanding of the principle of MR.
- 3 Gain a basic understanding of the components of the MR system.
- 4 Understand the risks involved with the procedures.
- 5 Know which pathological conditions are well demonstrated by MR.

### Guidelines

Students will be expected to have a basic knowledge and understanding of the objectives by the end of their clinical rotation. This will be verified by the completion of the assignment. It is the responsibility of each student to have this form completed and returned to faculty within one week after the rotation's end. No credit will be given if you fail to complete the rotation or return the worksheet.

Record all examinations observed or assisted with and return to faculty. You will also be required to view at least 4 examinations with a radiologist. Have the radiologist initial the worksheet as each exam is read.

Return the time sheet with technologist signature verifying time to Washburn faculty.

## MAGNETIC RESONANCE CLINICAL ROTATION

Student: \_\_\_\_\_ Date: \_\_\_\_\_

The time sheet below DOES NOT replace “clock in/out” on the T-system. This documentation allows the student to communicate hours, so the CI can approve student clock in/out.

Time Sheet	Hours of Attendance (student arrived on time)	RT Initials
Monday		
Wednesday		
Friday		

### Assignment

Resources for completing this assignment include the MRI technologists at the site and the magnetic resonance imaging chapter in Merrill’s Atlas.

7. Define the following: gauss, tesla, precession, resonance, gating, and relaxation time.
8. Discuss the difference between MRI conditional and MRI safe items.
9. Discuss the use and routes of contrast media in MRI.
10. List some pathological conditions well demonstrated on MRI.
11. Discuss various causes of artifacts.
12. Discuss the patient risks involved.
13. Discuss the use of coils.
14. List the differences between CT and MRI imaging and which conditions are better demonstrated on MRI.

Turn in the following elements to Jera, Hillary, or your Washburn clinical site faculty member within one week of rotation completion.

- Record of all examinations observed during modality rotation
- View at least four imaging exams with a radiologist.
  - Have the radiologist initial next to each exam viewed with them on the record of all exams observed during the rotation.
- Assignment sheet with answers on a separate page
- Timesheet
- Performance evaluation which may be returned directly to you or sent to the program.

## **MAMMOGRAPHY CLINICAL ROTATION**

### Introduction

AL220 provided prerequisite information in Mammography prior to the clinical rotation. The second-year radiographer student may spend one week in mammography to observe and assist with technical procedures. The rotation hours are per each clinical education setting's normal hours of operation in this area which is usually 8-430pm.

When assigned to any modality, it is expected you will complete a minimum of 7 hours daily in that area. If there are low patient exams or equipment problems, the student must return to diagnostic radiology to complete the scheduled hours for that day. A variation of the hours will be at the discretion of the supervising technologist. If at any time the student is allowed to leave early, it MUST be noted on the clinical worksheet.

If a student is unable to be present on the scheduled days, call the Mammography site as well as Washburn faculty (leave a message) at 670-2173 or 670-1535.

### Accreditation Position Statement on Mammography Clinical Rotations

Certification data shows less than 1% of the technologists registered in mammography by the ARRT are males. With regards to mammography, the program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program cannot override clinical site processes that restrict mammography rotations to female students. Be advised that placement is not guaranteed and may be limited to male patients.

### Objectives

- 1 Have a basic understanding of the principle of mammography imaging.
- 2 Gain a basic understanding of the equipment components of a dedicated mammography unit.
- 3 Understand the risks involved with the procedures.
- 4 Know which pathological conditions are well demonstrated by mammography.

### Guidelines

Students will be expected to have a basic knowledge and understanding of the objectives by the end of their clinical rotation. This will be verified by the completion of the assignment. It is the responsibility of each student to have this form completed and returned to faculty within one week after the rotation's end. No credit will be given if you fail to complete the rotation or return the worksheet.

Record all examinations observed or assisted with and return to faculty. You will also be required to view at least 4 examinations with a radiologist. Have the radiologist initial the worksheet as each exam is read.

Return the time sheet with technologist signature verifying time to Washburn faculty.

## MAMMOGRAPHY CLINICAL ROTATION

Student: \_\_\_\_\_ Date: \_\_\_\_\_

The time sheet below DOES NOT replace “clock in/out” on the T-system. This documentation allows the student to communicate hours, so the CI can approve student clock in/out.

Time Sheet	Hours of Attendance (student arrived on time)	RT Initials
Monday		
Wednesday		
Friday		

### Assignment

Resources for completing this assignment include the technologists at the site and the mammography chapter in Merrill’s Atlas.

8. Define the following: CAD, FFDM, MQSA, ACR, breast tissue density, and architectural distortions.
9. Explain the difference between screening and diagnostic images.
10. Discuss why normal breast screenings start at a certain age.
11. List risk factors that increase the likelihood of breast cancer development.
12. Provide 3 pathologic conditions that may be identified with mammography imaging.
13. List and briefly describe at least 3 different mammography imaging views.
14. Briefly describe the various steps in a routine mammography screening exam.

Turn in the following elements to Jera, Hillary, or your Washburn clinical site faculty member within one week of rotation completion.

- Record of all examinations observed during modality rotation
- View at least four imaging exams with a radiologist.
  - Have the radiologist initial next to each exam viewed with them on the record of all exams observed during the rotation.
- Assignment sheet with answers on a separate page
- Timesheet
- Performance evaluation which may be returned directly to you or sent to the program.

## INTERVENTIONAL CLINICAL ROTATION

### Introduction

AL220 presented concepts and information as related to Special Procedures. This presentation was a prerequisite to the clinical rotation in Special Procedures. The second year radiographer student may spend one week in Special Procedures to observe and assist with technical procedures.

The rotation hours are:

- KU St. Francis: 7:30-4:00 (295-8342)
- Stormont-Vail Health: 8:00-4:30 (354-6178)
- Lawrence Memorial Hospital: 7:00-3:30 (749-6194)
- Via Christi: 7:00-3:30 (776-2888)

When assigned to any modality, it is expected you will complete a minimum of 7 hours daily in that area. If there are low patient exams or equipment problems, the student must return to diagnostic radiology to complete the scheduled hours for that day. A variation of the hours will be at the discretion of the Interventional supervisor. If at any time a student is allowed to leave early, the supervisor MUST initial the clinical worksheet.

If a student is unable to be present on the scheduled days, call the special procedures site as well as Washburn faculty (leave a message) at 670-2173 or 670-1535.

### Objectives

- 1 Identify major arteries and veins
- 2 Develop a basic understanding of the equipment utilized.
- 3 Develop a basic understanding of the procedures performed
- 4 Understand subtraction technique
- 5 Observe digital subtraction angiography

### Guidelines

*Be certain to wear your radiation monitoring badge to this rotation.*

Student knowledge and performance requirements for the rotation are listed through objectives on the sheet below. It is the responsibility of each student to have this form completed and returned to faculty within one week after the rotation's end. No credit will be given if you fail to complete the rotation or return the assignment sheet.

Record all examinations observed or assisted with and return to faculty. You should also view at least three (3) examinations with a radiologist. Have the radiologist initial those examinations.

Return the time sheet with technologist signature verifying time to Washburn faculty.

## INTERVENTIONAL CLINICAL ROTATION

Student: \_\_\_\_\_ Date: \_\_\_\_\_

The time sheet below DOES NOT replace “clock in/out” on the T-system. This documentation allows the student to communicate hours, so the CI can approve student clock in/out.

Time Sheet	Hours of Attendance (student arrived on time)	RT Initials
Monday		
Wednesday		
Friday		

### Assignment

Resources for completing this assignment include the technologists at the site and the interventional radiography chapter in Merrill’s Atlas.

15. Observe one heart catheterization. \_\_\_\_\_ (RT initials)
16. Define the following: arteriography, venography, aortography, percutaneous transluminal angioplasty, hematoma, and hemostasis.
17. List the contrast media, anti-coagulant, and localization media that are utilized in interventional examinations.
18. Discuss diagnoses that may involve heart catheterizations.
19. Discuss diagnoses that may involve arteriograms.
20. List procedures performed by the catheterization lab and interventional radiology and the difference(s) between the two interventions.
21. Discuss radiation protection of the physician and radiographer.
22. List the various risks associated with the procedures performed.

Turn in the following elements to Jera, Hillary, or your Washburn clinical site faculty member within one week of rotation completion.

- Record of all examinations observed during modality rotation
- View at least three imaging exams with a radiologist.
  - Have the radiologist initial next to each exam viewed with them on the record of all exams observed during the rotation.
- Assignment sheet with answers on a separate page
- Timesheet
- Performance evaluation which may be returned directly to you or sent to the program.

**Phlebotomy Rotation  
Radiologic Technology Program  
Washburn University**

Introduction

AL220 presented concepts and information as related to Phlebotomy Procedures, as well as passing a simulated procedure. This presentation was a prerequisite to the clinical rotation in Laboratory Services. The second year radiographer student will spend three (3) days (one week assignment) in Laboratory Services to observe, assist and perform procedures.

The rotation hours are 7:30-4:00 at University of Kansas Medical St. Francis Campus (295-8060).

Every student should arrive early on their first day and report to the radiology department prior to reporting to the Lab. Sherrie Shaw is the Clinical Preceptor you need to check in with. 785-295-8338

A variation of the hours will be at the discretion of the Laboratory supervisor. If at any time a student is allowed to leave early, the supervisor MUST initial the clinical worksheet.

If a student is unable to be present on the scheduled days, call the Laboratory Services at University of Kansas Medical St. Francis Campus 785-295-8060, Sherrie Shaw in the radiology department 785-295-8338 and Hillary Lolley (670-1535 or [hillary.lolley@washburn.edu](mailto:hillary.lolley@washburn.edu)). Three days are required for completion of this required assignment. Therefore, if a student misses one or more days of the scheduled rotation, the hours must be made-up in phlebotomy. A student cannot simply use attendance hours in place of this rotation. The student is responsible for rescheduling the missed days with their Washburn Clinical Preceptor.

Objectives

- 1 Identify major arteries and veins in the arm
- 2 To develop entry level skill with venipuncture
- 3 To understand the relationship between specific laboratory tests and radiology procedures.

Guidelines

Student knowledge and performance requirements for the rotation are listed through objectives on the sheet below. It is the responsibility of each student to have this form completed and returned to faculty within one week after the rotation's end. No credit will be given if you fail to complete the rotation or return the assignment sheet.

Record all examinations that are observed, assisted, or performed and return to Hillary Lolley.

Return the time sheet with phlebotomist's signature verifying time to Hillary Lolley. You will still clock in and out on the T-system as well.

## PHLEBOTOMY CLINICAL ROTATION

Student: \_\_\_\_\_ Date: \_\_\_\_\_

The time sheet below DOES NOT replace “clock in/out” on the T-system. This documentation allows the student to communicate hours, so the CI can approve student clock in/out.

Time Sheet	Hours of Attendance (student arrived on time)	Staff Initials
Monday		
Wednesday		
Friday		

### Assignment

Resources for completion of this assignment include the phlebotomists at the site and the patient care textbook.

1. Define the following venipuncture tests: CBC, Chem B, PT with INR, and GFR.
2. Explain the relevance of the tests above regarding radiology examinations.
3. Discuss risks associated with the procedures performed.
4. Explain vasovagal reaction and how to manage it.
5. State the supplies needed for venipuncture and the process to perform the procedure.
6. Define extravasation and its importance in radiological exams that utilize intravenous contrast media.

Turn in the following elements to Jera, Hillary, or your Washburn clinical site faculty member **within one week** of rotation completion.

- Record of all examinations observed or completed during rotation.
- Assignment sheet with answers on a separate page
- Timesheet

Performance evaluation which may be returned directly to you or sent to the program.

**RADIOLOGIC TECHNOLOGY PROGRAM  
WASHBURN UNIVERSITY  
St. Francis Health Phlebotomy Evaluation**

Student: \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Individual(s) completing this evaluation: \_\_\_\_\_

**Part 1.)**

Please complete the evaluation on the student named above by placing an "X" in the area which best describes performance and return to the Program Director at Washburn University.

	Above Average	Acceptable or Average	Improvement Needed
Attitude: Works harmoniously with others; is receptive to suggestions.			
Dependability: Is reliable; observes or performs all procedures in assigned area.			
Initiative: Exhibits a readiness to perform or			
Patient Relationship: Establishes rapport with the patient; provides for safety and comfort			
Professionalism: Observes the ethics of the profession; attendance and punctuality.			

**Part 2.)**

The student exhibits entry skill with phlebotomy.                      Yes                      No

Phlebotomist Signature \_\_\_\_\_

COMMENTS ON THIS ROTATION:















**RADIOLOGIC TECHNOLOGY PROGRAM  
WASHBURN UNIVERSITY  
Imaging Modality Evaluation**

Student: \_\_\_\_\_ Dates of Rotation: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Individual(s) completing this evaluation: \_\_\_\_\_

Please complete the evaluation on the student named above by placing an "X" in the area which best describes performance and return to the Program Director at Washburn University.

	Above Average	Acceptable or Average	Improvement Needed
Attitude: Works harmoniously with others; is receptive to suggestions.			
Dependability: Is reliable; observes or performs all procedures in assigned area.			
Initiative: Exhibits a readiness to perform or be involved.			
Patient Relationship: Establishes rapport with the patient; provides for safety and comfort			
Professionalism: Observes the ethics of the profession; attendance and punctuality.			

COMMENTS ON THIS ROTATION:



**RADIOLOGIC TECHNOLOGY PROGRAM  
WASHBURN UNIVERSITY  
Imaging Modality Evaluation**

Student: \_\_\_\_\_ Dates of Rotation: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Individual(s) completing this evaluation: \_\_\_\_\_

Please complete the evaluation on the student named above by placing an "X" in the area which best describes performance and return to the Program Director at Washburn University.

	Above Average	Acceptable or Average	Improvement Needed
Attitude: Works harmoniously with others; is receptive to suggestions.			
Dependability: Is reliable; observes or performs all procedures in assigned area.			
Initiative: Exhibits a readiness to perform or be involved.			
Patient Relationship: Establishes rapport with the patient; provides for safety and comfort			
Professionalism: Observes the ethics of the profession; attendance and punctuality.			

COMMENTS ON THIS ROTATION:



**RADIOLOGIC TECHNOLOGY PROGRAM  
WASHBURN UNIVERSITY  
Imaging Modality Evaluation**

Student: \_\_\_\_\_ Dates of Rotation: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Individual(s) completing this evaluation: \_\_\_\_\_

Please complete the evaluation on the student named above by placing an "X" in the area which best describes performance and return to the Program Director at Washburn University.

	Above Average	Acceptable or Average	Improvement Needed
Attitude: Works harmoniously with others; is receptive to suggestions.			
Dependability: Is reliable; observes or performs all procedures in assigned area.			
Initiative: Exhibits a readiness to perform or			
Patient Relationship: Establishes rapport with the patient; provides for safety and comfort			
Professionalism: Observes the ethics of the profession; attendance and punctuality.			

COMMENTS ON THIS ROTATION:



**RADIOLOGIC TECHNOLOGY PROGRAM  
WASHBURN UNIVERSITY  
Imaging Modality Evaluation**

Student: \_\_\_\_\_ Dates of Rotation: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Individual(s) completing this evaluation: \_\_\_\_\_

Please complete the evaluation on the student named above by placing an "X" in the area which best describes performance and return to the Program Director at Washburn University.

	Above Average	Acceptable or Average	Improvement Needed
Attitude: Works harmoniously with others; is receptive to suggestions.			
Dependability: Is reliable; observes or performs all procedures in assigned area.			
Initiative: Exhibits a readiness to perform or be involved.			
Patient Relationship: Establishes rapport with the patient; provides for safety and comfort			
Professionalism: Observes the ethics of the profession; attendance and punctuality.			

COMMENTS ON THIS ROTATION:

**Disclaimer:** This manual is subject to change or modification at any time. All parties involved will be notified and given written notice if any modifications are made.





