



**RADIOGRAPHY PROGRAM  
STUDENT HANDBOOK  
FOR CLINICAL EDUCATION  
2019-2020**

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**I. General Information**

The profession you have embarked on is a "helping profession" and the patient is the most important person in relation to what you do as a radiographer. Your ability to function effectively as a member of the medical team will determine your success. Your conduct in clinical education, as well as after graduation, represents not only you, but also the medical imaging department, the affiliated institution, Mid Michigan Community College, and the profession.

**II. Clinical Education Assignment**

The purpose of clinical education in Radiography is to allow the student to apply theory, concepts and principles of radiography, patient care and radiographic procedures to practical experience. Students will have the status of learners and will not replace members of the affiliating clinical facilities' staff.

While in the clinical department, the student is required to observe the regulations imposed by the cooperating clinical facility on its employees in connection with patient welfare as well as those contained in this handbook. The assigned schedule by the College staff should be adhered to.

While performing various clinical duties, the student is directly responsible to the staff member of the cooperating clinical facility in charge of the room to which the student is assigned. Students will progress from the role of observer and assistant to relative independence according to their initiative and performance, and the discretion of the supervising staff radiographer.

**A. Supervision**

The Clinical Instructor of Radiography in the department is the supervisor for the students during the clinical portion of the curriculum. The students should also become familiar with the department chain-of-command and adhere to established policies and procedures in assigned clinical sections. It should be kept in mind that supervision of ongoing activities is a necessary function to maintain order and accomplish the department goals.

NOTE: The following policies from the Standards for an Accredited Education Program for the Radiologic Sciences shall be adhered to in carrying out the supervision of student radiographers.

Until students achieve the program's required competency in a given procedure, all clinical assignments should be carried out under the direct supervision of a qualified radiographer. The parameters of direct supervision are as follows:

1. The qualified radiographer reviews the request for examination in relation to the student's achievement.
2. The qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
3. The qualified radiographer is present during the conduct of the examination.

4. The qualified radiographer reviews and approves the procedures and/or image.

After demonstrating competency, students may be permitted to 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" requires the physical presence of a qualified radiographer adjacent to the location where the procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

When repeating unsatisfactory images, the repeated radiograph must be performed only in the presence of a qualified radiographer under direct supervision following approval of the student's procedure prior to re-exposure, as required by the Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards.

NOTE: Students participating in clinical education are engaged in an educational process and shall not take the responsibility or the place of qualified staff. If a student is to be hired by the clinical education center as a part-time employee during the clinical education experience, any hours worked must be above and beyond scheduled student hours.

### **B. Clinical Records**

A current record of all documents attained during clinical experience will be maintained in the Trajecys system. No paper documents of student's records will be maintained at the clinical sites.

### **C. Clinical Schedules**

Student schedules during clinical education are arranged by the Clinical Instructor in conjunction with the Clinical Coordinator and Program Director. The primary consideration is to provide the best possible clinical experience for the students.

Students will generally be assigned to traditional shifts, Mondays through Thursdays between 5:00 a.m. and 7:00p.m. Since didactic classes meet on campus each week during the semester, students will not be assigned to clinical education shifts on course days.

Students may also be assigned to shifts that include the hours of 7:00 p.m. to 11:00 p.m., and on weekends from 5:00 a.m. to 11:00 p.m. Clinical Education schedules in RAD 180, 205, and 250 are to be designed so that no more than 25% of the hours will occur during off-hour shifts. This constitutes approximately 336 hours or less of off-hour shifts.

The rationale for off-hour shift clinical assignments is as follows:

1. To provide the opportunity to observe, assist or perform radiographic procedures consistent with guidelines for direct and indirect supervision.
2. To perform clinical competency evaluations
3. To provide the student radiographer with increased opportunities in areas of trauma, surgical and mobile radiography.
4. To provide the student with a perspective of the radiographer's role in the operation of the medical imaging department during non-traditional hours.

The ratio of staff radiographer to student radiographer must be at least 1:1 at all times. Students must

have the opportunity to perform clinical competencies at all times. Therefore, there must be at least one registered radiographer at all times students are present.

As mandated by the JRCERT, in determining student clinical schedules, the Clinical Instructor must assure that student time in clinical and didactic settings does not exceed 40 hours per week. Individual shifts cannot exceed 10 hours. Every clinical shift will be supervised as per program policies on supervision. There must be at least one registered radiographer for each student at all times students are present.

The main emphasis during each clinical schedule rotation will be on practical experience in the performance of radiographic procedures. There will be times during the schedule that, because of lack of sufficient radiographic examinations to do, other assignments may be necessary. During these situations, the Clinical Instructor will determine the assignment for each individual student based on their identified needs. Assignments should be relevant to the program and clinical goals for the semester.

#### **D. Clinical Education Master Calendar**

The Clinical Education Master Calendar will be provided annually by the clinical coordinator. This calendar is subject to review by the Clinical Instructors. Students will be notified if any changes are made.

### **III. Attendance**

#### **A. Attendance, Sickness and/or Leave Time**

Attendance is extremely important during Clinical Education. Students must be in attendance in order to learn, perform procedures, and gain experience. In addition, being dependable is essential for health professionals. Attendance and punctuality traits demonstrated during Clinical Education are an important beginning point in defining the level of professionalism that students take to their first position.

The sickness and/or leave policy is as follows:

1. Students are allowed six days for the clinical year for sickness and/or personal leave.
2. Personal days are to be scheduled in advance with the Clinical Instructor.
3. Students unable to attend clinical due to illness or other late arising circumstance shall call the department and notify the clinical instructor at least 30 minutes prior to the scheduled beginning of that day's shift.
4. Students not notifying the clinical site in a timely manner will be subject to disciplinary action.
5. Students using more than six days' sickness and/or personal time may be subject to disciplinary action. Exceptions will be considered in case of compelling extenuating circumstances, such as medical leave, serious illness, or bereavement leave necessitated by the death of an immediate family member. Appropriate documentation may be required. Any days used under these circumstances must be made up.
6. Sickness and/or personal leave hours not used may be applied at the end of the clinical year if all competencies are completed.
7. Students are to be scheduled for no more than 40 hours per week combined class and clinical, as indicated in the Master Clinical Schedule. In case of extenuating circumstances such as a lengthy

illness, a student may request permission to make up clinical hours. The student must submit a written request for permission to do so, and approval must be obtained from the Clinical Instructor and the Clinical Coordinator or the Program Director. Students subject to disciplinary action due to poor attendance are not eligible.

The Radiography program will treat pregnancy, childbirth, false pregnancy, termination of pregnancy and recovery therefrom as justification for a leave of absence for so long a period of time as is deemed medically necessary by the person's physician; at the conclusion of which the person shall be reinstated to the status that was held when the leave commenced. Further, the student will be afforded the opportunity to make up any missed work in a manner selected by the student, which is reasonably equivalent to the work missed and within a reasonable timeframe. The Radiography program will require a pregnant student or a student who has given birth to obtain a certification from a physician stating that the student is physically and emotionally able to continue participation in the normal education program or activity.

If you have questions or concerns as they relate to Title IX, please contact the following:

<b>Kim Barnes</b>	<b>Martricia M. Farrell</b>	<b>Lori Fassett</b>
Associate Vice President	Director	Associate Vice President
Security Operations and Systems	Security Operations and Systems	Human Resources
Chief Title IX Coordinator	Deputy Title IX Coordinator	Title IX Coordinator
Mid Michigan College	Mid Michigan College	Mid Michigan College
2600 S Summerton Rd. Doan Center Room 105	1375 S. Clare Ave. Safety & Security Office	1375 S. Clare Ave. Office 214B
Mt. Pleasant, MI 48858	Harrison, MI 48625	Harrison, MI 48625
(989) 773-6622, Ext. 236	(989) 386-6622, Ext. 394	(989) 386-6622, Ext. 692
<a href="mailto:kbarnes@midmich.edu">kbarnes@midmich.edu</a>	<a href="mailto:mf Farrell@midmich.edu">mf Farrell@midmich.edu</a>	<a href="mailto:lfassett1@midmich.edu">lfassett1@midmich.edu</a>

#### **B. Campus Closures**

Students are scheduled off on semester breaks and all Mid observed holidays. In the event of hazardous weather, students should not report to the clinical site if Mid classes are cancelled. Students are not covered by the college's insurance policies when classes are canceled due to inclement weather or when the college is closed. It is recommended that students check the college website for closure information.

### **IV. Health Information**

#### **A. Communicable Disease and Infection Control Policies**

Guidelines from the Centers for Disease Control are to be used in determining if restrictions are necessary due to a student's contraction of a communicable disease.

#### **B. Clinical Related Injury or Exposure to Contagious Disease**

Students sustaining an injury while performing tasks related to clinical education or experiencing susceptibility to or contraction of communicable diseases are to immediately report the nature of the injury, exposure, or condition to the clinical instructor.

#### **C. Liability and Health Insurance**

The student is provided clinical liability insurance under the College's insurance program. This coverage is arranged by the College under a blanket coverage policy for students in clinical education components of their curriculum. The lab fee paid by the student supplements this coverage. **Students must be officially registered each term to qualify for this coverage and to be permitted to continue clinical education.**

The College or cooperating hospital does not hold any liability for the health care of the student. The student must supply his/her own health insurance and assume this and other costs for their health care requirements.

## **V. Radiation Guidelines**

### **A. Radiation Exposure Monitoring**

All students are to wear identification badges at all times. Badges will be provided by the College or by the Clinical Site.

Radiation monitoring badges are to be worn at all times during the clinical education schedule in the manner specified by the department. Monitoring badges are to be stored in an area specified by the Clinical Instructor and are not to be worn outside the clinical affiliate except for designated Radiography laboratory exercises or other campus lab usage.

The radiation badges must be changed quarterly, at minimum, and written exposure reports of exposure will be maintained in the office of the Clinical Coordinator. The exposure reports will be available to review by each student within 30 school days of receipt.

The following procedure will be implemented if any student receives a reading of 125 mR or higher:

1. The Clinical Coordinator will perform an investigation to determine the cause of high level exposure.
2. The student reported as having a high reading will be questioned regarding his/her techniques used in performing radiological examinations. A review of best practices will be provided to correct poor radiation safety practice. The meeting will include documentation of findings and action taken. The documentation will be kept in the student's file. Close monitoring of the student will ensure compliance of proper radiation safety measures and badge readings within the established limits.

### **B. Radiation Protection Guidelines**

1. No student will perform radiologic examinations without a physician's order.
2. **No student will ever be exposed to PRIMARY BEAM.** Students are advised against holding image receptors unless deemed absolutely necessary for the procedure and patient's safety. Students are advised against holding patients outside of the primary beam unless deemed absolutely necessary for the procedure and patient's safety.
3. **Lead aprons** are to be worn any time a student or staff member is to remain in a room during an exposure (ex: portables, OR, fluoroscopy procedures).
4. **Lead gloves** are to be worn by students if their hands have potential to be exposed by the primary beam.
5. **Thyroid shields** should be worn whenever possible while working in fluoroscopy areas.
6. Non-radiation personnel assisting with the patient during radiographic examinations should be supplied with a lead apron, at minimum. Lead gloves should be supplied if their hands have

potential to be exposed by the primary beam.

## **VI. Clinical Coordination**

The Clinical Coordinator and/or Program Director will visit each Clinical Education Center each semester. These visits will be scheduled in advance and communicated to the student and clinical sites. Visits consist of:

- Review of clinical experience record, clinical performance evaluations, and clinical competency evaluations. Students are responsible for having these documents ready when the Clinical Coordinator and/or Program Director arrive.
- General observation
- Clinical site image conference class
- Individual conferences as necessary
- Meeting with Clinical Instructor and other departmental staff as necessary

Students with assistance of the Clinical Instructor are responsible for arranging for a suitable classroom with computer access to images for clinical site image conference class. Students are responsible for checking their schedule and adjusting it with their Clinical Instructor if necessary in order to attend clinical site film conference class.

## **VII. Uniforms and Personal Appearance**

As students, you represent both the College and hospital to visitors and patients during the clinical portion of the curriculum. **Care in grooming and neatness in appearance should be a major consideration at all times. The first impression the patient receives of the student radiographer has a significant impact on the student's ability to perform the examination effectively.** Uniforms are required that are the generally accepted mode of dress used in the clinical affiliate. Any questions should be referred to the Clinical Instructor. In addition:

### **A. Guidelines for Dress and Personal Hygiene in the Clinic**

1. In lieu of or in addition to specific guidelines from the clinical site
2. Clean uniforms or scrubs.
3. Clean white uniform shoes (no open toe or open back).
4. White lab coat (optional).
5. Name tag and radiation monitoring badge must be worn.
6. Fingernails shall be fingertip length or shorter. Fingernail polish or artificial fingernail will not be allowed.
7. Hair will be neat, clean and completely secured off face and shoulders.
8. Make-up should be used sparingly.
9. Cologne, perfume, or after-shave lotion should be used sparingly.
10. Sideburns, mustache, or beard must be neat, clean and trimmed.
11. Maintain standards of personal hygiene such as neatness, cleanliness and elimination of strong or offensive odors.
12. Simple jewelry only: i.e., wristwatch, wedding ring, simple necklace, earrings (none extending beyond earlobe). Costume jewelry is not allowed.
13. Tattoos and body adornments are discouraged. If present, they must be covered.

## **VIII. Student Conduct in Clinical Education Settings**

### **A. General Information**

The purpose of these rules and regulations is to protect the health and safety of the patients, students and hospital personnel; to maintain uninterrupted service and to protect the Hospital and College's goodwill and/or property. The whole-hearted cooperation of all students is requested in the observance of these rules and regulations which were designed for your mutual protection and benefit. The Clinical Instructor, in consultation with the Clinical Coordinator and Program Director, will be responsible for the clarification and enforcement of these rules and regulations. Any violation of these rules and regulations will be cause for disciplinary action, including counseling, probation, temporary suspension from clinical assignment, and permanent discharge from both clinical assignment and the program. Dismissal from clinical assignment constitutes a failing grade, and removal from the Radiography Program. Offenses of a separate nature will be considered cumulative throughout the clinical assignment.

If any form of disciplinary action is taken, the student is encouraged to first discuss the alleged offense and disciplinary action with the Clinical Instructor. In every case, an attempt will be made to remedy the situation at this level. In the event the student feels he/she has justification for challenging the disciplinary action, based upon the alleged offense in this handbook, the student will follow the procedure outlined in the Clinical Evaluation/Grade Review Policy. If a student wishes to raise a question concerning a clinical performance evaluation/grade, the same procedure will be followed. If the course has been completed in which the student has a grievance, the student will follow the procedure in the College Catalogue.

In addition to this program administered disciplinary policy, Clinical Education Settings may request removal of any student from the clinical site for a reasonable cause related to the need for maintaining an acceptable standard of patient care. The college must immediately comply with such request. Dismissal from a clinical site constitutes a failing grade and removal from the radiography program.

#### **B. Professional Conduct**

Students must be aware at all times of the importance of professional conduct. Students must adhere to a high standard of professionalism. Students are to maintain a professional appearance, conduct themselves appropriately, and communicate in a professional manner at all times. This is a very important aspect of your training, and one that will be monitored continuously. Professional standards require that students make every effort to insure that their overall performance is to the best of their ability.

Students should avoid controversial discussions with referring physicians and other hospital personnel regarding personnel policies of the Radiology Department. These matters should be brought to the attention of the Clinical Instructor and/or the Program Director. Student radiographers should refrain from eating, drinking, chewing gum, reading newspapers, laughing and fraternizing in portions of the department devoted to patient and physician services. Students are to remain in their assigned area unless otherwise instructed. Only urgent personal calls can be received in the Radiology Department during clinical hours. Smoking is not permitted by the student radiographers while on duty in the department, clinics and hospital service area during normal working hours. Cell phones are not permitted, unless used during break or lunch time in the designated areas of the hospitals.

Student radiographers will be subject to Radiography Program student conduct policies contained in this handbook and hospital policies that govern employees of the institution, as outlined in the Personnel Handbooks of the affiliating hospitals. Student radiographers are expected to become familiar with these policies and conduct themselves in accordance with said policies during clinical assignment periods.

Any questions as to interpretation of policies should be referred to the Radiology Department Clinical Instructor or Supervisor.

We believe radiography education is a dynamic leveled teaching/learning process. All members of the Radiography Department, along with program participants are expected to conduct themselves in a manner that does not infringe upon the rights of others and supports the goals of the College and this program. Mid Michigan Community College maintains a zero tolerance for acts of discrimination, harassment, and sexual misconduct. The College does not discriminate on the basis of sex and will not treat any student differently on the basis of sex with respect to any rule concerning a student's actual or potential parental, family, or marital status in our educational programs or activities.

### **C. Rules, Regulations and Disciplinary Action:**

Group I:

Disciplinary action: Any offense in this group results in immediate suspension and permanent discharge from clinical assignment and Radiography Program.

Offenses:

1. Obtaining, possessing or using marijuana, narcotics, amphetamines, hallucinogenic substances or alcohol on hospital premises. Reporting to clinical station under the influence of any of these substances.
2. Theft, abuse, misuse or destruction of the property or equipment of any patient, visitor, student or hospital employee or of the hospital.
3. Disclosing confidential information about any patient, student or hospital employee without proper authorization.
4. Immoral, indecent, or illegal conduct on hospital premises.
5. Possession of weapons, wielding or threatening to use firearms, illegal knives, etc., on hospital premises.
6. Assault on any patient, visitor, student, hospital employee, or physician.
7. Misuse of patient, student or official hospital records.
8. Removal of patient, student or official hospital records without proper authorization.
9. Serious breach of professional or ethical conduct standard.
10. Violation of Clinical Education Setting policy of serious consequence.

Group II:

Disciplinary action:

1st Offense – 15% reduction in final grade for clinical course

2nd Offense – permanent discharge from clinical assignment and Radiography Program

Offenses:

1. Engaging in disorderly conduct that could possibly threaten the physical well-being of any patient, visitor, student, hospital employee, or physician.
2. Leaving hospital premises during assigned clinical hours without proper authorization.
3. Sleeping during scheduled clinical hours.
4. Restricting or impeding clinical procedure output by inattention to clinical schedule.
5. Insubordination or refusal to obey orders.
6. Falsifying any student or hospital patient record.
7. Inconsiderate treatment of patients, visitors, hospital staff, students, or physicians
8. Using objectionable, obscene or threatening language to any patient, visitor, student or hospital

employee, or physician.

9. Arguing, intimidating, coercing or interfering with other students or hospital personnel.
10. Altering or punching another's time record or inducing any student or hospital employee to do so.
11. Significant breach of professional or ethical standard.
12. Violation of Clinical Education Setting's policy of significant consequence.

### Group III:

#### Disciplinary action:

1st Offense- 5% reduction in final clinical grade for that semester

2nd Offense- 10% reduction in final clinical grade for that semester

3rd Offense- Permanent discharge from clinical assignment and Radiography Program

#### Offenses:

1. Unexcused or excessive absences.
2. Failure to be ready for clinical assignment at starting time (tardy)
3. Failure to perform duties appropriately or to exercise reasonable care in the performance of duties; failure to meet expected standards.
4. Violation of safety rules and regulations or failure to use safety equipment provided.
5. Exhibiting lack of initiative, wasting time, loitering in washrooms or elsewhere on hospital premises.
6. Leaving assigned clinical area without proper authorization
7. Using machines or equipment without proper authorization or without knowledge of operation.
8. Smoking in restricted areas.
9. Posting, removing or tampering with bulletin board notices without proper authorization.
10. Soliciting, vending or distributing literature, written or printed matter without proper authorization.
11. Creating or contributing to unsafe or unsanitary conditions.
12. Individual acceptance of gratuities from patients.
13. Inappropriate dress, appearance, or personal hygiene.
14. Breach of professional and ethical conduct standard.
15. Violation of Clinical Education Setting's policies.

## D. MID Radiography Program Student Disciplinary Report

NAME:

CLINICAL FACILITY

DATE:

Group I	Group II	Group III
<p>Obtaining, possessing or using marijuana, narcotics, amphetamines, hallucinogenic substances or alcohol on hospital premises.</p> <p>Reporting to clinical station under the influence of any of these substances.</p> <p>Theft, abuse, misuse or destruction of the property or equipment of any patient, visitor, student or hospital employee or of the hospital.</p> <p>Disclosing confidential information about any patient, student or hospital employee without proper authorization.</p> <p>Immoral, indecent, or illegal conduct on hospital premises.</p> <p>Possession of weapons, wielding or threatening to use firearms, illegal knives, etc., on hospital premises.</p> <p>Assault on any patient, visitor, student, hospital employee, or physician.</p> <p>Misuse of patient, student or official hospital records.</p> <p>Removal of patient, student or official hospital records without proper authorization.</p> <p>Serious breach of professional or ethical conduct standard.</p> <p>Violation of Clinical Education Setting policy of serious consequence.</p>	<p>Engaging in disorderly conduct that could possibly threaten the physical well-being of any patient, visitor, student, hospital employee, or physician.</p> <p>Leaving hospital premises during assigned clinical hours without proper authorization.</p> <p>Sleeping during scheduled clinical hours.</p> <p>Restricting or impeding clinical procedure output by inattention to clinical schedule.</p> <p>Insubordination or refusal to obey orders.</p> <p>Falsifying any student or hospital patient record.</p> <p>Inconsiderate treatment of patients, visitors, hospital staff, students, or physicians</p> <p>Using objectionable, obscene or threatening language to any patient, visitor, student or hospital employee, or physician.</p> <p>Arguing, intimidating, coercing or interfering with other students or hospital personnel.</p> <p>Altering or punching another's time record or inducing any student or hospital employee to do so.</p> <p>Significant breach of professional or ethical standard.</p> <p>Violation of Clinical Education Setting's policy of significant consequence.</p>	<p>Unexcused or excessive absences.</p> <p>Failure to be ready for clinical assignment at starting time (tardy)</p> <p>Failure to perform duties appropriately or to exercise reasonable care in the performance of duties; failure to meet expected standards.</p> <p>Violation of safety rules and regulations or failure to use safety equipment provided.</p> <p>Exhibiting lack of initiative, wasting time, loitering in washrooms or elsewhere on hospital premises.</p> <p>Leaving assigned clinical area without proper authorization.</p> <p>Using machines or equipment without proper authorization or without knowledge of operation.</p> <p>Smoking in restricted areas.</p> <p>Posting, removing or tampering with bulletin board notices without proper authorization.</p> <p>Soliciting, vending or distributing literature, written or printed matter without proper authorization.</p> <p>Creating or contributing to unsafe or unsanitary conditions.</p> <p>Individual acceptance of gratuities from patients.</p> <p>Inappropriate dress, appearance, or personal hygiene.</p> <p>Breach of professional and ethical conduct standard.</p> <p>Violation of Clinical Education Setting's policies.</p>

REMARKS:

Clinical Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director/Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

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

### **E. Resolving Disagreements**

A written disciplinary report stating the alleged offense and disciplinary action shall be issued to the student for each violation of an alleged offense in a timely manner following the commission of the alleged offense. The student must sign the disciplinary report. This signature does not signify admission of guilt; it merely signifies receipt of the disciplinary report.

The student is encouraged to first discuss the alleged offense and disciplinary action with the Clinical Instructor. In every case an attempt will be made to remedy the situation at this level.

Students desiring to contest the alleged offense and disciplinary action must submit to the Radiography Program Director a written statement of intent to contest the alleged offense and disciplinary action. This statement must be submitted within three (3) clinical assignment periods following receipt of the disciplinary report. The Program Director, in consultation with the Clinical Coordinator and Clinical Instructor will determine within three (3) working days whether or not the disciplinary action is upheld.

If the student is still not satisfied with the outcome, he/she may appeal within three (3) working days to the Dean of Health Sciences, who will render a decision within three (3) working days.

If the disciplinary action results in the student being dismissed from the program, they student may further appeal within three (3) working days to the Dean of Student Services. The process for this level appeal, including timelines, in the College catalog. In the case of a late semester incident, the timelines will be expedited in order to complete the appeal prior to the beginning of the next semester.

### **IX. Contact Information for Program Related Issues**

Any program related issues should be immediately documented and communicated to the Program Director using the contact information listed below. For concerns which occur outside of business hours, Monday- Friday 8-4:30pm, contact the director at (989) 302-2310. If the issue is concerning the program director, contact the Dean of Health Sciences using the contact information listed below.

LouAnn Goodwin Director of Imaging Sciences Mid Michigan Community College 1375 S. Clare Avenue Harrison MI 48625 989-386-6646 <a href="mailto:lrgoodwin@midmich.edu">lrgoodwin@midmich.edu</a>	Jessica Ehmcke Clinical Coordinator Mid Michigan Community College 1375 S. Clare Avenue Harrison MI 48625 989-386-6644 <a href="mailto:jehmcke@midmich.edu">jehmcke@midmich.edu</a>	Barb Wieszcieski Director of Nursing Dean of Health Sciences Mid Michigan Community College 1375 S. Clare Avenue Harrison, MI 48625 989-386-6645 <a href="mailto:bwieszcieski@midmich.edu">bwieszcieski@midmich.edu</a>
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## **X. Competency Evaluations**

### **A. Clinical Competency Evaluation**

The ultimate objective of the student radiographer is to consistently produce radiographs of acceptable to optimal radiographic quality. In order to meet this terminal goal, the student radiographer must perform the functional duties with a high degree of accuracy. The radiographer positions the patient for various examinations, selects appropriate exposure factors, then exposes and processes the film. He/she also aids the professional staff in administering contrast media for certain examinations, assists in performing the procedures requiring the practice of sterile techniques, and assumes responsibility for delegated areas of authority in the performance of technological duties. In addition, radiographers are responsible for the emotional and physical comfort of the patients who are in their care. They should, therefore, be able to empathize with people and be able and willing to tend to patients with tact and consideration. Radiographers need to be accurate, thorough, empathetic, congenial, versatile, radiation protection conscious, and physically capable of assisting the patients in the performance of X-ray examination procedures.

Evaluating the performance of the student radiographer is very difficult. Because of the subjective nature of some of the desirable attributes of the radiographer, those duties which can be evaluated with a reasonable degree of objectivity shall be used as the major criteria for the determination of the Clinical Education grade. Affective behaviors will be evaluated throughout the clinical semesters and also used in the grade determination process. They will receive a minor weight in grade determination.

Utilizing the guidelines from the American Society of Radiologic Technologists (ASRT) and the American Registry of Radiologic Technologists (ARRT), the plan that follows has been devised to be utilized in the Mid Michigan Community College Radiography Program. If the terminal objective of, "to competently prepare people for entry-level employment in the medical field as radiographer" is to be the guiding program philosophy, then clinical competency must be assured in all program graduates. It is believed the utilization of this plan of clinical competency measurement will assure that program goals are met.

Critical Thinking/Problem Solving skills, as pertains to Radiography students refer to the ability to assess a clinical situation and determine if a Radiographic procedure can be done in the normal manner, or if the procedure must be altered to fit the circumstances. In performing exams, students must assess the situation. Whenever possible, students are to use standard positioning and exposure factors. When necessary, students need to be able to identify aspects of the clinical situation that necessitate modifications, determine options, and select and implement appropriate actions. The Clinical Competency Evaluation and Clinical Performance Evaluation forms have categories with which to evaluate the student's ability to utilize these skills.

In addition to the ARRT Clinical Competency requirements, there are a number of patient care related competencies which will be completed in the CMIS Radiography Department Laboratory

1	CPR
2	Vital Signs: blood pressure, pulse, respiration, temperature, pulse oximetry
3	Sterile and medical aseptic technique
4	Venipuncture
5	Transfer of patient
6	Care of patient medical equipment (e.g. Oxygen tank, IV tubing)

## **B. Level I Clinical Competency Evaluation Procedure**

1. The student will select the patient procedure and initiate the Clinical Competency Evaluation.
2. The student makes arrangements for the time of the evaluation and for the technologist evaluator of the procedure. The evaluator must be a registered technologist.
3. The student carries out the procedure per department routine.
4. The evaluator observes the student performing the procedure. The student and evaluator will discuss the image evaluation portion while reviewing the images.
5. The evaluator will then complete the evaluation form and assign a grade.
6. The Clinical Instructor will record the grade on the individual student's semester competency evaluation record.
7. A score of eight or higher for each category and an overall grade of 80% or higher must also be attained in order to pass.
8. Students failing the competency evaluation will be required to repeat it following remediation study as assigned by the Clinical Instructor.
9. There will be a maximum of three attempts allowed to pass each procedure. For second attempt evaluations, the maximum score will be 90%. For third attempt evaluations, the maximum score will be 80%. Failure to pass the third attempt of a procedure will result in a failing grade (F) for the course and immediate dismissal from the program.
10. Simulation of clinical competencies is not recommended and rarely needed. During fall and winter semesters, no simulations are allowed. During the spring semester, a maximum of three simulations is allowed. In those instances, when simulations are necessary, the maximum score that can be achieved is 80%. The 80% maximum score may be rescinded by the Clinical Instructor in case of extenuating circumstances.
11. Competency Requirements list: There are 37 mandatory procedures and any 15 additional procedures may be chosen from the elective list. Clinical Instructors have the option of requiring certain procedures from the elective list.
12. The correct number of Clinical Competencies should be done by the end of each semester as indicated. Semester clinical grades will be based on the assigned number of exams. Missing competencies will be scored with a zero (0). The total number of competencies must be achieved prior to graduation. Extensions are allowed for extenuating circumstances as approved by the Clinical Instructor and the Clinical Coordinator or Program Director.

## **C. Level II Clinical Competency Evaluation Procedure**

Level II Clinical Competency Evaluations are to be used in either of the following:

1. For students exhibiting satisfactory overall performance, continuing competency on procedures already passed at Level I can be demonstrated. Patients providing a somewhat more difficult challenge for the student may be selected.
2. For a student exhibiting difficulties performing a particular procedure already passed at Level I, the Level II Clinical Competency can be utilized.

The Level II procedure is identical to Level I with the following exceptions:

1. The Clinical Instructor or student may initiate the evaluation. The Clinical Instructor may designate other Radiographers who may initiate Level II competency evaluations.
2. Whereas Level I Competency Evaluations are intended to evaluate the student's ability to
3. Perform the procedure under normal conditions, Level II Competency Evaluations are intended to evaluate student's ability to work under somewhat more difficult clinical

situations.

4. There will be a maximum of 2 attempts allowed to pass each procedure. Maximum score allowed for the second attempt will be 90%. Failure to pass the second attempt of a Level II evaluation will result in a failing grade (F) for the course and immediate dismissal from the program.
5. Upon failure of a Level II evaluation, the Clinical Instructor also has the option of revoking the Level I evaluation for that procedure. In this case, the student must re-test with the Level I Clinical Competency Procedure.
6. In either option listed in 3 or 4 above, opportunities for remediation must be provided. In general, this means allowing the student a reasonable amount of time to prepare to repeat the exam as well as a clear explanation of why the examination was unsatisfactory.
7. Level II Clinical Competencies must be done by the end of the clinical semester as indicated. Extensions are allowed for extenuating circumstances as approved by the Clinical Instructor and the Clinical Coordinator or Program Director.

#### **D. Radiographic Procedure Categories and Objectives**

Given the direct supervision of a Registered Radiologic Technologist (ARRT), the necessary equipment and materials, the student will perform procedures in the various imaging procedures according to the following categories as listed in the ARRT Competency Requirements:

1. Thirty-seven (37) mandatory procedures.
2. Fifteen (15) elective procedures from the list of 34 procedures
  - at least one (1) must be from the head section.
  - at least two (2) must come from the fluoroscopy studies section, at least one (1) of which must be either an Upper GI or a Barium Enema.

#### **E. Clinical Education Objectives for RAD 180, 205, 250 Competency Evaluations**

Demonstration of Competence must include:

1. requisition evaluation
2. patient assessment
3. room preparation
4. patient management
5. equipment operation
6. technique selection
7. patient positioning
8. radiation safety
9. imaging processing
10. image evaluation

#### **F. Image Evaluation**

Upon processing, the student will demonstrate the ability to evaluate the radiographic images for:

Image Quality: Proper Display, Identification

Image Quality/ Exposure Factors: Density/Brightness, Contrast/Gray Scale, Spatial Resolution/Detail, Distortion, Exposure Index, Noise, and Artifacts

Positioning

Anatomy Review/Exam Knowledge

Defining criteria for these objectives are on the reverse side of the Level I and II clinical competency evaluation form.

**G. Clinical Education Evaluations**

1. Clinical Competency Level I Evaluations
2. Clinical Competency Level II Evaluations
3. Clinical Performance Evaluations

**H. Grading Scale**

96-100	A	85-86	B-
93-95	A-	83-84	C+
90-92	B+	80-82	C
87-89	B	Below 80	F

**I. Clinical Grade Determinations**

	RAD 180	RAD 205	RAD 250
Level I per ARRT	12	20	20
Level II	0	5	5
Clinical Performance Evaluations	monthly	monthly	monthly

## **XI. Additional Information**

### **A. ACEMAPP**

All information required by the ACEMAPP software must be submitted and complete. The ACEMAPP modules will be completed within 2 weeks prior to the start of Rad 180.

### **B. Image Conference/Clinical Issues/Review Classes:**

Image conference class consists of two parts: small group at each hospital and on campus with the whole class. A case study outline and the image critique form will provide the basis for image conference. Anatomy and positioning will also be reviewed. Students are responsible for providing sample exams, preferably of their own work as assigned.

Clinical issues and class review sessions will be held on campus in conjunction with other campus classes. Some of the topics to be studied include medico-legal, medical ethics, critical thinking/problem-solving, communication in radiology, career planning, and registry exam review.

### **C. Advanced Imaging Modalities**

Advanced Imaging Modalities are covered with the students in the third semester. While actual experience in advanced modalities is not required for general radiography, the MID Radiography program will provide opportunities to observe in the following modalities: Computed Tomography, Magnetic Resonance Imaging, Sonography, Nuclear Medicine, Radiation Therapy, General Angiography, Cardiac Angiography, and Interventional Radiology. To assure that all students have equal opportunity to observe the above modalities, students at clinical sites that do not offer specific modalities from the above list will be scheduled to observe at affiliates where those modalities are available.

The Radiography Program sponsored by Mid Michigan Community College has revised its policy, effective April 2016, regarding the placement of students in mammography clinical rotations to observe and/or perform breast imaging. (Additionally, the policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient.)

Under the revised policy, all students, male and female, will be offered the opportunity to participate in mammography clinical rotations. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student mammography clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement is included as Addendum A to the program's policy and is also available

on the JRCERT web site under Programs & Faculty, Program Resources.

**D. Michigan Society of Radiologic Technologists**

It is strongly recommended that students join the Michigan Society of Radiologic Technologists (MSRT). The expense is minimal. Students are also urged to attend the M.S.R.T. annual meeting, which will be held annually in September. Students are also encouraged to consider participating in the student quiz bowl.

**XII. Appendix I: Recommendations for Clinical Experience Restrictions**

<b>Disease/Problem</b>	<b>Relieve from Direct Patient</b>	<b>Partial Work</b>	<b>Duration</b>
Conjunctivitis	Yes		Until discharge ceases or until 24 hours after antibiotic is initiated
Diarrhea, acute (with fever, cramps or bloody stools, or lasting more than 24 hours)	Yes		Until symptoms resolve
Herpes simplex: Genitalia	No	Do not take care of high risk patients	Until lesions heal
Herpes simplex: Orofacial	No	Do not take care of high risk patients	Until lesions heal
Herpes Zoster (Shingles)	No	Do not take care of high risk patients	Until lesions dry & crust
Pediculosis	Yes		Until 24 hours after treatment
Staphylococcus Aureus (skin lesions)	Yes		Until lesions have resolved
URI with temp. elevations above 99.6 (0)	Yes	Do not do patient care	Until acute symptoms resolve
Skin/Soft Tissue Infection	No	Gloves	Until healing is complete

<b>Disease/Problem</b>	<b>Relieve from Direct Patient</b>	<b>Partial Work</b>	<b>Duration</b>
Pregnancy	Special conditions may be required	Do not care for patients with: Herpes Zoster, Chemotherapy drugs (1 <sup>st</sup> trimester); actual administration of Chemotherapy drugs (1 <sup>st</sup> trimester); no x-ray	Physician's statement specifying level of activity and any other restrictions will be requested

### **XIII. Appendix II: Bloodborne Pathogen Post Exposure Evaluation**

If a Mid Michigan Community College student or employee is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two things that we immediately focus our efforts on:

Making sure that this person receives medical consultation and treatment (if required) as expeditiously as possible

Investigating the circumstances surrounding the exposure incident

#### **EXPOSURE INCIDENT:**

Accidents in which blood, blood-contaminated body fluid or tissue to which universal precautions apply are introduced into the eye, mouth, other mucous membrane, or into non-intact skin via a needlestick, skin cut or direct splash which result in the laboratory setting. Exposure incidents can result in serious nosocomial disease, including Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV) infection. It is essential that standards are defined which assure prompt identification of the person prompt intervention with appropriate prophylaxis, education, and treatment. Any individual who sustains an exposure incident will proceed as indicated in the following guidelines:

**STEP 1:** Wash the exposed area immediately

**STEP 2:** Inform his/her instructor/supervisor of the incident

**STEP 3:** Report to the healthcare provider of choice

**STEP 4:** Exposed person is responsible for cost of care

**STEP 5:** The Safety Officer or designee will investigate every exposure incident that occurs in our facilities. This investigation is initiated within 24 hours after the incident occurs and includes the following information:

- When the incident occurred
  - o Date and time
- Where the incident occurred
  - o Location within the facility
- What potentially infectious materials were involved in the incident
  - o Type of material (blood, urine, etc.)
- Source of material
- Under what circumstances the incident occurred
- How the incident was caused

- o Accident
- o Unusual circumstances (e.g., equipment malfunction).
- Personal protective equipment being used at the time of the incident
- Actions taken as a result of the incident
  - o Care of injury
  - o Cleanup
  - o Notifications made

**STEP 6:** Follow up procedures

- The exposed individual will provide the College with written documentation from the selected health care provider
  - o Healthcare provider name
  - o Date of visit
- If HIV/HBV education was provided if needed (MI Dpt. of Public Health guidelines attached)

**XIV. APPENDIX III: INFECTION PREVENTION POLICY ON CAMPUS AND IN CLINICAL AGENCIES POLICY:**

A standard precautions system emphasizes direct and indirect contact transmission of infectious agents in moist body substances via the hands of personnel. Standard Precautions includes a combination of hand washing, the appropriate use of protective barriers and the careful and proper disposal of sharps without unnecessary manipulations.

Formerly, Blood/Body Fluid Precautions were applied to patients identified as belonging to a "high risk group." Identifying individuals who have unrecognized infections or who engage in "high risk" activities is impossible. "*Standard Blood/Body Fluid Precautions*" are used in the care of all patients, especially those in emergency care settings in which the risk of blood exposure is increased, and the infectious status of the patient is usually unknown.

**PROCEDURE:**

**GENERAL PRECAUTIONS FOR CAMPUS AND CLINICAL EXPERIENCES:**

**Barrier Precautions:**

- Gloves are worn in the following circumstances:
  - o Touching human blood and other moist body fluids, mucous membrane, or non-intact skin of all persons.
  - o Handling items or surfaces soiled with blood or body fluids.
  - o Performing venipuncture and other vascular access procedures.
  - o Gloves are changed and hands washed after each human contact.
- Masks and protective eyewear or face shields are worn:
  - o During procedures likely to generate droplets of blood or other body fluids to protect mucous membrane of the eyes, nose and mouth from the risk of exposure.
- Gowns or aprons are worn:
  - o During procedures that are likely to generate splashes of blood or other body fluids.

**Barrier precautions** do not take the place of hand washing, therefore, hand washing is carried out according to prescribed policy and in addition:

- Immediately and thoroughly if contaminated with blood or other body fluids.
- Immediately after gloves are removed.

**Disposal of sharps** (needles, scalpels, vials, etc.) according to policy to prevent injury:

- Needles are not:
  - recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise contaminated by hand.
- After use, disposable needles, syringes, scalpel blades and other sharp items are placed in a puncture resistant container for disposal.
- Sharps disposal units are located in laboratory classrooms and as close as possible to the work unit in the clinical facility.

**Oral Secretions:** (has not been associated with HIV transmission):

- Routine suctioning does not require the use of a mask or eye coverings. However, if aerosolization is likely to occur: masks, goggles, or face shields will be used.
- CPR - To date no HIV transmission has been reported:
  - Disposable resuscitation masks are located in all patient care areas and are suggested to prevent transmission of TB, meningitis, herpes and Hepatitis B. (If blood exposure occurs when a mask was not used, the student should consider this a mucous membrane exposure and seek follow-up according to policy).
  - CPR mannequins should be cleaned with 70% alcohol or bleach (1:10 dilution).

**Dermatitis** - weeping dermatitis or exudative lesions:

- Students should refrain from all direct patient care or handling patient care equipment until the condition resolves. (See Handbook)
- Exceptions may be made if gloves can be worn comfortably.

**Pregnancy:**

- Pregnant students are at no greater risk of HIV infection than other students.
- Because of potential risk to the infant, pregnant students should be especially familiar with and strictly adhere to precautions.

**Isolation:**

- Students are required to follow Standard Precautions and agencies protocol and policies for specific situations.

**CLINICAL AREA SPECIFICS:**

**Maternal and Child Health:**

- General precautions as mentioned earlier and specific precautions noted under "Precautions for Invasive Procedures."

- Precautions are observed for both mother and infant pre and post-delivery, including cord care, newborns' first bath and management of blood dressings and pads.
- Separation of mother and newborn is not necessary. Rooming in is acceptable.
- Diapers may be changed without using gloves, unless there is a gross soiling, if there are not openings in the skin on hands of health care workers. Hand washing is practiced after each diaper change.

**XV. Appendix IV: Radiography Program Acceptance of Policies and Procedures Signature Sheet**

I,

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,

(printed student name)

Have received, read, and understand the policies and procedures of the Mid Michigan Community College Radiography Program as outlined in the MID Radiography Program Clinical Education Handbook. I also understand that I am responsible for complying with these policies and that a lack of adherence to these policies and procedures may result in dismissal from the Mid Michigan Community College Radiography Program. I have been given the opportunity to ask questions and seek clarification.

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Student's signature

Date

NOTE: All policies and procedures as stated in this handbook are subject to change at any time at the discretion of the College with due notice to the student.

Return signed form to Instructor or Radiography Program Work Study Assistant, which will then be placed in your student file.