FORT HAYS STATE UNIVERSITY

RADIOLOGIC TECHNOLOGY PROGRAM

STUDENT HANDBOOK

RT Class 2024-26

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**All policies are subject to revision as necessary. Any changes or additions to this policy manual will be provided to the students in writing.*

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Fort Hays State University
Radiologic Technology Program

Mission and Philosophy

The Radiologic Technology Program strives to graduate students who are qualified in the use of ionizing radiation. In preparation for the American Registry of Radiologic Technologist Examination, students learn academic theory on campus and then apply their knowledge of radiographic procedures in the affiliate clinical education centers. To help meet the increasing demands of health care, the department strives to recruit and educate students to perform a vital role as allied health professionals within communities. Program graduates will have technical and communication skills, understanding and empathy for all patient populations and a realization of the importance and responsibility to life-long learning within an advancing profession. By fulfilling its mission, the Radiologic Technology Program improves the quality of medical care provided throughout the region.

Radiologic Technology Program Accreditation
The Associate of Science degree in Radiologic Technology is fully accredited by the JRCERT.

Joint Review Committee on Education in Radiologic Technology (JRCERT).
20 North Wacker Drive, Suite 2850 Chicago, IL 60606-3182
312-704-5300 or mail@jrcert.org

JRCERT programmatic accreditation requires the R.T. program to meet specific standards that promote excellence in education and elevates quality of students through accreditation. The FHSU R.T. program strives to provide quality education as well as integrate values and attitudes consistent with the professional standards and ethics published by the American Registry of Radiologic Technologists.

FHSU R.T. program was awarded 8 years accreditation by the JRCERT in 2023 with the next self-study and program review to occur in 2031.

Complaints or concerns involving accreditation should be directed to the FHSU R.T. program officials first by following the grievance procedure provided by the program/institution. If an individual is unable to resolve the complaint with the program/institution officials or believes concerns have not been properly addressed, he/she may submit allegations of non-compliance to the JRCERT.

Radiologic Technology Program Goals
Upon completion of the Associate of Science degree in Radiologic Technology, FHSU graduates will:

Goal 1: Students will be clinically competent.
- SLO 1.1: Students will recall positioning procedures.
- SLO 1.2: Students will provide patient care.

Goal 2: Students will communicate effectively with diverse populations.
- SLO 2.1: Students will communicate effectively with diverse populations.
- SLO 2.2: Students will demonstrate both written and oral communication skills.

Goal 3: Students will develop critical thinking.
- SLO 3.1: Students will adapt standard procedures for non-routine patients.
- SLO 3.2: Students will critique images to determine diagnostic quality.

Goal 4: Program Effectiveness Data
- ARRT Pass Rate
- 5 Year Average Job Placement Rate
- Annual Program Completion Rate
- Graduate Satisfaction
- Employer Satisfaction

DESCRIPTION OF THE PROGRAM

Once formally accepted into the Radiologic Technology program, the student enters a two-year sequence of designed curriculum and clinical experience to complete the Associate of Science degree in Radiologic Technology. With successful completion of the entire program, the student will be eligible to apply for the national Radiologic Technology examination through the American Registry of Radiologic Technologists (www.arrt.org).

The first year of curriculum design is primarily didactic instruction paired with laboratory instruction on FHSU campus facilities. Students must pass all radiology courses each semester with a 78% or higher to continue to advance in the program.

R.T. Program Grading Scale:

100-94%	A
93-87%	B
86-78%	C
77-70	D

The first three semesters of the program while on campus, by design is to teach all the foundational elements in radiological sciences. A laboratory course each semester will integrate classroom learnings into a mocked clinical atmosphere to allow the student to build skills with equipment, patient care, patient transport, radiographic procedures, and exam positioning. These first three semesters are a critical developmental period as the program strives to prepare the student to transition into the clinical environment during the second year of the program.

There are many differences between the didactic environment (classroom), and the clinical environment. Transition into the clinical environment is exciting and challenging. With Fort Hays State University being located in western Kansas, students must relocate to an assigned clinical affiliate location. Clinical affiliates are located across the state of Kansas, with one additional clinical site being located in Sterling, Colorado. All clinical facilities are approved to accept a certain number of assigned students and this can change year to year. Students accept their clinical assignment upon their initial acceptance into the program.

Clinical affiliates are located in Hays, KS., Great Bend, KS., Salina, KS., Abilene, KS., Garden City, KS., Dodge City, KS., Liberal, KS., Ottawa, KS., Paola, KS., Kansas City, KS., Olathe, KS., Wichita, KS., Colby, KS., Plainville, KS., Concordia KS., Beloit, KS., Sterling, CO.

Once in the clinical environment, students should expect to work thirty-eight hours/week with a two-hour set time for ARRT board preparatory course each week instructed by FHSU R.T. program faculty. Students will primarily work day shifts, but will work a total of ten mid-day shifts during Clinical II and III semesters. Students do not work weekend shifts, FHSU designated holidays, and do not take call.

Each clinical affiliate has a designated clinical preceptor that will serve as a liaison between the hospital affiliate and the FHSU R.T. program. The clinical preceptor will evaluate student progress and their adherence to the FHSU R.T. program policy and procedures. Students will

have frequent and direct communication with their clinical preceptor. The clinical preceptor will communicate with the faculty designated as the clinical coordinator within FHSU R.T. program. The program director oversees the workings of all clinical coordinators and clinical preceptors.

While at clinical, students will be expected to uphold all of the policies found within this manual. Students will display professionalism at all times while in clinical rotation. This includes working with patients to deliver equal and dignified quality care, maintaining patient modesty, adhering to HIPAA, and working cooperatively with technologists, radiologists, physicians and staff with respect. Students will be expected to uphold FHSU R.T. program policies, hospital policies, dress, code, attendance, and strive to deliver high quality patient care and imaging procedures. Students will develop professional relationships while working alongside supervising technologists, department supervisors, physicians, and all other healthcare workers.

Students at clinical will develop competency with patient exams while working under Direct Supervision. Developing competency will happen in this order.

1. Student will assist with a procedure working under the direct supervision of a registered technologist. This allows the student to learn and incorporate acquisition of patient, patient care, technical factors, positioning, centering, image critique, and steps to end the procedure and transmit images.
2. After assisting with procedures to establish knowledge base and confidence, the student will transition to pre-competency. Pre-competency requires the student to do the entire patient exam from start to finish under direct supervision of a registered technologist. The program will establish the required pre-competency exams that must "pass" before a competency can be attempted. For example, the student must achieve 3 passing pre-competency exams on a 2-view chest examination, prior to attempting the competency on the 2-view chest. The student must notify their supervising technologist that they wish to pre-comp on an examination BEFORE patient acquisition. A competency form must be filled out by the supervising technologist. The student must enter the successfully passed pre-competencies into the master competency section of Trajecsys.
3. Once the student has attained the minimum number of pre-competencies for an exam, they may attempt to perform for competency. The student must notify their supervising technologist that they wish to attain the competency BEFORE patient acquisition. The student must perform the entire examination from beginning to end under direct supervision. The student should be able to analyze images acquired for pass/fail criteria. The competency will be reviewed by the clinical preceptor and will enter the competency earned into the master competency section of Trajecsys.
4. Once a student has an earned competency they may perform only these examinations under Indirect Supervision. Indirect Supervision allows the student to work independently with a patient while have a registered technologist within close proximity to provide assistance to the student. The student should be able to yell for help and the technologist is able to respond. When a student is performing comped procedures, the student must have a technologist review the images with the student before the patient is dismissed. If a repeat image is required, the student must be directly supervised by the technologist for this imaging.

5. Certain circumstances will require a student to always be directly supervised while performing procedures even with earned competency. Students are not allowed to perform mobile procedure and surgical procedures independently. These exams must be directly supervised. Students are not allowed to perform exams in the operating room, ICU or emergency department without the accompany of a registered technologist.

Each clinical semester, the student will meet and discuss with their clinical preceptor an Affective Evaluation. The Affective Evaluation serves to evaluate the student on specific clinical objectives and provide constructive feedback for improvement. Affective evaluations will be averaged and utilized to determine the grade for each clinical rotation. In addition, the student must attain the designated clinical competencies each semester. Students who successfully attain the minimum required number of clinical competencies and earn a 78% or higher average on their affective evaluations will advance into the next clinical semester. The clinical syllabus will made available at the beginning of each clinical rotation and will outline the number and timing of the affective evaluations, clinical objectives, and clinical competency requirements. Samples of affective evaluations for clinical rotations I, II, and III and the weekly technologist evaluation form can be reviewed within the Appendix of this document.

Upon successful completion of three didactic semesters and three clinical semesters, the student will be eligible to sit for the national ARRT licensing exam, which is essential to seeking employment in diagnostic imaging.

ATTENDANCE

Attending classes and clinical rotation hours throughout the program is mandatory. Any student failing to meet these requirements will be placed on academic probation. Subsequently, any student on probation failing to meet these requirements will be subject to suspension from the program.

Definition of Terms:

Excused Absence: Students needing to miss class must get prior approval from the instructor. Students will be allowed 3 excused absences each semester, and each additional absence will result in the final grade being lowered one full letter.

Any student unable to attend regularly scheduled courses and/or clinical hours will be required to notify the instructor as early as possible, but not later than 15 minutes before the scheduled reporting time.

Unexcused Absence: Absent by 15 minutes without notifying his/her instructor. Each unexcused absence will result in the final grade being lowered one full letter.

1. Clinical time missed due to unexcused absences must be made up at a time that has been arranged by the clinical preceptor.

2. If a student acquires one (1) unexcused absence, the instructor will complete an anecdotal record of the incident and their final grade will be lowered one full letter.

3. If a student acquires a second (2^{nd}) unexcused absence, the instructor will complete an anecdotal record of the incident and their final grade will be lowered a second full letter. In addition, the student will be placed on probation for the remainder of the semester.

4. If the student acquires a third (3^{rd}) unexcused absence, the instructor will complete an anecdotal record of the incident and their final grade will be lowered a third full letter. The student will not be allowed to continue in the program.

Tardy: Late to class from 7-15 minutes without notifying his/her instructor is considered tardy. After 3 tardies, each additional tardy will result in the final grade being lowered one full letter. An anecdotal record will be issued in this instance.

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CLINICAL PERSONAL LEAVE

While in the second year of the Radiologic Technology program, students are strongly encouraged to schedule vacations during breaks according to the clinical calendar.

During RAD 330, 331, and 332, Clinical I, II, and III rotations, students are allowed seven personal days. Personal days include planned time off and sick days. Planned leave days cannot be taken during the first or last week of a semester, nor can they be "made up" with extra time. Students may take their personal days in increments or all at once. The clinical preceptor and clinical coordinator must approve all personal leave. Requests for planned personal leave must ideally be submitted in written form at least two (2) weeks prior to the requested leave time. Any request not submitted in writing and given at least two (2) weeks in advance may be denied. T*he clinical preceptor and clinical coordinator may take special circumstances into consideration when making his/her final decision.* It is not a guarantee that all personal leave requests will be granted.

In the case of sick leave, students are required to call the clinical preceptor a minimum of 15 minutes before the assigned shift as outlined by the attendance policy. Please remember all RT Program classes allow 3 excused absences per semester, and each additional excused absence, will result in a drop on one letter grade per absence.

Extended leave such as illness, injury, or pregnancy should be discussed with the clinical preceptor and clinical coordinator. Arrangement for extended time will be considered and steps will be outlined in the Extended Leave Policy.

If a student misses over 5 days due to illness during a clinical semester, without a granted extended leave, they will be assigned an incomplete grade for the course. In addition, they must complete the course requirements prior to enrolling in subsequent program courses.

FUNERAL LEAVE

Guidelines for On-campus Students

Students will be allowed three (3) days of excused absences to attend funerals involving immediate family members to include grandparents, parents, spouse/partner, siblings, and children. Arrangements for course work missed on campus should be made either prior to the leave or immediately upon the student's return.

Funeral leave outside of the immediate family will be considered, however the student must notify each faculty regarding course absence. Arrangements for course work missed on campus should be made either prior to the leave or immediately upon the student's return.

Guidelines for Clinical Students

Students will be allowed three (3) days of excused absences to attend funerals involving immediate family members to include grandparents, parents, spouse/partner, siblings, and children. If time will exceed three days, the student should communicate their needs to the clinical preceptor and clinical coordinator. Time exceeding three days will require the student to make up this missed time or use personal leave according to the Personal Leave Policy.

Funeral leave outside of the immediate family will be considered, however the student must request personal leave according to the Personal Leave Policy.

EXTENDED LEAVE

Extended leave such as illness, injury, or pregnancy should be discussed with the clinical coordinator and the clinical preceptor. In order to assure safety of the student, patients and other health care personnel the student will be removed from the clinical experience until they have been assessed by a physician.

The student can return to the clinical rotation when each has been completed and made available to the clinical coordinator and clinical preceptor:

- The student must be able to perform the skills listed in the Physical Requirements-Self Assessment form.
- A FHSU RT Program Medical Release form may be requested.
- The student must complete all clinical affiliate facility required documentation to return to clinical.
- An approved plan for completing all clinical requirements missed due to extended leave.

LEAVE OF ABSENCE

If circumstances arise which prohibit a student from continuing in the program courses, he/she may submit a written request for a leave of absence to the program director. If the request is granted, the student will be allowed a maximum of one year of leave and the student will be evaluated to determine how he/she should resume the studies within the program. The program director will decide whether or not his/her major courses completed before the leave will have to be repeated. If the student decides not to resume the program after the leave of absence, he/she will be indefinitely suspended from the program.

INCLEMENT WEATHER

Guidelines for On-Campus Students

While on campus, classes may be cancelled due to inclement weather at the discretion of the university president and the announcement will be made on the local radio stations, via the Tiger Alert system, FHSU email, and on the FHSU website.

Guidelines for Clinical Students

During clinical rotation, if the FHSU campus is closed due to inclement weather at the discretion of the university president, clinical experience will also be cancelled. In this event, clinical coordinators will contact the clinical preceptor to inform and will inform clinical students. In the event of FHSU campus closure, clinical time missed will not be required for make-up.

During clinical rotation, there is the possibility that different geographical locations of clinical affiliates may encounter inclement weather. In this event, the clinical preceptor will communicate with the clinical coordinator to decide on cancellation of clinical experience. The safety of the students, especially those who are commuting distances, should be considered. In the event a day of clinical experience is cancelled for a geographical location, the student(s) will be required to make up the missed time prior to the end of the clinical semester at a time agreed upon between the student, clinical preceptor, and clinical coordinator.

PROFESSIONAL BEHAVIOR

Guidelines for On-Campus Students

- Academic Honesty – All courses included in the Radiologic Technology Program follow the University's official policy on Academic Honesty. The full policy is available in the FHSU handbook.
  (https://www.fhsu.edu/academic/provost/handbook/ch_2_academic_honesty/)

- Digital Etiquette – Student are expected to follow the guidelines set out in the Technology in Learning Policy. This will ensure that students do not distract or disrupt themselves or their classmates during lecture and lab.

- *Gender Based Violence Title IX Statement:* **www.fhsu.edu/judicial/gender-based-violence-misconduct-policy/**
  FHSU is committed to fostering a safe, productive learning environment. Title IX makes it clear that violence and harassment based on sex, gender and gender identity are Civil Rights offenses subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. This includes all types of gender and relationship violence: sexual violence or harassment, domestic and dating violence, and stalking.

  No form of sexual assault will be tolerated at FHSU. This policy prohibits acts defined as sexual assaults as well as attempts to coerce an unwilling person to engage in sexual activity. In order to implement this policy, the university will engage in timely educational activities to inform members of the community about the types of sexual actions deemed unacceptable and how assaultive situations can be prevented and/or avoided. The university will also take action against those who violate this policy.

- Classroom conduct – Students are expected to display professionalism and respect to peers and the instructor in the learning environment.
  Examples of non-professional conduct are: (*this is not an all-inclusive list.)
  - Tardiness to class
  - Offensive language
  - Disrespect to peers and/or instructor
  - Disruptive behavior to peers or to the instructor
  - Discussion of patient cases with others outside the learning environment.
  - Inappropriate use of cell phones and computers
  - Recording the instructor and class lecture without permission
  - Cheating on assignments or exams
  - Plagiarism
  - Unethical behavior of any type
  - Bullying

- Punctuality and Regular Attendance – Each student will follow the attendance policy outlined below:
    - Attendance is mandatory for all program courses. Student is expected to be in classroom prepared to learn at the beginning of each scheduled class time.

      Absences: Each unexcused absence will result in the final grade being lowered one full letter grade. If student is unable to attend class, the instructor will need to be contacted prior to the absence for it to be considered an excused absence. A student is allowed 3 excused absences a semester, after 3 have occurred all absences following will be considered unexcused and each will result in the final grade being lowered one full letter grade.

      Tardy: A student is tardy when they are late to class from 7 - 15 minutes. A student is allowed 3 tardies in a semester; each additional tardy will result in the final grade being lowered one full letter grade. If a student is later than 15 minutes to class it is considered an unexcused absence and will result in the final grade being lowered one full letter grade.

- Lab Behavior Guidelines – Students are expected to:
    - Arrive to the course on time and prepared to cover the material outlined on syllabus. The attendance policy outlined above will be followed in each lab course.
    - Dress Appropriately – Each student will dress in professional manner according to course guidelines. This includes closed-toed shoes and FHSU scrubs.
    - Treat equipment with care to avoid damage.
    - Lab serves the purpose of emulating the clinical environment, so professional behaviors and interactions to prepare for clinical transition is vital.

Guidelines for Clinical Students

- Quality Patient Care - Students will treat all patients with courtesy, respect, and empathy. Patient care will extend to include:
    - Establishing professional rapport with the patient and family members.
    - Maintain patient modesty
    - Maintain patient confidentiality. Patient exams or results should not be openly discussed. Abide by all HIPAA regulations. Access to patient records and reports should only be patients on exams the student is directly involved with. Pictures taken of patients, patient images or reports is a violation of HIPAA. Never at any time should a posting to social media regarding a patient or patient experience occur.

- An attitude of professionalism – Student is expected to uphold professional appearance and conduct with physicians, supervisors, registered technologists, hospital personnel, and peers.
  Examples of non-professional conduct are: (*this is not an all-inclusive list.)
    - Inappropriate language used in any patient care area.

- Disrespectful commentary of any type.
- Disrespect to patients, physicians, or supervising technologists.
- Gossip regarding patients and/or fellow students, co-workers, and other hospital employees.
- Accessing patient files outside of the parameters appropriate for you to complete a radiographic exam.
- Discussion of clinical information with patients or relatives.
- Discussions pertaining to work in public areas and on social media.
- Taking and posting images from the clinical setting on social media.
- Discussions, pertaining to patients and their condition, within their hearing distance.
- Smoking, vaping, and smokeless tobacco in patient areas.
- Consumption of food and/or drink in patient areas.
- Attend clinical experience under the influence of drugs or alcohol.
- Unprofessional appearance to include: uniform, appearance, odors, etc.
- Inappropriate use of hospital computer access, software, and Internet.
- Stealing hospital equipment or supplies.
- Unethical behavior of any type.
- Bullying

- Academic Honesty – Student will uphold the same level of academic honesty required in on campus curriculum. Student will not falsify clinical or medical records.

- Professional Appearance - Each student will be expected to uphold a professional appearance. Students will wear their FHSU scrubs unless their clinical rotation requirements indicate differently and closed-toed shoes each day. Students will follow any additional dress codes of their clinical facility and should contact their clinical instructor to obtain the current guidelines.

- Electronic devices such as cell phones, smart watches, etc. are prohibited in the clinical setting. These devices should be stored in backpack, purse, lounge/locker areas, or car. Students may access these devices during lunch/breaks and before or after scheduled clinical hours. Students should provide department contact information to family members for any emergency contact. Please refer to Technology in Learning Policy for additional guidelines.

- *Gender Based Violence Title IX Statement:* **www.fhsu.edu/judicial/gender-based-violence-misconduct-policy/**
  FHSU is committed to fostering a safe, productive learning environment. Title IX makes it clear that violence and harassment based on sex, gender and gender identity are Civil Rights offenses subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. This includes all types of gender and relationship violence: sexual violence or harassment, domestic and dating violence, and stalking.

No form of sexual assault will be tolerated at FHSU. This policy prohibits acts defined as sexual assaults as well as attempts to coerce an unwilling person to engage in sexual activity. In order to implement this policy, the university will engage in timely educational activities to inform members of the community about the types of sexual actions deemed unacceptable and how assaultive situations can be prevented and/or avoided. The university will also take action against those who violate this policy.

Please remember Fort Hays State University students are held to a higher standard of excellence and expected to follow the rules outlined above. DO NOT feel as though you can model unprofessional behavior you may see a Registered Technologist do. These policies are outlined very clearly and WILL be enforced by the supervising staff and clinical faculty. Observing unprofessional behavior DOES NOT give the student the right to follow that same behavior. It should be recognized as inappropriate by the student and used for future reference as an example not to follow.

In the event a student does not follow the aforementioned behavioral guidelines, the steps outlined in the Disciplinary Action Policy will be followed.

DISCIPLINARY ACTION POLICY AND PROCEDURES

Professional and personal conduct of students on-campus and in clinical affiliate hospitals is governed by the policies outlined by FHSU, RT program, and/or the clinical site. Any infraction of professional conduct will warrant disciplinary action.

- If a problem concerning a student develops on-campus, the departmental faculty involved with the incident shall provide the program director with an anecdotal record of the incident as soon as possible.

  If a problem concerning a student develops within the clinical setting, the departmental staff involved with the incident shall provide the clinical preceptor an anecdotal record of the incident as soon as possible. The anecdotal record is then sent to the clinical coordinator.

- Upon receipt of the anecdotal record issued on-campus, the program director will investigate problem as well as the circumstances surrounding the incident.

  Upon receipt of the anecdotal record issued at clinical, the clinical coordinator will investigate problem as well as the circumstances surrounding the incident.

- Upon completion of investigation of the incident, the program director will arrange a conference with the faculty and student involved to discuss the incident.

  Upon completion of investigation of the incident, the clinical coordinator will arrange a conference with the staff personnel, clinical instructor, and student involved to discuss the incident.

- Following the conference, the appropriate corrective action will be one of the following: (Any of these steps may be bypassed depending on the severity of the infraction)

  A. Written Warning – The student will receive a warning outlining the infraction details, corrective action required by the student, and future corrective actions if the infraction should happen again.

  B. Probation – The terms and length of probation will be specified in a letter to the student.

  C. Suspension – The student may be immediately suspended from the campus or clinical experience. In order for the student to be able to return, the requirement must be met:

  - The student must submit a letter requesting re-admittance to the campus or clinical setting to the program director.

- Severe infractions of hospital or university policies (i.e. unethical behavior, abusing patient rights, etc.) may warrant immediate suspension or dismissal from the program. This decision is at the discretion of the FHSU R.T. Program Director who worked cooperatively with the Clinical Coordinator and the clinical affiliate's Clinical Preceptor and/or administration.

DEVELOPING CLINICAL PROFICIENCY

During the clinical experience, the faculty will assign activities to students designed to develop the student's radiography skills. The program officials at FHSU will be responsible for assuring all activities assigned to the students are educational in nature. In addition, students shall not take the responsibilities or the place of qualified radiographers. Clinical skills can be developed by following a systematic step-by-step approach:

Academic Preparation:

Students complete this step on campus by studying radiation protection, equipment operation & maintenance, image production and evaluation, radiographic procedures, and patient care and management. Students will emulate imaging exams within the Radiographic Procedures required laboratory course. Students will learn patient transport, patient care, patient communication, radiation safety, exam positioning and centering, and the technical aspects of exam projections.

Observation:

Your early initial activities in the clinical setting will consist primarily of observing qualified technologists at work. This will include learning computer software, acquisition of the patient, patient transport methods, exam explanation and patient history acquisition, imaging procedure and protocol, technical parameters, and image critique.

Assisting the Qualified Worker:

Once the student feels comfortable in the radiographic examination room, they will be given the opportunity to assist the supervising technologist in performing radiographic imaging procedures. Student will assist with a procedure working under the direct supervision of a registered technologist. This allows the student opportunity to acquire the patient and obtain patient history, set technical parameters, position and center for exam projections, image critique, and steps to end the procedure and transmit images.

Supervised Trial Performance:

As each individual student gains confidence in their ability, they will be given the opportunity to complete an entire imaging procedure under the direct supervision of a radiologic technologist. He or she will observe the student and assist if necessary at any time during the exam.

After assisting with procedures to establish knowledge base and confidence, the student will transition to pre-competency. Pre-competency requires the student to do the entire patient exam from start to finish under direct supervision of a registered technologist. The program will establish the required pre-competency exams that must "pass" before a competency can be attempted. For example, the student must achieve 3 passing pre-competency exams for a 2-view chest examination, prior to attempting the competency on the 2-view chest. The student must notify their supervising technologist that they wish to pre-comp on an examination BEFORE patient acquisition. A competency form must be filled out by the supervising technologist. The

student must enter the successfully passed pre-competencies into the master competency section of Trajecsys.

Earning an Exam Competency:

Once the student has attained the minimum number of pre-competencies for an exam, they may attempt to perform for competency. The student must notify their supervising technologist that they wish to attain the competency BEFORE patient acquisition. The student must perform the entire examination from beginning to end under direct supervision. The student should be able to analyze images acquired for pass/fail criteria. The competency will be reviewed by the clinical preceptor and will enter the competency earned into the master competency section of Trajecsys.

The supervising technologist will observe and fill out the required FHSU competency form to document the success/lack of success for the particular imaging exam. If the student's performance is unsatisfactory, he/she will continue to practice that particular procedure before re-attempting to earn the competency.

Students are required to attain a minimum number of exam competencies in Clinical I, II, and III rotations in order to fulfill the clinical exam requirements. Exam competency requirements for each semester will be found in the RAD 330, 331, and 332 course syllabi.

Performance Maintenance:

At any time, student competency is questioned, the student may be asked by the clinical preceptor or clinical coordinator to perform an exam that had previously been granted as competency. Competency exams awarded may be revoked. In these instances, the student will be required to re-establish the pre-competency examinations and reattempt competency.

In Clinical II and III rotations, all students will undergo exam rechecks. Rechecks are performed on previously earned competencies. Rechecks should be unannounced and performed by the clinical preceptor, clinical coordinator, or designated technologist. Rechecks examinations help to ensure student ability and development in an exam area. Failing to pass a recheck evaluation will result in a loss of that particular exam competency.

A list of procedures for which each student has demonstrated competency must be posted within the department at all times.

Supervision Requirements of Imaging Procedures:

Once a student has an earned competency they may perform only these examinations under Indirect Supervision. Indirect Supervision allows the student to work independently with a patient while having a registered technologist within close proximity to provide assistance to the student. The student should be able to yell for help and the technologist is able to respond. When a student is performing comped procedures, the student must have a technologist review

the images before the patient is dismissed. If a repeat image is required, the student must be directly supervised by the technologist for this imaging.

Certain circumstances will require a student to always be directly supervised while performing procedures even with earned competency. Students are not allowed to perform mobile procedure and surgical procedures independently. These exams must be directly supervised. Students are not allowed to perform exams in the operating room, ICU or emergency department without the accompany of a registered technologist.

Students are expected to adhere to the FHSU and JRCERT supervision requirements throughout their clinical experience. A violation of this policy will result in an anecdotal record for the student which could result in program probation or dismissal. In any event the student is put in a situation that may violate program supervision policies, the student needs to address this with their clinical preceptor. At the beginning of each clinical rotation, students will review the program supervision policies and sign the supervision agreement and upload into CastleBranch.

5/16/23

RADIATION SAFETY IN THE CLINICAL ENVIRONMENT

Radiation Dosimeter for Energized Campus Lab

1. Students will use all imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others.
2. Radiation safety practices must be adhered to in the energized positioning laboratories.
3. Students will use the energized laboratories only under the supervision of a qualified radiographer who is readily available.
4. Students' use of the energized laboratories without a qualified radiographer readily available to provide supervision, the radiation exposure mechanism must be disabled.
5. All students in the FHSU Radiologic Technology program will be provided a radiation monitoring dosimeter to be worn during all on-campus positioning lab classes. The on-campus dosimeter will be worn any time in which radiographic exposures will be made. Students going out on clinical observation, must check out and wear their dosimeter in order to be present within the clinical setting. The on-campus dosimeter must remain in the lab when not in use.
6. Radiation dosimeters issued are measured at year end and a one-time cumulative dose report is generated. Students are individually emailed their one-time cumulative dose report from their issued campus dosimeter early in semester 4 of the program.
7. Students on campus in need of a fetal dosimeter must meet with the program director and complete the Declaration of Pregnancy form for issue of a fetal dosimeter for on-campus laboratory experiences. Fetal dosimeters are measured monthly.

Supervision at Clinical

1. Until the students achieve the program's required competency in a given procedure, all radiographic imaging procedures must be performed under the direct supervision of a qualified radiographer.
   Direct supervision is defined as supervision provided 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 procedures and/or image.
2. After the students achieves competency of the required procedure(s), the student may then perform radiographic imaging procedures under the indirect supervision of a qualified radiographer.
   Indirect supervision is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.
3. Students must be directly accompanied by a qualified radiographer at all times when imaging is the ER, ICU, mobile examinations, and the OR.

Repeat Radiographs at Clinical

1. A qualified radiographer must be physically present during the conduct of a repeat image.
2. The qualified radiographer must approve the student's projections prior to re-exposure.

Mobile Exams at Clinical

1. Use protective equipment such as a lead apron when you will be involved in an exam.
2. Ensure the wearing of wrap-around lead aprons and thyroid shields by all involved personnel throughout the exam.
3. During mobile exams, stand at least 6 feet away and if possible at a 90-degree angle from the radiation source (the patient).
4. Do not stand in the primary beam.
5. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
6. When performing mobile procedures, the student will clearly announce to all individuals in the area of radiographic exposure. The student will allow time for medical personnel to temporarily remove themselves from the exposure area. In instances in which medical personnel cannot leave the exposure area, the student will provide radiation shielding to that individual.

Holding of Patients at Clinical

1. Students should not hold patients in instances in which an immobilization method is an option. Immobilization efforts are encouraged as the appropriate standard of care.

   a. If immobilization is not an option, and a non-occupational person holds the patient; pregnancy should be ruled out and proper protective garments are provided.

   b. If immobilization is not an option, and a student is in a situation to hold the patient; the student must wear appropriate protective garments and refrain from standing in the primary beam.

2. Student should not hold an image receptor during any radiographic exposure.

Fluoroscopy Procedures and C-arm

1. Protective lead garments must be worn in every exam.
2. Wrap-around lead aprons and thyroid shields are encouraged throughout the procedure.
3. During a fluoroscopy exam, the student should stand as far away from the patient as practical and move closer to the patient only when assistance is required.
4. Students must be accompanied by a qualified radiographer in the Operating Room (OR).
5. The student should stand on the image intensifier side of the c-arm.
6. Whenever possible, position the c-arm so that the x-ray tube is under the patient.
7. Keep the "beam-on" time as low as possible.

Radiation Dosimeter for Clinical Rotation

1. All students in the FHSU Radiologic Technology program will be issued a personnel dosimeter by their assigned clinical affiliate.
2. The personnel dosimeter must be worn at all times during the student's clinical shift. The student cannot participate in any clinical experience without their dosimeter.
3. It is the student's responsibility to exchange his/her dosimeter for a new one each cycle, either monthly or quarterly, according to facility protocol.
4. It is the responsibility of the student to care for the dosimeter. The student will incur any cost associated with a damaged or lost dosimeter. If a student is without a badge and awaiting a replacement, missed clinical time must be arranged for make-up per the FHSU program attendance policy.
5. Student radiation exposure data will be made available to students within thirty (30) school days following the receipt of data. It is important a student knows how to access and review their report.
6. With each reporting cycle, the student must review their individual report with their clinical preceptor. The student must sign and date their individual dosimeter report.
7. The clinical preceptor will ensure that with each reporting cycle, each student has signed and dated their individual copy of their dosimetry report. The clinical preceptor will scan all student reports directly to their clinical coordinator within one week for campus review and recording.
8. At the final dose reporting timeframe according to the clinical year, while the student may no longer be present at the clinical facility, the clinical preceptor must provide the graduated student(s) report to the FHSU clinical coordinator.
9. Clinical Coordinators are responsible for knowledge of the clinical facility's dosimetry reporting dosimetry cycle. Additionally, they are responsible for ensuring record documents have been received from the clinical preceptors. Clinical coordinators are to review each student(s) report and ensure they are below the program's established threshold dose. Clinical coordinators will sign and date and file into program record storage.
10. In the event that a student radiation exposure exceeds the threshold dose indicated by the FHSU radiology program, a **Radiation Dose Consultation Form** will be filled out and protocol executed.

Exceeding the Dose Limit Protocol

When the program receives notification from the Radiation Safety Officer from a clinical site that someone is close to exceeding the dose limits (the threshold dose is 50 mSv per year), an investigation will be launched to ensure the excessive dose is legitimate. In the event that a badge report exceeds 1 mSv (100 mrem)/month (25% of the NRC monthly occupation dose limit) the following will occur:

1. Determine type/source of radiation exposure (workload, activities, performance, environmental conditions or other workplaces).
2. The student will be counseled on personal exposure and safety in the workplace and recommendations on rotation alterations will be discussed.
3. After the counseling a Radiation Dose Consultation form will be completed and signed by the student, clinical instructor, clinical coordinator, department manager, and radiation safety officer.
4. If the radiation exposure exceeds the allotted amount per reporting period or annual allowance, the state requires said person to be removed from the workplace for the remainder of the year (especially for exceeding annual dosage).

Dosimeter Placement

1. During routine radiographic procedures, when a protective apron is not being used:
    - Personnel dosimeter is attached to the clothing on the front of the body at collar level.
2. When a protective apron is worn (during fluoroscopy, surgery, and special radiographic procedures):
    - Personnel dosimeter will be worn outside the apron at collar level on the anterior surface of the body.
3. As a second monitor when a protective apron is worn (during lengthy interventional fluoroscopy procedures)
    - Primary dosimeter is to be worn outside the protective apparel at collar level.
    - Second dosimeter should be beneath a wraparound-style lead apron at waist level.
4. As a monitor for embryo-fetus:
    - In addition to the primary dosimeter worn at collar level, declared pregnant student technologists will be issued a second monitoring device.
    - Primary dosimeter is to be worn outside the protective apparel at collar level
    - Second dosimeter will be placed beneath a wraparound-style lead apron at waist level.

Patient Shielding from Primary Beam

1. Students must provide appropriate protective shielding to all pediatric patients and all patients of childbearing age.
2. Students should practice adequate collimation of the radiographic beam, to include only the anatomy of interest.
3. Gonadal shielding should be used whenever it will not obscure necessary clinical information.

Shielding of Non-Patients

1. Students will ensure all individuals who must accompany the patient during a radiographic exposure have the appropriate protective garments.
2. Non-patient protective shielding should be in place prior to making a radiographic exposure.
3. Any individual whom is a non-patient should be ask the appropriate questions regarding their risk of pregnancy in accordance to the policy of the clinical facility.

03/23

INFECTIOUS DISEASE

With the consideration of infectious disease transmission, students will follow the guidelines and protocols established by FHSU and the clinical facility. The CDC establishes guidelines for health care facilities and the public to follow. The Radiologic Technology program policy incorporates CDC guidelines.

ON CAMPUS COURSES

When the student is feeling ill or appears to be ill it is their responsibility to protect the health of other people. It is imperative the student have concern for those around them and take all measures personally to prevent the spread of illness/infection.

The student will be encouraged to seek medical advice from a health care provider or the FHSU Student Health Center. The student is encouraged to contact the Student Affairs office for guidance on notifying instructors of class absence due to the illness.

Students enrolled in RAD or MDI courses are required to follow the Attendance Policy printed in the course syllabus. With the consideration of infectious disease transmission, students will follow the guidelines and protocols established by FHSU and the RT Program. FHSU RT program will follow published CDC guidelines to reenter into the classroom.

Symptoms: Students who feel ill and are experiencing one or more of the symptoms listed should not enter the class room.

Temperature >100.0	Vomiting
Cough	Fatigue
Sore throat	Abdominal pain
Shortness of breath	Congestion
Muscle aches	Chills
Diarrhea	Persistent headache
Loss of sense of smell	Chest tightness
Loss of taste	Difficulty breathing
Skin rash	Fever >48 hours

Follow recommendations per health care provider to determine return to class.

CLINICAL ROTATION

Students who are diagnosed with an infectious disease are required to immediately report their illness to the clinical preceptor and clinical coordinator. The student will not reenter the clinical facility and will follow all requirements in the policy prior to readmittance to the clinical facility.

Symptoms: Students who feel ill and are experiencing one or more of the symptoms listed should not enter the clinical facility.

Screening Symptoms:

Temperature >100.0	Vomiting
Cough	Fatigue
Sore throat	Abdominal pain
Shortness of breath	Congestion
Muscle aches	Chills
Diarrhea	Persistent headache
Loss of sense of smell	Chest tightness
Loss of taste	Difficulty breathing
Skin rash	Fever >48 hours

The clinical preceptor will provide guidance on clinical facility specific requirements. This may include a medical evaluation from a health care provider.

The student will be responsible for strictly following the requirements for readmittance to the clinical facility.

Any of the following may apply:

1. Fever free for 48 hours without use of fever reducing medications.
2. If the student misses 3 or more consecutive days of clinical the student is required to provide the FHSU RT Program Medical Release Form to a health care provider who will determine if the student can safely resume their clinical rotation.
   The signed form must be provided to the clinical preceptor and clinical coordinator on the first day of returning to the facility.
3. Students with laboratory-confirmed positive results (e.g. Influenza, COVID-19, Strep) are required to follow health care provider quarantine guidelines.
4. The student will coordinate with their clinical preceptor and clinical coordinator to determine a schedule to make up missed time.

Exposure to the clinical patient with an infectious disease

When a patient has an infectious disease, or who is suspected of having such an infectious disease, the patient is entitled to receive quality care. The student is required to wear designated personal protective equipment when working with patients in isolation or other precautionary procedures.

Students must abide by all precaution guidelines established by the clinical facility when working with patients with any infectious disease. Clinical affiliate hospitals will provide in-service education and training regarding the handling of patients with infectious diseases. Training will include but is not limited to proper use of personal protective equipment, cleaning and disinfection of equipment, and working with patients under isolation precautions.

During the clinical experience, if the student is knowingly in contact with blood or body fluids (e.g. needle stick, droplet exposure or blood/body fluid splash to face) they are required to immediately report to the clinical preceptor. *An anecdotal record is to be completed at that time to document the event.* The student will be required to follow established guidelines and infectious disease protocols of the clinical facility. If the student is required to have testing or medical evaluation the cost is the responsibility of the student**.**

In the event of notification of exposure to an infectious disease from a patient encounter an anecdotal record is to be completed by the clinical preceptor. The student will be required to follow established guidelines and infectious disease protocols of the clinical facility. If the student is required to have testing or medical evaluation the cost is the responsibility of the student.

R.T. PROGRAM PREGNANCY POLICY

Should a student become pregnant while enrolled in the FHSU Radiography program, the student has the option to disclose in writing (at any time) during her pregnancy. If the student elects not to declare the pregnancy, she will not be considered pregnant by the program faculty.
In the event that the student voluntarily discloses her pregnancy, she will be required to complete the "Declaration of Pregnancy Form." The student should review the NRC document, "Instruction Concerning Prenatal Radiation Exposure" and the Appendix "Questions and Answers Concerning Prenatal Radiation Exposure."

After declaration of pregnancy, the student has the following options available to her.

1. Continue in the program with no alterations to the clinical schedule.
2. Continue in the program with alterations to the clinical schedule that may or may not include reduction of fluoroscopy, surgical and portable rotations.
3. Withdraw from the program or file a leave of absence from the program.
4. Submit a written withdrawal from declaration of pregnancy.

The FHSU program pregnancy policy is to help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The National Council on Radiation Protection and Measurements (NCRP) recommends a monthly equivalent dose limit not exceeding 0.5 mSv per month to the embryo-fetus and a limit during the entire pregnancy to the fetus not to exceed 5.0 mSv after declaration of pregnancy. NCRP recognizes any monthly dose of less than 1 mSv may be considered as not a substantial variation above a uniform monthly dose rate and as such will not require licensee justification. However, a monthly dose greater than 1 mSv should be justified by the licensee.

Students who elect to stay within clinical rotation will be asked to submit a medical release form completed by their physician stating the precautions, if any, that should be followed during the pregnancy. In addition, the student will be required:

1. To wear a fetal monitor at the waist level underneath the lead apron.
2. Exposure levels will be monitored on a monthly basis to ensure badge reports follow the NRCP regulations. In the event that the badge report is equal to or exceeds 1 mSv month, the student will be counseled with a meeting to include the clinical instructor, clinical coordinator, RSO, and program director. The student will be counseled on methods to reduce future exposures. The student will remain on routine clinical rotations unless readings approach maximum levels. Should this occur, the student will be removed from clinical rotation and can return to complete clinical program requirements after the baby has been born.

Although radiation exposure limits will be monitored closely throughout the pregnancy, the student is expected to utilize her knowledge of radiation protection principles at all times to minimize her exposure. This includes the practice of time, distance, and shielding. In addition, personal and fetal dosimeters must be worn by the students at all times while in the clinical setting.

The student who is unable to complete the clinical requirements due to pregnancy condition or delivery, should expect the completion of the R.T. program may be delayed. All didactic and clinical experience requirements must be entirely met prior to graduation. In the event the student has outstanding clinical requirements, the student will work with the clinical instructor, clinical coordinator, and program director to establish a plan to fulfill remaining clinical hours and competency requirements. A student that must return to clinical after delivery, is required to provide documentation of their physician's approval allowing full release for work in the clinical environment. This document must be reviewed and approved by program officials prior to the re-instatement to the clinical environment.

MRI SAFETY AND SCREENING

Magnetic Resonance Imaging (MRI) uses a strong magnetic field which can pose safety concerns for anyone entering restricted zones without proper screening. In some instances, individuals may put their safety at risk when they enter the MRI environment. Students with defibrillators, pacemakers, cochlear implants, aneurysm clips, and neurostimulators will not be allowed in the MRI environment. Other surgically implanted devices will be evaluated on a case by case basis by FHSU MRI registered faculty member to ensure student safety. Each student should be pre-screened for a possible history of injuries by any metallic foreign bodies, such as shrapnel, a bullet, or other type of metallic fragments. Also, any student with an intraocular metallic foreign body has a particularly high risk for significant eye injury if exposed to the static magnetic field of an MRI system and must be screened prior to entrance in the MRI suite.

All students will undergo an MRI screening process before beginning clinical experiences to ensure their own safety in the MRI environment. A signed FHSU approved screening form will be kept on file for every student enrolled in the Radiologic Technology Program at FHSU. For their own protection and for the protection of the ancillary staff, all students must immediately report to their supervisor any trauma, procedure, or surgery that they experience which a ferromagnetic metallic object/device that may have introduced within or on them. This will permit an appropriate screening to be performed upon the student to determine the safety of permitting those students into the MRI environment.

The student must sign the acknowledgement of this policy, complete the MRI training presentation, pass the post training assessment with an 80% or higher, and complete the required screening form. Failure to complete these activities will prevent the student from attending clinical experiences during the Radiologic Technology Program.

CPR CERTIFICATION

All students must be certified in the American Heart Association Basic Life Support (BLS). Students will be required to complete the certification in the second professional semester of the radiologic technology program. Information for the training and skills check will be provided to the students. The training will take place during specific days/times set for all program students to attend.

Students who have a current AHA/BLS CPR certification must provide a copy of the certification card with an expiration date after the end of the clinical experience.

All students will be required to claim their ecard to upload into CastleBranch. The Program Director will set a due date for this activity.

HEALTH INSURANCE

Each student enrolled in the program is required to have health insurance. Students operate in a clinical environment where it is possible to come in contact with various communicable diseases or experience a work-related injury. In the event this occurs, the student must work through their personal insurance and are responsible for all costs such as: lab work, imaging, office visits, or treatment in result of the clinical incident.

Students will be responsible for uploading proof of health insurance coverage for the time span of the program into the CastleBranch document management system. The Program Director will establish a required due date for this proof of health insurance to be provided by. Any student failing to provide proof of health insurance will be dismissed from the program.

Student health insurance is available at the University Student Health Center.

LIABILITY INSURANCE

Each and every student in the FHSU Radiologic Technology Program is required to subscribe to a group liability insurance policy. This is done to protect each student in the event they are involved in any sort of litigation during clinical experiences.

Liability insurance acquisition is required prior to the matriculating into the RAD 330 Clinical I Experience and it is the responsibility of the student to complete this task. The student will upload proof of the liability insurance to the CastleBranch document management system. The Program Director will establish a required due date for this proof of this policy to be in place.

If a student chooses to leave or is suspended from the Radiologic Technology program, the policy cannot be transferred or refunded.

MAMMOGRAPHY ROTATION POLICY

The Fort Hays State University Radiography program has revised its policy, regarding the placement of students in clinical mammography rotations to observe and/or perform breast imaging effective February 19, 2020. This policy may also be applied in any situation in which imaging procedures are performed by professionals of the opposite gender of the patient.

Under the revised policy, all students, male and female, will be offered the opportunity to participate in clinical mammography rotations as part of their modality rotations. *The program will make every effort to place a male student in a clinical mammography 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 program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student clinical mammography 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, www.jrcert.org, Programs & Faculty, Program Resources.

R.T. PROGRAM DOCUMENT MANAGEMENT SYSTEMS POLICY

Trajecsys

Trajecsys is purchased by the student in the month prior to the start of clinical rotation. Trajecsys is a platform used by the student, the clinical instructor, clinical coordinator, and the program director to track clinical activity and student progression. Trajecsys will monitor daily shift clock-ins and outs, daily exam productivity, exam pre-competency and exam competencies, affective evaluations, and end of semester clinical site evaluations.

Student Expectations:

1. The student will be responsible for clocking in and out of this system daily. Make-up time, personal time, and sick-time will be entered by the student in the requested format directed by the program. The clinical instructor will validate the student's time entries. The clinical coordinator will oversee student attendance and correct entries of time.

2. Students will log daily clinical exams in the observe, assist, or perform status. It is recommended the student logs daily. It is required that daily logs are current within two weeks. For example, the activity of the first 2 weeks of a month must be updated in the system by the 15th of that same month. Failure of the student to log exams accordingly will result in a letter grade drop for RAD 330/331/332 for each offense. It is required a student maintain a "C" or higher for RAD 330/331/332 to remain in the program.

3. Students will log in exam pre-competencies into the designated menu area; this will be a different location than where daily exams are entered in. Pre-competency entries are the responsibility of the student and not the clinical instructor. Pre-competency entries, like daily logs, must be current within two weeks. Failure of the student to log will result in a letter grade drop for RAD 330/331/332 for each offense. It is required a student maintain a "C" or higher for RAD 330/331/332 to remain in the program. Clinical instructors are unable to keep up with their responsibilities of entering exam competencies into Trajecsys, if the student fails to uphold to timely pre-competency entries.

CastleBranch (CB)

CastleBranch is a document management platform system used to manage records for drug testing, immunization records, TB, CPR, health insurance, liability insurance, health assessment, and background screening. CastleBranch also serves as a platform in which other essential program documents are electronically stored and managed.

The expected student responsibilities are:

1. To purchase the document platform and order the packages/trackers necessary for the RT program.
2. To manage their own account, complete tracker tasks as instructed, and upload necessary documentation by the established due date in CastleBranch.

3. To follow up with the CastleBranch platform 24-48 hours after a document upload to ensure the document(s) have been be accepted and the task is marked "complete." If CastleBranch rejects uploaded documents, the system specifies what actions the student needs to take.
4. Be watchful for CastleBranch email notifications of tracker requirements that will be expiring in 30 days (examples such as: specific immunization, CPR certification, TB.) The student must be mindful and act on the notification and remedy the requirements before expiration.

This is a required management platform for all students during all six semesters of the RT program. If in the event during the first 3 semesters a student fails to upload tracker elements by an established deadline, this will prevent the student from progressing into the next semester of the program. The student would receive an "Incomplete" final course grade for all RT courses in that semester. Students are not allowed to begin the next semester of the program until the "incomplete" has been lifted and replaced with a grade. It is the student's responsibility to remedy the situation.

If in the event during the last 3 semesters of the program (clinical rotation) the student allows a tracker element to expire, the student will be immediately suspended from the program's clinical rotation. This suspension will not be lifted until the tracker is reviewed and determined to be "in good standing" by the R.T. program director. Personal time will first be used to make up for the missed clinical time, which may exhaust their personal time bank for the clinical year.

DRUG TESTING OF STUDENTS

Fort Hays State University supports the concept of a Drug Free Workplace and prohibits the unlawful manufacture, distribution, possession, or use of a controlled substance on any property owned, leased or controlled by the University or during any activity conducted, sponsored, authorized by or on behalf of Fort Hays State University. The University prohibits any form of on-campus (or campus affiliated) use and/or possession of illegal drugs, drug paraphernalia, or alcoholic beverage by students, which is in direct violation of local, state, and federal law. Students found to be involved in any of these activities are subject to disciplinary action.

Education of Allied Health Department students at Fort Hays State University requires collaboration between the University and clinical agencies. Education of many of these students cannot be complete without a quality clinical education component, generally referred to as a clinical experience. The University shares an obligation with the contracted clinical facility to protect the facility's patients to the extent reasonably possible from harm due to students who are under the influence of illegal drugs while in the clinical facility. Contracted clinical facilities require that Fort Hays State University obtains a negative drug screen on each student prior to that student arriving at the clinical facility for his/her experience.

Fort Hays State University wishes to ensure that the health and safety of students and patients are not compromised and that clinical affiliation agreements exist to provide students with quality clinical education experiences. Therefore, it is the policy of Fort Hays State University that students enrolling in Allied Health Department courses including, but not limited to Clinical Experience and Medical Imaging Clinical Preceptorship submit to drug testing. This policy only authorizes drug testing of students who voluntarily choose to enroll in Allied Health Department courses that require clinical rotations.

GUIDELINES FOR DRUG TESTING

I. PERSONS TO BE TESTED

Any student who is enrolled in any Fort Hays State University Allied Health course that requires a clinical rotation at a contracted healthcare facility will be required to submit to initial drug testing prior to the first clinical rotation and annually thereafter.

II. TYPES OF TESTS TO BE PERFORMED

A. Drug testing will occur prior to scheduling of clinical rotation and annually thereafter. Only drug tests conducted by University authorized agencies will be accepted. Cost of drug testing will be paid by the student directly to the drug screen provider as directed by the University. Drug tests will be performed on random urine samples.
B. In addition to annual drug testing, further testing may be required of the student for cause or at random intervals and may be either announced or unannounced. This

testing will be required at the discretion of the University or the clinical agency. Cost of the drug testing will be the responsibility of the student.

III. DRUGS TO BE TESTED

All students will be tested for the following drug categories: amphetamines/methamphetamines, barbiturates, benzodiazepines, cocaine and metabolites, marijuana metabolites, methadone, MDA-analogues, phencyclidine, propoxyphene, opiates, and expanded opiates: hydrocodone, hydromorphone, oxycodone and oxymorphone. This list of tested drugs is subject to change. Testing for additional substances may occur based on clinical affiliation agreement requirements.

IV. CONSENT TO DRUG TESTING

A. The student must provide written consent to provide specimens for the purpose of analysis. If the student is under eighteen (18) years of age, the student's parent or legal guardian must sign the drug testing consent form in addition to the student. The signed consent must be returned to the specified program director or course instructor.
B. The signed consent form will be maintained in the student permanent record.
C. Students have the right to refuse to consent to drug testing. However, students who decline will be refused access to clinical education facilities and will be unable to achieve the required clinical experience. Refusal to submit to drug testing will render the student unable to meet the clinical rotation requirement of the Allied Health program or course. A grade of "U" will be recorded for the course(s) if the student does not officially withdraw.

V. DRUG SCREENING PROCEDURE

A. The student will be provided with an instructional sheet that will provide details on the drug screen process for the Fort Hays State University Allied Health Department.
B. This form will include directions for the drug screen vendor, Castle Branch, relative payment instructions, and procedural information.

VI. MEDICAL REVIEW OF POSITIVE DRUG TEST RESULTS

A. All specimens identified as positive on the initial test shall be confirmed by the testing laboratory at no additional charge to the student. Any positive test result will be reviewed by the vendor's Medical Review Officer (MRO).

B. A Medical Review Office, who shall be a licensed physician with knowledge of substance abuse disorders, shall review and interpret positive test results. The MRO shall:

1. Examine alternate medical explanations for any positive test results. This action may include conducting a medical interview and review of the student's medical history or review of any other relevant biomedical factors.
2. Review all medical records made available by the tested student when a confirmed positive test could have resulted from legally prescribed medication. Prior to making a final decision on the results of the confirmed positive test, the MRO shall give the student an opportunity to discuss the results. The MRO may contact the student directly to discuss the results of the test.

VI. REPORTING OF DRUG TEST RESULTS

A. Written notification indicating either a "Negative" drug screen or "Further Testing Required" shall be provided by the drug screen vendor to the Allied Health Department at Fort Hays State University as soon as possible following initial testing. As further testing is completed, a report of "Negative" or "Confirmed Positive" Test results shall be provided by the drug screen vendor to the Allied Health Department at Fort Hays State University. Test results will not be released to any individual who has not been authorized to receive such results. Students shall not be allowed to hand deliver any test results to University representatives. Notification of drug screen results can only be delivered in a manner that insures the integrity, accuracy and confidentiality of the information.

B. Results of students' drug screens will be kept in the student file. They may be provided to a contracted clinical facility upon request.

VIII. CONSEQUENCES FOR A CONFIRMED POSITIVE DRUG TESTING OR REFUSAL TO BE TESTED

A. **Confirmed Positive Test:** A student with a confirmed positive drug test will be ineligible to complete the required clinical rotation. Consequently, the student will receive a grade of "U" if the student does not officially withdraw.

B. **Refusal to be Tested:** A student's refusal at any point to be tested for drugs will result in ineligibility to complete the required clinical rotation. Consequently, the student will receive a grade of "U" if the student does not officially withdraw. The specified program director shall be notified of any refusal to be tested.

Results of any student's drug screen will be shared only on a need to know basis with the exception of legal, disciplinary or appeal actions which require access to the results.

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CRISIS MANAGEMENT

A summary of the Fort Hays State University Crisis Management plan can be found on the web at: https://www.fhsu.edu/crisis/summary. The FHSU Crisis Management policy defines crisis, provides examples of crisis, protocol for activating the crisis management team, crisis management guidelines, university crisis notification system, university crisis team members and responsibilities. The crisis management team coordinates the efforts of all campus entities, such as University Relations, General Counsel, the University Police Department, Counseling and Health Services, Student Affairs and Academic Affairs, as well as align with local, county, state and national agencies if involved.

If in the event of a campus, community, state, or national crisis that impacts the students on campus or in clinical rotation, information will be disseminated down from the Chair of the Allied Health department that is received from upper administration, to the Allied Health department faculty. Information that can be shared out with program students and clinical affiliates will be dispersed by the program director.

In the event where safety is of concern, the Allied Health department and the Chair of the department will meet to discuss, as frequently as needed, the best measures to ensure the safety and health of students and faculty to align with the Fort Hays State University's plan of action. Radiologic Technology students may receive communication and information regarding the situation via text, phone call, email, or by a scheduled in person or Zoom meeting.

In the event a crisis affects the ability to provide faculty with FHSU campus access, all faculty have the appropriate personal computer resources, software, and training/familiarity with programs such as Blackboard Collaborate, Zoom, Voicethread, VidGrid, and/or Microsoft Teams to advise students and/or offer course instruction to students individually, in groups, or in the entirety of a class. Faculty with FHSU Global Protect have access to the university programs that provide access to student information and contact information to ensure access of communication. Off-campus meetings amongst campus faculty, to include clinical faculty if necessary, can be facilitated via Microsoft Teams or Zoom.

Once a decision to return to FHSU campus facilities or clinical affiliate campuses has been determined to be safe, this information will be communicated to all parties. The plan to resume campus or clinical activities will be outlined according to the situation.

EMPLOYMENT DURING THE PROGRAM

General Employment

Due to the intensive study necessary to complete the program successfully, employment during the program is generally discouraged. If employment is necessary, the student should consider the following:

> To ensure adequate time for their studies, students should initially minimize their employment and limit themselves to as few hours as possible. As they progress through the program, they can increase their hours if they are confident that they will have the time needed to successfully complete the program requirements.

Radiology Employment

While the student may have proven competence on specific exams as they progress through clinical, overall competency cannot be guaranteed until the student has completed the program. The FHSU program strongly discourages student employment in the field of radiology as a student technologist. In the event the student does attain paid employment in clinical radiography this is a separate entity from the educational phase in which the program serves. The program will not be held liable for any incidents that may occur while a student is employed by a clinical affiliate.

Student Employment Guidelines

- Student must not be identified with "student" on their ID badge or uniform
- Student must have a separate dosimeter while on the clock separate from their student assigned dosimeter
- Student may not attain RT program competencies while on the clock
- Students may not "clock in" while on a program assigned clinical schedule
- No changes to the student's assigned clinical schedule to accommodate employment shifts is allowed
- Students may not use clock time to make up for missed program clinical time
- Student may not supervise other students
- Student and clinical affiliate should discuss clinical responsibilities and expectations and liability coverage while the student is working
- Highly recommended that students should consider that a liable event may prevent them from being ARRT board eligible
- Student must comply with state licensure requirements to gain employment
- Student must work under the supervision of a licensed practitioner

The program recommends that the student not work for more than 12 consecutive hours for both program clinical and employment hours. The program recommends that there should be 8 hours between the end of an employment shift and the start of a clinical shift.

GRIEVANCE PROCEDURE

There is a long-established tradition of informal appeal at FHSU. Students are strongly encouraged to initially discuss a disputed issue with the instructor(s) responsible. It is assumed that informal student-instructor interaction at this level will provide the setting for a resolution of any disagreement between a student and instructor(s). However, if the student still believes he/she is being treated unfairly, he/she should begin the formal grievance process as follows.

1. The student should prepare and submit a written appeal to the instructor whose action is being appealed within two weeks of the incident. Within two weeks of submission, the instructor should meet with the student and also provide the student a written decision. If the student is not satisfied with the response from the instructor, he/she may appeal to the Chair of the Allied Health Department.
2. Within two weeks of receiving the written response from the instructor, the student should submit the original written appeal, along with any additional materials, to the Chair of the Allied Health Department. The Chair will meet with the student and also notify the student in writing the outcome of his/her appeal within two weeks of receipt of the grievance.
3. If the student is not satisfied with the Allied Health Department Chair's decision, the student should submit the original written appeal, along with any additional materials, to the Dean of the College of Health & Behavioral Sciences within two weeks of receiving the Chair's decision. The Dean will meet with the student and also notify the student in writing the outcome of his/her appeal within two weeks of receipt of the appeal.
4. If the student is not satisfied with the decision of the Dean of the College of Health & Behavioral Sciences, the student should submit the original written appeal, along with any additional materials, to the Provost within two weeks of receiving the Dean's decision. The Provost will meet with the student and also notify the student in writing the final outcome of his/her appeal within two weeks of receipt of the grievance.

If, at any level, the student does not receive a response within the specified time frame, the student may submit his/her appeal to the person at the next level of administration.

Statute of Limitation: Student grievances must be filed by the expected date of graduation.

Confidentiality: All matters discussed in the grievance process are kept in confidence, and information shall be released only to those individuals who have a legitimate reason to be informed of the information. Questions regarding the release of information and breaches of confidentiality should be made known to the Office of the President.

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FHSU R.T. PROGRAM FORMS

FORT HAYS STATE UNIVERSITY
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Physical Requirements – Self Assessment Form for the Radiologic Technology Program
The physical requirements are each described as necessary abilities to complete the FHSU Radiologic Technology program. Applicants and program accepted students should review and determine personal ability to fulfill the cognitive, clinical and physical demands of the profession. Additional demonstration or documentation may be required.
The clinical environment will demand the health care professional to be able to: communicate on all levels of the job; work in a team environment as well as independently; able to make decisions; display proficient skills with operation of imaging equipment and efficiently completing tasks necessary for an imaging procedure; display knowledge of operating equipment with ionizing radiation in compliance with radiation safety regulations; ability to operate phone systems, computers, and computer software; utilize the transport needs of the patient such as wheelchairs and stretchers; assist with patient transfers; prepare sterile fields; start intravenous lines; respond to medical emergencies; and work with potential blood borne pathogens and body fluids.
Student should read, self-assess, and answer accordingly for each physical requirement #1-8.

1. Communication – Ability to communicate in both written and verbal forms necessary for interaction with others.
    - Able to explain and give direction about medical procedures to patients. Able to answer patient questions regarding procedures. Able to communicate with physicians and all health care workers in order to coordinate completion of patient procedures. Able to react to verbal and written directions quickly under pressure. Able to effectively communicate and professionally interact in a group.

    Do you possess this ability? YES or NO

2. Cognitive - Consistent ability to critically think and apply didactic knowledge in class, lab, and clinical settings.
    - Able to adapt and apply knowledge to use of equipment, knowledge of exam protocols and procedure to variety of patient situations and imaging settings.

    Do you possess this ability? YES or NO

3. Physical Mobility - Physical ability to maneuver and manipulate imaging and ancillary equipment.
    - Incorporating good body mechanics, able to manipulate overhead x-ray equipment, mobile, and surgical equipment in x-ray rooms, patient rooms, intensive care units, emergency and surgical areas. Able to move freely and work accurately in small places. Able to work with equipment above head or below waist.

    Do you possess this ability? YES or NO

4. Stamina - Physically able to lift and move continuously for several hours during a day.
    - Independently able to move and transfer patients with wheelchairs or stretchers, move potential immobile patients, push and pull to operate mobile and stationary imaging equipment, perform work tasks while wearing protective lead, carry, lift and place heavy imaging equipment such as digital detectors.

    Do you possess this ability? YES or NO

5. Motor skills - Possess fine and gross motor skills necessary to perform patient care and imaging procedures efficiently.
    - Able to use fine and gross motor skills and eye-hand coordination to use machinery to accomplish imaging procedures.

    Do you possess this ability? YES or NO

6. Hearing - Sufficient auditory ability to assess and monitor a patient without potential visual contact.
    - Able to detect and respond to patient verbal requests and acoustic signals such as patient monitor alarms, emergency alarms, and x-ray exposure signal. *Assistive aides may be used.

    Do you possess this ability? YES or NO

7. Vision - Visually able to observe, assess, and perform patient care and imaging procedures.
    - Able to observe and assist patients. Able to recognize subtle differences in exposure densities on images. Able to read control panels, computer screens, fine print on medication bottles and syringes. *Assistive aides may be used.

    Do you possess this ability? YES or NO

8. Dexterity - Able to use hands and fine motor skills to manipulate equipment knobs and buttons and palpation of necessary patient external body landmarks for positioning and centering.
    - Able to manipulate small knobs and buttons on imaging or patient equipment. Able to handle and manipulate small equipment such as needles and syringes.

    Do you possess this ability? YES or NO

_____
Student Name (print)

_____ _____
Student Signature Date

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Radiation Safety
FHSU Department of Allied Health

Notice of Student Responsibilities

Students working the energized laboratory at Fort Hays State University must adhere to strict radiation safety practices as posted in each laboratory room. The student is under no circumstances to expose the machinery without an instructor in the room. When making an exposure, the student will vacate all others from the immediate area and ensure that all are behind protective barriers. Exposures will be kept to a minimum as per the instructor's guidelines.

Students must wear radiation monitor badge while making exposures. The radiation monitor badges will be used during the Third Program semester. At the end of each lab the student will be responsible for leaving their badge in the lab classroom.
At the end of the Third Program semester the badge will be processed. After receipt of the radiation badge report it will be made available to each student during Clinical I semester.

I have read the above and agree to abide by its contents.

_____
Print name

_____ _____
Signature Date

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Request for Personal Day

I, _____ (name) request time off on _____ (date).

- ✓ Minimum 2 weeks' notice required
- ✓ Please turn in with as much advance notice as possible
- ✓ Can only take in 4-hour or 8-hour blocks.
- ✓ Trajecsys: Student must log two Time Exceptions (time in and time out) and include an explanation (Example: Personal Day #1) etc.

Requests will be taken under consideration on an individual basis.

Email request to clinical coordinator.

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FHSU Radiologic Technology Program

Acknowledgement & Consent for Clinical Calendar Alteration

I, _____, understand as a student in the FHSU Radiologic Technology program, that my clinical calendar for clinical experience _____ has been modified due to an event or extended medical leave. I understand and agree to working shifts over scheduled clinical breaks while the university is scheduled open in order to accumulate the clinical time which will be necessary to fulfill the annual clinical hour requirement. In addition, I acknowledge and agree to working a weekly shift to exceed 40 hours as periodically shown on a revised calendar.

I acknowledge and understand that my clinical experience will extend beyond the scheduled _____ graduation date as necessary to fulfill my program requirements to gain ARRT exam eligibility. If any additional alterations occur to the clinical calendar for _____, this may require an additional addendum to be made to my clinical location and/or date of program completion.

Any changes to the newly set calendar or requests for modifications must go through the clinical coordinator and program director for final approval. The student should remember they each have 7 days (8.5 hours/day) of personal leave to request accordingly.

_____	_____
Student Signature	Date
_____	_____
Clinical Preceptor	Date
_____	_____
Clinical Coordinator	Date
_____	_____
R.T. Program Director	Date

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FHSU RT Program Medical Release Form

Student's Name _____ Date_____

To Be Completed by the Healthcare Provider
This individual today has been examined to determine if able to return to clinical rotation in a patient care environment following an examination to determine their wellness status and their ability fulfill the physical requirements of the clinical environment.

_____ The above-named individual has been released to return to full duty as of _____(date) as an examination has been attained.

_____ The above-named individual has been not been released to return to duty at this time. The individual will be reassessed at a later date, suggested for _____.
Please explain.

_____ _____
Print Provider's Name Date

_____
Provider's Signature

_____
Provider's Place of Work

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On-Campus Anecdotal Record

Student Involved:
Instructor Involved: Date of Incident:

Nature of Incident (check all that apply)
____ Violation of Policy
____ Unprofessional Behavior
____ Attendance
____ Academic Dishonesty
____ Hospital Incident Report
____ Psychomotor
____ Cognitive
____ Other

Instructor Description of Incident:

Time incident occurred:

Other witnesses to incident:

Student Comments (relative to incident):

Instructor's suggestions for corrective action:

Action taken by Instructor/Program Director:

Instructor Signature: _____ Date:_____
Student Signature: _____ Date: _____
Program Director Signature_____ Date: _____

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Clinical Anecdotal Record

Student Involved:
Technologist Involved: Date of Incident:

Nature of Incident (check all that apply)
____ Violation of Policy
____ Unprofessional Behavior
____ Attendance
____ Academic Dishonesty
____ Hospital Incident Report
____ Psychomotor
____ Cognitive
____ Other

Technologist Description of Incident:

Time incident occurred:

Other witnesses to incident:

Student Comments (relative to incident):

Clinical Preceptor's suggestions for corrective action:

Action taken by Clinical Coordinator:

Technologist Signature _____ Date_____
Student Signature _____ Date_____
Clinical Preceptor Signature _____ Date _____
Clinical Coordinator Signature_____ Date_____
Program Director Signature_____ Date_____

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FHSU RT Program
Radiation Dose Consultation Form

I, _____, on this date, _____, have been counseled on my monthly and/or yearly occupational dose limit. The badge report of _____ mrem for the monitoring period of _____ has exceeded the monthly occupational dose of 1 mSv (100 mrem) limit set by the FHSU radiography program. The following individuals were notified and included in the investigation to determine the cause of the elevated dose reading.

In addition, these individuals provided counsel on radiation safety practices to decrease my future dose exposure.

Cause of dose was determined to be from: (an event or practice(s))
_____
_____
_____
_____

Final Recommendation(s):
_____
_____
_____
_____

_____ _____
Department Manager/Date Clinical Preceptor/Date

_____ _____
Clinical Coordinator Physicist or RSO/Date

_____ _____
Student/Date R.T. Program Director/Date

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RADIOLOGIC TECHNOLOGY PROGRAM
ALLIED HEALTH DEPARTMENT
FORT HAYS STATE UNIVERSITY

Policy on Drug Testing of Students Consent Form

Any student who is voluntarily enrolled in the Fort Hays State University Radiologic Technology Program which requires a clinical rotation at a contracted healthcare facility will be required to submit to initial drug testing prior to the first clinical rotation and annually thereafter.

By signing this consent form, I acknowledge that I am aware of this policy and will comply when required.

_____ _____
Student Signature Date

_____
Student Printed Name

_____ I choose to decline to consent to the drug testing required by Fort Hays State University Radiologic Technology Program. I understand that in doing so, I am ineligible to enroll in any courses requiring clinical rotation and will not continue on in Fort Hays State University Radiologic Technology Program.

_____ _____
Student Signature Date

_____
Student Printed Name

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Declaration of Pregnancy Form

(This is to be voluntarily completed and submitted by the student of the Fort Hays State University Radiography Program)

I, _____, on this date, _____, declare that I am pregnant. This declaration is in accordance with the recommendations of the Nuclear Regulatory Commission and the State of Kansas radiation protection guidelines. The estimated date of conception is (month and year) _____. The estimated due date is (month and year) _____. This declaration is submitted to the clinical preceptor, _____, clinical coordinator _____, and program director, Jennifer Wagner.

Student Signature: _____ Date: _____

Program Director Signature:_____ Date: _____

Upon declaration, the student, the clinical instructor, clinical coordinator, and program director will set up a counseling session to further discuss the student's options for continuance in the clinical setting or a leave of absence from the program.

All FHSU students fall under the university's Title IX Policy which can be found at https://www.fhsu.edu/president/Compliance-Office/Title-IX-Policy/index and any concerns regarding the policy can be directed to the FHSU current Title IX Coordinator.

The following options are available to the student:

1. Continue in the program with no alterations to the clinical schedule.
2. Continue in the program with alterations to the clinical schedule that may or may not include reduction of fluoroscopy, surgical and portable rotations.
3. Withdraw from the program or file a leave of absence from the program.
4. Submit a written withdrawal from declaration of pregnancy.

Please reference the NRC Instruction for Prenatal Radiation Exposure for the NRC's position on the regulations of pregnant radiation workers and also their question and answer sections relative to the subject and declaration of pregnancy to employer.

See: https://www.nrc.gov/docs/ML0037/ML003739505.pdf

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NRC – Regulatory Guide 8.13
QUESTIONS AND ANSWERS CONCERNING PRENATAL RADIATION EXPOSURE

1. Why am I receiving this information?
The NRC's regulations (in 10 CFR 19.12,"Instructions to Workers") require that licensees instruct individuals working with licensed radioactive materials in radiation protection as appropriate for the situation. The instruction below describes information that occupational workers and their supervisors should know about the radiation exposure of the embryo/fetus of pregnant women.

The regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take advantage of lower dose limits for the embryo/ fetus. This instruction provides information to help women make an informed decision whether to declare a pregnancy.

2. If I become pregnant, am I required to declare my pregnancy?
No. The choice whether to declare your pregnancy is completely voluntary. If you choose to declare your pregnancy, you must do so in writing and a lower radiation dose limit will apply to your embryo/fetus.

If you choose not to declare your pregnancy, you and your embryo/fetus will continue to be subject to the same radiation dose limits that apply to other occupational workers.

3. If I declare my pregnancy in writing, what happens?
If you choose to declare your pregnancy in writing, the licensee must take measures to limit the dose to your embryo/fetus to 0.5 rem (5 millisievert) during the entire pregnancy. This is one-tenth of the dose that an occupational worker may receive in a year. If you have already received a dose exceeding 0.5 rem (5 mSv) in the period between conception and the declaration of your pregnancy, an additional dose of 0.05 rem (0.5 mSv) is allowed during the remainder of the pregnancy. In addition, 10 CFR 20.1208, "Dose to an Embryo/ Fetus," requires licensees to make efforts to avoid substantial variation above a uniform monthly dose rate so that all the 0.5 rem (5 mSv) allowed dose does not occur in a short period during the pregnancy.

This may mean that, if you declare your pregnancy, the licensee may not permit you to do some of your nor- mal job functions if those functions would have al- lowed you to receive more than 0.5 rem, and you may not be able to have some emergency response responsibilities.

4. Why do the regulations have a lower dose limit for the embryo/fetus of a declared pregnant woman than for a pregnant worker who has not declared?
A lower dose limit for the embryo/fetus of a declared pregnant woman is based on a consideration of greater sensitivity to radiation of the embryo/fetus and the involuntary nature of the exposure. Several scientific advisory groups have recommended (References 1 and 2) that the dose to the embryo/fetus be limited to a fraction of the occupational dose limit.

5. What are the potentially harmful effects of radiation exposure to my embryo/fetus?
The occurrence and ·severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the time period over which the exposure was received. See Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Exposure" (Ref. 3), for more information. The main concern is embryo/fetal susceptibility to the harmful effects of radiation such as cancer.

6. Are there any risks of genetic defects?
Although radiation injury has been induced experimentally in rodents and insects, and in the experiments was transmitted and became manifest as hereditary dis- orders in their offspring, radiation has not been identified as a cause of such effect in humans. Therefore, the risk of genetic effects attributable to radiation exposure is speculative. For example, no genetic effects have been documented in any of the Japanese atomic bomb survivors, their children, or their grandchildren.

7. What if l decide that I do not want any radiation exposure at all during my pregnancy?
You may ask your employer for a job that does not involve any exposure at all to occupational radiation dose, but your employer is not obligated to provide you with a job involving no radiation exposure. Even if you receive no occupational exposure at all, your embryo/ fetus will receive some radiation dose (on average 75 mrem (0.75 mSv)) during your pregnancy from natural background radiation.
The NRC has reviewed the available scientific literature and concluded that the 0.5 rem (5 mSv) limit provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other

cancers. If this dose limit is exceeded, the total lifetime risk of cancer to the embryo/fetus may increase incrementally. However, the decision on what level of risk to accept is yours. More detailed information on potential risk to the embryo/fetus from radiation exposure can be found in References 2-10.

8. What effect will formally declaring my pregnancy have on my job status?
Only the licensee can tell you what effect a written declaration of pregnancy will have on your job status. As part of your radiation safety training, the licensee should tell you the company's policies with respect to the job status of declared pregnant women. In addition, before you declare your pregnancy, you may want to talk to your supervisor or your radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job status.

In many cases you can continue in your present job with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv) (Ref. 11). The licensee may also con- sider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job.

If your current work might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will al- low you to continue performing your current job, for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

9. What information must I provide in my written declaration of pregnancy?
You should provide, in writing, your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need be given), and the date that you give the letter to the licensee. A form letter that you can use is included at the end of these questions and answers. You may use that letter, use a form letter the licensee has provided to you, or write your own letter.

10. To declare my pregnancy, do I have to have documented medical proof that I am pregnant?
NRC regulations do not require that you provide medical proof of your pregnancy. However, NRC regulations do not preclude the licensee from requesting medical documentation of your pregnancy, especially if a change in your duties is necessary in order to com- ply with the 0.5 rem (5 mSv) dose limit.

11. Can I tell the licensee orally rather than in writing that I am pregnant?
No. The regulations require that the declaration must be in writing.

12. If I have not declared my pregnancy in writing, but the licensee suspects that I am pregnant, do the lower dose limits apply?
No. The lower dose limits for pregnant women apply only if you have declared your pregnancy in writing. The United States Supreme Court has ruled (in United Automobile Workers International Union v. Johnson Controls, Inc., 1991)that “Decisions about the welfare of future children must be left to the parents who conceive, bear, support, and raise them rather than to the employers who hire those parents" (Reference 7). The Supreme Court also ruled that your employer may not restrict you from a specific job "because of concerns about the next generation." Thus, the lower limits apply only if you choose to declare your pregnancy in writing.

13. lf l am planning to become pregnant but am not yet pregnant and I inform the licensee of that in writing, do the lower dose limits apply?
No. The requirement for lower limits applies only if you declare in writing that you are already pregnant.

14. What if I have a miscarriage or find out that I am not pregnant?
If you have declared your pregnancy in writing, you should promptly inform the licensee in writing that you are no longer pregnant. However, if you have not formally declared your pregnancy in writing, you need not inform the licensee of your non-pregnant status.

15. How long is the lower dose limit in effect?
The dose to the embryo/fetus must be limited until you withdraw your declaration in writing or you inform the licensee in writing that you are no longer pregnant. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

16. If l have declared my pregnancy in writing, can I revoke my declaration of pregnancy even if I am still pregnant?

Yes, you may. The choice is entirely yours. If you revoke your declaration of pregnancy, the lower dose limit for the embryo/fetus no longer applies.

17. What if I work under contract at a licensed facility?

The regulations state that you should formally declare your pregnancy to the licensee in writing. The licensee has the responsibility to limit the dose to the embryo/fetus.

18. Where can I get additional information?

The references to this Appendix contain helpful information, especially Reference 3, NRC's Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure," for general information

REFERENCES FOR APPENDIX

1. National Council on Radiation Protection and Measurements, Limitation of Exposure to Ionizing Radiation, NCRP Report No. 116, Bethesda, MD, 1993.

2. International Commission on Radiological Protection, 1990 Recommendations of the International Commission on Radiological Protection, ICRP Publication 60, Ann. ICRP 21: No. 1-3, Pergamon Press, Oxford, UK, 1991.

3. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," Regulatory Guide 8.29, Revision 1, February 1996.1 (Electronically available at www.nrc.gov/NRC/RG/index.html)

4. Committee on the Biological Effects of Ionizing Radiations, National Research Council, Health Effects of Exposure to Low Levels of Ionizing Radiation (BEIR V), National Academy Press, Washington, DC, 1990.

5. United Nations Scientific Committee on the Effects of Atomic Radiation, Sources and Effects of Ionizing Radiation, United Nations, New York, 1993.

6. R. Doll and R. Wakeford, "Risk of Childhood Cancer from Fetal Irradiation," The British Journal of Radiology, 70, 130-139, 1997.

7. David Wiedis, Donald E. Jose, and Timm 0. Phoebe, "The Rock and the Hard Place: Employ- er Liability to Fertile or Pregnant Employees and Their Unborn Children-What Can the Employer Do?" Radiation Protection Management, 11, 41-49, January/February 1994.

8. National Council on Radiation Protection and Measurements, Considerations Regarding the Unintended Radiation Exposure of the Embryo, Fetus, or Nursing Child, NCRP Commentary No. 9, Bethesda, MD, 1994.

9. National Council on Radiation Protection and Measurements, Risk Estimates for Radiation Protection, NCRP Report No. 115, Bethesda, MD, 1993.

10. National Radiological Protection Board, Advice on Exposure to Ionising Radiation During Pregnancy, National Radiological Protection Board, Chilton, Didcot, UK, 1998.

11. M.L. Thomas and D. Hagemeyer, "Occupational Radiation Exposure at Commercial Nuclear Power Reactors and Other Facilities, 1996," Twenty- Ninth Annual Report, NUREG-0713, Vol. 18, USNRC, 1998.

2Copies are available at current rates from the U.S. Government Printing Office, P.O. Box 37082, Washington, DC20402-9328 (tele- phone (202)512-1800); or from the National Technical Information Service by writing NTIS at 5285 Port Royal Road, Springfield, VA 22161. Copies are available for inspection or copying for a fee from the NRC Public Document Room at2120 LStreet NW, Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-33

FORT HAYS STATE UNIVERSITY
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Radiologic Technology Program
Withdrawal of Pregnancy Declaration Form

At any time during a student's pregnancy, she can withdraw her declaration of pregnancy. This may be due to no longer being pregnant or the student's choice for another reason. If at student revokes the declaration of pregnancy, the lower dose limit for the embryo/fetus no longer applies.

I am withdrawing my previous declaration of pregnancy. I understand that as a result of signing and submitting this form, any leave of absence for pregnancy will be discontinued as of: _____ date.

Date of Withdrawal of Pregnancy Declaration: _____

Student Signature:_____ Date:_____

Acknowledgement of receipt of Pregnancy Withdrawal Document

Program Director Signature: _____ Date:_____

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FORT HAYS STATE UNIVERSITY
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Radiologic Technology Program

Code of Conduct – Compliance Certification

Hospital Name: _____

I hereby acknowledge that I have received a copy of this hospital's Code of Conduct and have attended a training session to review it. I have read and understand the Code of Conduct and agree to be bound by the principles, standards and policies contained in the Code currently, and as they might be amended from time to time. I will retain this copy of the Code of Conduct for my guidance.

I hereby acknowledge that I have attended a training session to review the HIPAA Privacy regulations. I acknowledge that I have received a copy of this hospital's Notice of Privacy Practices. I have read and understand the Notice of Privacy Practices and agree to be bound by standards contained in the Notice currently, and as they might be amended from time to time.

I hereby acknowledge that I have attended a training session to review the HIPAA Security regulations. I understand and agree to be bound by the standards contained in the regulations currently, and as they might be amended from time to time.

I understand that in the event I violate this hospital's Code of Conduct, Notice of Privacy Practices or the Security regulations, I will be subject to disciplinary action, up to and including, termination of my relationship with this hospital. I further understand that this hospital will only tolerate conduct on the part of all Associates that furthers Organization-wide integrity and ethics.

I represent that I am in compliance with the Code of Conduct at the present time, with the following possible exceptions: *(You should include a statement concerning any personal business situation, conflict of interest, or other matter which you believe is or may be a violation of the Code of Conduct)*.

_____
_____
_____
_____
_____
_____

I agree to report any suspected or known violation of the Code of Conduct, the Notice of Privacy Practices and/or the Security regulations.

Student Signature:_____ Date:_____

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RADIOLOGIC TECHNOLOGY STUDENT MRI SAFETY AND SCREENING POLICY

Magnetic Resonance Imaging (MRI) uses a strong magnetic field which can pose safety concerns for anyone entering restricted zones without proper screening. In some instances, individuals may put their safety at risk when they enter the MRI environment. Students with defibrillators, pacemakers, cochlear implants, aneurysm clips, and neurostimulators will not be allowed in the MRI environment. Other surgically implanted devices will be evaluated on a case by case basis by FHSU MRI registered faculty member to ensure student safety. Each student should be pre-screened for a possible history of injuries by any metallic foreign bodies, such as shrapnel, a bullet, or other type of metallic fragments. Also, any student with an intraocular metallic foreign body has a particularly high risk for significant eye injury if exposed to the static magnetic field of an MRI system and must be screened prior to entrance in the MRI suite.

All students will undergo an MRI screening process before beginning clinical experiences to insure their own safety in the MRI environment. A signed FHSU approved screening form will be kept on file for every student enrolled in the Radiologic Technology Program at FHSU. For their own protection and for the protections of the ancillary staff, all students must immediately report to their supervisor any trauma, procedure, or surgery that they experience which a ferromagnetic metallic object/device that may have been introduced within or on them. This will permit an appropriate screening to be performed upon the student to determine the safety of permitting those students to the MRI environment.

Please sign at the bottom of this form to document that you have read and understand the policy. Failure to complete and comply with the MRI Screening Policy will prevent the student from attending clinical experiences during the Radiologic Technology Program.

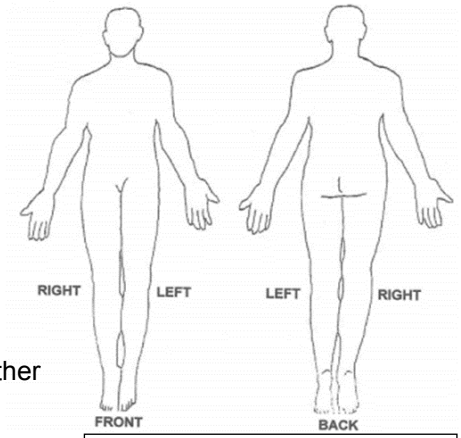
Name (Please Print)_____

Student Signature:_____ Date:_____

WARNING: Certain implants, devices, or objects may be a **direct contraindications or may interfere** with the MRI procedure (i.e. MRI, MR angiography, functional MRI, MR spectroscopy). **Do not enter** the MRI room or MRI environment if you have any question or concern regarding an implant, device or object. Consult the MRI Technologist **BEFORE** entering the MRI room. **The MRI magnet is ALWAYS on.**

YES	NO	
_____	_____	Cardiac pacemaker
_____	_____	Internal Electrode(s), including pacing wires/Reveal Loop Recorder
_____	_____	Implanted Cardioverter defibrillator (ICD)
_____	_____	Heart Valve/Cardiac Stent/Heart Valve Prosthesis
_____	_____	Brain Aneurysm clip(s)
_____	_____	Electronic Implant or device
_____	_____	Magnetically-activated implant or device
_____	_____	Neurostimulation/biostimulation system
_____	_____	Spinal cord stimulator
_____	_____	Bone growth/bone fusion stimulator
_____	_____	Cochlear, stapes, otologic or other ear implant
_____	_____	Insulin, cozmo, or other infusion pump
_____	_____	Implanted drug infusion device
_____	_____	Penile Prothesis
_____	_____	Orbital/eye Prothesis
_____	_____	Eyelid spring or wire
_____	_____	Vascular access port and/or catheter (Porta-Cath)
_____	_____	Intravascular stent, filter, coil, IVC Cage Metallic/other
_____	_____	Shunt (Ventricular or spinal)
_____	_____	Swan-Ganz, Thermodilution catheter
_____	_____	Radiation seeds or implants
_____	_____	Medication Patch (Nicotine, Nitroglycerine)
_____	_____	Artificial Limb, Joint, or Prosthetic limb – Joint replacement
_____	_____	Any implanted orthopedic item(s), pins, rods, screws, nails, plates, wires, etc.
_____	_____	Orthopedic/Therapeutic braces or supports (metallic)
_____	_____	Halo vest or metallic spinal fixation devices
_____	_____	Any metallic fragments, foreign body, bullet, or shrapnel
_____	_____	Gastric Resolution Clip
_____	_____	Wire Mesh
_____	_____	Tissue Expander (e.g. breast)
_____	_____	Surgical clips, staples, or metallic sutures
_____	_____	IUD (if yes, specific type) _____
_____	_____	Vagina support to uterus/rectum
_____	_____	Dental braces, dentures, or partial plates
_____	_____	Tattoo or permanently tattooed eye make-up
_____	_____	Body piercing jewelry
_____	_____	Hearing aid
_____	_____	Other implants not listed above _____
_____	_____	Foley catheter with temperature sensor

Please mark on the figure(s) below the location of any implant or metal inside of or on your body



IMPORTANT INSTRUCTIONS

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

Please consult the MRI Technologist if you have any questions or concerns BEFORE you enter the MRI area

I have read and I understand this safety questionnaire and I certify that all the information above is true and accurate to the best of my knowledge.

Student Signature: _____ Date/Time: _____

MRI Faculty Signature: _____ Date/Time: _____

Program Director Signature: _____ Date/Time: _____

RAD 367 CLINICAL EXPERIENCE I/II/III
CLINICAL SUPERVISION GUIDELINES FOR RADIOLOGIC TECHNOLOGY STUDENTS

The purpose of this form is to document that the student has been informed of the guidelines for clinical supervision of radiology technology students during their clinical experiences.

The RT Clinical Competency Requirements will be posted at each clinical site:

1. Students must demonstrate competency in all of the Radiologic Procedures listed on the RT Clinical Competency Requirements, attaining the minimum number of competencies each semester as stated in the RAD 330, 331, 332 Clinical Syllabus. Competency demonstration should incorporate patient-specific variations such as age and pathology.

2. A student must be under the direct supervision of a registered technologist for the entire exam until a student attains exam competency. **The JRCERT considers ICU, ER, and surgery cases as situations where direct supervision is required and the RT must be immediately accessible to help with the exam.**

3. Once a student earns competency, they will need additional practice to maintain and perfect the skills required to perform these procedures. The student may now perform this imaging procedure with indirect supervision. (A qualified radiographer must be immediately accessible, but not necessarily in the exam room. The radiographer must also check all patient images before the patient is dismissed). Once a student has earned competency in a procedure, they check off that procedure on the displayed student competency list in the department. **The JRCERT definition of immediately accessible is "a student's verbal call for help can be responded to from within hearing distance." Phone calls across the hospital do not qualify as this.**

4. Regardless of whether or not the student has earned competency, a qualified radiographer evaluates the condition of the patient in relation to the student's knowledge and ability to determine whether indirect or direct supervision is warranted. For example, critical care cases are complex and will require the direct supervision of a qualified radiographer.

5. Before any procedure is considered complete, a qualified radiographer must review the results of the procedure images to determine whether or not repeat images are necessary. If repeat radiographs are needed, direct supervision guidelines must be in place for the remaining length of the exam.

Please sign at the bottom of this form to document that you have read and understand the guidelines. Failure to follow the Clinical Supervision Guidelines will result in disciplinary action which may include dismissal from the Radiologic Technology Program.

Student:_____

CLINICAL SUPERVISION GUIDELINES
FOR RADIOLOGIC TECHNOLOGISTS

The purpose of this form is to document that the technologist has been informed of the guidelines for clinical supervision of radiology technology students during their clinical experiences.

The RT Clinical Competency Requirements will be posted at each clinical site:

1. Students must demonstrate competency in all of the Radiologic Procedures listed on the RT Clinical Competency Requirements, attaining the minimum number of competencies each semester as stated in the RAD 330, 331, 332 Clinical Syllabus. Competency demonstration should incorporate patient-specific variations such as age and pathology.

2. A student must be under the direct supervision of a registered technologist for the entire exam until a student attains exam competency. **The JRCERT considers ICU, ER, and surgery cases as situations where direct supervision is required and the RT must be immediately accessible to help with the exam.**

3. Once a student earns competency, they will need additional practice to maintain and perfect the skills required to perform these procedures. The student may now perform this imaging procedure with indirect supervision. (A qualified radiographer must be immediately accessible, but not necessarily in the exam room. The radiographer must also check all patient images before the patient is dismissed). Once a student has earned competency in a procedure, they check off that procedure on the displayed student competency list in the department. **The JRCERT definition of immediately accessible is "a student**'s **verbal call for help can be responded to from within hearing distance." Phone calls across the hospital do not qualify as this.**

4. Regardless of whether or not the student has earned competency, a qualified radiographer evaluates the condition of the patient in relation to the student's knowledge and ability to determine whether indirect or direct supervision is warranted. For example, critical care cases are complex and will require the direct supervision of a qualified radiographer.

5. Before any procedure is considered complete, a qualified radiographer must review the results of the procedure images to determine whether or not repeat images are necessary. If repeat radiographs are needed, direct supervision guidelines must be in place for the remaining length of the exam.

Please sign at the bottom of this form to document that you have read and understand the guidelines.

Technologist: _____

Print name/sign/date

Appendix

Fort Hays State University Competency Form

Student Name _____ Exam _____ Patient age _____

Verified Patient ID:Y/N Pre-comp___ Comp___ Recheck ___ Simulation ____ Date _____

The student will receive a "Pass" upon successful completion. If the student fails to be competent on any of the asterisk (**) denoted requirements on any of the views, the student must "Fail" and make another attempt to complete the competency again.

	Equipment Setup/Control Panel	Pass (P)/Fail(F)
	Room was prepared with all the appropriate equipment for the exam	
**	Proper technical factors selected	
**	Proper selection of IR holder (grid, bucky, table-top)	
**	Proper selection of IR size & placement (CW, LW)	
	Application of Computer Knowledge	
**	Properly initialize CR plates or digital detector	
**	Navigate computer applications for setting up exam, sending images to PACS	
**	All images were within the correct Exposure Index & S# Ranges	
	Patient Care	
	Correctly interpreted orders for type of exam, patient location, transport, etc.	
	Patient given proper dressing instructions to ensure anatomical area was free of artifacts	
**	Effective communicative skills were used with the patient (obtained patient hx, exam instructions, conversation, etc.)	
	Practiced universal precautions	
	Practiced proper radiation protection for everyone involved with the exam	
	Verified the gravid/non-gravid female & proceeded accordingly	
	Position/Projection	
**	Correct positioning of part	
**	Correct CR to part	
**	Correct alignment of tube to IR	
**	Correct tube angulation & direction	
**	Proper SID	
	Proper placement of anatomical markers on all images	
	Proper collimation to part of interest	
	Proper use of immobilization devices if necessary	
	Proper breathing instructions were given	
	Completed the exam with confidence & within reasonable time	
	Room was put back in proper order for next exam	
	Image Evaluation ***(Clinical Instructor Only)***	
**	Entire area of interest was demonstrated	
**	Proper positioning was achieved	
**	Proper use of central ray	
**	Correct technical factors applied	
**	All images were within the correct Exposure Index & S# Ranges	
**	Proper collimation to part of interest	
**	Student could identify anatomical structures & the anatomy best visualized for each view.	

Check one of the following: _____ **Pass**
_____ **Failure (Requires additional practice & a re-attempt)**

Comments:

Technologist Signature _____ 5/2023

Student _____
Evaluator_____

Affective Clinical Evaluation
Clinical I Week 10

Grading: Using the following scale, please rate the student's current level of performance for Standards 1-13.

Score	Category	Description
5	Superior Performance	Student **exceeds** expectations at this point of the clinical rotation
4	Above Average Performance	Student **meets** expectations at this point of the clinical rotation
3	Average Performance (specific comments & rationale required)	Student demonstrates and **sometimes meets** expectations, but needs additional attention/experience
2	Needs Improvement in Performance (specific comments & rationale required)	Student **does not meet** expectations at this point of the clinical rotation

1. Appearance The student is well groomed and wears neat and clean uniform (including dosimeter & facility ID badge) according to the FHSU RT Program Dress Code Policy.	5 4 3 2
2. Punctuality Student is clocked in and on time. The student is in designated shift rotation ready as scheduled.	5 4 3 2
3. Use and Care of Equipment Student operates equipment properly according to their present level of training. (R/F rooms, portables, c-arm, computer software and operating systems)	5 4 3 2
4. Quantity of Work (Initiative) Student is interested in procedures during assigned rotation and is actively engaged in procedures from beginning to end. Student **assists with other diagnostic exams** outside their assigned rotation, and associated duties as the work flow requires.	5 4 3 2 5 4 3 2
5. Policy and Procedure Student abides by the FHSU direct and indirect supervision guidelines for all examinations to include repeat exposure situations. Student follows the FHSU RT Program policy & procedures along with the healthcare institution's policy, procedures, and protocols.	5 4 3 2 5 4 3 2
6. Organization of work The student identifies the steps necessary to complete a task or procedure from start to finish and does so in a methodical manner. Student operates according to department workflow to include use of computer systems necessary to start and complete exams.	5 4 3 2 5 4 3 2
7. Application of Knowledge Student is **becoming familiar** with routine procedures and positions properly. Student is **learning how to formulate** appropriate technical factors. Student can discriminate between diagnostic and non-diagnostic quality radiographs and determine necessary changes according to their present level of training. Student implements proper radiation protection for themselves and the patient. (Collimation, technical factors/exposure index, shielding if applicable) Student uses proper patient transfer techniques as well as proper universal precaution techniques.	5 4 3 2 5 4 3 2 5 4 3 2 5 4 3 2 5 4 3 2

Student can complete exams in an organized and timely manner, with few repeats, according to exam difficulty and current level of training.	5 4 3 2
8. Judgement Student displays confidence in skills when clarifying patient orders and implementing exam protocol.	5 4 3 2
Student can recognize their limitations in abilities when working with patient scenarios and asks for assistance in order to maintain patient safety.	5 4 3 2
Student displays critical thinking abilities and seeks to improve his/her ability.	5 4 3 2
9. Professional Image Student is able to perform the exam with a **beginning confidence and basic knowledge** of the skill in the presence of a patient.	5 4 3 2
Student demonstrates maturity by exhibiting appropriate actions towards patients, peers, and other health care professionals.	5 4 3 2
10. Concern for the Patient Student attends to the basic needs of the patient in all cases according to professional standards of patient safety, confidentiality, and modesty.	5 4 3 2
Student **is learning to** obtain an accurate history and symptomology and to explain exam instructions clearly **to a diverse population**. Student follows institutional protocol and best practice to ensure effective communication with all patient populations.	5 4 3 2
11. Attitude toward criticism Student accepts constructive commentary and demonstrates efforts towards improvement.	5 4 3 2
12. Attitude toward work Student maintains a positive attitude about the daily activities involved with clinical experience.	5 4 3 2
The student listens carefully and follows the directions of technologists, clinical preceptor, clinical coordinators, supervisors and physicians.	5 4 3 2
13. Off-Shift – This portion is only completed during Clinical II and Clinical III rotations. **This portion of the evaluation should only be completed with each evaluation scheduled in Clinical II and III. The supervising technologist is to complete just this section.**	
Student works **cooperatively with the supervising technologist and actively participates** in trauma situations, OR, portables, inpatient procedures, ER, or routine shift tasks.	5 4 3 2
Student **recognizes** unique exam situations and with assistance alters exam protocols to adequately accommodate the patient's situation.	5 4 3 2
Student displays critical thinking abilities to non-routine instances.	5 4 3 2
Student **displays an increasing level of competence** to complete radiographic procedures according to physician requests.	5 4 3 2
Student can recognize their limitations in abilities when working with patient scenarios and asks for assistance in order to maintain patient safety.	5 4 3 2
Student researches departmental procedures, and protocols, that are specific to the assigned clinical setting and shift.	5 4 3 2
Student abides by the FHSU direct and indirect supervision guidelines for all examinations to include repeat exposure situations.	5 4 3 2

SCORING	POINTS EARNED	PERCENTAGE
Objectives 1 – 12	Out of 125 possible =	
Objective 13 Off-Shift	Out of 35 possible =	
Overall		

Identify areas of student strengths:

Suggestions for student improvement:

_____

Student Signature Date

_____

Clinical Preceptor Signature Date

Student _____
Evaluator_____

Affective Clinical Evaluation
Clinical II Week 16

Grading: Using the following scale, please rate the student's current level of performance for Standards 1-13.

Score	Category	Description
5	Superior Performance	Student **exceeds** expectations at this point of the clinical rotation
4	Above Average Performance	Student **meets** expectations at this point of the clinical rotation
3	Average Performance (specific comments & rationale required)	Student demonstrates and **sometimes meets** expectations, but needs additional attention/experience
2	Needs Improvement in Performance (specific comments & rationale required)	Student **does not meet** expectations at this point of the clinical rotation

1. Appearance The student is well groomed and wears neat and clean uniform (including dosimeter & facility ID badge) according to the FHSU RT Program Dress Code Policy.	5 4 3 2
2. Punctuality Student is clocked in and on time. The student is in designated shift rotation ready as scheduled.	5 4 3 2
3. Use and Care of Equipment Student operates equipment properly according to their present level of training. (R/F rooms, portables, c-arm, computer software and operating systems)	5 4 3 2
4. Quantity of Work (Initiative) Student is interested in procedures during assigned rotation and is actively engaged in procedures from beginning to end. Student is **willing to work with other diagnostic exams** outside their assigned rotation, and associated duties as the work flow requires.	5 4 3 2 5 4 3 2
5. Policy and Procedure Student abides by the FHSU direct and indirect supervision guidelines for all examinations to include repeat exposure situations. Student follows the FHSU RT Program policy & procedures along with the healthcare institution's policy, procedures, and protocols.	5 4 3 2 5 4 3 2
6. Organization of work The student identifies the steps necessary to complete a task or procedure from start to finish and does so in a methodical manner. Student operates according to department workflow to include use of computer systems necessary to start and complete exams.	5 4 3 2 5 4 3 2
7. Application of Knowledge Student is **familiar** with routine procedures and positions properly. Student **can correctly formulate** appropriate technical factors. Student can discriminate between diagnostic and non-diagnostic quality radiographs and determine necessary changes according to their present level of training. Student implements proper radiation protection for themselves and the patient. (Collimation, technical factors/exposure index, shielding if applicable)	5 4 3 2 5 4 3 2 5 4 3 2 5 4 3 2

Student uses proper patient transfer techniques as well as proper universal precaution techniques.	5 4 3 2
Student can complete exams in an organized and timely manner, with few repeats, according to exam difficulty and current level of training.	5 4 3 2
8. Judgement Student displays confidence in skills when clarifying patient orders and implementing exam protocol.	5 4 3 2
Student can recognize their limitations in abilities when working with patient scenarios and asks for assistance in order to maintain patient safety.	5 4 3 2
Student displays critical thinking abilities and seeks to improve his/her ability.	5 4 3 2
9. Professional Image Student is able to perform the exam with **confidence and basic knowledge** of the skill in the presence of a patient.	5 4 3 2
Student demonstrates maturity by exhibiting appropriate actions towards patients, peers, and other health care professionals.	5 4 3 2
10. Concern for the Patient Student attends to the basic needs of the patient in all cases according to professional standards of patient safety, confidentiality, and modesty.	5 4 3 2
Student **is improving in obtaining** an accurate history and symptomology and to explain exam instructions clearly **to a diverse population**. Student follows institutional protocol and best practice to ensure effective communication with all patient populations.	5 4 3 2
11. Attitude toward criticism Student accepts constructive commentary and demonstrates efforts towards improvement.	5 4 3 2
12. Attitude toward work Student maintains a positive attitude about the daily activities involved with clinical experience.	5 4 3 2
The student listens carefully and follows the directions of technologists, clinical preceptor, clinical coordinators, supervisors and physicians.	5 4 3 2

13. Off-Shift – This portion is only completed during Clinical II and Clinical III rotations.

This portion of the evaluation should only be completed with each evaluation scheduled in Clinical II and III. The supervising technologist is to complete just this section.

Student works **cooperatively with the supervising technologist and actively participates** in trauma situations, OR, portables, inpatient procedures, ER, or routine shift tasks.	5 4 3 2
Student **recognizes** unique exam situations and with assistance alters exam protocols to adequately accommodate the patient's situation.	5 4 3 2
Student displays critical thinking abilities to non-routine instances.	5 4 3 2
Student **displays an increasing level of competence** to complete radiographic procedures according to physician requests.	5 4 3 2
Student can recognize their limitations in abilities when working with patient scenarios and asks for assistance in order to maintain patient safety.	5 4 3 2
Student researches departmental procedures, and protocols, that are specific to the assigned clinical setting and shift.	5 4 3 2
Student abides by the FHSU direct and indirect supervision guidelines for all examinations to include repeat exposure situations.	5 4 3 2

SCORING	POINTS EARNED	PERCENTAGE
Objectives 1 – 12	Out of 125 possible =	
Objective 13 Off-Shift	Out of 35 possible =	
Overall		

Identify areas of student strengths:

Suggestions for student improvement:

_____

Student Signature Date

_____

Clinical Preceptor Signature Date

Student _____
Evaluator_____

Affective Clinical Evaluation
Clinical III Week 16

Grading: Using the following scale, please rate the student's current level of performance for Standards 1-13.

Score	Category	Description
5	Superior Performance	Student **exceeds** expectations at this point of the clinical rotation
4	Above Average Performance	Student **meets** expectations at this point of the clinical rotation
3	Average Performance (specific comments & rationale required)	Student demonstrates and **sometimes meets** expectations, but needs additional attention/experience
2	Needs Improvement in Performance (specific comments & rationale required)	Student **does not meet** expectations at this point of the clinical rotation

1. Appearance The student is well groomed and wears neat and clean uniform (including dosimeter & facility ID badge) according to the FHSU RT Program Dress Code Policy.	5 4 3 2
2. Punctuality Student is clocked in and on time. The student is in designated shift rotation ready as scheduled.	5 4 3 2
3. Use and Care of Equipment Student operates equipment properly according to their present level of training. (R/F rooms, portables, c-arm, computer software and operating systems)	5 4 3 2
4. Quantity of Work (Initiative) Student is interested in procedures during assigned rotation and is actively engaged in procedures from beginning to end. Student is **willing to work with other diagnostic exams** outside their assigned rotation, and associated duties as the work flow requires.	5 4 3 2 5 4 3 2
5. Policy and Procedure Student abides by the FHSU direct and indirect supervision guidelines for all examinations to include repeat exposure situations. Student follows the FHSU RT Program policy & procedures along with the healthcare institution's policy, procedures, and protocols.	5 4 3 2 5 4 3 2
6. Organization of work The student identifies the steps necessary to complete a task or procedure from start to finish and does so in a methodical manner. Student operates according to department workflow to include use of computer systems necessary to start and complete exams.	5 4 3 2 5 4 3 2
7. Application of Knowledge Student is **confident** with routine procedures and positions properly. **The student can adapt protocol to meet various situations.** Student **can correctly formulate** appropriate technical factors. Student can discriminate between diagnostic and non-diagnostic quality radiographs and determine necessary changes according to their present level of training. Student implements proper radiation protection for themselves and the patient. (Collimation, technical factors/exposure index, shielding if applicable)	5 4 3 2 5 4 3 2 5 4 3 2 5 4 3 2

Student uses proper patient transfer techniques as well as proper universal precaution techniques.	5 4 3 2
Student can complete exams in an organized and timely manner, with few repeats, according to exam difficulty and current level of training.	5 4 3 2
8. Judgement Student displays confidence in skills when clarifying patient orders and implementing exam protocol.	5 4 3 2
Student can recognize their limitations in abilities when working with patient scenarios and asks for assistance in order to maintain patient safety.	5 4 3 2
Student displays critical thinking abilities and seeks to improve his/her ability.	5 4 3 2
9. Professional Image Student is able to perform the exam with **confidence and knowledge** of the skill in the presence of a patient.	5 4 3 2
Student demonstrates maturity by exhibiting appropriate actions towards patients, peers, and other health care professionals.	5 4 3 2
10. Concern for the Patient Student attends to the basic needs of the patient in all cases according to professional standards of patient safety, confidentiality, and modesty.	5 4 3 2
Student **obtains** an accurate history and symptomology and to explain exam instructions clearly **to a diverse population**. Student follows institutional protocol and best practice to ensure effective communication with all patient populations.	5 4 3 2
11. Attitude toward criticism Student accepts constructive commentary and demonstrates efforts towards improvement.	5 4 3 2
12. Attitude toward work Student maintains a positive attitude about the daily activities involved with clinical experience.	5 4 3 2
The student listens carefully and follows the directions of technologists, clinical preceptor, clinical coordinators, supervisors and physicians.	5 4 3 2
13. Off-Shift – This portion is only completed during Clinical II and Clinical III rotations. **This portion of the evaluation should only be completed with each evaluation scheduled in Clinical II and III. The supervising technologist is to complete just this section.**	
Student works **cooperatively with the supervising technologist and actively participates** in trauma situations, OR, portables, inpatient procedures, ER, or routine shift tasks.	5 4 3 2
Student **recognizes** unique exam situations and with assistance alters exam protocols to adequately accommodate the patient's situation.	5 4 3 2
Student displays critical thinking abilities to non-routine instances.	5 4 3 2
Student **displays an increasing level of competence** to complete radiographic procedures according to physician requests.	5 4 3 2
Student can recognize their limitations in abilities when working with patient scenarios and asks for assistance in order to maintain patient safety.	5 4 3 2
Student researches departmental procedures, and protocols, that are specific to the assigned clinical setting and shift.	5 4 3 2
Student abides by the FHSU direct and indirect supervision guidelines for all examinations to include repeat exposure situations.	5 4 3 2

SCORING	POINTS EARNED	PERCENTAGE
Objectives 1 – 12	Out of 125 possible =	
Objective 13 Off-Shift	Out of 35 possible =	
Overall		

Identify areas of student strengths:

Suggestions for student improvement:

_____

Student Signature Date

_____

Clinical Preceptor Signature Date

FORT HAYS STATE UNIVERSITY
DEPARTMENT OF ALLIED HEALTH
Forward thinking. World ready.

FHSU Weekly/Rotation Technologist Evaluation of Student

Student: _____ Technologist:_____

Rotation: _____ Date: _____

The student's ability to interpret physician orders, recall protocol, and establish a good work flow (order of operations) with each exam for their level of clinical experience.

	Exceeded expectations	Comments:
	Sometimes met expectations	
	Met expectations	
	Sometimes met expectations	
	Needs Improvement	

The student's ability to communicate with patients, patient family members, technologists, staff, and physicians for their level of clinical experience. (This includes acquiring patient history, symptomology, procedure explanation, dismissal instructions.)

	Exceeded expectations	Comments:
	Sometimes met expectations	
	Met expectations	
	Sometimes met expectations	
	Needs Improvement	

The student's ability to operate x-ray equipment, computer software, and select correct technical factors for their level of clinical experience.

	Exceeded expectations	Comments:
	Sometimes met expectations	
	Met expectations	
	Sometimes met expectations	
	Needs Improvement	

Student's ability to apply knowledge and critically think during procedures and analyze images for their level of clinical experience.

	Exceeded expectations	Comments:
	Sometimes met expectations	
	Met expectations	
	Sometimes met expectations	
	Needs Improvement	

Student's ability to perform exams from start to finish for their level of clinical experience.

	Exceeded expectations	Comments:
	Sometimes met expectations	
	Met expectations	
	Sometimes met expectations	
	Needs Improvement	

Student displayed rotation preparation, willingness to learn, eagerness to participate, and engaged in the clinical environment for their level of clinical experience.

	Exceeded expectations	Comments:
	Sometimes met expectations	
	Met expectations	
	Sometimes met expectations	
	Needs Improvement	

Overall, considering all aspects of the job/rotation to include communication, patient care, application of knowledge, and display of professionalism; how would you rate your student for the level of clinical experience.

	Exceeded expectations	Comments:
	Sometimes met expectations	
	Met expectations	
	Sometimes met expectations	
	Needs Improvement	

Strengths of the Student:

Recommended Areas of Improvement:

3/23

GENERAL PATIENT CARE
Clinical Competence

GENERAL PATIENT CARE				
In addition to the Radiologic Procedures, students must demonstrate competence in these General Patient Care activities.	FHSU EVAL (date)	VERIFIED BY	CLINICAL SITE EVAL (date)	VERIFIED BY (CP initials)
CPR Certified			**N/A**	**N/A**
Vital Signs (BP, pulse, respiration, temperature) Manual and/or Electronic				
Sterile and medical aseptic technique				
Venipuncture				
Transfer of patient				
Care of patient medical equipment (e.g., oxygen tank, IV tubing)				

The above general patient care activities were performed and completed on campus during the first three professional semesters at Fort Hays State University. Students will need additional practice in the clinical setting to assure competency for each specific area. Each activity should be performed on patients; however, performance on other healthcare personnel or simulation is acceptable. Upon demonstrating competency, the clinical instructor will verify satisfactory performance of each category.

In the event state or institutional policies prevent the student from performing one of the above activities on patients, the clinical instructor will mark N/A in the appropriate box.

The activities must be verified in Trajecsys no later than Week 12 of the Clinical III semester.

1/2021

CLINICAL TASK VERIFICATION FORM

Procedure Performance

- Consistently follow order of operation during exams.
- Correctly interprets the requisition for pertinent information.
- Determines the need for and proper placement of protective shielding.
- Position patient to demonstrate the anatomy of interest by using anatomic landmarks.
- Consistently place anatomic side markers within the light at the time of image acquisition.
- Evaluate images for accuracy of positioning and technical diagnostic qualities.
- Competent in identifying anatomical structures on images.
- Demonstrates competence in recognizing non-diagnostic images and determining corrective action for repeat images.
- Adapt radiographic and fluoroscopic procedures for patient abilities, age, condition and location.
- Assist radiologist, physician or health care personnel in fluoroscopic exams by operating the equipment as requested during the exam.
- Proficient in establishing a sterile field, setting up a sterile tray and assisting the physician with sterile procedures.

Patient Care

- Obtains patient using established practices.
- Gathers pertinent medical history.
- Reviews requisition to verify accuracy of exam ordered and information.
- Competent in securing medical equipment attached to the patient (IVs, oxygen, etc).
- Demonstrates competency in properly handling and disposing of bio-hazardous materials (sharps, blood, body fluids, etc).
- Provides for patient comfort, modesty, and safety.
- Practice standard and isolation precautions when imaging and transporting patients.
- Demonstrate competency in recognizing abnormal lab values and documenting contraindications and informed consent prior to performing venipuncture for administering IV contrast media.
- Observe patient for an adverse reaction and notifying radiologist or nurse when necessary.
- Competent in operating wheelchairs, stretchers, patient beds and lifts to secure safety of patient.
- Communicate relevant information to health care personnel, patient and family members.

Geriatric & Pediatric Patient Care

- Communicates in a manner that is age appropriate for infants, children and elderly patients.
- Demonstrates ability to assure patient safety during transport, while assisting patient onto and off of x-ray table, and while performing mobile procedures.

- Knowledgeable of using immobilization aids to assist the pediatric and geriatric to hold still for an exposure.
- Competent in discussing immobilization aids with pediatric and geriatric patients as well as their care givers.
- Demonstrates competency in selecting appropriate technical factors for pediatric and geriatric patients.

Mobile Radiography

- Competent in operating mobile radiography and c-arm equipment.
- Demonstrates ability to perform bedside and surgical procedures.
- Knowledgeable in cleaning mobile equipment to obtain medical asepsis.
- Efficiently manipulates mobile equipment during a sterile procedure so that the sterile field is not compromised.
- Reviews posted isolation signs to determine the role of each person performing the procedure in order to avoid the spread of infection.

Image Production

- Analyzes patient body habitus and medical history to select appropriate manual factors or automatic exposure control (AEC) to produce diagnostic images which adhere to ALARA.
- Demonstrates competence in selecting exposure factors which results in producing images within the acceptable range for Exposure Index, S number, LGM, etc.
- Operate R/F, c-arm, and mobile units in accordance with standard safety precautions.
- Competent in technical operation of accessory equipment.

Computer Systems Literacy

- Competently operate electronic imaging devices (CR plates, DR plates, etc.)
- Demonstrates competence with computer systems (PACS, HIS, RIS, EMR).
- Perform post-processing on digital images within established parameters.

Radiation Safety

- Evaluate individual dosimeter reports to determine if exposure for the reporting period is within established limits.
- Responsible for radiation safety and protection during routine, surgical, and mobile exams for self, other health care personnel, patients, or anyone in the room during an exposure.

Human Relations

- Manage complex interpersonal interactions within the clinical environment in an effective manner.
- Demonstrates mature, professional, and ethical behavior.
- Function as team member for a common goal.
- Assesses behavior of self and others before responding.
- Relate empathetically to situations involving patients and peers.

- Understands the chain of command and uses it appropriately to resolve challenges between self and others.