

# Radiography Program Staff Technologist Guide



HENDERSON, NORTH CAROLINA  
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## **PURPOSE:**

The purpose of this handbook is to provide technologists who interact with VGCC's Radiography students' insight to our program goals, policies, procedures and expectations of the Radiography student.

Included in this packet is:

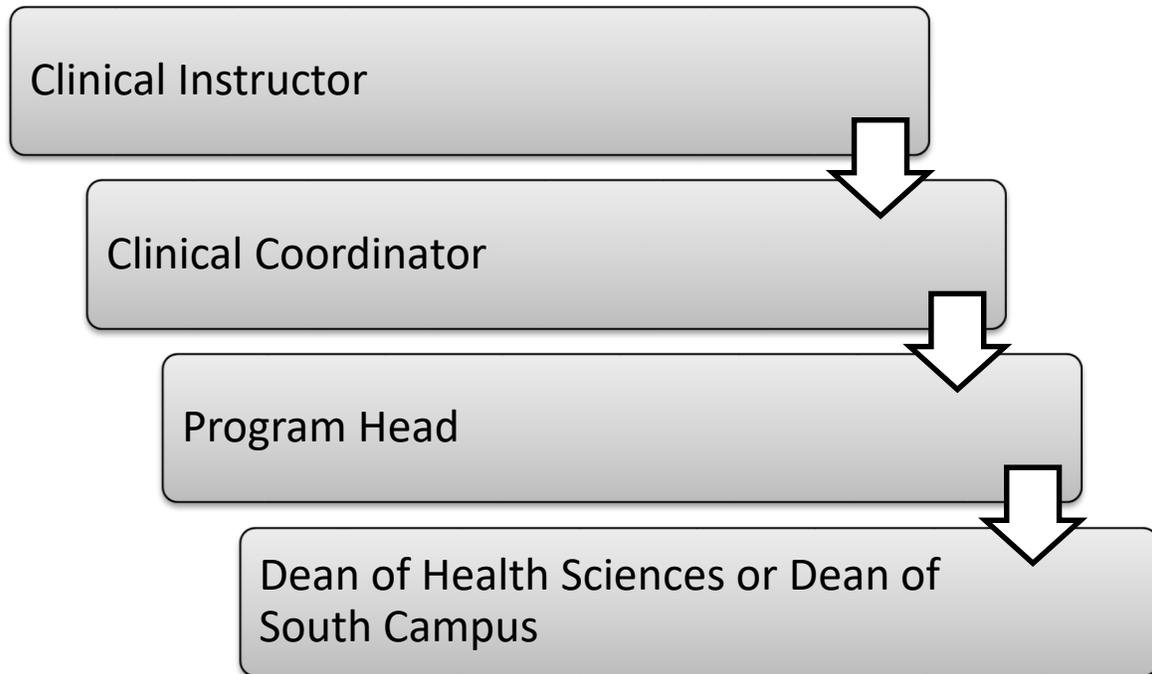
1. A copy of the Radiography Program's mission statement and goals.
2. A description of the characteristics and duties of a technologist who evaluates the Radiography student.
3. Guidelines for the technologist working with the Radiography student.
4. Direct, indirect and repeat supervision policies.
5. Commonly asked questions when grading the Radiography student.
6. Samples of various criteria and forms used for documentation and evaluation of the Radiography student's performance.

## **PRIMARY OBJECTIVE:**

1. To establish uniform interpretation of criteria by all technologists so that consistency will be maintained as each technologist evaluates the students' performance.
2. To provide guidelines for the technologist in carrying out the duties of a student evaluator.

Knowledge of the information contained within this packet is essential for the effective clinical evaluator. The technologist should read and understand all the information and use this document for reference. The technologist is encouraged to ask questions of the Vance-Granville Clinical Coordinator or Program Director. The number to the Clinical Coordinator is 252-738-3515. The Program Director's number is or 252-738-3397.

## Chain of Command



## **PROGRAM CONTACT INFORMATION:**

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# **RADIOGRAPHY PROGRAM MISSION STATEMENT**

The mission of the Vance-Granville Community College Radiography Program is to provide our students with a comprehensive education in radiography by which to prepare them to enter the radiographic profession as a competent entry-level radiographer

## **JRCERT RADIOGRAPHY PROGRAM GOALS:**

Goal 1: The radiography student will demonstrate clinical competency in skills related to the Radiography profession.

1. Student Learning Outcome -The student will competently perform routine radiographic procedures.
2. Student Learning Outcome -The student will competently provide patient care.

Goal 2: The radiography student will effectively utilize problem solving and critical thinking skills in the performance of medical imaging procedures.

1. Student Learning Outcome -The student will competently evaluate radiographs for appropriate positioning and image quality.
2. Student Learning Outcome -The student will demonstrate competence in non-routine examinations.

Goal 3: The radiography student will be able to demonstrate appropriate communication skills.

1. Student Learning Outcome -The student will demonstrate effective communication skills.
2. Student Learning Outcome -The student will demonstrate age specific communication skills.

Goal 4: The radiography student will accept responsibility for understanding the value of professional development and growth.

1. Student Learning Outcome -The student will demonstrate appropriate professional behavior in the clinical education setting.
2. Student Learning Outcome -The student will understand the benefits of professional organizations and opportunities that foster development and growth.

Goal 5: The radiography program will meet the needs of the community by providing qualified radiographers.

1. Student Learning Outcome -The student will complete the program within 2 years.
2. Student Learning Outcome -The graduate will indicate satisfaction with preparation for employment.
3. Student Learning Outcome -The employer will indicate satisfaction with the graduate's performance.
4. Student Learning Outcome -The graduate will pass the American Registry of Radiologic Technologists (ARRT) credentialing examination.

5. Student Learning Outcome -The graduate will be employed in medical imaging within six months of graduation.

## THE TECHNOLOGIST AS A ROLE MODEL

An important function of the technologist working with the student radiographer is to serve as an effective role model for the students' performance in the clinical setting. The technologist's professional development, communication skills, and technical abilities must demonstrate the standard of performance expected of students and graduates of the program.

The technologist may be the first person the student observes and whose behavior the student imitates in clinical performance. The staff technologist provides valuable instruction for the students in:

1. proper use of equipment and accessories.
2. performance of procedures.
3. adaptation of procedures to the specific equipment and situations utilizing critical thinking skills.
4. equipment trouble shooting and problem solving.
5. learning general routines of the department.
6. utilizing radiation protection for self and patients.
7. patient communication and care.
8. ethical behavior.
9. dealing with Radiologists and adjunct medical staff.
10. proper manipulation of manual technique.

By encouraging and helping the students during clinical rotations, the technologist ensures the quality of their future co-workers. Students are the people that may radiograph the technologists and their loved ones someday.

The students observe YOU and give feedback. This is their perception as to how they see a particular technologist's behavior. **THEY ARE INFLUENCED BY YOU!**

# RESPONSIBILITIES OF CLINICAL INSTRUCTORS

## A. Orient New Students to the Hospital and Radiology Department

1. Demonstrate room operation
  - a. provide access to Standard of Practice (SOP) manuals and/or routine exam sheets
  - b. explain routine rooms and times for performing certain exams as well as pertinent work flow information
  - c. demonstrate proper use of technique charts and measuring devices
  - d. discuss and/or demonstrate operation of equipment in each room.
2. Discuss departmental policies and procedures to include:
  - a. patient processing procedures
    - necessary paperwork
    - transportation of patients
    - release of patients
  - b. meal times
  - c. emergency procedures
    - codes
    - fires
    - evacuation
    - location of crash cart
3. Orient students to hospital layout and facilities

## B. Serve as Liaison between Program Faculty and Clinical Setting

1. Direct the student's clinical experience by assigning them to rooms or areas which allow a broad experience as well as necessary specific experience in recognition of students' level of training.
2. Ensure that the Joint Review Committee on Education in Radiologic Technology (JRCERT) guidelines for direct and indirect supervision and repeat polices are enforced.
3. Work with students on a one on one basis whenever possible.
4. Provide copies of student rotation schedules to Program Faculty.
5. Organize and assure the completion of student rotational and competency evaluations for submissions to the Program by the assigned time.
6. Perform image evaluation portions of the competency form on all students' competencies as well as performance portions when possible.
7. Maintain a record of student absences and/or tardiness and submit them to the

Program at the designated time.

8. Ensure the student follows the clinical sites' Standard of Practice (SOP).
9. Ensure student is adhering to VGCC's Radiography Student Handbook.
10. Maintain open communication with the Program Faculty and relate any student problems that require their attention.
11. Inform and educate the clinical staff of the facility of any policy changes or new procedures that relates to student rotations.
12. Relate to the clinical staff the knowledge level of students and appropriate expectations for them during their rotation.
13. Conference with students to resolve problems or inform them of real or perceived weaknesses and strengths. Contact Clinical Coordinator if further action is needed.
14. Ensure student/staff ratio on any given day never exceeds 1:1.
15. Complete student Dress Code evaluations and Professional Development Evaluations.

**C. Additional Responsibilities**

1. Require students to critique radiographs they have performed throughout the rotation on a routine basis.
2. Participate in student/program functions such as graduation and Clinical Instructor meetings.
3. Include students during interesting or unusual cases.
4. Provide students with clinical assignments during downtime including, but not limited to; practicing positioning, reviewing anatomy, critiquing reject films, etc.
5. Relate information disseminated at the Clinical Instructor's meeting to the radiology staff at their site.
6. Inform the Clinical Coordinator of any perceived problems and/or student weaknesses.

# CRITICAL PROCEDURES THE TECHNOLOGIST NEEDS TO BE AWARE OF WHEN WORKING WITH THE RADIOGRAPHY STUDENT

There are essential policies and procedures the student radiographer must adhere to during his/her clinical rotations. Following these policies will ensure the student meets all the necessary requirements in order to graduate.

Technologists working with student radiographers should take a few moments to familiarize themselves with these policies.

1. Students **ARE NOT** allowed to perform Practice Competencies/Competencies and/or Continued Proficiencies on any exam/procedures the student radiographer has not been tested on in the classroom and positioning lab.
2. Only authorized personnel should sign the student radiographer in and out of clinic.
3. The student radiographer is NOT allowed to fill in the radiographic positions or the graded portions on a Practice Competency or Competency.
4. The student radiographer is allowed to repeat a radiograph one (1) time. If after that repeat, another repeat is required, a qualified technologist must complete the exam. According to the JRCERT, the technologist must be present when the initial repeat is performed. The student radiographer lists all the exams he/she has observed or been involved in (Record of Clinical Procedures). The technologist is required to initial any procedures in which there were repeats.
5. The student radiographer must visualize an armband on the ER and/or Inpatients' wrist or ankle (outpatients as well if applicable). If there is no armband, the student radiographer will be required to wait for proper identification (armband in place by nurse, hospital registration, etc.) or the technologist will have to take over the exam.
6. It is VGCC's policy that students are not allowed to hold patients during radiographic procedures (this includes fluoroscopy studies). A technologist, nurse, or family member may hold the patient once the student has properly positioned the patient for exposure. Please note anyone holding a patient and/or cassette **MUST BE** properly shielded prior to making the exposure. It is the student's responsibility to provide the adequate shielding for anyone holding a patient in order for the student to complete the exam.
7. Because a competency evaluation is comparable to a paper test in the classroom, the student radiographer **IS REQUIRED** to perform a Competency evaluation independently. Any assistance from the technologist (other than moving the patient on and off the table) will be considered an unsuccessful Competency.
8. The student radiographer is **NOT ALLOWED** to leave clinic during his/her lunch break. The student is not allowed smoke breaks and/or coffee breaks during clinic.
9. Students **ARE NOT ALLOWED** to remove patients from any monitoring device.
10. Students **ARE NOT ALLOWED** to use the hospital's computer during clinical hours unless it is for the specific use related to the student's patient (i.e. paging ordering physician, checking lab results, pulling previous reports, etc.).

\*Please refer to the Radiography Student Handbook for any questions regarding these policies and/or procedures. If there are any additional questions, please do not hesitate to contact the Clinical Coordinator.

# **GUIDELINES FOR THE TECHNOLOGIST WHEN WORKING WITH VGCC'S RADIOGRAPHY STUDENT**

1. In order to grade the student (Practice Competencies, Competencies and/or Continued Proficiencies), the technologist must be registered and employed at the facility for a minimum of six (6) months.
2. If the technologist is a new hire, he/she should complete the affiliates orientation period prior to working with students. The technologist should then review VGCC's Radiography Programs' Student Clinical Notebook and all appropriate paperwork with the Clinical Instructor. If there are any concerns/questions the Clinical Instructor is unable to answer, the Clinical Coordinator should be contacted for an individual meeting with the new technologist.
3. The technologist should allow the student to work independently whenever applicable (once the student has performed a successful Competency on the given exam/procedure). This allows the student radiographer to enhance his/her clinical knowledge when dealing with various types of equipment, difficult exams/procedures, challenging patients and/or a variety of Radiologists' methods.
4. The technologist must be aware that the student radiographer may not perform an exam/procedure in the manner and/or amount of time the technologist is accustomed to. Some technologists have been away from the educational environment for quite a while. These technologists should realize that the student is still in the beginning stages of his/her education and need to develop a firm foundation which to build his/her career. The Radiography Program requests the patience of technologists who are working with these students. We ask that the technologist continue to uphold the Radiography Programs' policies and procedures. However, the Radiography Program also realizes there are technologists who do not prefer to work with students. If this is the case, we ask that you consult your supervisor so appropriate arrangements can be made.
5. We ask the technologist not to discuss his/her personal opinions regarding another student's capabilities and/or the Radiography Programs' policies and procedures to students. This can sometimes create a negative environment for the student radiographer, other staff members, Clinical Instructor and/or the Clinical Coordinator. The Radiography Program strives to maintain an environment that is conducive for the student radiographer. If the technologist believes there are areas that need modification and/or improvement within the Radiography Program, please do not hesitate to contact the Clinical Coordinator and/or Program Director.

## **UNIFORMS**

Students will wear the uniforms that will be ordered at the time of orientation. If students should need to order additional uniforms later in the program, they will make those requests directly to the supplier. Students are not allowed to wear uniforms of a different brand name while in the program. The uniforms selected for each class are the only accepted and approved uniform for the radiologic class. Other brand names may look similar, but exact matching is impossible. The cost

will be the responsibility of the students.

**Practice competencies, Competencies, and Continued Proficiencies will be filled out in the following manner:**

- a. The student will fill in the top portion with the patient's ID#, date, age, semester, evaluator's name and student's name. This is to be completed and given to the technologist **prior** to the patient entering the exam room.
- b. The evaluating technologist will fill in the radiographic exam/procedure, radiographic positions and the graded portion of the practice competency or competency. This is **required** to be completed **during** the exam or procedure.
- c. Once the exam is complete and the patient is discharged, the technologist will review the radiographs with the student asking pertinent questions (anatomy, what this position best visualizes, etc.).
- d. The technologist will sign and date the form. The student reviews the Practice Competency/Competency ensuring all information is complete. He/she will then sign and date the form. The student will keep the form until the next Clinical Education class period with the Clinical Coordinator. At that time the student will turn in all completed paperwork so it may be graded, recorded and filed in the student's file.
- e. Technologists **WILL NOT** write in an exam/procedure other than the one stated on the request.

The technologist must check off on continued proficiencies immediately after the exam or procedure has been completed. The student **will not** have the technologist sign off on continued proficiencies days, weeks, or months after the exam or procedure has been completed.

### Requirements of Technologist

1. The technologist must be registered by the ARRT in order to sign off on any student paperwork. If the student is performing a continued proficiency with a technologist who has not been registered for at least 6 months, the technologist can sign off on the continued proficiency but the Clinical Instructor must sign behind the technologist on the student's paperwork.
2. The technologist must have been working in the field for a minimum of six (6) months in order to sign off on any student paperwork. This includes continued proficiencies.
3. If the technologist is a new hire, the technologist will not sign off on any Practice Competencies, Competencies, or Continued Proficiencies until he/she has completed the department's orientation period and has had the opportunity to review the Staff Technologist Handbook and student's clinical paperwork with the Clinical Instructor and/or Clinical Coordinator. The new hire will turn in his/her signature and initials to VGCC's Radiography Program.

# QUESTIONS AND ANSWERS

## CLINICAL COMPETENCY GRADING AND EVALUATION FORMS

- Q. How much help can the student receive during a Practice Competency?
- A. The student should receive only minimal assistance during a Practice Competency. The student is required to know proper CR location, cassette size, type, and orientation, projections required, SID etc.
- Q. Can the student have a repeat on his/her Competency?
- A. Yes, but the student must be able to correct his/her mistake without assistance or guidance from the technologist. If the student must be told what to do to correct the position on the repeat image, the competency will be deemed unsuccessful.
- Q. How do I know whether to assign a score of 0, 1, 2 or 3 when filling out a Competency Form?
- A. Be honest with each score. The student has a right to know what he/she is doing wrong, the student can never improve if the situation is not addressed. If you do not feel confident the student could perform the exam unassisted the next time, the student does not deserve the Competency. If there is a repeat, the student **MUST** be graded done on the initial projection. The student should **ONLY** be graded as “acceptable” if there was no repeat performed. The student should receive only minimal assistance during a Practice Competency. The student is required to know proper CR location, cassette size and type (regular, extremity, grid), projections required, SID etc.
- Q. The student performed the exam/procedure without informing me he/she wanted a Practice Competency or Competency. What should I do?
- A. The Radiography student is required to inform the technologist that he/she requests a Practice Competency and/or Competency **PRIOR** to the patient entering the exam room. The technologist should not fill out the form if the student requests the Practice Competency and/or Competency during or after the exam/procedure.
- Q. I made a mistake on the grading portion of the Practice Competency and/or Competency form. What should I do?
- A. Cross out the error and initial and date the correction. Do not erase or use white out.
- Q. A student has asked me to sign off on a Continued Proficiency he/she says was performed with me the previous clinical day. What should I do?
- A. Do not sign off on the Continued Proficiency. The Radiography Program’s policy states that

the technologist should not sign off on any exams/procedures days, weeks or months later. All paperwork should be completed at the time of the study.

- Q. If I am grading a student and the patient goes into distress what should I do?
- A. Take over the exam, the patient's health and well-being always come first.
- Q. I do not want the student to be mad at me, but I do not feel comfortable successfully passing the student off on a Competency. What should I do?
- A. **DO NOT PASS THE STUDENT.** If the technologist does not feel comfortable that the next time the student performs this particular exam he/she will be able to perform with indirect supervision only, do not pass the student. Remember the next time the exam may be performed on you or your loved one.
- Q. I did not see the student verify patient identification. How should I grade the Practice Competency/Competency?
- A. If the technologist does not see the student verify patient identification, the Practice Competency/Competency is unsuccessful.
- Q. If the student's marker is not identifiable on **any or all** of the radiographs but I saw the student place his/her marker on the cassette/bucky how should I mark that on a Competency?
- A. If any radiograph **DOES NOT** have a visible marker with the student's initials on it, the Practice Competency, Competency and/or Continued Proficiency has not been achieved. The Radiography faculty reviews radiographs at each clinical site. If there are not markers visible in its entirety on **ALL** the radiographs the student claims he/she has performed, the completed paperwork can be deemed falsification of documents which is grounds for immediate, permanent dismissal for the student.
- Q. If the student had to repeat a radiograph and the repeat still needs repeating how should I grade the Practice Competency and/or Competency?
- A. According to the JRCERT, a student is allowed to perform one (1) repeat per position. At that time the technologist **is required** to take over the exam. Therefore, the Practice Competency and/or Competency should be marked as unsuccessful.
- Q. If the student forgot to shield the patient during a Practice Competency, Competency, and/or Continued Proficiency but the patient is over 50 years old, how should I grade the Competency?
- A. VGCC's Radiography Program's policy on shielding is students **must shield ALL patients** regardless of age.
- Q. I have not worked with this particular student before, but he/she is telling me he/she wants

to perform a Practice Competency, Competency and/or a Continued Proficiency, what should I do?

- A. Technologists cannot tell a student he/she is not going to allow him/her to perform a Competency or Continued Proficiency unless the patient has requested that a student not perform his/her study. The student will continue with the procedure.
- Q. The student did not ask a female patient last LMP, but the patient is 45 years or older, how should I grade the Practice Competency/Competency?
- A. According to the Radiography Program's range (10-60yrs old) for asking females last LMP, the technologist should mark the Practice Competency/Competency as unsuccessful. \*Please note, the student is responsible for following the clinical affiliate's Standard of Practice (SOP) regarding the appropriate age to inquire about pregnancy in order to receive a practice competency/competency/continued proficiency.
- Q. The patient needs to be held during the exposure and the student is performing a Practice Competency or Competency, how should I handle the situation?
- A. It is VGCC's policy that students are not allowed to hold patients during radiographic procedures (this includes fluoroscopy studies). A technologist, nurse, or family member may hold the patient once the student has properly positioned the patient for exposure. Please note anyone holding a patient and/or cassette **MUST BE** properly shielded prior to making the exposure. It is the student's responsibility to provide the adequate shielding for anyone holding a patient in order for the student to complete the exam.
- Q. The student requests a Competency on a fluoroscopy procedure. The student was too nervous to communicate with the Radiologist regarding history, patient prep, etc. How should I grade the student?
- A. The student is required to independently complete all aspects of the exam/procedure. If the student does not complete these areas of the Competency, the technologist should mark the student down in that particular area or, depending on the amount the student did not accomplish, mark the Competency as unsuccessful.
- Q. The student wants to use a bilateral hand request on a patient as a **Practice Competency and Competency**. How should I grade the student?
- A. The student is **NOT ALLOWED** to perform a Practice Competency **and** Competency of the same body part on one (1) patient. This is because the student needs to be graded on patient identification, LMP, etc. twice (once for the Practice Competency and once for the Competency). The student is allowed to perform a Competency and a Continued Proficiency on the same patient with the same body part (example: bilateral hands).

\*If there is any doubt as to whether the student passed a Practice Competency and/or Competency, please consult the Clinical Instructor, the Radiography Program's Student Clinical Notebook and/or the Clinical Coordinator.

# DIRECT SUPERVISION, INDIRECT SUPERVISION AND REPEAT SUPERVISION OF THE RADIOGRAPHY STUDENT

## DIRECT AND INDIRECT SUPERVISION PROCEDURE

(Memo and signature page at end of document. Must be completed yearly.)

1. Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under direct supervision of qualified radiographers. The parameters of direct supervision are outlined as follows:
  - a. A qualified radiographer reviews the request for examination in relation to the student's achievement.
  - b. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
  - c. A qualified radiographer is physically present during the entire conduct of the examination.
  - d. A qualified radiographer reviews and approves the radiographs.

**\*At no time is the student allowed to perform portables, operating room procedures and/or emergency department exams/procedures without DIRECT SUPERVISION.**

2. After demonstrating competency in a given procedure, a student may perform that procedure with **indirect supervision**. The parameters of **indirect supervision** are as follows: A qualified radiographer must be **immediately available** to assist students and must review and approve all radiographs. **Immediately available** is interpreted as the presence of a qualified radiographer in or adjacent to the room or location where a radiographic or fluoroscopic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

## REPEAT RADIOGRAPH PROCEDURE

If a student produces a radiograph of unacceptable quality, after evaluation and determination of necessary corrective action in consultation with a clinical instructor or qualified technologist, the student may perform the repeat examination. **\*A registered radiographer must physically go into the room and check the student's corrections before the repeat radiograph is taken.** If the repeat is of poor quality, the student **will not** perform another repeat, but should assist the radiographer. The student will not receive a passing mark on the examination if the exam is a practice competency, competency, or continued proficiency.

**Students may refuse to repeat radiographs if qualified radiographer is not present. Students must notify clinical coordinator or program faculty member if they are made to violate policy or requested to violate this procedure.**

(Memo and signature sheets located at end of this document.)

# RADIOGRAPHY PROGRAM STUDENT CODE OF CONDUCT

The clinical affiliates reserve the right to refuse admission to any radiography student who is involved in any activity not considered professional or conducive to proper patient care. **Any student refused admission to any clinical affiliate is grounds for immediate permanent dismissal from the Radiography program.**

## DISMISSAL FROM CLINICAL AFFILIATE

If a student has the unfortunate event of being asked to leave a clinical affiliate, not to return due to an incident or occurrence at that site, the following steps will occur.

1. The student will have a meeting with the clinical coordinator to discuss the events which resulted in the request.
2. If it is found that the student has violated the following: 1) Vance-Granville Community College Code of Conduct, 2) ARRT Code of Ethics, 3) Student Conduct as described in the *Radiography Program Student Handbook* or is deemed a danger to patients, the student will be dismissed from the program.
3. The student will have the right to appeal; however, if the student's appeal is not overturned, he/she will be permanently dismissed without the opportunity to return into the Radiography Program or any other Health Science Division program at VGCC.
4. If the student has not violated any of the above, the student may be relocated to another clinical affiliate at the discretion of the clinical coordinator. This relocation is allowed as long as 1) it does not violate the number of students approved to be at any given clinical affiliate, 2) the student does not work for the clinical affiliate at which there is an open slot, and 3) no other student has to be relocated to accommodate the student.
5. If the request not to return to the clinical affiliate does not fall into #2, but the clinical coordinator still decides to dismiss the student, the student has the right to an appeal.
6. Students should follow the appeals process as outlined in the *Student College Catalog*.

**Breaching any of the following guidelines may result in the student being dismissed from the Program.**

### I. Clinical Preparation:

- Report to clinic prepared for his/her room assignments and exams performed in that particular room.
- Report to the clinical assignments in an alert condition.
  - a. No sitting/standing/leaning on counters, etc. in clinic
  - b. No sleeping
  - c. Not be in the possession of drugs, or liquor, nor engage in their use before or during clinical assignments.
- Report to the clinical assignments in the proper complete uniform.
- Students should review positioning, anatomy, radiographs, equipment manipulation, etc during slow periods.

## II. Clinical Performance:

-Students should be aware that the following is a list of the activities that are not allowed during clinic regarding student's performance.

- "Picking and choosing" exams/procedures.
- Performing an incorrect projection/exam/procedure on a patient.
- Performing extra views not requested by the ordering physician and/or required according to the clinical sites' SOP in order to obtain a practice competency and/or competency.
- Repeating a radiograph because the student's marker is not visualized in its entirety.
- Performing repeat radiographs without a technologist present.
- Walking out in the middle of an exam/procedure.
- Performing Operating room exams, portable exams and/or Emergency Department exams without a technologist physically present.
- Receiving assistance from a technologist and/or student during the attempt of a competency on an exam/procedure.
- Refusing to accept assignments by the Clinical Instructor commensurate with their capabilities, or to take directions from an individual designated by the Clinical Instructor.

## III. Clinical Professionalism:

-Students should be aware that the following is a list of the behavior that is not allowed during clinical.

- Speaking about other student's clinical performance, attendance and/or tardiness, speed during exams/procedures and/or quality of work to other students, technologists and/or faculty members.
- Students leaving their assigned area within the Radiology Department without specific permission by the Clinical Instructor, Clinical Coordinator and/or program faculty.
- Falsifying and/or alter clinical documents.
- Accepting competency forms that were not earned independently even though the technologist gave a passing grade.
- Engaging in theft of any articles from the clinical affiliate.

- Engaging in inappropriate conduct, as defined by the Clinical Sites agreement and regulations, and the student handbook, while on clinical assignment. (Depending on the infraction may result in dismissal from the program).
- Leaving the clinical assignment for meals, or clock in early or late for meals.
- Loitering in the radiology department of the clinical affiliate at times not specified for clinical assignment.
- Chewing gum while on clinical assignment.
- Taking smoke breaks during clinical hours other than the designated lunch break. If the student is assigned to a clinical site that is smoke free, he/she is expected to abide by the smoke free policy.
- Using the clinical affiliate's telephone for personal use
- Discussing possible employment with management during clinical hours. Other than the designated lunchtime.
- Having or using audible beepers, pagers or cell phones in the clinical setting.
- Using clinical affiliate's computers for anything other than appropriate hospital use.

#### **IV. Patient Care:**

-Students should be aware that the following is a list of behavior that is not allowed during clinic.

- Not properly identifying patient using multiple identifiers such as, but not limited to; armband, birthdate, social security numbers, home address.
- Leaving patients unattended while undergoing diagnostic procedures.
- Mistreating, be verbally abusive or inconsiderate of the patient's feelings and/or needs.
- Leaving an inpatient unattended in the transport area (unless approved by clinical affiliate).
- Not obtaining appropriate patient history (signs/symptoms).
- Not thoroughly explaining exam/procedure to the patient.
- Not providing assistance to patient such as, but not limited to; providing urinals/ bed pans, emesis basins, sheets/blankets/pillows, etc.

- Walking out on a patient who is vomiting, screaming in pain, having incontinence issues, defecating on himself/herself, etc.
- Making exposures on patients without properly shielding patient.
- Making exposures on patients without properly providing protective shields for others having to remain in the room such as family members, prison guards, sitters/patient aids, doctors, nurses, etc.

\*Students should practice appropriate patient care and customer service. Including, but not limited to;

- a. Address patient with Miss, Ms., Mrs., Mr.
- b. Ensure the patient comprehends instructions.
- c. Assist patient to and from wheelchair/stretchers, etc.
- d. Hold back of chairs when patient is moving.
- e. Ensure stretcher is locked prior to patient moving.
- f. Ensure bed rails are up when not performing exam/procedure.
- g. Answer any and all questions to patient's satisfaction.
- h. Not use pet names when addressing patient (i.e., honey, sweetie)
- i. Engage only in polite/professional conduct.

Students **ARE NOT ALLOWED** to participate in any extracurricular activities during clinic. This is to include, but not limited to:

- a. Blood drives
- b. Job fairs
- c. Uniform sales
- d. Participate in solicitation offers during clinical hours such as, but not limited to, Tupperware sales, Avon sales etc.
- e. Departmental parties (unless during 30 minute lunch break).

Radiography students should adhere to appropriate guidelines as published by the college for initiation of grievances concerning any aspect of clinical coursework. (see college catalog for student Code of Conduct). This includes maintaining a professional attitude when in the presence of other students, staff technologists, program faculty, physicians, and patients.

**The program faculty will counsel students guilty of any infraction of the Radiography Program Student Code of Conduct. Each infraction will be handled by the program faculty according to the seriousness of the situation and in accordance with the published current College Code of Conduct. Please be aware that any of these infractions could be grounds for immediate and permanent dismissal from the Radiography Program.**

## FALSIFICATION OF CLINICAL DOCUMENTS

It is VGCC Radiography Program's goal to ensure that all clinical paperwork is true and accurate. The following are the Radiography Program's guidelines to ensure that the code of ethics is being upheld at all times.

1. Clinical Related Paperwork – Clinical Documents
  - a. The student must have the clinical instructor or authorized technologist initial clinical time sheets when the student arrives and departs clinic for the day and also time taken for lunch. **The student cannot go back the following clinic day and get signed in or out for previous clinical hours. The time sheets cannot be back-dated/initialed. It is the student's responsibility to find the clinical instructor or authorized technologist when he/she arrives at and departs from clinic. The student will get signed in for the ACTUAL time the clinical instructor signs the sheet. The student is not permitted to fill in the time of arrival, departure, or lunch.** The student must also initial his/her time sheet indicating that the times are true and accurate.
  - b. It is the student's responsibility to maintain possession of his/her clinical paperwork. If any paperwork is altered without an **authorized** initial beside it, or if paperwork is falsified, the alteration/falsification will be considered as falsification of documents, which is grounds for immediate dismissal from the program.
2. Practice Competencies, Competencies and Continued Proficiencies
  - a. The student will inform the evaluating technologist of his/her intent to practice comp and/or comp, prior to retrieving the patient.
  - b. The evaluating Technologist will observe the student throughout the entirety of the exam; if he or she is successful, the competency form should be completed at the end of the exam.
  - c. Once the exam is complete and the patient is discharged, the technologist will review the radiographs with the student asking any pertinent questions (anatomy, what this position best visualizes, etc...).
  - d. The technologist will sign and date the competency form. The student will review the practice competency/competency and then sign.
  - e. The student can only fill-in their name on the competency form.
3. The technologist must check off on proficiencies immediately after the exam has been completed. The student **will not** have technologists sign off on proficiencies days, weeks, or months after the exams are completed.
4. The technologist must be registered by the ARRT in order to sign off on any student paperwork.
5. The technologist must have been working in the field for a minimum of six (6) months in order to sign off on any student competency.
6. If the technologist is a new hire, he/she will not sign off on any practice competencies, competencies, and/or continued proficiencies until he/she has completed the department's orientation period and has gone over all pertinent

paperwork with the clinical instructor and/or clinical coordinator.

**Falsifications and/or alterations of any of these documents will be grounds for immediate dismissal.**

## **DRESS CODE**

**Any student reporting to the clinical affiliate in improper uniform or attire will be sent home.** In the event the student is carpooling, he/she will be required to sign out of clinic and wait in a designated area until clinic is over.

1. Students will wear uniform scrubs (color and style designated by the Radiography Program faculty).
2. Shirts under the designated uniform must be solid black with no decals showing. The student may also wear a turtleneck in the appropriate color.
3. Solid black socks will be worn
4. Black leather uniform shoes or black leather athletic shoes must be worn. If the student chooses an athletic shoe, it must:
  - NOT be a high-top shoe
  - be solid black with no bright colors
  - NOT display a prominent brand-name label
  - be **leather**, not canvas
  - be free of dirt and in good condition.

Uniform clogs are not acceptable. Any shoe that does not cover the entire foot should not be worn.

5. Lab coats are not required, but the student may purchase one from a uniform shop. If worn, they must be black in color, long-sleeved, and below the hips.
6. No perfume or after-shave may be worn. Make-up should be applied conservatively.
7. Jewelry should be limited to a watch, a wedding/engagement ring(s), and one small pair of post-earrings (worn in the first piercing closest to the jaw line). No earrings will be worn in the upper cartilage of the ear. No dangling or hoop earrings are allowed. No necklaces, additional rings, or bracelets may be worn for safety/hygienic reasons. For professional reasons, tongue rings, nose rings, or eyebrow rings may not be worn. Any dermal anchors that are visible must be covered during clinic. **Smart Watches are not allowed in the clinical setting.**
8. Hair must be clean, dry, and out of the face at all times. **Shoulder length hair must be tied back and off the shoulders.** Hair ornaments should be small and discrete.
9. Facial hair must be kept shaved in order to accommodate custom fit facial masks.
10. Fingernails must be kept natural, short, and clean. The student's nails should not be seen past the finger tips. Colored nail polish is not acceptable. No acrylic nails.
11. Tattoos must be covered at all time.
12. Personalized radiopaque image markers are part of the approved uniform for radiography students and must be with the student during clinical rotations.
13. Radiation monitoring devices (TLDs) and name tags are required items to be worn on the uniform. Name tags must be worn on the upper left hand corner of the

uniform top. TLDs must be worn along the collar of the uniform top.

14. In addition to the required radiation monitoring device (TLD) and identification badge, some clinical affiliates require facility identification badges. These will be distributed by the facility and will be worn in conjunction with the Radiography Program's radiation monitoring device (TLD) and identification tag.

If in doubt, the student should ask the program faculty prior to wearing questionable attire to the clinical site.

## **CLINICAL COMPETENCY/CONTINUED PROFICIENCY GUIDELINES (Found in Student's Clinical Notebook)**

The following are the criteria for obtaining Practice Competencies/Competencies and Continued Proficiencies for the clinical aspect of VGCC's Radiography Program. In order to ensure all clinical paperwork is completed accurately and correctly please follow these guidelines.

### **GENERAL INFORMATION**

1. **TESTING PRIOR TO PERFORMING PRACTICE COMPETENCIES, COMPETENCIES AND CONTINUED PROFICIENCIES IS REQUIRED**

Students are not allowed to perform practice competencies/competencies in the clinical setting until:

- a. He/she has been tested in the classroom on the specific exam/procedure.
- b. Has performed the lab practicum for the specific exam/procedure.

2. **LAB SIMULATIONS**

Students must successfully perform a simulation for any of the mandatory exam/procedures on the students' competency checklist.

If the exam is an elective exam or an exam that is not a mandatory (M) exam, the student does not have to perform a lab simulation prior to performing the exam for a practice competency or competency in the clinical setting.

For example: If a flexion/extension L-spine comes to the department, as long as the student has been tested on the Lumbar spine, he/she may perform a practice competency. He/she does not have to have successfully completed her/her lab simulation on the L-spine.

3. **HOLDING PATIENTS OR CASSETTES**

Students are not allowed to hold a patient or a cassette even if that student is obtaining a practice competency or competency (this excludes fluoro studies if required). The student will position the patient and if necessary, have the technologist, nurse or a family member hold the patient or cassette in that position during the exposure. Anyone remaining in the room with the patient **MUST** be properly shielded. Every effort must be made to remove any unnecessary people from the exposure area.

4. **COPYING IMAGES TO PACS**

The student cannot use an exam as a practice competency, competency, or continued proficiency if an image is copied and pasted from another exam to the folder in which the student is attempting to receive a practice competency, competency, or continued proficiency.

For example: If the student performs a tib/fib and an ankle and on the tib/fib the lateral malleolus is clipped, but it is shown on the ankle projections. The student cannot use the tib/fib for a practice comp,

comp, or continued if the tech creates a copy of the ankle to go into the tib/fib folder in PACS.

5. **FILLING OUT PRACTICE COMP/COMP FORMS**

- A. The practice comp/comp forms **MUST** be filled out by a Registered Technologist that has been working in the field for a minimum of 6 months.
- B. The student fills out **only** the following information:
  - a. Student's name
  - b. Date of exam/procedure
  - c. Student Signature

6. **STUDENT MARKERS**

The students' marker **must be identifiable on all the radiographs and placed on the correct anatomical side** in order to receive the practice comp, comp, or continued proficiency.

7. **TECHNOLOGISTS ASSISTANCE**

If it is observed by the Clinical Instructor and/or Program faculty that a student is receiving assistance during a competency (other than lifting assistance/moving help), the competency will not be counted. This assistance also includes help on how to move or manipulate any equipment (table, control panel, tube, fluoro monitors, PACS system, etc.)

8. **REPEATS**

The student **IS NOT ALLOWED** to repeat a radiograph because his/her marker is not visualized for the simple purpose of obtaining a practice comp or comp. If the tech can determine the letters on the marker by the naked eye or by window/leveling, the practice comp or comp can be accepted. Should a student repeat an image during a comp, he/she can still obtain the comp if no assistance is needed to correct the mistake prior to re-exposing the patient. If another repeat is necessary, the technologist must take over the exam and the competency will be deemed unsuccessful.

9. **SHIELDING**

In order to receive credit for practice comps, comps, and continued proficiencies, the student is required to shield the patient and anyone else that is in the x-ray room during exposures (Ex. Prison guards, parents, nurses, radiologists, etc.). **This includes the shielding of the patient.** The student does not have to shield the patient while the Radiologist is performing the fluoro portion of the procedure.

10. **COMPLETION OF ENTIRE EXAM/PROCEDURE**

Students cannot go into the exam room, do part of the exam for a practice comp, comp, or continued proficiency and then leave. The student must complete the entire exam to receive a practice comp, comp, or continued proficiency on all or part of the exams performed.

11. **OBTAINING MULTIPLE PRACTICE COMPS AND/OR COMPS**

The student may perform multiple practice competencies and/or competencies on a patient. For example: If the patient has an elbow, knee, and ankle ordered, the student may perform a practice comp and/or comp on all three studies. But exams must all be a practice comp or all of them a comp. Multiples of the same type (comp or practice comp) must be obtained. Students cannot practice comp one exam and comp the other on the same patient.

If the student performs an exam such as a Metastatic Survey and they wish to use specific exams from the survey for credit (PC, Comp or CP), the student is allowed to do so granted their marker was present

on the exams they wish to use.

## **ABDOMEN**

1. A 2 view abdomen on a pediatric (>6yo) patient can be used as any of the following 2 studies:
  - a. Peds Abdomen
  - b. KUB
  - c. Erect Abdomen
  - d. Decub Abdomen (if ordered with KUB)
  - e. If comp has already achieved on KUB and Erect Abdomen, a 2 view abdomen can count as 2 continued proficiencies (KUB and Erect Abd).
2. 3 Way Abdomen (adult pt) can be used for:
  - a. 3 way abdomen
  - b. KUB
  - c. Erect Abdomen
  - d. If comp on both KUB and Erect Abdomen has already achieved, the 3 way abdomen can be used for 2 continued proficiencies. (KUB and Erect Abdomen).

## **EXTREMITIES**

### **Knee**

If a knee exam is ordered that includes AP, Oblique, Lateral, Intercondyloid Fossa, and/or patella, the student can use the exam for a practice comp, comp, or continued (if applicable) on any of the following:

- a. Knee
- b. Intercondyloid Fossa
- c. Patella (must have at min 2v of patella. Ex. lateral and sunrise)

\*Note: If the student is attempting all of the above and his/her marker does not show up on the Fossa view, the student can still use the knee and patella for a practice comp, comp, or continued (if applicable) as long as his/her marker is visible on those images.

### **Peds and Geriatric Upper Extremity**

Peds upper extremity can be any upper extremity other than the shoulder girdle.

### **Peds and Geriatric Lower Extremity**

Peds lower extremity can be any lower extremity other than the Pelvic girdle (this includes hip).

### **Trauma Upper**

Trauma upper extremity can be any upper extremity other than shoulder girdle. Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patient's condition. In order to obtain a practice competency or competency on a trauma exam, the student is required to modify positioning of the tube and/or patient for a minimum of one projection while continually monitoring the patient's condition throughout the entire exam.

### **Trauma Lower**

Trauma lower extremity can be any lower extremity other than the pelvic girdle (this includes hip). Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patient's condition. In order to obtain a practice competency or competency on a trauma exam, the student is required to modify positioning of the tube and/or patient for a minimum of

one projection while continually monitoring the patient's condition throughout the entire exam.

### **Shoulder**

A shoulder exam that includes an AP (internal/external or both), "Y" view, and an axial can be used for the following:

- a. 2 view shoulder
- b. Shoulder with "Y"
- c. Shoulder with Axial
- d. Trauma Shoulder

**\*\*Note:** The student cannot break up the exam in order to comp a shoulder and practice comp a "Y" or any combination of practice comp, comp, and continued proficiency. Should the student need a comp on a shoulder exam and a "Y". The student will have to perform the entire series of images on two different people in order to comp on a shoulder and a "Y".

**\*\*Shoulder exams cannot be used for Scapula exams.**

### **Hip**

Exams that will qualify for a hip practice comp, comp, or continued proficiency include the following:

- a. Pelvis and Lateral Hip
- b. AP and Lateral Hip

### **SPINES**

C-spine and L-spine practice comps or comps **must** include obliques. For continued proficiencies, obliques do not have to be included.

### **Sacrum and Coccyx**

Sacrum and coccyx will only count as **one** exam, even when done separately.

### **BILATERAL STUDIES**

Bilateral studies **will not** be used to practice comp and comp any exam. For example, if a bilateral hand study was ordered, you cannot use the Right hand for a practice comp and the Left hand for a comp on the same patient.

Bilateral studies **can** be used for a comp and a continued proficiency or two continued proficiencies.

### **PORTABLES**

#### **Abdomen**

A portable abdomen exam can be used as a continued for a KUB, if all continueds for the portable abdomen have been achieved.

A portable abdomen on a pediatric patient can be used as any of the following studies:

- a. Portable abdomen
- b. Peds mobile study
- c. Peds Abdomen

#### **Ortho**

Knee exams ordered from PACU (Surgical Recovery) can be used for any of the following:

- a. Knee
- b. Trauma Lower (anything other than pelvic girdle and shoulder girdle)

- c. Portable Ortho

\*Note: Same rule applies if the exam was any extremity (Ex. Ankle, Forearm, etc). Must be at least 2 views.

## **FULORO/OTHER PROCEDURES**

### **UGI & BE**

UGI's and BE's can be done single or double contrast. Either type of exam can be used for a comp.

### **SBFT**

Small bowel follow through study can be used for a comp on both of the following:

- a. UGI
- b. SBS

### **IVP with Tomo**

IVP with a tomogram can be used for a comp on both of the following:

- a. IVP
- b. Nephrotomogram

## **CONTINUED PROFICIENCIES**

1. The student cannot begin to get continued proficiencies until they have a practice comp and comp on the procedure in question.
2. Continued proficiencies on KUB's can be obtained from any of the following exams;
  - a. Small bowel series
  - b. IVP
  - c. Portable abdomen
3. Continued proficiencies must have a minimum of 2 views for bone work
4. C-spine and L-spine continued proficiencies do not have to include an oblique.
5. Students must complete the entire exam/procedure stated on the request in order to obtain a continued proficiency. The student will not pick two views out of a series in order to get a continued proficiency on them.

## **OR C-ARM PROCEDURES**

In order for a student to obtain a C-Arm Competency, the student **must** have at least a SIM on the part in question. For Example: a student has a SIM on a hip, that student can obtain a C-Arm comp on a Hip ORIF procedure of any type or a hip injection procedure.

## **PEDIATRIC PROCEDURES**

All pediatric exams require the patient to be 6 years old or less.

### **Peds Chest**

Peds chest exams **must** be a minimum of **2 views** for practice comp, comp, and continued proficiencies.

### **Peds Abdomen**

Peds abdomen must be a minimum of 1 view.

## **GERIATRIC PROCEDURES**

All geriatric exams require the patient to be at least 65 years old and physically or cognitively impaired as a result of aging.

# MEMO

**To:** Radiography Program Clinical Affiliates  
**From:** Angela Thomas, M.S., R.T.(R)  
Program Head for Radiography  
**Date:** Annually each October  
**Re:** Direct and Indirect Supervision of Radiography Students

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## **Direct and Indirect Supervision of Radiography Students**

To comply with the Joint Review Commission of Education in Radiologic Technology, it is important to remember the Standards in respect to the supervision of students. The following is the policy regarding student supervision in the clinical area.

Definition of Direct Supervision: Direct supervision involves the immediate presence of a registered radiologic technologist with the student. The technologist will be present in the exam room to observe the student's participation in the exam. This includes examinations done with portable units and in the surgery suite.

Definition of Indirect Supervision: Indirect supervision requires that the supervising registered radiographic technologist be within the local area of the student. The technologist does not have to remain in the examination room with the student, but is available for assistance, if needed.

### **Direct Supervision Required for:**

1. All students that have not completed the competency for the exam they are performing.
2. All portable examinations.
3. All examinations done within Surgery.
4. All repeat examinations

### **Indirect Supervision Required for:**

1. All examinations in which the student has achieved competency. Students are never to perform any examination without the supervision of a registered radiologic technologist.

**PLEASE POST THIS MEMO WITHIN YOUR CONTROL  
AREA**

