CABRILLO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM

Radiographer CLASS OF 2017

CLINICAL EDUCATION HANDBOOK
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>CLINICAL EDUCATION OVERVIEW</td>
<td>2</td>
</tr>
<tr>
<td>CLINICAL EDUCATION or</td>
<td></td>
</tr>
<tr>
<td>Where do I go?</td>
<td>3</td>
</tr>
<tr>
<td>When do I go?</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Education Schedule, all semesters</td>
<td>7</td>
</tr>
<tr>
<td>What do I do?</td>
<td>8</td>
</tr>
<tr>
<td>CE Orientation.</td>
<td>10</td>
</tr>
<tr>
<td>What about radiation protection?</td>
<td>13</td>
</tr>
<tr>
<td>CLINICAL COMPETENCY or</td>
<td></td>
</tr>
<tr>
<td>I had orientation and I started CE documentation so now what do I do?</td>
<td>14</td>
</tr>
<tr>
<td>Where are competencies recorded?</td>
<td>16</td>
</tr>
<tr>
<td>SCHEDULE OF CLINICAL COMPETENCIES</td>
<td></td>
</tr>
<tr>
<td>How fast or slow should I be going? (Competency schedule)</td>
<td>18</td>
</tr>
<tr>
<td>CLINICAL COMPETENCY OBJECTIVES or</td>
<td></td>
</tr>
<tr>
<td>How do I make the grade?</td>
<td>19</td>
</tr>
<tr>
<td>OVERALL CLINICAL PERFORMANCE or</td>
<td></td>
</tr>
<tr>
<td>What makes up the clinical grade</td>
<td>25</td>
</tr>
<tr>
<td>How is the grade calculated?</td>
<td>30</td>
</tr>
</tbody>
</table>
TIME/ATTENDANCE. ........................................ 31

SUPERVISION in CE  ........................................ 33

ADDITIONAL OPPORTUNITIES FOR CE
   Evening rotations  ......................................... 34
   Special Modality rotations  ......................... 35

DRESS CODE POLICY  ......................................... 37

APPENDICES  ............................. 39
   A  WEEKLY CLINICAL OBSERVATION SHEETS p. 40
   B  MIDTERM/ END OF TERM PERFORMANCE EVALUATION FORM p.43
   C  CE GRADING CRITERIA  p. 49
   D  PROCEDURE LOG p. 57
   E  IMAGE CRITIQUE ASSESSMENT FORM p. 60
   F  CUMULATIVE CLINICAL COMPETENCY RECORD p.62
   G  TIME SHEETS  p. 67
   H  COMPETENCY EVALUATION FORMS p. 69
      COMPETENCY (GREEN)
      RECHECK (BLUE)
      PEDIATRIC (PINK)
      REMEDIATION (YELLOW)
   I.  CONTRACT TO MAKE-UP HOURS DUE TO ABSENCE p. 85
   J.  CE REQUEST  p. 87
   K.  SPECIAL MODALITY EVALUATIONS p. 89
   L.  CE HANDBOOK AND POLICIES AGREEMENT p. 97
INTRODUCTION

WELCOME to the clinical component of training in the Cabrillo College Radiologic Technology Program. As program director, one of my responsibilities is to oversee clinical effectiveness. The following are my thoughts as to how one can be a successful radiologic technology student and ultimately a successful radiographer. As you journey through this process of clinical education, remember this underlying value: "Treat each patient as if he/she is someone for whom you love and care, as if the patient is a member of your family."

Given this underlying value, the program faculty and staff have developed and implemented this "Clinical Education Handbook". The clinical objectives, competency evaluation process and correlated lecture and laboratory learning are designed for students to successfully complete training in Radiologic Technology. That success is consistent with participation in and performance of all aspects of the duties and responsibilities of a radiographer with utmost attention to patient care and safety.

It is the belief of the faculty who developed this handbook that the policies and procedures herein promote a high degree of professionalism compatible with the American Society of Radiologic Technology Code of Ethics. Showing honor of human dignity and respect for every individual in the clinical setting regardless of race, color, national origin, gender, sexual orientation, disability, or age is essential to training. Students learn to practice the profession of Radiologic Technology by obtaining knowledge and applying skills until the highest level of competency is attained. Application of clinical skills is progressive throughout the program.

Through the collaborative efforts of the student, staff technologist, clinical instructor, and clinical coordinator, learning takes place which is consistent with a high level of competency and professionalism. Our goal is to graduate radiographers who perform quality radiographic procedures with dignity and respect for themselves, their patients, and the health-care provider community at large.

Students, as you embark on your clinical education journey, never forget that ultimately your future job satisfaction will come from serving your patients by performing your duties to the degree of excellence you wish for procedures to be performed on your loved ones. Have a safe and rewarding journey.

Ann S. Smeltzer, M.S. ARRT (R)(M)
Program Director
Radiologic Technology
Cabrillo College
CLINICAL EDUCATION OVERVIEW

You will discover that there are many components to the clinical grade. Many skills must be demonstrated each term and each term brings a higher skill level to be demonstrated. Clinical education is the manifestation of classroom and laboratory learning. Keeping up with didactic (classroom) knowledge and skills will assist you in conquering the clinical component of the RT program. In clinical education, you get the opportunity to practice what you have learned in the classroom!

Clinical education experiences vary and because of this each student is rotated to a different clinical site each fall, spring and summer terms. When you are assigned to a clinical facility, your supervisor will be the clinical instructor on site. Confer frequently with your clinical instructor (C.I.) for advice or direction. You are always welcome to discuss questions or concerns with me, as well.

I will be periodically dropping by clinical facilities. I can also be reached quickly by cell phone (number is given out in class) or e-mail (coluna@cabrillo.edu) if you have questions or concerns. A message may be left on the office phone for non-urgent matters, (831) 479-6122.

Here is our best advice for radiography students as steps to success in clinical education:

Know what is expected of you in clinical education
Read the clinical objectives contained in this handbook.
When in doubt ASK! No one will fault you for inquiring. Ask before you act!
Know what to do in an emergency-review the information in the orientation quiz.
Know what documentation is necessary for clinical education and keep it current.
Know the timelines for image critiques, grades, hours, and competencies.
Make sure your interpretation of how you are doing agrees with your instructors’ assessment of your performance. Make a point to ask him or her how you are doing and what you can be doing better BEFORE the midterm evaluation so you have time to correct it (and make a better grade!)

Remember, you can study, discuss, and memorize all of the theories and procedures in radiography, but you are not a radiologic technologist until you are able to put your knowledge into practice successfully. To help, to care and to comfort people in times of illness and great emotional stress are truly giving and wondrous acts. You are a special person for entering this profession!

Connie Luna, ARRT, R.T. (R)(MR)(CT)(M)
Where do I go?

Clinical Education (CE) assignments
Students are randomly assigned to their first clinical education course in the first fall of the program. For subsequent terms, each student will be assigned to a new clinical site based upon a combination of personal ballot choices, educational learning needs, and skill optimization. At the end of each term students will be given a ballot in order to identify a preference for a clinical education center for the next term. These requests are simply communications of personal preferences and will only be used in consideration for assignments jointly with educationally sound principles such as, an individual's past clinical strength(s), weakness(es), and variety and levels of procedures (Appendix J).

DIRECTIONS TO:

Community Hospital of the Monterey Peninsula (CHOMP) 23625 Holman Highway, Monterey, CA
From Rte 1-South from Santa Cruz, continue past Moss Landing and Seaside. In south Monterey, take turn off marked highway 68 to Pebble Beach, Pacific Grove. (This is the second 68 turn-off. The first one heads to Salinas.) Turn right and exit onto Holman Highway/68. Entrance to hospital at the next stoplight intersection (Look for hospital sign), turn right. Check with your C.I. as to parking.
C.I.: Nicole Hiser, HPC, 576 Hartnell Street, Monterey, CA 93940 658-3070
Frances Mendoza, CIC at Ryan Ranch, 2 Upper Ragsdale, Suite D100, Monterey, CA 93940 649-7700
Manager: Eric LoMonaco

Dominican Hospital Santa Cruz (DSCH) 1551 Soquel Drive, Santa Cruz, CA
From Highway 1Northbound to Santa Cruz take the Soquel Drive exit. Turn left off of exit at frontage road. At next stoplight (Soquel Drive) turn right. From Highway 1Southbound to Monterey, take the Soquel Drive exit. Turn right onto frontage road, turn right at next stoplight (Soquel), go over freeway to second stoplight, turn left. Check with your C.I. as to parking.
C.I.: Sundee Haut 462-7267
Manager: TBA
Kaiser/Gilroy (KPG) 7520 Arroyo Circle, Gilroy, CA
From 101 Northbound to San Jose, take 152 West/Leavesley Road exit. Right turn at signal. At next light (McDonalds) turn right onto Arroyo Circle. From 101 Southbound, take 152 West/Leavesley Rd. exit. Turn left at signal. At second light, (McDonalds), turn right. For both, continue straight through next signal. Kaiser will be on the left just as road bends to the left. There’s two entrances in case you miss the first. Check with your CI as to parking.
CI: Susan Wade 408 848-4672
Manager: Jerry Siebenaller

Natividad Medical Center (NMC) 1441 Constitution Blvd, Salinas, CA
From 101 Northbound, take the East Laurel exit, turn right. Cross Main Street (keep going straight). Look for Medical Center signs. Natividad will be on the left. Check with your CI as to parking.
CI: Alfonso Alvarez Rodriguez 772-7613
Manager: Heidi Riggenbach
Diagnostic Imaging Supervisor: Jessica. Hogge

Radiology Medical Group (RMG) 1661 Soquel Dr, Santa Cruz, CA 95065
From Highway 1 Northbound to Santa Cruz take the Soquel Drive exit. Turn left off of exit at frontage road. At next stoplight (Soquel Drive) turn right. RMG will be on left just past Dominican in the single story medical complex. From Highway 1 Southbound to Monterey, take the Soquel Drive exit. Turn right onto frontage road, turn right at next stoplight (Soquel), go over freeway. RMG will be on left just past Dominican in the single story medical complex. Check with your C.I. as to parking.
CI: Sabrina Luis 476-7711
CEO: Terry Goldberg

Salinas Valley Memorial Hospital (SVMH) 450 E. Romie Lane, Salinas, CA
From 101 Southbound, take the John Street exit, turn right. From 101 Northbound take John Street exit, turn left at stop sign and over freeway. For both exits, go through signal, over railroad tracks. Turn left at Abbott Street, go to Los Palos Drive turn right. At next stoplight (Ramie Lane) turn right. Hospital and parking is on your immediate left. Check with your CI as to parking.
CI: TBA 759-1895
Manager: Gina Ramirez
Saint Louise Regional Hospital (SLRH) 9400 No Name Uno, Gilroy, CA.
From 101 Northbound -San Jose, take 152 West exit (right turn off of exit). Go straight though signal (San Ysidro Ave). From 101 Southbound, take 152 West exit. Turn left at signal. Turn left at next signal(San Ysidro Ave). For both, at 'T', turn left. This road becomes No Name Uno road. Turn right to Hospital. Check with your CI as to parking.
CI: Shelley Cole-Atkinson 408 848-8622, ext. 5 Manager: Alma Vandenraadt

Palo Alto Medical Foundation (PAMF) 2025 Soquel Avenue, Santa Cruz, CA
From Highway 1 Northbound to Santa Cruz take the Soquel Drive exit. Turn left onto frontage road, then left at stoplight (Soquel Dr). At about third stoplight (Capitola Road) turn right into parking lot of PAMF. Check with your CI as to parking. From Highway 1 Southbound to Monterey, take the Soquel Ave exit. Turn right onto frontage road, then left at next stoplight (Soquel Ave). At about third stoplight (Capitola Road) turn right into parking lot of PAMF. Check with your CI as to parking.
CI: Betsy Dunn 458-5521 Manager: Percy Williams

Sutter Maternity & Surgery Center (SMSC) 2900 Chanticleer Ave, Santa Cruz, CA
From Highway 1 Northbound to Santa Cruz take the Soquel Drive exit. Turn left off of exit ramp then right at stoplight (right on Soquel Dr). After second stoplight (Mission Drive) turn right on Chanticleer. Check with your CI as to parking. From Highway 1 Southbound to Monterey, take the Soquel Ave exit. Turn right onto frontage road, then right at next stoplight (Soquel Ave). After third stoplight (Mission Drive) turn right on Chanticleer. Check with your CI as to parking.
CI: Donna Gritton 477-2235 or 477 2200 Manager: Percy Williams

Salinas Valley Imaging (SVI) 559 Abbott St., Salinas, CA
From 101 Southbound, take the John Street exit, turn right over railroad tracks. Turn left at Abbott Street, go to Los Palos Drive turn left.
Cis:TBA 796-3767 Ext. 206 Manager: tba

Watsonville Community Hospital (WCH) 75 Neilson Street, Watsonville, CA.
From Rte 1-South from Santa Cruz, take the Airport Blvd exit, turn left back over freeway to second stoplight marked with "Hospital" sign-Nielson St. Turn right. Check with your CI as to parking. From Rte 1-North from Salinas/Monterey, take the Airport Blvd exit, turn right. Turn left at signal(Airport Blvd.) Turn right at next stoplight (Neilson), marked with "Hospital" sign.
CI: Doug Nakatani 724-4741, ext. 1011 Manager: Richard Grounds
When do I go?

FIRST FALL AND SPRING TERMS
Students should work toward acquiring knowledge of each CE site as to clerical, billing and radiographic policies and procedures. On a practical level, each student should preview the weekly observation and performance evaluation forms (located in Appendices section) BEFORE starting clinical education in order to understand what is expected in terms of skill development in the clinical environment. Students are in an **OBSERVATION ONLY** mode during the first three weeks in CE so that each student can be adequately prepared in radiation and bloodborne pathogen protection techniques and is able to competently practice basic principles of safety in these two areas. Increasing levels of knowledge, skills, and attitudes involving clinical performance and retention of basic clinical skills are expected to be demonstrated over the first and second terms of the program. Clinical education is scheduled on Tuesdays and Thursdays for 8 consecutive hours. CE does not occur during finals week.

SUMMER SESSION
One summer session is scheduled for the program. Students are expected to "round out" their radiographic skills. A higher level of expressed expertise demonstrating a wider range and level of difficulty of radiographic and fluoroscopic procedures and quality patient care are expected to be demonstrated over this period of time. CE is scheduled on a 5 day, 36 hours/week, Monday through Friday schedule.

SECOND FALL AND SPRING TERMS
Retention of those competencies performed at advanced levels of knowledge, skills, and attitudes involving clinical performance in all areas of radiography are expected to be demonstrated over the second fall and second spring terms of the program. CE is scheduled on Mondays, Wednesdays, and Fridays for 8 consecutive hours each day. CE does not occur during finals week.
# Clinical Education (CE) Schedule

## First Year Students

<table>
<thead>
<tr>
<th>Semester</th>
<th>Days and Time</th>
<th>Hours per Week for Weeks</th>
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<tbody>
<tr>
<td>First Fall Semester</td>
<td>Tuesdays and Thursdays</td>
<td>16 hours per week for 15 weeks</td>
</tr>
<tr>
<td>RT 53AL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Spring Semester</td>
<td>Tuesdays and Thursdays</td>
<td>16 hours per week for 15 weeks</td>
</tr>
<tr>
<td>RT 53BL</td>
<td></td>
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<table>
<thead>
<tr>
<th>Session</th>
<th>Days and Time</th>
<th>Hours per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Session</td>
<td>Monday through Fridays</td>
<td>36 hours per week</td>
</tr>
<tr>
<td>RT 53CL</td>
<td></td>
<td></td>
</tr>
</tbody>
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## Second Year Students

<table>
<thead>
<tr>
<th>Semester</th>
<th>Days and Time</th>
<th>Hours per Week for Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Fall Semester</td>
<td>Mondays, Wednesdays and Fridays</td>
<td>24 hours per week for 15 weeks</td>
</tr>
<tr>
<td>RT 63AL</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialty rotations may begin after midterm--check with your C.I.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Semester</th>
<th>Days and Time</th>
<th>Hours per Week for Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Spring Semester</td>
<td>Mondays, Wednesdays and Fridays</td>
<td>24 Hours per week for 15 weeks</td>
</tr>
<tr>
<td>RT 63BL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Students may not report to clinical education outside of the assigned clinical education hours without prior permission of the clinical instructor and clinical coordinator or program director.**
What do I do?

THE FIRST STEP:

ALWAYS KEEP THIS HANDBOOK WITH YOU AT YOUR CLINICAL EDUCATION CENTER!

On your first CE day start filling out your Time Sheet (sample in Appendix G). See Time and Attendance section (page 31) for instructions on how to document your hours. Also start filling out the Procedure log Sheet (sample in Appendix D). See below for instructions. Keep track of what you do and experience. Documentation is vital to track your progress in CE. All documentation as described in the following appendices is mandatory.

Appendix A  WEEKLY CLINICAL OBSERVATION SHEET pg. 40
D  PROCEDURE LOG SHEET pg. 57
F  CUMULATIVE CLINICAL COMPETENCY RECORD pg. 62
G  TIME SHEETS pg. 67
H  All COMPETENCY EVALUATION FORMS pg. 69
       COMPETENCY (GREEN), RECHECK (BLUE)
       PEDIATRIC (PINK), REMEDIATION (YELLOW)
I.  CONTRACT TO MAKE-UP HOURS DUE TO ABSENCE pg. 85
L.  CE HANDBOOK AND POLICIES AGREEMENT pg. 97

All forms must be filled out in INK. New forms are available from your CI, with the exception of the Clinical Cumulative Competency Record which is distributed by the Clinical Coordinator. Do NOT use forms provided in the Appendices of this Handbook, they are for reference purposes only. All CE documentation is to be turned in at the end of each semester to the Clinical Instructor. Failure to turn in all documentation is cause for CE course failure and will result in a grade of NO." Refer to the probation section under "Clinical Performance Evaluations".
Procedure Tally or Procedure log Sheet (Appendix D)
All students will maintain a log or tally sheet for all procedures observed, assisted or performed. At first, you will only observe radiographic procedures during the first three weeks of your first fall term. After three weeks, you will begin to assist in helping the staff technologist or C.I. during radiographic procedures, and ultimately, perform radiographic procedures with direct supervision and observation of the staff technologist or C.I. Record which action you have contributed and identify the exam. For confidentiality purposes, DO NOT USE PATIENT NAMES, just numbers. Procedure log sheets shall be kept current on a daily basis and remain at the clinical site, available for review by the Clinic Instructor (C.I.), Clinical Coordinator, and Program Director. The procedure log sheet is used by the C.I. and Clinical Coordinator to evaluate the student’s range of exams and level of participation. Your ability to proceed toward competency is also based upon documentation on the procedure log sheet. You need to observe and participate in an adequate number and range of radiographic procedures before you are allowed to test for competency. Have the C.I. initial for their approval to perform competency in the space at the bottom of the procedure log sheet. This approval allows for the C.I. to review your experience in terms of achieving competency BEFORE you attempt competency and advise you accordingly, e.g. to wait for more experience in terms of numbers of exams or wait for more experience in the degree of difficulty of exam, or to go ahead to test for competency.

NOTE: ALL CE STUDENT RECORDS ARE TO BE TURNED INTO THE CLINICAL INSTRUCTOR AT THE END OF EACH TERM/SESSION OF THE RT PROGRAM.

A note about patient records
Patient records may be used only for the purpose of providing patient care. They may not be removed from the department. Information acquired from patient records is confidential. For classroom purposes, discarded or copied radiographs must have all patient identification removed. Students are responsible for abiding by HIPAA regulations that specifically prohibit the transfer of any patient information including electronic information. You may not access patient records electronically except for the transaction and completion of radiologic studies.

What do I need to know right away?
During the first &/or second day of your clinical education, you will be given an orientation by your Clinical Instructor or a designee. An orientation quiz will be assigned by the C.I. and completed by each student. Each student is expected to become familiar with the following policies and procedures.
ORIENTATION TO CLINICAL EDUCATION

Students must review the following information with the Clinical Instructor (C.I.) during the first week of clinical education. Each C.I. will give students the opportunity to receive information about and ask questions regarding the following:

A. POLICY

All students will be oriented to the affiliate where clinical experience is provided and to specialized areas where it is provided, such as: CT, Ultrasound, Nuclear Medicine, Magnetic Resonance Imaging, Surgery, Emergency dept., Nursery, and ICU. It is the responsibility of the Clinical Instructor to provide this orientation either personally or in part by arrangement with other staff members.

B. PROCEDURE

Orientation will include:

1. Parking regulations (included both daytime and evening rules)
2. Cafeteria procedure:
   a. Times and duration of meals and coffee breaks.
   b. Provisions for students carrying lunches.
3. Washroom facilities (both male and female)
4. Locker facilities and/or proper location for books, outer clothing, purses and valuables.
5. Safety and Emergency Procedures:
   a. Fire regulations
   b. Codes (Blue, Red, Yellow, and etc...)
   c. Security guard and incidents
   d. Reporting accidents and incidents
   e. Disaster plan
   f. Infection control guidelines
6. Absences from or tardiness to the clinical facility:
   a. When to notify
   b. Who to notify (C.I. unless otherwise instructed by the C.I.) (Also notify the Clinical Coordinator immediately.)
   c. How to notify
7. Location of Student Assignment:
   a. Where posted: Clinical objectives, room assignments, hourly schedule
   b. Expectations from the student:
      Weekly observation forms
      Competency Handbook (review Schedule of Competency Examinations)
      Daily tally for exams via procedure logs
ORIENTATION TO CLINICAL EDUCATION (continued)

8. Learning Resource Materials:
   Department resources
   Library: rules and privileges

9. Orientation to Department:
   a. Review of routine views for procedures
   b. Patient transportation procedures to and from department
   c. Operation of equipment

10. Fluoroscopic and Radiographic equipment
    a. Room locations
    b. Type of exam performed
    c. Image receptors
    d. Location of workstations

11. Mobile units: C-arm and portables
12. Location of equipment and supplies:
    a. Grids and holders
    b. Contrast media
    c. Immobilization aides
    d. Lead protective devices
    e. Lead markers
    f. Emergency cart/supplies
    g. Linens

13. Other accessory items: needles, syringes, tourniquets, IV tubing, emesis basins, bandaging materials, etc...
14. Operation of Special Equipment:
    a. Monitors, I.V.s, Oxygen, etc...
    b. Defibrillators

15. Introduction to Key Personnel:
    a. Radiologist (s)
    b. Chief Technologist
    c. Clinical Instructor
    d. Staff Radiologic Technologists
    e. Key Ancillary Staff
    f. Department Manager
ORIENTATION TO CLINICAL EDUCATION (continued)

16. Conference Facilities:
   a. Location of rooms
   b. Special regulations (need for quiet, etc...)
   c. Time and place for weekly image critique session.

17. Communications during Clinical Assignment:
   a. Contact in case of emergency
   b. Making outside phone calls
   c. Visiting patients
   d. Contacting other students

18. Information about Hospital
   a. History
   b. Bed capacity
   c. Administrative personnel
   d. Volunteer Services

MORE ABOUT SITE SPECIFIC STUDENT COMPLIANCE:

Be advised that some clinical education sites require additional Clinical Education (CE) documentation, more frequent background checks, and additional health documentation. As a RT student, you need to keep copies of all required clinical education documentation with you. You may be asked to resubmit those documents at anytime to a clinical site official, such as a compliance officer or employee health representative. All such records are confidential and should be stored securely in a sealed envelope or thumb drive. It is the student's responsibility to keep these records updated. Failure to keep all documentation updated, either hard copy or electronically, and/or failure to respond to notifications of clinical compliance deadlines by the Clinical Compliance Coordinator for Cabrillo College, will result in a grade of 'D' in the "Job Performance" section of the clinical performance evaluation. This places the student on program probation. A second occurrence of a 'D' in this category is a cause for program dismissal.

MORE ABOUT INDIVIDUAL CE SITE ORIENTATION:

After receiving your CE assignment, you should contact the clinical instructor at your newly assigned clinical site the week before the semester begins. Introduce yourself and provide contact information. This is a good time to ask about first day parking and where to report. Ask if special orientation hours are required. If the date and times of an in-house orientation are outside the semester or term schedule, you may be given CE credit for the hours attended.
WHAT ABOUT RADIATION PROTECTION?  

Radiation Protection guidelines in clinical education are reviewed with first years students within the first three weeks of the first Fall term in RT 50, RT SOL, RT 51, and RT SIL and, comprehensively in RT 62 during the first Spring of the program. Students are in an OBSERVATION ONLY mode during the first three weeks in clinical education facilities so that each student can be adequately prepared in radiation protection safety techniques and be able to competently practice basic principles of radiation protection for patients' and personnel safety.

For protection of pregnant student technologists while enrolled in the R.T. program, refer to the R.T. Program Student Policy Handbook or the California State Syllabus on Radiation Protection, Appendix 5, as to federal guidelines 10 CFR 20. This section of the student handbook also states protocol and procedures legally available to you.

Radiation dosimetry monitoring is provided on a monthly basis to all students. New radiation dosimetry monitors/badges are distributed by the program specialist in the RT office at the beginning of every month. Please wear the badges at the collar and outside of any lead apparel. Dosimetry reports will be posted, in a confidential manner, in the RT classroom room HW2105 as they are received. The clinical coordinator and program director monitor dosimetry reports every month. If an unusually high or out-of-range reading is recorded, an investigative conference and counseling meeting with the student and clinical coordinator or program director will be scheduled. If any student has questions regarding any facet of radiation safety, please consult with the clinical instructor or clinical coordinator.

You may NOT attend clinical education if you do not have a dosimetry monitor. If you lose or forget to wear your dosimetry monitor, you will be asked to leave the clinical site. If you are asked to leave CE, you are expected to make up the clinical hours lost. You must report lost or damaged badge to your CI immediately and follow-up in writing with a "Lost Dosimetry Badge Report". Your CI has the form used to document lost or damaged badges. A fee of approximately $30 will be charged for replacement of lost dosimetry badges (see program specialist). Please do not launder your badge or leave it enclosed in cars during the summer months. Remember, YOU MAY NOT ATTEND CE WITHOUT YOUR DOSIMETRY MONITOR/BADGE!
What’s next?
The student's clinical performance is partially assessed through the completion of clinical competencies. Competency evaluations are comprised of the following skills tests of radiologic examinations: abdomen, chest, upper limb, lower limb, vertebrae, cranium, contrast studies, portables and surgery. Each category is subdivided into a mandatory number of exams in which the student must become proficient. Students should be aware that exceeding the number and types of competency is permitted and encouraged in order to achieve advanced skill levels. A schedule of how many competencies you need and when to do them is detailed later in this section. This schedule represents a minimum number of competencies that, in turn, represent satisfactory progress in clinical education. All competency requirements must be completed within the semester or term required to progress to the next CE course. Failure to do so will result in course failure.

HOW TO ACHIEVE CLINICAL COMPETENCY (TESTING-OUT)
OK, I'm ready to prove I am competent doing this radiographic procedure!
Active involvement in a minimum of twenty-five procedures is highly recommended before competency testing. This number can vary based on factors such as degree of difficulty, individual learning styles, what procedures you have been experiencing, etc. Your clinical instructor will help you assess when it is time for you to test for competency. You must plan ahead and allow sufficient time for the Clinical Instructor to review and sign-off on the bottom of the procedure log sheet. Competency testing without Clinical Instructor sign-off is not permitted for patient safety concerns.

Student Role: After initially demonstrating laboratory competency at the college and secondly, experiencing a significant number of procedures in the clinic evidenced by the totals on the CE procedure log sheet, the student should inform the Clinical Instructor or their designee, that a specific competency test is requested and have the CI sign-off on the Procedure log Sheet, and monitor the clinical schedule for that specific exam. It is the student's responsibility to plan for competency testing in a timely manner. Waiting until the end of the semester/session will not guarantee availability of a qualified person to monitor competency nor guarantee the occurrence of the procedure.
When a student successfully completes a competency it will be recorded in their Clinical Education Handbook and on the Cumulative Clinical Competency Record Sheet to be posted in the department. Second year students (those enrolled after the summer session) may perform that radiographic exam with indirect supervision. All first year students (those enrolled within the first three semesters of the program, e.g. before the second fall term) are to always be under direct supervision (see Supervision section of this handbook or the Student Program /Handbook for definition of supervision). Failure to progress by not completing the required cumulative number of Clinical Competency Evaluations will result in the student not meeting clinical course objectives and thus, prohibit student progress within the program. The required number of clinical competencies is listed on page 18 of this Handbook. Recheck competencies are performed to assure retention of clinical objectives. Exams requiring student use of fluoroscopy equipment, mobile radiography or any repeat exams must always be performed under direct supervision regardless of first or second year student status.

**Evaluators Role:** The Clinical Instructor or their designee will sign off on the Procedure Tally or Procedure log Sheet and make a reasonable attempt to accommodate the student's request. Due to the variation in work load and/or other commitments, the CI may elect to reschedule the student's competency request. During the competency evaluation, the evaluator will directly observe the student perform the exam in an unobtrusive manner. If adjustments need to be made, direction will be given to the student away from the patient and well before an exposure is initiated. This is important for the student's confidence during the evaluation process and the patient's confidence in their quality of care. An exception would be made if an evaluator sees an immediate threat to patient safety. If an action by the student occurs which would require a repeat exposure, the Clinical Instructor or designee will intervene prior to an exposure.

When a student successfully completes all aspects of the exam as outlined on the Clinical Competency Evaluation with all "3's", the attempted competency is complete. If a score of "1" or "2" is received in any category and/or an error is made that would make any projection repeatable, competency is automatically denied and written permission from the Clinic Instructor, Coordinator or Program Director is necessary to repeat this particular competency test. The student must experience and practice a sufficient number of cases before the competency is repeated. Sign-off of the Procedure log Sheet, verifying additional practice, is again required. When signed, the Log Sheet constitutes written permission to repeat the competency evaluation. After subsequent permission is received, the same procedure is then repeated with direct supervision regardless of competency status. Exams requiring student use of fluoroscopy equipment, mobile radiography or repeating an exam must always be performed under direct supervision.
WHERE ARE COMPETENCIES RECORDED?

Competency Evaluations  (Appendix H - Green pages)
The Clinical Competency Evaluations or "test-outs" are divided into mandatory and elective exams that consist of a total of 75 radiographic examinations over the course of the Program. 40 of these exams fall into the mandatory category. Minimum numbers of mandatory competencies must be completed as indicated on the schedule of competency evaluation later in this section.

Competency readiness is based on the student's confidence of performance as well as the Clinical Instructor's assessment of the student's readiness and preparation. After the C.I. signs off your procedure log sheet, wait for the patient with the desired procedure to present him/herself, identify to the staff technologist or CI that you wish to "comp out," and give the green page to the staff member to fill out as you perform the competency test-out. Before you test-out, review the scoring criteria on the green pages of the competency evaluation.

The number of mandatory comps required is a minimum; you may exceed this number if prepared to do so and are cleared by your clinical instructor. All mandatory competencies must be completed before graduation. They are listed in bold on the Clinical Cumulative Competency Record(Appendix F). Elective competencies are not in bold. At least ten elective competencies must be completed before graduation. Elective competencies expand the student's knowledge base and enhance the level of skills learned while in clinical education.

Recheck Competency Evaluations  (Appendix H - Blue pages)
The Recheck Competency Evaluations are divided into the same categories as the Clinical Competencies, minus cranium. These are re-evaluations of exams successfully completed in earlier training and help to assess retention of skills. A minimum of 4 weeks within the semester must have passed before a recheck is allowed, though waiting to a successive semester is preferred. Ten recheck clinical competencies are required. Recheck competencies must be selected from the mandatory listing on the Clinical Cumulative Competency Record form. See table next page for exam categories.
Recheck Clinical Competencies Evaluations must include the following:

1. Upper Extremities 1 minimum
2. Lower Extremities 1 minimum
3. Chest & Ribs 1 minimum
4. Abdomen and Pelvis/Hip 1 minimum
5. Spine 2 minimum
6. Contrast Studies 1 minimum
7. Surgery C-arm studies 1 minimum

The remaining number of recheck competencies may be from any category of exams.

WHY DO I HAVE TO DO SOME COMPETENCIES AGAIN?
Recheck competencies allow for retention of information learned in earlier terms/semesters. Since the program is 22 months in length, the use of recheck competencies ensures good practice and retention. A minimum of 4 weeks within the semester must have passed before a recheck is allowed, though waiting to a successive semester is preferred. The required number of rechecks for each semester must be performed during that semester. Unlike with mandatory competencies, students are not allowed to accumulate totals in advance.

The Clinical Instructor has the responsibility to ascertain general competency of students newly assigned to the facility. Requests by the C.I. for you to repeat selected competencies, performance of observational evaluations, or requests for performance observation by the C.I. before patient contact are appropriate to the establishment of general competency within a new clinical environment. Clinical education remedial assessments shall be applied as educationally appropriate to the needs of each individual student.

Transfer students in Clinical Education
Once accepted into the program, all transfer students in clinical education courses must demonstrate competencies appropriate to their placement in the program. The program director and clinical coordinator shall assess transfer credit and determine suitability for placement in clinical education. All transfer students must meet the CE course requirements in which they are scheduled and enrolled in order to advance.
### SCHEDULE OF COMPETENCY EVALUATIONS

<table>
<thead>
<tr>
<th>Course Number</th>
<th>School Semester</th>
<th>Competencies Due (a minimum of)</th>
<th>Recheck Competencies (a minimum of)</th>
<th>Elective Competencies (a minimum of)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RT 53AL</td>
<td>1st Fall</td>
<td>2 Competencies</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>RT 53BL</td>
<td>1st Spring</td>
<td>6 Competencies</td>
<td>2 Rechecks</td>
<td>----</td>
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<tr>
<td></td>
<td></td>
<td>Accumulative total of 8</td>
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<td></td>
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<tr>
<td>RT 53CL</td>
<td>Summer</td>
<td>10 Competencies</td>
<td>3 Rechecks</td>
<td>3 Electives</td>
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<td></td>
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<td>or Accumulative total of 18</td>
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<tr>
<td></td>
<td></td>
<td>Competencies</td>
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<td></td>
</tr>
<tr>
<td>RT 63AL</td>
<td>2nd Fall</td>
<td>10 Competencies</td>
<td>3 Rechecks</td>
<td>3 Electives</td>
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<tr>
<td></td>
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<td>or Accumulative total of 28</td>
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<tr>
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<td>Competencies</td>
<td></td>
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<tr>
<td>RT 63BL</td>
<td>2nd Spring</td>
<td>12 Competencies</td>
<td>2 Rechecks</td>
<td>4 Electives</td>
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<tr>
<td></td>
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<td>or Accumulative total of 40</td>
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<tr>
<td></td>
<td></td>
<td>Competencies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: A student must have the prior written permission of the clinical instructor to perform and/or record Clinical Competency Evaluations - see sign-off at bottom of procedure log/tally.
CLINICAL COMPETENCY OBJECTIVES
OR
HOW DO I MAKE THE GRADE?

CLINICAL EXPERIENCE (CE) OBJECTIVES
JUST WHAT IS EXPECTED OF ME IN CLINICAL EDUCATION AND HOW DO I MAKE THE GRADE?

These objectives represent knowledge, skills, and attitudes one must attain as a clinical education student and are the basis for your grade in clinical education. Students must maintain a "C" grade or better in each of the following categories of clinical performance. A "D" grade in any one category of the clinical performance evaluation, either on the Midterm Evaluation or the Final Evaluation, results in program probation (see probation, program termination, grade computation in the R.T. Student Handbook). Clinical performance of students is subject to evaluation by program faculty at any time during the term.

All repeated radiographic exams and all mobile, fluoroscopy, angiography, CT, and advanced modality examinations are to be performed by students solely under direct supervision.

The categories of clinical performance evaluation include the following:

A. RADIATION PROTECTION
Given a requisition for a radiographic study, the student will demonstrate accuracy in practicing radiation protection for the patient, personnel, and guests by:
1. Closing doors during procedures and exposures.
2. Always shielding patients for radiation safety purposes.
3. Consideration of patient's pregnancy status: follows department protocol.
4. Collimating at least to image size, preferably to part size.
5. Protecting himself/herself and others from irradiation by wearing aprons, gloves, and dosimetry badge.
6. Keeping repeats to a minimum. Repeated imaging must be done with the direct assistance of an R.T.
7. Demonstrates basic knowledge of safety protocols and the biological effects of radiation.
B. **EQUIPMENT**

During a radiographic study, the student will demonstrate knowledge, understanding, and dexterity in the proper use of equipment to the satisfaction of evaluation guidelines. The following functions will be observed:

1. Competency and proficiency with equipment including new equipment by using previous education and experience.
2. Safety precautions including keeping room furnishings and accessories properly placed and safely positioned.
3. Effective manipulation of control panel.
4. Consideration of tube rating charts and heat units.

C. **PUNCTUALITY AND DEPENDABILITY**

Upon assignment to a given facility, the student will attain the knowledge of the site's attendance parameters and abide by them.

1. Punctuality in reporting to and preparing the room for patients at the start of shift.
2. Minimum time lost due to absence.
3. Consideration of others by taking proper length of time for coffee and lunch breaks according to Department policy.
4. Demonstrates flexibility in taking breaks and lunches.
5. Communicates whereabouts appropriately. (Clinical instructor and/or supervising technologist)
6. Completion of tasks. Fulfilling orders or direction given by staff.
7. Properly notifying the Department in the event of absence or tardiness. Incurring absences or tardies may affect your letter grade (see appendix C).

D. **CO-WORKER/HOSPITAL RELATIONSHIPS**

During the hospital assignment, the student will demonstrate positive relationships in dealing with co-workers, the public, and other hospital staff. Areas of special importance include:

1. Tact and courtesy with staff and others.
2. Takes initiative and helps other staff members.
3. Cooperation with staff technologists, demonstrates team approach.
4. Acceptance of constructive criticism.
5. Accepts instructions and direction willingly.
6. Personal appearance is neat and clean: adheres to dress code.
9. Demonstrates enthusiasm and interest in his/her job.
10. Contributes to a pleasant working environment.
11. Communicates clearly as a message sender and receiver.
12. Communicates current whereabouts or where they will be.

E. CLINICAL PERFORMANCE
During the hospital assignment, the student's clinical performance will be observed and satisfactory ratings must be achieved in each of the following areas:
1. Marks all radiographs.
2. Plans and organizes work efficiently - has foresight, has all supplies needed before exam begins.
3. Work pattern during exam is organized and efficient.
4. Perseveres and follows through on exams- releases patient when procedure is completed - doesn't leave an exam in progress except with the technologist's permission.
5. Is alert and interested in what is happening in room - asks pertinent questions at appropriate times.
6. Is willing to start exams on own, demonstrates self-confidence.
7. Reads and understands the requisition.
8. Judges new or changing situations and makes reasonable decisions - doesn't move a patient with a possible C-spine fracture - sits or lays a patient down who is weak or faint, etc....
9. Maintains a neat, clean, well-stocked room. (e.g., changes pillow cases, cleans table and chest unit frequently, and stocks supplies in cabinets.)
10. Is able to follow instructions and is effective, dependable and reliable.
11. Demonstrates flexibility: Able to recognize and compensate for multiple variables (e.g., changes in patient position, distance, tube angle, technical factors, and anticipates needs).
12. Is aware of own weaknesses and strives to improve.
14. Demonstrates adequate speed to keep up with patient flow for training level.
15. Demonstrates versatility of skills and ability to handle a wide variety of situations.
16. Never repeats a radiograph without the assistance of qualified radiologic technologists.
17. Completes clinical observation forms in a timely manner (once per week except for first and last weeks of fall, spring, and summer terms). All necessary signatures and all documentation completed in a timely manner and submitted by end of term.

18. Completes all clinical compliance requirements on time as requested by Clinical Compliance Coordinator. All repeated radiographic exams and all mobile, fluoroscopy, angiography, CT, and OR (surgical) examinations are to be performed by students solely under direct supervision.

F. TECHNICAL FACTORS

During radiographic procedures, the student will be observed in the selection of proper technical factors for routine examinations of the average as well as the unusual patient. This includes:

1. Setting the control panel accurately for an exposure, setting proper kV and mAs per technique chart - select correct tube, Bucky, and focal spot size (analog or digital).
2. Evaluating patients for determining exposure factors - ability to deviate from an average technique to compensate for body habitus, pathology, and prosthetic devices.
3. Checking control panel before exposing (analog or digital).
4. Identifying technical error - grid (lines/cut-off), under/over exposure, motion (gross/slight), artifacts, buttons, hair clips, etc.; is part completely on image (no cut bases, etc.), no body rotation, (is part completely AP/PA, Lateral, etc.)
5. Ability to convert AEC to manual technique.
6. Understanding how various Ma, kV, time, distance, heel effect, and FS size affect the radiographic image (analog or digital).
7. Correcting technical error(s) once identified (analog or digital).
8. Converting a technique when needed, e.g. reduce time for patient motion, no grid to grid technique, etc.
9. Maintaining quality radiograph - doesn't pass marginal images through as acceptable.
10. Keeping repeats to a minimum.
11. Demonstrating competent use of AEC.
12. Instructing the patient in short, concise and understandable language.
13. Assessment of patient's ability to follow directions.
G.  POSITIONING
During radiographic procedures, the student will be observed in the selection of proper positioning for routine examinations of the average as well as the unusual patient. This includes:
1. Knows department routines.
2. Knows specific centering for each part radiographed - including angulation of the X-ray tube and body parts.
3. Positions the patient carefully and accurately, uses proper immobilization.
5. Progresses toward minimal supervision and confidence in positioning. Shows pride in work.
6. Works at efficient pace; keeps up with patient flow appropriate to level of training.
7. Takes initiative to improvise in a given situation to obtain desired results.
8. Gently eases patient into position; uses concise instructions while positioning.
9. Clinical practice demonstrates consistent skill levels, retention of basic competencies, as well as advancement toward higher level competencies each term.

H.  PATIENT CARE AND NURSING PROCEDURES
During a radiographic study, the student will demonstrate knowledge and understanding of various nursing procedures, and basic patient care. Areas of performance are:
1. Identifies patient properly and uses his/her name during the procedure.
2. Maintains patient's modesty and comfort.
3. Empathetic towards each patient.
4. Recognizes the patient truly as a person, offering emotional support.
5. Explains the exam clearly and concisely to the patient.
6. Uses a safe approach in transfer of patients.
7. Takes vital signs in conjunction with radiographic procedures.
8. Properly handles IV's and catheters.
9. Can assist the physician during an emergency or non-emergency situation.
10. Applies surgical and medical asepsis when drawing up syringes, setting up sterile fields.
11. Knows when and how to apply various isolation techniques. ALWAYS uses "Standard Precautions".
12. Properly discards hazardous materials according to department protocol and "Standard Precautions".
SECONDARY NURSING PROCEDURE OBJECTIVES:
Part one: The student will be able to describe:
1. What is considered a normal adult blood pressure.
2. The definition of systolic and diastolic blood pressure.
3. The range of normal respiration rate.
4. The range of normal adult pulse rate.
5. The location of the:
   - Crash cart
   - 02 tank
   - Suction machine
6. The protocol for initiating each of the following codes:
   - Cardiac Arrest
   - Fire
   - Bomb threat
7. The correct placement of the patient's urinary drainage bag and the reason for placement.
8. The correct height of an IV solution bag and an explanation for the reason of the placement.
9. Where you would find information related to patient blood borne pathogen/infection control procedures in the radiology department and on portables.
10. What department procedures are in place to carry out the Standard Precautions protocol.

Part two: For the skills test the student will be able to:
1. Take a blood pressure
2. Take a pulse
3. Take a respiration
4. Set up 02 for administration to a patient
5. Set up suction machine for use
6. Follow a strict isolation procedure while positioning for a chest exam.

Skills tests for vital signs are given initially in positioning laboratories at the College and continue at the start of each term/semester in Clinical Education Centers. A quiz on orientation information about the clinical education center is also given to each student.
The clinical grade consists of the following:

1. Successful completion of a minimum number of Clinical Competencies assigned for the term
2. Image Critique Scores
3. Mid-term Performance Evaluation
4. End of Term Performance Evaluation
5. Completion of Clinical Hours assigned for the term, timely submission of clinical documents and submission of CE documents with all required signatures by end of term.

**Clinical Competency Evaluation (Appendix H)**

Clinical Competency Evaluations are documented as the student having completed course objectives or not completing course objectives at the end of each term/semester. The competency evaluations are performed during the length of the term/session. As each student attempts competency evaluation, each attempt, whether a repeat or success, is to be recorded in the green, blue, pink, or yellow sheet area of the Clinical Competency Handbook (Appendix H) and signed by the technologist performing the assessment. After successful completion, the competency is then recorded on the Cumulative Clinical Competency Record form and signed by the technologist performing the assessment. Each student must meet the required number of competencies for each semester in order to progress within the program.

**Cumulative Clinical Competency Record (Appendix F)**

Each student will maintain a current cumulative listing of all competencies completed to date. Students will record the type of procedure, as well as the semester/term in which the competency was successfully performed. The technologist performing the assessment will initial verification of completion (in ink) on the form entitled Cumulative Clinical Competency Record. This form is to be available in the work area of the assigned clinical facility each term/semester. The Student will turn in all clinical records to the CI. Each CI will forward the record to the students' newly assigned clinical education centers.
Clinical Competency Grading
Each competency is evaluated by the CI or his/her designee. If any one item is missed (see Appendix H), the student has not achieved competency and must repeat the exam at a later time. The grading of passed Clinical Competency Evaluations is based each term on the success of and the cumulative number of competencies completed. If less than the required number of competencies are completed, then the student receives a failing grade, or a "D' in Section V of the performance evaluation (Appendix Band C), as this part of the clinical grade is a completed (pass) or not completed (fail, "D") component. NOTE: If the student has to repeat a radiograph, the competency must be repeated and the repeated image MUST be re-evaluated by a qualified radiologic technologist; the repeat must be performed by the student under direct supervision.

Image Critique (Appendix E)
The student is required to present one (1) image critique in the first fall semester, and a minimum of two (2) case studies for all other spring, summer and fall terms of Clinical Education. The image critique includes an oral, analytical case study presentation to the Clinical Instructor and fellow students (if applicable) consisting of and scored on knowledge of the following topics:
- Identification of routine
- Radiation protection
- Positioning of patient
- Central ray location
- Marker and blocker positions
- Distance
- Image/screen/grid combinations
- Image size
- Technical factors
- Immobilization
- Anatomy
- Accessory equipment

The student will analyze and compare the radiographs as to the technical optimization of the images, and make recommendations for improvement. The Clinical Instructor will score the oral presentation. Each image critique is 30 points. Additional image critiques may be presented with the Clinical Instructor's permission. All image critique scores will be calculated on total points possible and weighted 15% of the end-of-term performance evaluation. See Appendix E for the Image/film critique assessment form.
Clinical Performance Evaluations

Clinical Weekly Observation Sheets (Appendix A)
During the clinical assignment the student will be observed on his/her performance in all areas stated in the objectives on a weekly basis. This assessment will assist the Clinical Instructor in formulating the mid-term and end-of-term performance evaluations. This observation sheet is based upon pre-stated objectives and is completed by either the Clinical Instructor or a designated registered radiologic technologist.

HOW TO USE OBSERVATION SHEETS
It is advised that the student have one observation sheet per week starting the second week of fall, spring and summer terms and the first week of shorter terms or sessions. Refer to Appendix C, Section V, for minimum requirements. Keep in mind these sheets are titled as "weekly". The C.I. may request completed observation sheets at any time.

Mid-term Clinical Performance Evaluation (Appendix B)
In order to support the ongoing progress of students in the clinical setting, the Program requires that clinical instructors complete a Mid-Term Evaluation at the 8th week (Semesters), and at the 4th week (Summer). Each student's clinical performance will be assessed twice each term/session. This schedule allows students to be fully informed of their progress toward meeting clinical objectives.

Probation in Clinical Education
Receiving a "D" grade for any category at the midterm evaluation demonstrates unsatisfactory progress and will result in probation. Unless subject to prior remediation, or the student's action(s) are designated an unsafe practice, the student will be given an opportunity to correct and improve their performance. Within two weeks of notification of the "D" grade; a plan for probation remediation will be formulated by the Clinical Instructor and Clinical Coordinator. A follow-up on progress shall be scheduled approximately every two or three weeks thereafter in a meeting with the student, Clinical Instructor, and/or Clinical Coordinator. Successful remediation of the "D" grade in no way excuses the student from responsibility of maintaining a "C" or higher grade in any category at any time. (refer to the Radiologic Technology Program Student Handbook.)
Review of Performance Evaluation
The Clinical Instructor will review the performance evaluation with each student. Students are expected to review their performance evaluations with their clinical instructor and maintain a semester long, open dialogue regarding their progress. This allows each student to have an ongoing picture of how they are adjusting into the clinical setting and progressing in clinical competency (see clinical objectives, Radiologic Technology Program Student Handbook and grade computation). The required Mid-term Evaluation is a foundation from which the end of term Clinical Performance is derived. The midterm performance evaluation is weighted 25% of the clinical grade. It allows for a base grade for evaluation of performance and also promotes ongoing communication and dialogue between the student, Clinical Instructor and college faculty (see Appendix B). A learning contract is included in the performance evaluations for the student's use in understanding clinical objectives and how to achieve those objectives. Appendix C contains a description of the grading criteria used to determine the letter grade in each category of the performance evaluation.

Final Clinical Performance Evaluation (End-of-term, Appendix B)
Each student's clinical performance will be assessed twice each term/session. The final performance evaluation is the second of two clinical performance evaluations. The final performance evaluation is weighted 60% of the clinical grade. It depicts the student's performance at mid-term through the end-of-term, image critique scores and an indication of having met (passed) or not met (failed) clinical competencies and hours for that particular term. All academic sessions require mid-term and final performance evaluations.

The Clinical Instructor will review performance evaluations with each student. Students are expected to review their clinical status through weekly observations, conferences, and performance evaluations with their Clinical Instructor and maintain a semester long, open dialogue regarding their progress. This allows students to have an ongoing picture of how they are adjusting to and performing in the clinical setting and how they are progressing overall in clinical performance. A grade of "D" in any category at the end of term evaluation will not allow for remediation due to the lack of time remaining. If the student maintains a passing score in CE, the student will be placed on probation and a remediation plan formed during the following term.
Clinical Education Hours
As a condition of clinical education, the student must complete the clinical hours assigned for each term. Successful completion of the clinical education hours within the term will allow the student to progress and results in a grade with the letter grade contingent upon weighting factors previously discussed for the overall clinical grade (See section on Final Clinical Grade next page). Failure to complete CE hours for the term will result in an incomplete grade (INC) and subsequent program dismissal.

Supervision
First year students (first fall, first spring, winter session, and summer session) are never to work in the clinical education center without direct supervision. First year students must have a staff technologist present in the room when performing radiographic examinations. Second year students may work with indirect supervision when they have performed and passed competency assessment with that particular radiographic procedure. Indirect supervision requires that a staff technologist be easily accessed in the immediate clinical area. All repeated radiographic exams and all mobile, fluoroscopy, angiography, CT, and advanced modality examinations are to be performed by students solely under direct supervision.
HOW IS THE CLINICAL GRADE CALCULATED?
The final grade in clinical education is assigned by the Clinical Instructor and approved by the Clinical Coordinator. The clinical grade is based upon five, distinct components which follow:

The Final Clinical Grade consists of:
- Competency Evaluation Cumulative Numbers pass (completed) fail (not completed)
- Image Critique (15% of final grade)
- Mid-term Clinical Performance Evaluation (25% of final Grade)
- End of Term Clinical Performance Evaluation (60% of final grade)
- Completion of clinical hours assigned for the term - pass (completed) or INC (not completed)
- Completion of clinical documentation for the term - pass (completed) or INC (not completed)

Forms to be completed with Student signatures: Weekly Observation sheets, time sheets, midterm/final performance evaluations with student learning contracts, make-up of time contracts (if appropriate), and special procedures evaluations (if appropriate).

Forms to be completed with both student and CI signatures: Time sheets, midterm/final performance evaluations with student learning contracts, make-up of time contracts (if appropriate), and special procedures evaluations (if appropriate), orientation quizzes, vital signs assessment and procedure logs (initial when student is ready for competency test).

How is it calculated?
See page 4 of Appendix B.

Clinical Grade Scale: The following grade scale is used to assign grades for all Clinical Education courses as determined by the Clinical Evaluation forms and Clinical Competency Evaluations:

94-100 = A
85-93 = B
75-84 = C
74 + below = D

Students must complete all R.T. courses with a letter grade "C" or better in order to remain enrolled in the Radiologic Technology Program. An Incomplete grade (INC) for hours must be made up before the next term in order to remain in the R.T. program. All other Incomplete (INC) grades result in dismissal from the program for failure to advance in a timely manner.
Time sheets (Appendix G)
When you go to clinical education assignments, you must document your time. Starting time, lunch breaks, and ending times are to be documented on a daily basis. The Clinical Instructor, or a designee, will initial your ending time at the end of each shift. Make sure you ask the CI to initial your time sheet before you leave for the day. Filling out the time sheet in advance is not permitted. Time sheets are to remain at and be posted at the clinical education center until the end of term. Please use ink only. PLEASE NOTE THAT NO STUDENT MAY ATTEND CLINICAL EDUCATION IN EXCESS OF 40 HOURS PER WEEK, NOR MORE THAN 8 HOURS PER DAY. Any change in the CE schedule must be communicated by the student to the clinical instructor and clinical coordinator PRIOR to the change of schedule. Clinical education hours that are missed are to be made-up within the semester they are missed.

Time present, time missed and clinical hours assigned for specialty rotations (Mammography, CT, MRI, US, etc.) are to be indicated on the form. Please indicate location. For specialty rotations, have the supervising technologist verify attendance by initialing and signing the time sheet.

The student's signature at the bottom of the time sheet indicates approval and knowledge that the Clinical Education time sheet records are accurate. The time sheets must be turned in with ALL other CE documentation to the Clinical Instructor at the end of each term or session. False or inaccurate record-keeping, leaving CE early without permission, failure to give notification to the CI or supervisor of leaving CE and/or abandoning CE are subject to program dismissal. Students may not attend clinical education at times other than those scheduled without permission from the Clinical Coordinator.

Clinical Hours and Your Grade and/or Status in the Program (Appendix I)
All clinical education hours missed must be made up before the end of the term/semester. If the student falls behind more than 24 cumulative hours, regardless if the time is made-up or not, they will be placed on immediate probation. Failure to finish clinical education hours in a timely manner or failure to make-up any clinical education hours that are missed will result in a failure grade (D) and subsequent failure of the course and dismissal from the program. Note: Even if you make-up hours your grade can be affected. The attendance grade on the performance evaluation is based upon clinical education hours missed and/or tardiness. Please refer to the grading evaluation/criteria in appendix C Scale III for specific Jetter grade assignments as to missing clinical education hours.
Based upon special circumstances such as medical necessity, bereavement, etc., students who fail to complete clinical education hours may submit a petition to the program director before the end of the current term/semester requesting permission to continue in the program. Petitions will be considered on a case-by-case basis and subject to approval of program director.

Students are encouraged to transact personal business, health appointments, etc. on days other than clinical education.

**What to do if you miss Clinical Education:**
*When absent, the student is to notify the Clinical Instructor and Clinical Coordinator prior to the beginning of the assigned shift as to the student's absence. Messages left for others to deliver to the clinical instructor will not satisfy this policy--you must directly contact the clinical instructor unless incapacitated, then you are to notify the clinical instructor and clinical coordinator as soon as is feasible. Upon return to clinical education you must request the time to be made-up in consultation with the clinical instructor. A sample form for this request is contained in Appendix I. Please ask for the form and consult with the clinical instructor as to permissible times, dates, etc. before making up the hours and/or filling out the form.*

*Students may not report to clinical education outside of the assigned clinical education hours without prior permission of the clinical instructor and clinical coordinator or program director.*

**Leave of Absence**
All absences of more than 16 hours must be approved by the program director. Please refer to the leave section of the Radiologic Technology Program Student handbook.

*If a student needs to request a leave of absence that will initiate over holidays or breaks when the college is not in session, it is the student's responsibility to notify the Program Director or Clinical Coordinator.*
SUPERVISION IN CLINICAL EDUCATION

Supervision when you are in the Clinical Education.

First year students are never to participate or perform in clinical education without direct supervision. First year students must have a staff technologist present in the room when performing radiographic examinations. Second year students may work under indirect supervision when they have reached competency in that particular radiographic procedure. Indirect supervision requires that a staff technologist or C.I. be easily accessed. All pre-competency, all repeated exams, all mobile radiographic or fluoroscopic procedures and all specialty modality rotations such as MRI, ultrasound, nuclear medicine, angiography, CT, and fluoroscopy examinations are to be directly supervised.

It is in the student's interest that adequate supervision be available. Each student is responsible for understanding which situations require either direct or indirect supervision. These policies exist for the protection and safeguard of patients and students alike.

First year students are never to participate or perform in clinical education without direct supervision.

Second year students may work under indirect supervision when they have reached competency in that particular radiographic procedure.

In the event, that the clinical instructor is on leave, not scheduled, off duty, or absent for any reason, the student will report to either the floor or department supervisor. The supervisor, in the CI's absence will be the CI designee.

NOTE: First year students will ALWAYS be under direct supervision and all second year students will be under direct supervision until each competency is passed. After competency is passed, second year students may perform those radiographic procedures with indirect supervision. All students will abide by Section XVII the Student Supervision policy of the program student handbook.
ADDITIONAL OPPORTUNITIES FOR CLINICAL EXPERIENCE

EVENING/WEEKEND CLINICAL ASSIGNMENTS POLICIES

1. All students are assigned to evening or weekend clinical rotation on a voluntary basis. Evening hours may be assigned no sooner than midterm, second Fall semester of the program. Weekends are only available to second year students. Evenings/weekend rotations are assigned by the CI, clinical coordinator, and program director based on educationally sound reasons.

2. Evening shifts are defined as between the hours of 1300 (1 p.m.) and 2130 (9:30 p.m.).

3. Students may be assigned a minimum of 2 weeks (24 hrs/wk) evening/weekend assignments.

4. Students assigned to the p.m. shift or weekend are still required to obtain a weekly observation form, participate in the weekly image critique session, and meet with their clinical instructor to review both mid and final evaluations. It is the student’s responsibility to meet with the clinical instructor as to the scheduling of these events while assigned to evening/weekend rotations.

5. Students may not report to clinical education outside of the assigned clinical education hours without prior permission of the clinical instructor and clinical coordinator or program director.

Objectives for evening assignments:

1. To gain experience in performance of higher frequencies of acute-care, trauma and surgical radiography.

2. Demonstrates independence, critical thinking, and self-motivation in the clinical setting.

3. Develops good judgment and practices problem-solving strategies when obtaining radiographs in unusual circumstances under the indirect supervision of a technologist.

4. Demonstrates ability to perform multiple roles within the radiology department and demonstrates teamwork, flexibility, and "cross-over" performance of duties under limited staffing conditions.

5. Experiences clerical and other ancillary duties associated with a radiology department (patient scheduling, generation of requisitions, etc.)

6. Works with "PM" technologists and observes challenging and innovative trauma examinations. Performs competencies or rechecks following the CE schedule.
NOTE: Students scheduled during evening hours will remain under the guidelines of direct and indirect (general) supervision as specified in the Section XVII Student Supervision policy of the RT program student handbook.

SPECIAL MODALITY ASSIGNMENTS

Policies for Special Modality Assignments

1. Students who have reached mid-term of their second fall term, may request assignment to specialty imaging areas such as: Magnetic resonance, mammography, nuclear medicine, angiography/cath lab, ultrasound, and/or radiation therapy. All specialty assignment requests are arranged with your CI and Clinical Coordinator.

2. **Specialty Rotations must be recorded on the student's time sheet and room assignment records at each student's clinical education center.**

3. Specialty rotations are optional and voluntary.

4. Students must be in good clinical standing regarding attendance. Students must also have completed or be near completion with the number of required competencies at time of the special rotation request.

5. Specialty rotations may be denied based upon the level of difficulty and/or other educationally sound principles.

6. Specialty rotations are coordinated by the clinical instructor and the clinical coordinator with the clinical instructor at the special rotation site. All specialty rotations are scheduled with technologists certified in the area of specialty. Students are always under direct supervision when rotating to special modalities.

7. All students opting for a specialty rotation must notify the clinical coordinator via e-mail or voice mail of the change in clinical education schedule and identify the site and modality selected for specialty rotation before the date of the rotation.

Objectives for Special Modality Rotations:

1. To gain experience of other imaging or therapeutic modalities in the radiologic sciences.

2. Demonstrate acquisition of advanced skills, knowledge, and attitudes in special modality clinical settings.

3. Practice good judgment and problem-solving strategies when assisting in special modalities.
4. After demonstrating competence in radiography, to obtain entry-level experience in special modality patient care, nursing procedures, and imaging prerequisites.

5. Demonstrate understanding of interdepartmental cooperation and the need for teamwork, flexibility, and "cross-over" of duties in special modalities.

6. **A completed special modality performance evaluation** is MANDATORY (see Appendix K). Each student must receive a performance evaluation in order to receive clinical credit for hours of attendance. This evaluation is due at the end of the initial 2 week rotation. Additional time in the modality may be scheduled based upon performance evaluation and educationally sound reasons for the extension via permission of the clinical coordinator (CC) and clinical instructor (CI).

**NOTE:**

_Students may not report to clinical education outside of the assigned clinical education hours without prior permission of the clinical instructor and clinical coordinator or program director._
DRESS CODE FOR CLINICAL EDUCATION

STUDENT DRESS CODE FOR CLINICAL EDUCATION

_The following shall apply unless the clinical education center's policies take precedent:_

A. Policy
The following dress and personal grooming standards are expected of all students in the R.T. program:

1. Dress: Scrubs are required for all laboratory courses in the program and in clinical education. Always check with your clinical instructor each term as to current dress code.

   Grooming:
   a. Good personal hygiene and professional appearance is mandatory.
   b. Students and their uniforms must be clean and free of odor or strong fragrances.
   c. Small, post-type earrings may worn by students. No dangle type earrings due to close proximity to equipment, sterile fields, children, infants and toddlers.
   d. Hair must be clean, neatly groomed and controlled. Long hair must be pulled back and secured.
   e. Mustaches, beards and sideburns must comply with the regulations of the site's dress code.
   f. Tattoos must be covered.
   f. Fingernails must be moderate length and clean. **No false or artificial fingernails are permitted. No nail polish is permitted due to its flammability.**
   g. Make up should be conservative.
   h. No chewing gum is permitted.

   If Lab coats are required by the individual clinical site they must be:
   Clean, pressed white in color, short or long sleeves. Material should be polyester or cotton. A collared shirt must be worn underneath. Not-shirts with logo or bold designs.

Shoes:
Clean, all white, black or neutral color running/walking shoes, matching shoestrings. Clean socks must be worn.
b. Students are expected to be clean and free from strong odors. Uniforms must be freshly laundered. Students will be asked to leave clinical education if hygiene or grooming is not maintained and if the student does not meet the clinical facility's dress code.

2. Identification:
Picture I.D. must be worn while at the clinical facility. The program will furnish picture I.D. Each student is to provide a recent, passport quality photo at the start of the program. If the I.D. is lost, a temporary badge must be worn. It is the student's responsibility to replace their I.D. immediately. Contact the R.T. Program Specialist for assistance. First year and second year students have "student" status indicated on the I.D.

3. Dosimetry:
Dosimetry monitors are furnished by the College. These are to be worn at the collar at all times while at the clinical affiliate. Students are responsible for changing dosimetry badges each month. Students may not attend Clinical Education without a dosimetry badge. If lost, please report to your clinical instructor immediately. They will provide you with a "lost or damaged dosimetry monitor" report to complete. Immediately notify the clinical coordinator of lost badge. Report to the program specialist for a badge replacement. You may not attend CE without a dosimetry monitor. If CE hours are missed, that time must be made up before the end of the current term.

4. Smoking/Drug/Alcohol use:
   a. Smoking is not permitted except in designated areas. Check at each affiliate for specific information.
   b. Alcohol and/or non-prescription drug use is prohibited as to the Cabrillo College policy (see "Student Rights and Responsibilities" published in college catalog available in RT office).

B. Dress Code
1. Students are responsible and accountable to observe the dress and grooming standards as set by the Radiologic Technology Program.
2. Students are to adjust their uniform prior to an assigned clinical experience.
3. The Clinical Instructor and/or the Clinical Coordinator will discuss inappropriate attire and/or grooming with the student. Further occurrences of non-compliance with dress/grooming code will result in probation and/or dismissal from the clinical education course.

4. Students without dosimetry monitors will not be allowed to attend clinical education.

5. Students who are absent from an assigned clinical experience as a result of inappropriate dress, grooming, or dosimetry monitor retrieval are expected to make up missed clinical education time before the end of the current term or semester.

C. Loss of valuables
Cabrillo College, faculty and/or Clinical Affiliates are not responsible for loss of valuables at any Clinical Education sites. Please check with your CI as to availability of secure storage for personal items.

D. Background Checks
Confidential, background checks are required of all students before entering clinical education (see Radiologic Technology Program Student Handbook). Some individual clinical education sites request current background checks before attending clinical education at that site during subsequent terms.

E. CE Compliance records
All health tests, immunization, background checks, drug screening, CPR, etc. records must be presented to each CE site at the beginning of each term. The student is required to keep a master file immediately accessible throughout the semester and provide current copies of any record to the CI or appropriate site official at each site immediately upon request.

APPENDIX A
Weekly Observation sheets
**Clinical Observation Sheet (Weekly)**

**Clinical Observation Sheet (Weekly)**
Radiologic Technology Program, Cabrillo College

Student's Name: [Name]
Semester/Year: [Semester/Year]
CE Center: (circle one) CHOMP/ HPC / DSCH / NMC / SCMF/SUTTER / SVMJ / WCH
Level in Program: (circle one) First year / Second year

Procedure under review: [Procedure]
Observed by: [Observer]

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<th></th>
<th>YES</th>
<th>NO</th>
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### Organization and Implementation of Tasks Consistent for Level in Program

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<td>12. Selects correct exposure settings</td>
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<tr>
<td>13. Is able to assess image quality</td>
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<tr>
<td>14. Organization and implementation of tasks consistent for level in program</td>
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<tr>
<td>15. Demonstrates willingness to learn, retention of CE skills</td>
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</table>

**WHAT NEEDED TO BE PERFORMED DIFFERENTLY IN THIS EXAM? WHY?**

**WHAT WAS SUCCESSFUL?**

Student signature: ___________________________ – **-**

---

42
CABRILLO COLLEGE RADIOLOGIC TECHNOLOGY PROGRAM
CLINICAL PERFORMANCE EVALUATION

1st Year
- Fall
- Wintersession
- Spring
- Summer

2nd Year (in 4th or 5th semester)
- Fall
- Wintersession
- Spring
- Summer

Mid Semester
Final Semester

Student:
Hosp./Clinic/ofc:
Date:

Student's evaluation is on competency for the following radiographic examinations:

<table>
<thead>
<tr>
<th>Indicate total number of cases (to be completed by student)</th>
</tr>
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<tbody>
<tr>
<td>Abdomen</td>
</tr>
<tr>
<td>Upper Extremities</td>
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<tr>
<td>Lower Extremities</td>
</tr>
<tr>
<td>Vasc. Studies</td>
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<tr>
<td>Special Procedure</td>
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</tbody>
</table>

I. RADIATION PROTECTION
- Considers pregnancy status
- Closes doors during procedure and
- Is careful about gonadal shielding
- Collimates to image or part sizes
- Protects him/herself and others

II. EQUIPMENT
- Considers tube rating charts and
- Manipulates equipment safely (pro
- Demonstrates competency and pro
- Knows how to set the control panel

EXPOSURES:
10 8 0 0

IRRADIATION (weeks approval):
(continue on back)

COMMENTS:
(continue on back)
III. PUNCTUALITY AND DEPENDABILITY:

- Observes length of coffee breaks
- Is punctual in reporting to room at start of shift
- Communicates whereabouts appropriately
- Minimum loss of time due to absenteeism

* See tardiness/absenteeism grading scale 8/95 Student Handbook addendum/CI grading IOEJ III revision

Students receiving a "D" grade in punctuality and dependability cannot receive a grade higher than a "C" in Job Performance.

Number of sick days to date:_________________________ Number of tardies to date:_________________________

COMMENTS:____________________________________ (continue on back)

IV. CO-WORKER HOSPITAL RELATIONSHIP

- Is tactful and courteous with everyone
- Is willing to help others, and takes initiative
- Cooperates with technologist
- Demonstrates a team approach
- Accepts constructive criticism
- Projects professionalism
- Is neat and clean, wears proper identification
- Adheres to dress code
- Contributes to a pleasant working environment

COMMENTS:____________________________________ (continue on back)

V. Job Performance

- Marks all radiographs
- Plans and organizes work efficiently (has foresight)
- Makes sure all supplies needed for exam are set up before procedure
- Follows through with CT/ML exam
- Is alert and interested in what is happening in exam room (asks pertinent questions)
- Reads the requisition and properly identifies patient by checking name before exam
- Helps to keep the room locked
- Follows instructions and "1" feed/"0" feed
- Makes effective use of free film

A B C D
15 13 11 0
VI. TECHNICAL FACTORS

- Sets the control panel accurately for exposures
- Sets correct kVp and mAs per technique chart
- Uses optimal kVp
- Can identify a technical error
- Can correct a technical error once identified
- Considers effect of focal spot size and grid ratio
- Can accurately select mAs and kVp to compensate for pathology, motion, screen', etc.
- Repeats a radiograph when necessary

COMMENTS:

VII. POSITIONING

- Knows department routines for required exams
- Knows specific centering for each part radiographed
- Knows angulation of the X-ray tube for body parts
- Is gentle toward patients during the positioning
- Positions the patient carefully and accurately
- Uses proper immobilization
- Uses concise instructions to the patient
- Can critique images and recognize basic anatomy
- Is progressing toward minimal supervision and greater independence and confidence in positioning
- Works at efficient pace

STUDENT IS WELL-PREPARED IN:

STUDENT NEEDS PRACTICE IN:

VIII. PATIENT CARE

- Explains exams to patients
- Can safely transfer patient
- Uses patient's name during exam
- Maintains patient's privacy and comfort.
- Offers patient assistance
- Can properly hang IV catheters

IX. IMAGE EVALUATION

- Identifies optimum contrast
- Identifies proper angle and density and centering
- Identifies motion if present
- Identifies if image is optimal or not
- Identifies collimation and c; hi f&nn

COMMENTS
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<tr>
<th>TOTAL SCORE:</th>
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<tbody>
<tr>
<td>94-100%</td>
<td>= A</td>
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<tr>
<td>85-93%</td>
<td>= B</td>
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<tr>
<td>75-84%</td>
<td>= C</td>
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<tr>
<td>74% or below</td>
<td>= D</td>
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</tbody>
</table>

**LETTER GRADE:**

**47**

**TOTAL SCORE:** 94-100% = A

**Mid-term Evaluation = 25% of Final Grade**

**Final/End of Term Evaluation = % of Final Grade**

**LETTER GRADE: **

**74% or below = D**

**Film Critique Scores = 1/2 of Final Grade**

---

**GRADE COMPUTATION:**

*Stop at line 1 for midterm. Complete lines 1-5 for end of term*

**Line 1.** Mid term evaluation

| ________/95 pts | =: 1) |

**Line 2.** Final evaluation

| ________/95 pts | =: 2) |

**Student has not met to date**

**3) Cumulative # of competency evaluations**

---

**Line 3.** Total pts Film Critique(s), Ist Fall = 1 mandatory, th PrF: "If Pr7" mandatory minimum per term

**Worksheet for Film Critique:**

<table>
<thead>
<tr>
<th>scores:</th>
<th>--- ---- --</th>
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</thead>
</table>

**total pts earned** (add all numerators) **(b) X .15 =**

**Student has not met to date**

**4) **

---

**Line 5.**

**LETTER GRADE (from Line 4):**

Signature below indicates performance has been reviewed with student and C! & agreement to evaluation content.

**Signature of Student:** ____________________________ **Date:** ____________________________

**Signature of Evaluator:** ____________________________ **Date:** ____________________________
STUDENT LEARNING CONTRACT
Addendum to CE performance Evaluation:
To be completed by student prior to evaluation meeting

NAME: ____________________________________________ — (Print )

Clinical Education Site: Date: _______________________

Student's Comments regarding specific skills acquired and retained during:

Strengths: ___________________________________________

Weaknesses: ___________________________________________

CE skills to be improved or area that the student feels needs improvement:

CE skills in which student feels a high level of competence:

I have completed a total of ______ CE competencies to date, the number of required

LEARNING CONTRACT
The student will work to improve:

1. ___________________________________________

2. ___________________________________________

3. ___________________________________________

Signature of Student: ____________________________ Date: ____________________________

For more comments in any area use back of this page

CI SIGNATURE INDICATES REVIEW OF ABOVE __________________________________________
CRITERIA FOR CLINICAL EDUCATION EVALUATION

A review of the areas of evaluation (scales are furnished as a guideline for student and clinical instructor. The following descriptive criteria are included in an attempt to give basic examples and are not representative of all possible cases).

Scale I/Radiation Protection

A Grade = Demonstrates consistent ability in practicing radiation protection based upon the radiation protection objectives.
   • Always shields patient
   • Always closes doors while equipment is energized
   • Collimates to image or part size (where possible)
   • Protects him/herself and others from ionizing radiation by wearing a lead apron, gloves and dosimetry badge
   • Considers pregnancy status of a patient and follows department protocol

B Grade = With a few exceptions, demonstrates ability in practicing radiation protection.

C Grade = Demonstrates sporadic practice of radiation protection.
   • Doesn't use proper SID
   • Doesn't always shield patient
   • Collimation

D Grade = Demonstrates inconsistent practice and understanding in radiation protection.

Scale II/Equipment

A Grade= With few exceptions, the student has the understanding & skill needed to operate all equipment.
   • Maneuvers the equipment smoothly, i.e., utilizes all locks, doesn't forcibly move or bang equipment into place, recognizes the limitations and demonstrates the advantages of the equipment in the best manner possible.
   • Uses proper auxiliary equipment, i.e., immobilization devices, extension cones, etc.
   • Correctly sets the control panel. (Understands settings and utilizes them)
   • Insures safety in the room for patient and personnel by being aware of all possible hazards (footstool, X-ray, spilled liquid, etc.)
   • Can select optimal equipment for differing procedures.
   • Can use equipment to best advantage.
Scale II/Equipment (continued)

B Grade = The student demonstrates an above average level of knowledge and understanding in equipment utilization.
- Fails to advance in demonstrating selection of optimal equipment for procedures.

C Grade = The student does not demonstrate ability to utilize equipment on common procedures.

D Grade = The student demonstrates unsafe work practices techniques and lacks consistent skill in utilizing equipment.

Scale III/Punctuality and Dependability

Students must notify the Clinical Instructor (CI) directly of any tardiness or absence. Lack of notification of any absenteeism automatically drops the student a letter grade and requires a CI office conference.

A Grade = The student demonstrates consistent awareness and exceptional dependability in punctuality and break privileges and has two or less tardies. The student cannot misses 0 - 16 hours.
- REPORTING to his/her room ready to work immediately at the start of his/her assigned shift.
- TAKING only the time allotted lunch/dinner breaks and other breaks with the permission of supervisor/s.
- NOTIFIES the department appropriately in the event of absence or tardiness.
- COMMUNICATES whereabouts appropriately.

B Grade = The student demonstrates consistent dependability in punctuality and break privileges and has three or less tardies. The student misses 17 - 24 hours.

C Grade = The student demonstrates an acceptable attendance and break record and has no more than four tardies. He/she properly notifies the hospital via policy of absence. The student misses 25 - 32 hours.

D Grade = The student demonstrates difficulty in keeping to attendance and punctuality policies and/or is tardy four or more times. The student misses 33 - 40 hours or more, is absent without leave.

NOTE: Leaving CE without permission and/or abandoning CE is subject to program dismissal.

Should the student abuse time/attendance procedures, it will also reflect on his/her Job Performance section grade as well. Description policy of time/attendance is included in the "Clinical Education Handbook" under time and attendance.
Scale IV/Co-Worker, Hospital Relationships

**A Grade** = The student is extremely considerate of the needs of others, enthusiastic and helps to create a supportive working environment.
- Always tactful and courteous
- Accepts constrictive criticism and conducts him/herself in a professional manner.
- Adheres to ASRT Code of Ethics
- Communicates on a professional level
- Has the ability to apply proper communication skills
- Always neat and clean -- adheres to the hospital dress code.
- Always eager to work and cooperate with other technologists and peers.
- Demonstrates a team approach
- Wears proper identification
- Projects professionalism (demeanor of confidence)
- Communicates on a professional level
- Has interactions with staff and patients that are appropriate to the student role

**B Grade** = Most of the time the student is considerate of the needs of peers and staff and is an asset to the working environment.

**C Grade** = Generally the student is considerate of his/her interactions with others but needs improvement.

**D Grade** = The student shows more insensitivity in interactions with people and does little to promote a good working environment. Interpersonal communication is insufficient (lack of), excessive (aggressive, intimidating, or inappropriate use of language).

*NOTE:* Any student interaction or communication that purports to another person, staff, or patient a sense of an unsafe environment is subject to program dismissal.

Scale V/Job Performance

**A Grade** = With few exceptions, the student is dependable in carrying out his/her job completely and thoroughly with pride in his/her work relevant to semester objectives. The student, with few exceptions, achieves dependability and excellence in CE performance.
- Reads the requisition and properly identifies the patients by looking at their name bands or calling them clearly by name.
- Is efficient and well organized in carrying out all the specifics of a routine exam. i.e., knowing the routines, taking histories, marking all images accurately, annotate correctly, and having all
supplies at hand in a clean, neatly stocked and well kept room.

- Works well as a team with a Co-Worker.
- Preserves and follows through on all exams making sure all images are complete and in order, and sees to it that the patient is properly cared for and/or released from the X-ray Department.
- Shows alertness and interest in an exam by asking pertinent questions on unfamiliar exams and in areas where clarification is needed.
- Is very dependable and reliable. Completes documentation and submits in timely manner.
- Obtains weekly observation sheets on a weekly basis. Completes a minimum of 5 weekly observation sheets by midterm. Completes 7 additional sheets by the last week of clinic. For summer, if 10 week rotation, 4 by midterm and 4 more by final. If eight week rotation, 3 by midterm, and 3 more by final.
- Current clinical compliance documentation is maintained and readily available to clinical officials.
- Has the ability to follow instructions and is effective.
- Makes effective use of free or "down" time.
- Shows improvement in and demonstrates ability to perform more advanced levels of radiographic examinations.

**B Grade** = The student performs his/her job at an above average level.

- Obtains weekly observation sheets on a near weekly basis. Completes a minimum of 4 weekly observation sheets by midterm. Completes 6 additional sheets by the last week of clinic. For summer, 1 less each for midterm and final as listed above.

**C Grade** = The student has an average knowledge of his/her job, needs guidance in carrying out job specifics. Generally, the student needs assistance in completing exams effectively. Student receives a "D" in time and attendance.

- Obtains weekly observation sheets on a somewhat weekly basis. Completes a minimum of 3 weekly observation sheets by midterm. Completes 5 additional sheets by the last week of clinic. For summer, 2 less each for midterm and final as listed above.

**D Grade** = The student's quality of work is consistently below standard. Student is absent from CE hours such as to impact job performance. Student receives a "D" in Punctuality and Dependability, Section III, and/or student does not complete CE hours for the term. Student fails to respond to Clinical Compliance Coordinator and/or keep compliance info up to date. Student fails to obtain minimum number of required weekly observation sheets as listed under grade 'C'.
Scale VI/Technical Factors

**A Grade** = The student possesses knowledge, judgment and problem-solving skills in X-ray technique. The student demonstrates good technical knowledge and understanding of image formation and varying factors by:
  - Possesses ability to correctly set the control panel for an exposure and use technique charts.
  - Being able to differentiate between phototiming and manual timing.
  - Correctly using and differentiating between MA, kV, TIME, and DISTANCE.
  - Being able to identify and correct technical errors such as over/underexposure, grid lines, grid cutoff, motion, artifacts, fog and double exposures.

**B Grade** = The student demonstrates above average ability in selecting and applying technical factors.
**C Grade** = The student demonstrates average ability to select technical factors and apply techniques.
**D Grade** = The student does not demonstrate ability to select technique factors and apply them correctly.

Scale VII/Positioning

**A Grade** = With few exceptions, the student displays skillful and accurate knowledge in positioning relative to semester objectives. The student with outstanding positioning skills is able to with few exceptions:
  - Verbally identify the specific centering for each anatomical part radiographed and the placement of the central ray and its angulation.
  - Ease the patient gently, not abruptly, into an accurate position and stabilize the patient.
  - Know departmental routines.
  - Correctly identify basic anatomy on the image when critiquing his/her images for positioning.
  - Correctly identify the position, what it demonstrates, and if the positioning is accurate.
  - Demonstrate pride, responsibility, and independence in his/her work.
  - Work at an even but efficient pace, keeping up with the patient flow for exams relative to semester objectives.
  - Demonstrate retention of competencies, skills, and knowledge from prior terms.

**B Grade** = The student possesses an above average level of knowledge and application needed in positioning.
**C Grade** = The student demonstrates average knowledge and skill in positioning.
**D Grade** = The student lacks knowledge and skill in basic positioning.
Scale VIII/Patient and Nursing Procedures

**A Grade** = With few exceptions, the student demonstrates patient rapport, the understanding and skill needed in patient handling and nursing technique.
- Explains the exam to the patient.
- Uses a SAFE approach in transfer of patient.
- Uses patient's name during procedure
- Maintains patient's modesty and comfort throughout the exam, i.e., pillows, blankets, etc
- Able to take vital signs, i.e., put a cuff on accurately and take BP, pulse rate, and record results.
- Knows the location of emergency trays/cart, drugs, 02 and suction machine.
- Able to set up the oxygen tank and suction machine for use.
- Safely checks IV's (is it dripping? rate of drip? is there a time schedule on the bottle? Does the rate follow the time?) If something is amiss with the IV the student will call the appropriate department personnel for assistance.
- Understands sterile technique and when applicable.
- Applies surgical and medical asepsis-able to put on sterile gloves and gown, draw up syringes, etc.
- Able to assist and move around a sterile area without contaminating.
- Applies standard precautions and proper disposing of biohazard materials.
- Assists the physician in a non-emergency situation, i.e., contrast studies, fluoroscopy, etc.
- Acts appropriately in emergency situations.

**B Grade** = The student demonstrates an above average ability and knowledge in the performance of patient handling and nursing techniques.

**C Grade** = The student shows average skill, knowledge and ability in the performance of nursing procedure and patient care needs.

**D Grade** = The student demonstrates unsatisfactory knowledge and skill associated with nursing procedures and patient handling.

Scale IX/Image Evaluation

The students will evaluate his/her images and describe the required criteria for an acceptable radiograph.

**A Grade** = Demonstrates consistent ability in image evaluation and assessment based upon image critique objectives.
- Orient the image correctly, input data, able to process and send to PACS.
- Identify optimum contrast and density
• Identify proper anatomy and centering
• Identify motion if present
• Recognize if image must be repeated or is passable
• Describe image and part centering
• Identify proper patient positioning
• Identify appropriate collimation and shielding
• Annotate the image correctly
• Following policies regarding repeat exam being performed under direct supervision.

**B Grade** = With a few exceptions, demonstrates ability in evaluating and assessment of images.

**C Grade** = Demonstrates sporadic abilities of image evaluation and assessment.

**D Grade** = Demonstrates inconsistent practice and understanding in image evaluation.
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**STUDENT**

---

1st Year

2nd Year (in 4th or 5th semester)

---

Fall

Fall

Wintersession

Wintersession

Spring

Spring

Summer

CLINICAL EDUCATION

Date

Date

20
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<th>Sem. Total to date</th>
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<th># error due to positioning</th>
<th># error in collimation</th>
<th># motion</th>
<th># other</th>
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Note: All repeated radiographs must be directly supervised

**Ready for competency**

- 

(CI initials)

**Ready for competency**

- In.

(CI initials)

Total procedures: (front & back if 2 sided)
RADIOLOGIC TECHNOLOGY PROGRAM
IMAGE CRITIQUE ASSESSMENT
CLINICAL EDUCATION

Student's Name
Exam To Be Presented
Diagnosis & Report Findings

Date:-----:---
Patient's Age & Sex:-----

List Projections / Positions Taken

TO BE COMPLETED BY EVALUATOR:
1-Not Adequately Addressed
1-Needs Improvement
L-M:>=atisticsory

RADIOGRAPHIC ANATOMY
1. Identifies anatomical structures best demonstrated
2. Correct identification of anatomical/pathological structures

IMAGE ASSESSMENT
Commentary on unacceptable/a pta optimum radiographs due to:
3. Technique (density contrast, detail)
4. Positioning
5. Equipment/accessory items

RADIATION PROTECTION
6. Discussion of appropriate radiation protection practices

Additional comments:

---A---, ---2-8---C---2-4--2---

/30 Score
B=lif '27 D = < 23

KNOWLEDGE OF EXAM(normal vs performed routine)

7. Identifies complete routine
8. Identifies position of part
9. Discusses centering of CR
10. Discusses marker and blocker positions
11. Collimation comments
12. States SID
13. States screen/image/grid/table/chest board combinations and image size
14. States technical factors utilized (kVp, mA, S, phototimer)
15. States immobilization utilized (if none, state)

Score
A = lif '27
B = < 23

Clinical Instructor
PLEASE POST YOUR COPY AT YOUR CLINICAL EDUCATION CENTER AT ALL TIMES!
Have CI initial and date in the dotted space when a competency is completed.

Name: ____________________________  Class of: ____________________________

Cumulative Clinical Competency!
Radiologic Technology Program

Have all COMPS INITIALIZED AND DATED! "CI"!

Cumulative Competency Records are to be posted readily accessible at the CE Site.

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**NOTE:** Peds defined as 6 years of age and under.

**Bold Print:** 40 Mandatory Competencies with 15 Re.c cKJEle !Ke competenei c.
### Cumulative Clinical Competency Record

**Radiologic Technology Program**

HAVB ALL COMPS INITALLED AND DATED BY QH:ll!i

CUMULATIVE COMPETENCY RECORDS ARE TO BE POSTED OR RE

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NOTE: Peds deemed as 6 years of age and under.

Bold Print = 40 Mandatory Competencies with 15 Reche!-l lectivt

CUMULATIVE COMPETENCY RECORDS ARE TO BE POSTED OR READILY ACCESSIBLE AT THE CE SITE.

NOTE: ALL CEREORDS ARE TO BE TURNED IN TO THE CLINICAL INSTRUCTOR AT THE END OF EACH TERM.
CABRILLO COLLEGE RADIOLOGIC TECHNOLOGY PROGRAM
Clinical Hours - TIME SHEET

Student's Name: ------,----,---------
CE Center: (circle one) CHOMP/DSCH/NMC/PAMF/SLRH/SVMH/WCH
Sutter/ Other _____
Semester/Year:------,----,----'

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(For end of term) Signatures indicate all clinical ed. hours are correct as indicated:

* If specialty, please identify what type (CT/M/R/THPY/US/Mam/C. Lab-Specs.) and where

MAKE SURE THE CI OR A DESIGNEE SIGNS ON A DAILY BASIS!

NOTE: ALL CE RECORDS ARE TO BE TURNED IN TO THE CLINICAL INSTRUCTOR AT THE END OF EACH SESSION OF THE RT PROGRAM.
### CABRILLO COLLEGE
### RADIOLOGIC TECHNOLOGY PROGRAM

### COMPETENCY EVALUATION

#### INSTRUCTION:
The evaluator will mark each area according to the following scale:

3. Acceptable
2. Requires improvement (Exam repeated)*
1. Unacceptable (Exam repeated after remediation with CI)

*A repeat Image MU:S 1 Direct supervision

<table>
<thead>
<tr>
<th>AREA OF EVALUATION</th>
<th>CHEST</th>
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<th>BONY THORAX</th>
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*A "2" in any evaluation area requires repeating the entire evaluation for that exam.
†A retake rates as a "1".
### COMPETENCY EVALUATION

**INSTRUCTION:** The evaluator will mark each area according to the following scale:

- **3. Acceptable**
- **2. Requires improvement (Exam repeated)**
- **1. Unacceptable (Exam repeated after remediation with CI)**

A repeat Image must be supervised.

### AREA OF EVALUATION

<table>
<thead>
<tr>
<th>AREA OF EVALUATION</th>
<th>SINGLE DIGIT</th>
<th>HAND</th>
<th>WRIST</th>
<th>FOREARM</th>
<th>ELBOW</th>
<th>Humerus</th>
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### Affiliation Codes

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<thead>
<tr>
<th>Code</th>
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<tr>
<td>CHOMP</td>
<td>Community Hospital of Monterey Peninsula</td>
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<tr>
<td>HPC</td>
<td>Hartnell Professional Center, RR Ryan Ranch</td>
</tr>
<tr>
<td>DSCH</td>
<td>Dominican Santa Cruz Hospital</td>
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<tr>
<td>KPG</td>
<td>Kaiser Permanente Gilroy</td>
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<tr>
<td>NMC</td>
<td>Natividad Medical Center</td>
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<tr>
<td>PAMF-SC</td>
<td>Palo Alto Medical Foundation-santa Cruz</td>
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<tr>
<td>SLRH</td>
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### Image Quality

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<tr>
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*"A "2" in any evaluation area requires repeating the entire evaluation for that exam."

†A retake rates as a "1".
## Upper Extremity Exams - Page 2

<table>
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<th>Uppr Ext. Trauma**</th>
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### Affiliation Code

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<th>Code</th>
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<td>WCH</td>
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### Exam:

- Positioning Skills
- Use of Equipment
- Use of Gonadal Shielding
- Technical Factor Selection
- Image Markers

### Image Quality

- Image Density & Contrast
- Proper Anatomical Alignment
- Any Image Retake

### Competency Evaluation

**Instruction:**

The evaluator will mark each area according to the following scale:

1. Unacceptable (Exam repeated after remediation with CI)
2. Requires improvement (Exam repeated)*
3. Acceptable

* A repeat image must be directly supervised.

** Image quality

** Image quality

** A trauma is considered a serious injury or shock to the body. Modifications from a routine exam will be necessary.

---

(Affiliation Codes)

An “2” in any evaluation area requires repeating the entire evaluation for that exam.

A retake rate as a “1”.

Evaluator’s Signature:

A “2” in any evaluation area requires repeating the entire evaluation for that exam.

A retake rate as a “1”.

** A trauma is considered a serious injury or shock to the body. Modifications from a routine exam will be necessary.
**AFFILIATION CODES**
- CHOMP (Community Hospital of Monterey Peninsula)
- HPC (Hartnell Professional Center, RR Ryan Ranch)
- DSCH (Dominican Santa Cruz Hospital)
- KPG (Kaiser Permanente Gilroy)
- NMC (Natividad Medical Center)
- PAMF-5C (Palo Alto Medical Foundation-Santa Cruz)
- SLR (Saint Louise Regional Hospital)
- SMSC (Sutter Maternity & Surgery Center)
- SVMH (Salinas Valley Memorial Hospital)

**COMPETENCY EVALUATION**

**INSTRUCTION:** The evaluator will mark each area according to the following scale:

1. **Unacceptable** (Exam repeated after remediation with CI)
2. Requires improvement (Exam repeated)*
3. **Acceptable**

A repeat image must be directly supervised.

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(Evaluator's Signature)

* A "2" in any evaluation area requires repeating the entire evaluation for that exam.
† A retake rates as a "1".
### CABRILLO COLLEGE
### RADIOLOGIC TECHNOLOGY PROGRAM

#### COMPETENCY EVALUATION

**INSTRUCTION:** The evaluator will mark each area according to the following scale:

3. Acceptable
2. Requires improvement (Exam repeated)*
1. Unacceptable (Exam repeated after remediation with CI)

*A repeat image MU1 or mrect1y: superv1sea

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#### AFFILIATION CODES

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- SVMH (Salinas Valley Memorial Hospital)
- WCH (Watsonville Community Hospital)

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#### AREA OF EVALUATION

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| PELVIS | HIP ROUTINE | CROSS TABLE | LOWEREXTR TRAUMA-

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#### EXAM:

- Positioning Skills
- Use of Equipment
- Use of Gonadal Shielding
- Technical Factor Selection
- Image Markers

#### IMAGE QUALITY

- Image Density & Contrast
- Proper Anatomical Alignment
- Any Image Retake

- (Evaluator's Signature)

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**A "2" in any evaluation area requires repeating the entire evaluation for that exam.

- A retake rates as a "1".

**A trauma is considered a serious injury or shock to the body. Modifications from a routine exam will be necessary.
INSTRUCTION: The evaluator will mark each area according to the following scale:

1. Unacceptable (Exam repeated after remediation with CI)
2. Requires improvement (Exam repeated)*
3. Acceptable

* 2 in any evaluation area requires repeating the entire evaluation for that exam
† A retake rates as a "1".

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<td>EXAM:</td>
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<td>Positioning Skills</td>
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A repeat image must be supervised.
CABRILLO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM

COMPETENCY EVALUATION

INSTRUCTION: The evaluator will mark each area according to the following scale:

3. Acceptable
2. Requires improvement (Exam repeated)*
1. Unacceptable (Exam repeated after remediation with CI)

A repeat image MUST be directly supervised

<table>
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AFFILIATION CODE

DATE/SITE

EXAM:

Positioning Skills

Use of Equipment

Use of Gonadal Shielding

Technical Factor Selection

Image Markers

IMAGE QUALITY

Image Density & Contrast

Proper Anatomical Alignment

Any Image Retake  

(Evaluator's Signature)

* A "2" in any evaluation area requires repeating the entire evaluation for that exam

† A retake rates as a "1".
Contrast/Fluoroscopy Exams: 1 UGI OR BE plus 1 other contrast w/fluoroscopy exam w/sterile tray is required.

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<th>BE</th>
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**INSTRUCTION:** The evaluator will mark each area according to the following scale:

3. Acceptable
2. Requires improvement (Exam repeated)*
1. Unacceptable (Exam repeated after remediation with C)

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* A "2" in any evaluation area requires repeating the entire evaluation for that exam.
* A retake rates as a "1".
## COMPETENCY EVALUATION

**INSTRUCTION:** The evaluator will mark each area according to the following scale:

1. **Unacceptable** (Exam repeated after remediation with Cl)
2. **Requires improvement** (Exam repeated)*
3. **Acceptable**

**AFFILIATION CODES**
- CHOMP (Community Hospital of Monterey Peninsula)
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- SLRH (Saint Louise Regional Hospital)
- SMMC (Sutter Maternity & Surgery Center)
- SVMH (Salinas Valley Memorial Hospital)
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(Evaluator's Signature)

* A "2" in any evaluation area requires repeating the entire evaluation for that exam
† A retake rates as a "1".
CABRILLO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM

COMPETENCY EVALUATION

INSTRUCTION: The evaluator will mark each area according to the following scale:

3. Acceptable
2. Requires improvement (Exam repeated)*
1. Unacceptable (Exam repeated after remediation with CI)

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* A "2" in any evaluation area requires repeating the entire evaluation for that exam. 
An "1" indicates that a retake is necessary.
CABRILLO COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM

COMPETENCY EVALUATION

INSTRUCTION: The evaluator will mark each area according to the following scale:

3. Acceptable
2. Requires improvement (Exam repeated)*
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EXAM:

Positioning Skills
Use of Equipment
Use of Gonadal Shielding
Technical Factor Selection
Image Markers

IMAGE QUALITY

Image Density & Contrast

Proper Anatomical Alignment

Any Image Retake t

(Evaluator's Signature)

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### CABRILLO COLLEGE
### RADIOLOGIC TECHNOLOGY PROGRAM

#### COMPETENCY EVALUATION

**INSTRUCTION:** The evaluator will mark each area according to the following scale:

1. **Unacceptable** (Exam repeated after remediation with CI)
2. **Requires improvement** (Exam repeated)*
3. **Acceptable**

*In any evaluation area requires repeating the entire evaluation for that exam
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## CABRILLO COLLEGE
### RADIOLOGIC TECHNOLOGY PROGRAM

**REMEDICATION COMPETENCY EVALUATION**

**INSTRUCTION:** The evaluator will mark each area according to the following scale:

- **3. Acceptable**
- **2. Requires improvement (Exam repeated)**
- **1. Unacceptable (Exam repeated after remediation with Cl)**

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* A "2" in any evaluation area requires repeating the entire evaluation for that exam
 ṭ A retake rates as a "1".
## PEDIATRIC COMPETENCY EVALUATION

**INSTRUCTION:** The evaluator will mark each area according to the following scale:

1. **Unacceptable** (Exam repeated after remediation with CI)
2. Requires improvement (Exam repeated)*
3. Acceptable

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### PEDIATRIC EXAMS: PATIENT IS 6 YEARS OLD

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- SLRH (Saint Louise Regional Hospital)
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- SVMH (Salinas Valley Memorial Hospital)
- WCH (Watsonville Community Hospital)
Discuss make-up schedule with CI.
Have times filled in and approved BEFORE you make-up the CE time.
Obtain approval of make-up schedule from the Clinical Coordinator before the make-up date.
After completion of the make-up hours have staff tech on duty, verify hours.

Turn in to CI.

Clinical EducaU

Contract to Make-up Hours Due to Absence

Clinical site:
Name of student:

Hours needed to make up for absence for:
The student agrees to make-up clinical education for the following dates and during the following times:

This schedule has been discussed by the Clinical instructor and both have agreed to the schedule as indicated above. The student will provide this form after completion of hours to the Clinical Instructor and Clinical Coordinator.

Note: If the make-up exceeds twenty-four hours total, the Clinical Instructor must refer the student to the Program Director.

Student

Clinical Coordinator

Program Director

(7/97)
Clinical Education Request Form

Name:______________________________
Date:______________________________

Please mark your 1st, 2nd, and 3rd choice from the list below.

___ Dominican Santa Cruz Hospital (DSCH)
___ Community Hospital of Monterey Peninsula (CHOMP)
___ Kaiser Permanente/Gilroy (KG)
___ Natividad Medical Center (NMC)
___ Salinas Valley Memorial Hospital (SVMH)
___ Palo Alto Medical Foundation (PAMF)
___ Saint Louise Regional Hospital (SLRH)
___ Sutter Maternity & Surgery Center (SMSC)
___ Watsonville Community Hospital (WCH)

Comments:

* If you are the recipient of a scholarship that requires you to be assigned at a particular facility please indicate that in the space provided for comments.

* If you have personal arrangements that have been considered or any other personal requests, please indicate such in the space provided for comments.

CLINICAL ASSIGNMENTS WILL PRIMARILY BE BASED ON EDUCATIONALLY SOUND CRITERIA WITH SECONDARY CONSIDERATION TO PERSONAL REQUESTS.
Cabrillo College Radiologic Technology Program
Special Procedures Evaluation
CT/MRI Evaluation

Student Name: ____________________
Date: ________________

1. Show skill & care in transporting patients, attending to patient needs & handling the IV catheters.
   Yes | No
   q   | q

2. Cooperates well with staff and projects professionalism at all times.
   Yes | No
   q   | q

3. Applies classroom knowledge to clinical procedures when applicable.
   Yes | No
   q   | q

4. Demonstrates enthusiasm and interest in learning.
   Yes | No
   q   | q

5. Is punctual in reporting to the department in the event of an absence.
   Yes | No
   q   | q

6. Has minimal absences and notifies department in the event of an absence.
   Yes | No
   q   | q

7. Reports to the department in proper attire including dosing attire.
   Yes | No
   q   | q

Student has met the objectives as stated on the reverse side of this evaluation sheet and successfully completed this rotation. (A student who does not meet the objectives of this rotation must repeat that rotation until objectives are met.)

Yes | No
q   | q

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<td>Clinic Instructor's Signature:</td>
<td>Clinical Coordinator's Signature</td>
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<td>Date: _________________</td>
<td>Date: ________________</td>
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<td>Student's Comments:</td>
<td>Program Director's Signature:</td>
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<td>Student's Signature:</td>
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# Cabrillo College Radiologic Technology Program
## Mammography Evaluation

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<td>1. Show skill and care in transporting patients according to patient needs &amp; handling the IV catheters.</td>
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<tr>
<td>2. Cooperates well with staff and projects professionalism at all times.</td>
<td>q</td>
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<tr>
<td>3. Applies classroom knowledge to clinical procedures when applicable.</td>
<td>q</td>
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<tr>
<td>4. Demonstrates enthusiasm and interest in learning.</td>
<td>q</td>
<td>q</td>
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<tr>
<td>5. Is punctual in reporting to the department in the event of absence.</td>
<td>q</td>
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<tr>
<td>6. Has minimal absences and notifies department in the event of absence.</td>
<td>q</td>
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<tr>
<td>7. Reports to the department in PF attire including image badge.</td>
<td>q</td>
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Student has met the objectives as stated on the evaluation sheet and successfully completed all rotation(s) (A student who does not meet the objectives must repeat that rotation until objectives are met)

NOTE:
All modality evaluations have a signature section with commentary space included.
Cabrillo College Radiologic Technology Program
Ultrasound Evaluation

Student Name: 
Date: 
Dept: _________

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<td>1. Show skill &amp; care in transporting patients, attending to patient needs &amp; handling the IV catheters.</td>
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<tr>
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Student has met the objectives as stated on the reverse side of this evaluation sheet and successfully completed this rotation. (A student who does not meet the object of a special must repeat that rotation until objectives are met.)

NOTE:
All Specialty modality evaluation sheets have a signatures section with commentary space included.
# Cabrillo College Radiologic Technology Program
## Special Procedures Evaluation
### Cardiac Catheterization Lab Eval, fion

**Student Name:**

**Date:**

<table>
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<tr>
<td>6. Has minimal absences and notifies department in the event of an absence.</td>
<td>q</td>
<td>q</td>
</tr>
<tr>
<td>7. Reports to the department in proper attire including film badge.</td>
<td>q</td>
<td>q</td>
</tr>
</tbody>
</table>

Student has met the objectives as stated on the reverse side of this evaluation sheet and fully completed this rotation. *(A student who does not meet the objectives of a special must repeat that rotation until objectives are met.)*

**NOTE:**

All modality evaluations have a signatures section with commentary space included.
Cabrillo College Radiologic Technology Program
Special Procedures Evaluation
Angiography/Interventional Evaluation

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Show skill &amp; care in transporting patients, attending to patient needs &amp; handling the IV catheters.</td>
<td>q</td>
</tr>
<tr>
<td>2. Cooperates well with staff and projects professionalism at all times.</td>
<td>q</td>
</tr>
<tr>
<td>3. Applies classroom knowledge to clinical procedures when applicable.</td>
<td>q</td>
</tr>
<tr>
<td>4. Demonstrates enthusiasm and interest in learning.</td>
<td>q</td>
</tr>
<tr>
<td>5. Is punctual in reporting to the department in the event of an absence.</td>
<td>q</td>
</tr>
<tr>
<td>6. Has minimal absences and notifies department on the event of an absence.</td>
<td>q</td>
</tr>
<tr>
<td>7. Reports to the department in proper time including dosimeter.</td>
<td>q</td>
</tr>
</tbody>
</table>

Student has met the objectives and stated on the reverse side of this evaluation sheet that they have completed this rotation. (A student who does not meet the objectives must repeat that rotation until objectives are met.)

NOTE:
All modality evaluations have a signatures section with commentary space included.
Student Name: 

Date: 

1. Show skill & care in transporting patients, attending to patient needs & handling the IV catheters.

2. Cooperates well with staff and projects professionalism at all times.

3. Applies classroom knowledge to clinical procedures when applicable.

4. Demonstrates enthusiasm and interest in learning.

5. Is punctual in reporting to the department in the event of an absence.

6. Has minimal absences and notifies department in the event of an absence.

7. Reports to the department in proper attire and includes dosimeter.

Student has met the objectives as outlined on the evaluation sheet and signature is indicated on the reverse side of this rotation.

NOTE:

All modality evaluations have a signature section with commentary space included.
By signing below, I understand that:

1) All clinical records are the property of the Cabrillo College Radiologic Technology Program.

2) The Clinical Competency Evaluation Handbook assigned to me is to be made available daily by me to the Clinical Instructor at each clinical education center to which I am assigned, or upon request may be reviewed by program faculty or College administration on campus.

3) All appropriate clinical records must be turned in to Clinical Instructor at mid- and end of term with appropriate signatures and completed documentation.

4) All clinical records must be turned in at the end of each semester/term to program faculty in order to be eligible for graduation.

5) My time sheet, cumulative competency, and image critique attendance sheet are to be posted or readily available at the clinical site. All documentation is to be kept current in the frequency appropriate to the documentation (e.g. observation sheets as weekly, time sheets as daily).

My signature indicates that I have read and understand the Clinical Education handbook and agree to follow its procedures, guidelines, and all policies of the Cabrillo College Radiologic Technology Program.

_________________________________________ Print name: __________________________ Date signed: __________________________

Signature of student

_________________________________________ by

Date received by program