## STUDENT'S CLINICAL PERFORMANCE HANDBOOK



STUDENT NAME:

STUDENT ID NUM:

COURSE:

RATE 
2911, 
2912, 
2913, 
2917, 
2918

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#### INTRODUCTION

The Clinical performance Handbook has the intention of attending the student in his experiences of learning, didactics and clinics. At the same time, it establishes the guides to facilitate to the Clinical Coordinator (CC) and to the Clinical Instructor (CI) the process of student's evaluation. It provides the instruments to evaluate the achievement of the objectives and the acquisition of competencies of the academic level in which the student is. This Manual serves as a guide to promote a high level of competition, professionalism, motivation, own pride, commitment and sense of professional identity.

#### **GENERAL INSTRUCTIONS**

The different forms included in this Handbook will have to be completed faithfully by the Student, the CC and the CI. The evaluations, recommendations and remarks that are carried out in this Handbook, will have to be completed with a pen (blue ink). As soon as the period of clinical rotation was finished, the student will deliver the Handbook to the CC Office as evidence of the realized work. In turn, it will be available if it is needed by the accreditation agencies.

The student will have an understanding that this Handbook:

- Will be assigned value as part of the final evaluation.
- Will have to deliver it, when finished every period of practice, as is established by the program.
- Not delivering it in the established date, the CC will apply the norm of Incomplete.
- In case of loss, will have to communicate it immediately to the CI and CC in order to determine the following action.
- It will have to keep it in a secure and accessible place in the clinical site.
- Will have to be available whenever the CC visits the clinical site and requests it.
- It will have to be completed every day; if not do it can affect adversely the evaluation.
- It should be acquire at the beginning of every clinical rotation and the student should assume the cost of the same one.
- The student has a responsibility of keep all the instructions included in this one.
- It is personal and non-transferable; it is the only evidence of his/her clinical rotation.
- The program will be the custodian of this document once is delivering to the Program Officials at the end of the clinical rotation.
- It will be kept in the program office during the time required by the accreditation agencies.

## DEFINITIONS

1. **CLINICAL AFFILIATION**: Private, Public Institutions, Private Offices, Hospitals, Centers of Images and Radiology Departments, which are hired by the University and used by our students as center of training and clinical practice.

2. CLINICAL COMPETITION: The skill of functioning inside the limit of minimal supervision, which it must demonstrate and take up office the student in accordance with the duties and responsibilities as they are specified in the course and the achievement of the clinical objectives.

**3. CLINICAL COORDINATOR (CC)**: Member of faculty of the academic and professional institution of the radiology area entrusted of coordinating the centers of clinical affiliation. It will assign the students to the above-mentioned centers and will visit them to evaluate his accomplishment. It will be employed at direct collaboration with the Clinical Instructor and the Program Director.

**4. CLINICAL INSTRUCTOR (CI)**: Radiologic Technologist licensed, manager of offering the information the student needs to obtain the knowledge that guarantee his progress in the practice. It will offer direct supervision to the student. His roll is fundamental in the professional training of the student since it will be the model and source of the knowledge.

**5. DIRECT SUPERVISION (D)**: physical presence of the radiologic technologist in the field of clinical practice along with the student.

**6. INDIRECT SUPERVISION (I)**: The physical presence of the radiologic technologist in the closeness of this one while it realizes some procedure, not necessarily in the procedure room, but in the department.

**7. PROGRAM DIRECTOR (PD)**: Person responsible for the administrative and academic aspects of the program, plans, organizes, directs, coordinates and evaluates in accordance with the goals and mission of the program.

**8. SPONSORING INSTITUTION**: Inter American University of Puerto Rico, organization constituted under the laws of the Commonwealth of Puerto Rico as a private, coeducational institution and properly accredited.

**9. DOSIMETER**: Instrument, used to monitoring the student's radiation exposure during the clinical rotation, will use it as the regulation of clinical area establishes it. The Program is responsible of providing every student and it will be delivered to the same one when the practice finished.

## AGREEMENT

I,	with the			
Identification number	, an student of the Inter-			
American University of Puerto Rico (UIAPR), San German Campus registered in the				
Associate Degree in Radiologic Technology Program certify that I read, understand and				
accept the academic objectives contained in the Course Syllabus of RATE 2911 ( ),				
RATE 2912 ( ), RATE 2913 ( ), RATE 2917 ( ), or RATE	E 2918 ( ) that is included in			
this Handbook.				

In addition, I accept the norms, regulations, instructions and clinical hours. Also, I will comply with the regulations of the Clinical Affiliation that I assist, as well as those of the institution (UIAPR) that I represent.

**Students Name** 

Signature

Date

Place

## Information to Clinical Instructors:

The Clinical Performance Handbook has been designed following the norms and regulations of the accreditation agencies related to the clinical education. The principal goal is that the students, as well as the radiographers of the Clinical Affiliations, reach the maximum use of this clinical experience in the process of education learning. The same one tries to simplify and to facilitate the teaching work and training of the Clinical Instructor (CI) responsible for the evaluations of the students in the Clinical Affiliation.

The student will acquire this Handbook and this is a persona responsible of keeping and delivering it to the Program Officials (CC), properly completed in the date announced. The personnel assigned by the Program office will be available to provide information and to clarify doubts in such a way that the process of evaluation is one uniform, just and in compliment with planned goals.

If needs communication with the Program Officials or staff of the program, please contact the following telephone number, 264-1912 Ext 7438, 7708 or fax 892-6350. You can write to us through the following post office address:

Inter-American University of Puerto Rico San German Campus School of Nursing and Health Sciences Radiologic Technology Program

PO BOX 5100, San German, Puerto Rico 00683

## **CLINICAL OBLIGATIONS AND NORMS**

#### **Assistance and Punctuality**

- 1. The punctuality of clinical practice hours is essential for the best development and acquisition of the competences in his clinical phase. Excessive and frequent delays will not be allowed. It will be considered a delay coming after the first five (5) minutes of the hour of entry. If the student cannot be present at the clinical area or if he is going to come late will have to inform it as soon as possible the person in charge of the clinical area. The assistance to practice will be in accordance with the academic calendar and hours stipulated by the University. They will not be validated hours out of the regular schedule and those by concept of employment and salary.
- 2. The student, who could not complete his/her day of clinical practice, will have to inform it the manager of the clinical area before leaving his area.
- 3. The assistance sheets must be signed by the technologist in charge in coordination with the Clinical Instructor. This one will be signed every day as it is stipulated. Those students who do not keep with this norm will have to reinstate the time.
- 4. The absences properly justified and demonstrated, will be reinstating on simple time. Not well-taken absences will have to reinstate on double time.
- 5. The maximum of well-justified absences that will be allowed in the same semester will be three (3) and the same ones will have to reinstate, according to the agreement of the Supervisor and Clinical Instructor.
- 6. The schedule and the allocation of the clinical areas are being program by the Clinical Coordinator at the beginning of every semester. Changes in days and hours of practices will not be allowed without the previous agreement of the Clinical Coordinator and Clinical Instructor.
- 7. The student that stays away of clinical Area without notifying it and it is visited by the Coordinator during this day it will have zero (0) in the evaluation corresponding to the day of the visit. In addition, it will have to reinstate the practice hours by double time.
- 8. No student will leave the practice area without authorization.

#### **Physical Appearance**

- 1. The student must have an agreeable physical appearance during his clinical practice. The males must be trim and shaved and if they have beard and mustache they must be clean and trimmed. The females and males clothing must be adapted for the area of work (uniform) the use of exaggerated makeup and earrings and long hair in males is not allowed. The use of short pants, capris, jeans and miniskirts is prohibited. Only completely black shoestring shoes shall be worn. The student who does not keep these norms will be able to be removed of the area by the clinical Instructor or Coordinator, until they fulfill with these requirements. There will be necessary the reinstate the hours of practice nor realized by the removal. More specific norms are in the Regulations of Clinical Area in the Student Handbook.
- 2. All the students will have to use a white robe while they are in the clinical area with identification card and dosimeter. It will not be allowed that the students visit the cafeteria using robe.

#### Transportation

It will be a responsibility of the student to provide own transportation to the clinical area assigned.

#### Insurance

The UIA will provide to the Clinical Affiliation where the students are assigned to realize clinical practice with an insurance policy for medical responsibility. If some damage or loss happened where the responsibility is awarded to the student, to the officials of the Program or to the Clinical Coordinator during the defense of his/her duties, these would be covered with the above-mentioned insurance policy. Incident will have to be demonstrated in the corresponding form and notified immediately to the offices of the Program.

#### Dosimeter

The use of the dosimeter is obligatory in the clinical area. The dosimeter will be supplied by the program and it is the student responsibility to change it bi-monthly. The student who does not have his/her dosimeter as it corresponds to the moment of the evaluation or visits of the Clinical Coordinator, is exhibited to losing points in the evaluation and without the dosimeter it will not be able to be in the x ray procedures area. The Clinical Coordinator will indicate and demonstrate the incident and if the situation repeats the student will be removed of the clinical area until he has dosimeter. The dosimeter will have to be returned finished clinical practice.

#### **Discipline and Conduct**

1. The Clinical Coordinator will evaluate the behavior of the student during his clinical practice. Acts of indiscipline will not be allowed on behalf of the student toward the persons who work in the Clinical Affiliation, as well as to the personnel of the Institution. They will have to keep respect toward the patients and demonstrate empathy toward these. There will not be allowed the use of obscene or offensive vocabulary in the clinical area. Fights, hand games will not also be allowed and to provoke any act that could put in danger the safety of other persons. If this situation arises we apply the rules of the UIA, San German Campus.

2. No student will be accepted in the practice area under the effects of alcoholic drinks or not-prescribe controlled substances. Much less, the possession of these will be allowed inside the clinical area. The violation of this norm exhibits the student to sanctions on behalf of the Institution as it is established in the institutional regulations.

3. The student cannot interfere or affect the work of other employees in the practice area.

4. It's not be allowed that the student do false, vicious or malicious declarations in relation to any partner of work, study, patient, accompanist or patient or supervisor of the Affiliation where they realize the practices.

5. It will not be allowed that the student takes or removes any foreign property, belonging to another person or to the Affiliation.

6. It is not allowed that the student has possession or use of any dangerous weapon in the practice field.

7. Every student will have to keep the occupational safety norms that the Clinical Affiliation demands.

8. It will be a responsibility of the student informing any illness that should behave and that could affect partners and also it will have to report any accident or damage that suffers in the clinical area. It is necessary that it use the Incident / accidents Report Sheet that provides this Manual.

9. It is a student's responsibility maintains order in the clinical practice area to limit to the minimum the possibilities of accidents.

10. Smoking will be considered an act of indiscipline, neither eating or taking in places nor designated by the Affiliation where the practice in realized.

11. There are not allowed the games with money or any type of selling nor authorized in the Affiliation where it realizes the clinical practice.

12. No student is authorized to inform about the condition of patient health, nor spread results of studies. All the information related to the patient is confidential. This information must not be discussed out of the properties of his clinical area. The student will not have to make comments of any type in presence of patients, relatives and persons foreign to the professionals who work in the clinical practice area.

13. It will not be allowed that the student alters intentionally or negligently the medical records, the study requisition or the report of the radiologists corresponding to the procedure realized to the patient. The violation to this norm exhibits the student to sanctions that can include the suspension of his clinical area.

14. The use of the phone in the clinical area will have to limit oneself to the matter related to the work of the Clinical Affiliation. The student will not have neither to receive nor do personal calls in his clinical practice area.

15. The student will never take care of patient belongings (money, portfolios, pledges, others). It must be the patient who delivers to the relatives or accompanist the belongings; this will avoid to the student future problems of claims for lost objects.

16. Every patient will have to be treated with respect and courteousness does not matter the physical or mental condition that it presents, the physical aspect or the economic position that it possesses. On having communicated with the patient, it is important that it appears before agreeable him/her, speaks slowly and with clarity. This will help him/her to have better communication with patiently and major cooperation of him/her to the moment to realize the study.

17. The student will have to support a cordial relation and of respect with their partners.

18. Every student will have to support present the rules of common or universal protection and infections controls, as discussed and included in the Program Handbook.

19. It is a responsibility of the feminine student, to notify to the program if it suspects or is in pregnancy state (refer to the Program Handbook, Clinical Handbook for more information).

**Note:** The student, who does not keep these norms, is exposed to being suspended from clinical practice. The time of suspension will be determined by the Program Clinical Coordinator after having evaluated the seriousness of the fault. A major and repetitive faults will writing notify to the Department Program Director so that it takes the corresponding action.

#### Radiography Task Inventory

The IAUPR, following the ARRT recommendations, has identified essential skills for entrylevel radiographers. While the education program at UIPR is much broader in scope than is required by the task inventory, mastery of the following skills as identified by the ARRT is considered mandatory for graduates of the program:

- 1. Evaluate the need for and use of protective shielding.
- 2. Take appropriate precautions to minimize radiation exposure to patients, self and coworkers.
- 3. Restrict beam to limit exposure area, improve image quality and reduce radiation dose.
- 4. Set kVp, mA and exposure time or automated exposure system to achieve optimum image quality, safe operating conditions and minimum radiation dose.
- 5. Prevent all unnecessary persons from remaining in area during exposure.
- 6. Wear a personnel monitoring device while on duty.
- 7. Review and evaluate individual occupational exposure reports.
- 8. Perform tube warm up according to manufacturer's recommendations.
- 9. Prepare and adjust radiographic unit and accessories.
- 10. Prepare and adjust fluoroscopic unit and accessories.
- 11. Recognize and report malfunctions in the radiographic/fluoroscopic units.
- 12. Perform basic evaluations of radiographic equipment and/or accessories.
- 13. Inspect and clean screens and cassettes.
- 14. Perform start-up and shut-down procedures on the automatic processor.
- 15. Recognize and report malfunctions of the automatic processor.
- 16. Process exposed film/ process phosphor plate for computed or digital image.
- 17. Reload cassettes by selecting film of proper size and type.
- 18. Store film/cassette in a manner, which will reduce the possibility of artifact production.

- 19. Select appropriate film-screen or grid combinations.
- 20. Determine appropriate exposure factors using calipers, technique charts and tube rating charts.
- 21. Modify exposure factors for specific patient conditions.
- 22. Use radiopaque markers to indicate anatomical side, position or other relevant information.
- 23. Evaluate radiographs for diagnostic quality.
- 24. Determine corrective measures if radiograph is not of diagnostic quality and take appropriate action.
- 25. Select equipment and accessories for the examination requested.
- 26. Remove all radiopaque materials from patient or table that could interfere with the radiographic image.
- 27. Explain procedure and breathing instructions to the patient prior to making the exposure.
- 28. Position the patient to demonstrate anatomy using body landmarks.
- 29. Properly sequence radiographic procedures to avoid residual contrast.
- 30. Examine radiographic requisition to verify accuracy and completeness of information.
- 31. Confirm patient's identity using HIPPA guidelines.
- 32. Utilize Standard precautions.
- 33. Question female patients of child-bearing age about possible pregnancy.
- 34. Explain procedure to patient or patient's family and evaluate the patient's ability to comply with positioning requirements for the examination.
- 35. Observe and monitor vital signs.
- 36. Use proper body mechanics and/or transfer devices when assisting patients.
- 37. Provide for patient comfort and modesty.
- 38. Select immobilization devices, when indicated, to prevent patient movement and/or ensure patient safety.

- 39. Verify accuracy of patient film identification.
- 40. Maintain confidentiality of patient information.
- 41. Use sterile technique or aseptic technique to prevent contamination of sterile trays, instruments or fields.
- 42. Prepare contrast media for administration.
- 43. Prior to administration of contrast agent, gather information to determine if the patient is at increased risk of adverse reaction.
- 44. Observe patient after administration of contrast media to detect adverse reactions.
- 45. Recognize need for prompt medical attention and follow instructions for the administration of emergency care.
- 46. Document requires information on patient's medical record.
- 47. Clean, disinfect or sterilize facilities and equipment, and dispose of contaminated items in appropriate manner.
- 48. Follow appropriate procedures when in contact with a patient in reverse/protective isolation.
- 50. Monitor medical equipment attached to the patient during radiographic procedures or transportation.

#### **Clinical Rotation**

The student will have to rotate for each and every one of the Clinical affiliations in accordance with the academic level and as the Clinical Coordinator arranges it.

#### **Infection Control**

During the performance of clinical duties, student radiographers shall comply with Standard Precautions for preventing the spread of infection to patients, themselves and others. The following measures will be employed:

1. Hands should always be washed before and after contact with a client, even when gloves have been worn.

2. Hands should be washed immediately with soap and water if coming in contact with blood, body fluid or human tissue.

3. Gloves should be worn when contact with blood, body fluids, tissues or contaminated surfaces are anticipated.

4. Gowns should be worn if blood spattering is likely.

5. Mask /Goggles should be worn if aerosolization or spattering is likely to occur.

6. Sharp Needles and other sharp objects should be handled in such Objects a manner to prevent accidental cuts or punctures.

7. Used needles should never be recapped but discarded in an approved sharps receptacle.

8. Blood Spills Should be cleaned with appropriate solution promptly.

9. Specimens Blood, body fluid or tissue specimens are considered to be Biohazards and should be labeled as such.

10. The use of resuscitation bags is advised.

# II. CLINICAL PRACTICE PROGRAM REGULATIONS



#### INTRODUCTION

Radiologic Technology is a health professional who uses simple and complex radiographic procedures using radiant energy (commonly known as x ray), to produce radiographic images that contribute to the patient diagnosis. The Radiographer must be academically prepared in Medical Terminology, Physics and Radiobiology, Human Anatomy and Physiology, Chemistry of Developing, Radiographic Exposition, Radiographic Positions, Radiologic Protection, Ethics and Moral, Special Studies, Quality and Control and other related aspects.

The Associate Degree in Radiologic Technology of the Inter American University of Puerto Rico, San German Campus, has a faculty competent in the current radiological sciences field. The faculty's quality offers the student the opportunity to develop in a holistic way which includes the professional, academic and personal aspects.

The main program's objectives are to prepare excellent, competent and sensitive radiographers to serve the Puerto Rican community and the general society. The program is firmly committed to attend the demands of this professional in Puerto Rico.

The Clinical Handbook invite students, faculty, administrators and related personnel to study the Program's Clinical Regulations. It is the document to follow as the development model for the Program.

#### **CLINICAL EDUCATION**

The purpose of the clinical education is to prepare students for future roles and to practice. The clinical settings is the place where students can apply newly acquired knowledge and skills, think critically, make clinical decisions and acquire professional values necessary to work in the health environment. Achievement of this competence level requires a well-defined plan of clinical experiences to be followed by students.

A balanced education must be adjusted to selected contents that are not limited to routine radiographic procedures. It includes special studies of the body system using contrast media, thorax and breast studies and procedures applicable to multi-traumatized patients. Students training also include, the use of portable X ray unit, operating room procedures and general knowledge related to current radiographic modalities (CT Scan, Magnetic Resonance Imaging, Ultrasonography).

Student domain of cognitive, psychomotor and affective abilities must be assured through the selected clinical experiences. The Clinical Coordinator (CC) is the program faculty member that visits the clinical settings periodically to know what's going on with the students assigned there. The Clinical Instructor (CI) or Radiographer is the member of the clinical setting staff to whom the student is assigned for the clinical experience. The CI renders a verbal or written report of the student progress and evaluates the student in

specific areas of radiographic procedures. The formats for clinical evaluations are provided in the clinical area of the Program and Clinical Student Handbook.

#### CLINICAL ROTATION SUPERVISION/REPEAT POLICY

The student's health and safety are a major critical area observed by the Program. While performing clinical assignments, the student is directly responsible to the staff radiographer in charge of the assigned room/area and to the Clinical Instructor. The student must have adequate and proper supervision during all clinical assignments. Until the student reaches basic competencies documented by the clinical instructor, supervision is expected on all radiographic studies. This means that the radiographer collaborates with the student in the handling of the patient and will be present to clarify doubts or to correct the work of the student. In order to assurance that medical imaging procedures are performed under the direct and indirect supervision two parameters delineates the student compliance.

#### Direct Supervision (D)

Each student progresses from the role of observer and assistant to relative independence according to initiative and capabilities. Until a student achieves and documents competency in any given procedure, all medical imaging procedures shall be carried out under the direct supervision of a qualified radiographer. To ensure proper supervision, students will be assigned to a qualified radiographer in the appropriate scheduled area. A qualified radiographer will:

- Review radiographic studies card or medical order and will determine if the student can perform the task by himself.
- Evaluate patient's condition in relation to the student's knowledge and will determine if the student can perform the task.
- Be present during the execution of the radiographic study.
- Review and approve the radiographic study.

All fluoroscopy examinations require *Direct Supervision,* even if a student has demonstrated a competency in fluoroscopy. After demonstrating competency, the student may perform those procedures with *Indirect Supervision.* 

#### Indirect Supervision (I)

This means that the student will perform the assigned procedures without the immediate presence or minimal supervision from a licensed radiographer. There will be always a Clinical Instructor or Radiographer available adjacent to the room or location where the procedure is being performed to give immediate assistance to the student. *Immediate Assistance* means the availability of a qualified radiographer to assist the

student independently of the level of the competency achieved by the student at the moment. The student shall not take the responsibility or the place of a qualified staff radiographer and will never be allowed to approve and send images for radiologist interpretation.

To demonstrate competency, the student should carry out the x ray study five (5) times under *Direct Supervision* before being able to carry out the study under *Indirect Supervision*.

#### **RADIOGRAPHY REPETITION**

Repetition of non-satisfactory images must be always under the supervision of a qualified staff radiographer of the student's competency level. *The student must also assume responsibility for assuring that all repeat radiographs are performed under the direct supervision of a staff radiographer.* 

#### **CLINICAL INSTRUCTOR (CI)**

Each affiliated clinical instruction facility has a Clinical Instructor responsible for the evaluation of the competency level of students in clinical areas. For evaluation and organizational control purposes the clinical instructor is the Department of Radiology Supervision. The Clinical Instructor (CI) is supported by the technology of the Department who functions as radiographer for the Educational Program.

Clinical Instructor and Radiographers area considered Ad-Honorem Instructor and have the following responsibilities:

- Assign the student in the learning area.
- Control attendance of the student.
- Evaluate competencies according to the clinical level of the student.
- Other tasks inherent to their functions as representative of the Radiology Department of the clinical affiliate.

#### **CLINICAL AFFILIATIONS**

The educative program provides a theoretical knowledge and simulated laboratory sessions. The Program is responsible for the coordination and guard that the activities assigned to the students in the clinical area correlate with the clinical affiliation. In order to assure that this happens, a formal agreement (contract) between the academic institution and the clinical affiliate has been established defining the responsibilities and obligations of each. Supervision, security, benefits and professional negligence are clearly delineated in this contractual agreement.

The hiring of the clinical affiliation follows the following criteria:

- 1. The use of the facility is consistent with the mission and educative philosophy of the University.
- 2. The personnel of the clinical facility participate in obtaining the goals and objectives of the program.
- 3. The clinical facility provides the human and physical resources that facilitate the competencies of the students and the achievement of the objectives.

#### **PROGRAM DIRECTOR (PD)**

The program director must be responsible for the coordination of all the organizational, administrative, scheduled inspection, continuous development and general effectiveness of the program. In addition, the program director guides the process of admission, orientation, academic direction, evaluation, curricular revision, promotion of proposals of programs in related areas, contractual coordination and other tasks of educative nature that promote the participation of the faculty and students. The program director responds to the Academic Director of the School of Nursing and Health Sciences.

All grievances, communications or recommendations must go first, through the Clinical Coordinator who makes the decision to refer or not the case to the Program Director.

## **CLINICAL COORDINATOR (CC)**

The Clinical Coordinator is the person in charge coordinating the clinical education with the didactic education, maintaining contact between the Program, the affiliates and the students assigned. In addition, the Clinical Coordinator will visit the clinical areas and evaluates the competition levels that the students are reaching.

Clinical Instructor must use the evaluation formats of this purpose included in the Student manual Clinical Practice Section. Their responsibility is to determine the final qualifications of the students and will collaborate in the establishment of norms to be followed. The Clinical Coordinator responds to the Director of the Program. The Clinical Instructors respond to the Clinical Coordinator.

#### **CLINICAL REGULATIONS**

The students enrolled in the Radiologic Technology Program will must follow the rules in student behavior as they appear in the Student Regulations Manual published by the Institution. Copy of this manual is available at the Dean of Students Office. A legal contractual agreement has been formalized with this purpose. A clinical facility is the place where the student will be practicing once enrolled in the different laboratory courses. Student must understand that may be one of this clinical setting will be the place of work once they finish their carrier. They must follow the rules and regulations of the clinical setting.

The Clinical Performance Handbook is a clear, updated and uniform document. Noncompliance will adversely affect the student evaluation made by the Clinical Instructor. In cases of non-compliance, the clinical instructor must submit a written report to the Program Director and Clinical Coordinator. If after an interview with the program's representatives the student persists in his/her behavior, and indefinite suspension may be recommended as stated in the Clinical Performance Handbook and institutional regulations.

#### **GENERAL OBJECTIVES**

The general objectives of the Clinical Regulations is to be a guide to student acquisition and development of radiographic procedures technical skills to be applied in a varied population, after completed the theoretical background of each area of study. It also, aspires to develop and practice healthy habits in the working environment, with patients and family, and the health team. The Program has a firm purpose on developing the student professionally and academically through the active participation in the academic and administrative process of the Institution. In addition, the student will:

- 1. Apply knowledge of the radiological protection principles to clients, peers and themselves.
- Demonstrate knowledge of the anatomy and physiology, radiographic positions and expositions, and others to obtain a radiographic image of maximum quality and value for diagnostic purposes.
- 3. Determine adequate exposition factors to obtain an optimum radiographic quality with the least radiant dose patient exposition.
- 4. Evaluate radiographies to make critiques inherent factors to the profession exercise.
- 5. Take initiative in the decision making to perform the correspondence radiographic study.
- 6. Provide the patient with the care that applies to the radiographic study assigned.
- 7. Recognize emergency conditions and the first aid techniques applicable.

- 8. Develop attitudes which best support their participation as part of the health team that share with them the patient wellbeing.
- 9. Apply adequate management and protection techniques to patients.

#### **CLINICAL ASSIGNMENTS**

Students must comply with a clinical rotation program throughout several healthcare institutions affiliate to the Inter American University at San German Campus. The faculty will consider the student's place of residence to assign them to close clinical facility.

Student's accommodations in the clinical areas are under the total decision of the Program's Officials. Students are not assigned two consecutive semesters in the same clinical facility. This practice allows the student's development in different work settings and areas of technological competence. Also, it provides for the evaluation of professional competencies previously established and that the student should obtain to advance in the professional life.

The clinical assignment will have duration of five (5) academic semesters divided as follows:

RATE 2911: Clinical Practice I RATE 2912: Clinical Practice II RATE 2913: Clinical Practice III RATE 2917: Clinical Practice IV RATE 2918: Clinical Practice V

An academic calendar for the clinical practice will be prepared each semester for students and clinical instructors.

Students will not receive any economical remuneration from the healthcare institution once enrolled in a clinical practice course. Also, the Educational Program will not assume any legal responsibility if the student is present in the clinical areas out of the scheduled time. Students will be allowed out of the allotted schedule only when authorized in writing by the Clinical Coordinator and Clinical Instructor.

#### **INFECTION CONTROL**

Prevention and infection control are important concerns for all healthcare facilities. The educational program will provide periodic education updates on infection control in the clinical areas. It's the student responsibility to be vaccinated against Hepatitis B virus before the start of the clinical practice. Evidence of vaccination must be submitted to the clinical affiliate by the Program. The use of gloves, masks, and any other personal protection equipment for the student is mandatory. Students must follow universal precautions with respect to hand washing, infection control, and proper disposal of medical waste.

If a student experiences a needle stick or exposure to body fluids, he/she is to cleanse the area, then call the Supervisor.

Any skin abrasions and/or wounds need to be covered to prevent contamination from patient to employee or vice versa.

#### DRUGS, ALCOHOL AND WEAPONS

The use of alcoholic, beverages, controlled substances and weapons are totally prohibited. The educative program and the clinical affiliate will take action on behaviors that constitute violations to these norms.

#### ATTENDANCE

Once the students are assigned to the clinical affiliate, attendance is mandatory and the scheduled must be followed. The Program will provide the clinical affiliate with an Attendance sheet to evidence student compliance. The attendance sheet must be kept in the clinical area, completed in a daily basis and signed by the clinical instructor or radiographer. If for a valid reason the student has to be late or absent, it should be noted in the form. Any absence, to be justifiable, will require a medical or legal excuse or any other justification that the Clinical Coordinator or Instructor considers reasonable.

Habitual late arrivals may result in a reduction of final grade, or in the total failure of the course. Each three (3) late arrivals of fifteen (5) minutes or more, will be informed to the Clinical Coordinator and be considered one absence.

Three (3) or more absences from the course RATE 2911: Clinical Practice I, equals a partial withdrawal from the course. Three (3) or more consecutive absences in the courses RATE 2912, 2913, 2917 and 2918 (Clinical Practice courses) require a medical or legal excuse submitted to the Clinical Coordinator with a copy to the Clinical instructor. The student must keep a copy of the submitted excuse in the Student Manual of Clinical Practice.

#### **CLINICAL HOURS REPOSITION**

In those cases where the student can justify with the proper evidence any absence or late arrivals to the Clinical Areas, lost must be recovered during the frame of time indicated by the Clinical Coordinator. Students in this situation should apply for an appointment to be authorized.

#### ABSENTISM TO PRACTICAL EXAMS

The practical exams are offered by the program's faculty in coordination with the Clinical Coordinator and the Clinical Instructor. The practical exams will be unannounced. Any student who is absent on the day that a practical exam is given will receive a grade of zero (0) for that exam.

If within the next five (5) working days, the student justifies the absenteeism, the Clinical Coordinator can authorize the rescheduling of the practical exam for another day.

#### **CLINICAL EVALUATIONS**

The clinical evaluations of the student will be based on their level of competency in techniques and professionalism attributes to the profession. Such being the case, a manual has been prepared for the evaluation of students during and after each clinical rotation. The evaluations have been prepared by both the Clinical Affiliates and the Educational Program. In the evaluations, the Clinical Coordinator and the Clinical Instructor will use a pre-established scale.

All the evaluations will be discussed with each student and signed. Simulated evaluations can be carried; however, such simulation shall be given after special consideration and where the radiographic study does not interfere with the utilization of other resources needed for the evaluation of the student.

The Clinical Coordinator is responsible for quantifying the student's final grade. A verbal or written report of the findings and recommendations by the coordinator or instructor for the student shall be discussed with the student so that in future clinical assignments the student will be encourage self-assessing.

The Clinical Coordinator will offer periodic practical exams. The visits shall be unannounced. During the visit the coordinator will ask and observe for the followings:

- 1. Completed Student's Clinical Performance Handbook
- 2. Use of personal dosimeter
- 3. Use of uniform
- 4. Human and ethical relations
- 5. Evaluation of skills and competencies
- 6. Interview with the Clinical Instructor

If the student is removed from the area due to unjustified absenteeism or tardiness or for a significant incident, the student shall receive a grade zero as a final grade. The student will have to repeat the rotation the next time it's programmed, and the Clinical Affiliate will be determined by the Clinical Coordinator. A final grade of **80%** or more is required to pass to the next level (next Clinical Practice course). The grade shall be obtained by the student according to the previously established values in the Student Manual of Clinical Practice.

#### ACCIDENTS

The Inter American University at San German provides an insurance of professional negligence and public responsibility to cover students and faculty in cases of accidents during the clinical practice. Any accident in the clinical area where students are participating must be evaluated to determine level of negligence and damages. It must be reported immediately to the Clinical Instructor. The Instructor must notify the program which then will establish the steps to be followed. The Program Director follows the guidelines given by the academic institution for the case management. Healthcare institutions are required to give the emergency care.

## STUDENT SAFETY

The following rules and recommendations have been established to maintain the students' safety when in the clinical environment. Any violation may result in compromise of the students' safety.

- Students will adhere to the safety regulations set forth by the clinical facility. These includes following those that applies the security and fire regulations.
- When students are at their assigned clinical educational center, they **MUST**:
  - Follow the department's Radiation Protection Policies.
  - Always be under either **DIRECT** or **INDIRECT** supervision by a licensed and registered Technologist.
  - $\circ\,$  Participate in a facility orientation within the first week of arriving at a clinical education site.
  - Follow the following *MRI Safety Protocol* 
    - Receive orientation and training prior to entry to the MR imaging area at <u>each</u> new facility.
    - Students <u>must</u> complete an <u>MR safety checklist</u> prior to initial entry to each clinical education site MR imaging suite and follow all protocols.
    - Students <u>must</u> be oriented to the MR facilities protocols prior to entering the MR imaging area.
    - Students are to remain under DIRECT supervision in the MR imaging area at all times.

- The student must follow the Program's and Clinical Education Center's Radiation Protection Program.
- When students are at their assigned clinical educational center, they MUST NOT:
  - Hold patients during a radiographic procedure.
  - Inject any contrast media or medication.
  - Support an image receptor during radiographic exposures.
  - Perform radiographic exams unless a licensed and/or registered Radiologic Technologist is present (direct supervision) or in the immediate area (indirect supervision) as appropriate.
  - Perform radiographic procedures not yet learned didactically.
  - Use fluoroscopy as a way to position patients for radiographic positions.
  - Perform repeat images without the consent and direct supervision of a State of Puerto Rico licensed and/or registered Radiologic Technologist
- Students will utilize proper body mechanics when interacting with and moving patients, equipment, and/or supplies. Proper body mechanics are taught to the students in the *Patient Care* course RATE 1110.
- Students must follow universal precautions with respect to hand washing, infection control, and proper disposal of medical waste.
- When entering patient's rooms, adhere to any contact or respiratory precautions required. Use the appropriate personal protective equipment.
- Report any suspicious or violent behavior to hospital security or dial 911.
- If a student experiences a personal injury, he/she is to fill out the necessary incident report forms required by the hospital and notify the Clinical Coordinator.
- Failure to comply with any of the above mandates will result in disciplinary action by the program and possible program dismissal.

#### PREGNANCY POLICY

The Radiologic Technology Program adheres to the JRCERT's standard with regards to the declaration and discussion of pregnancy, including the appropriate course of action once the declaration of pregnancy has occurred. This policy is also found in the *Radiation Protection Policies for Radiologic Technology Students* document.

Declaration of pregnancy is at the discretion of the student. In order to protect the fetus, the student may discuss any suspected pregnancy with the Program's Coordinator and with the Program's Radiation Safety Officer. Whether or not the student decides to declare pregnancy, the student is advised to consult with her physician.

Female radiography students will make their own choice whether or not to declare pregnancy. The Program will consider the female student a *declared pregnant woman* when *she has* <u>*voluntarily informed*</u>, to the Clinical Coordinator and to the Program's Radiation Safety Officer of her pregnancy. This notification must be in <u>writing</u> and include the following information:

- a. Student's Name
- b. Expected date of birth or date of conception
- c. Social Security number
- d. Student's date of birth
- 1. Should the student choose to voluntarily declare her pregnancy and remain in the program the student will continue to complete <u>all</u> programmatic requirements without modification.
- 2. The student has the option to continue in the program without modification or request a leave of absence, per the University's policy. The request shall be granted with proper documentation. Upon completion of the leave, the student may choose to be reinstated in the program as outlined in the *Readmission Policy* as stated in the General Catalog 2015-17 (p. 40). The student will be permitted to re-enter the program into same course of which they took leave from the program. The program will not offer "out of sequence" course(s) to accommodate returning students.
- 3. The student shall not receive an embryo/fetal exposure dose of more than 500 mrem during the gestation period nor should the monthly equivalent dose exceed 40 mrem.
- 4. The radiation safety officer will review the badge reading with the student on a bimonthly basis. The student's initials will document knowledge of her current radiation levels.
- 5. A student who has given voluntarily notice of pregnancy to the radiation safety officer may submit a written withdrawal of the notification at any time.

6. The radiation safety officer will meet with each student who has voluntarily declared pregnancy to review the clinical environment and course objectives to assure a less than 40 mrem exposure per month. If the student's radiation exposure dose exceeds 400 mrem during the gestation period or should the monthly dose exceed 40 mrem, the student may be required to take a leave of absence from the program. Upon completion of the leave, the student may choose to be reinstated in the program as outlined in the Readmission policy.

# 7. Pregnant students are responsible for following all safety precaution protocols for pregnant personnel in MR.

If a student, after declaring a pregnancy, wishes to undeclared that pregnancy, this must also be done in writing to the college's radiation safety officer.

## Pregnancy Policy Clinical Options

#### According to the student's decision, she can select one of the following options:

#### **Option One:** Modifications to my Clinical Practice (Declare Pregnancy)

If the student decides to declare her pregnancy, she must complete the Declaration of Pregnancy Release Form and request modifications to her Clinical Education. Upon declaring herself pregnant, the student will meet with the Program's Clinical Coordinator and Program's Radiation Safety Officer who will review the Program's Pregnancy Policy with her. The student will be given a series of articles dealing with a pregnant woman in the clinical area of a radiology department to read. The student will receive orientation regarding methods to reduce exposure from ionizing radiation. A lower radiation limit, below 0.05 rem per month and below 0.5 rem during the gestation period, will apply to her according to the National Council on Radiation Protection and Measurements (NCRP) (*The declared pregnant woman's occupational dose and the dose to an embryo/fetus are specified in 10 CFR 20.1208 - NRCP)*. It is recommended that the student wears a wraparound apron during fluoroscopic procedures. Under no circumstances will the pregnant student hold or assist in holding patients or image receptors while radiographic exposures are made. It is appropriate, although not necessary, to provide the pregnant student with an additional monitor to be worn at waist level under the apron to monitor fetal dose.

#### Option Two: Continue in the Program with No Modifications Clinical Education

The student may elect not to request any modifications to her clinical practice. If the student decides NOT to declare her pregnancy or wishes to undeclared a previously declared pregnancy, in writing, she will be asked to review the declared pregnant woman's occupational dose and the dose to an embryo/fetus as specified in *10 CFR 20.1208 – NRCP*, and that she accepts full responsibility for any increased risks associated with exposure to her unborn child. Pregnant students are expected to meet all objectives and clinical competencies of each Radiologic Technology courses so she will continue on her assigned Clinical Education without any modifications. The faculty of the program will recommend the student to use the basic principles of protection (distance, shielding and time).

#### **Option Three:** Leave of Absence from the Program:

The pregnant student may voluntarily decide to take a leave of absence from the program while pregnant. She will have the option to terminate her Clinical Education and continue in the didactic component of the program. When the student decides to re-join the program, the student must meet with the Program's Clinical Coordinator to discuss the Program completion plan. The Clinical Education courses missed shall be completed

postpartum. Placement into the program will be determined by their past performance, level of competency and rotations missed. Program completion and graduation date will be based on the course load left in the program upon return. This may result in postponement of the PR State License or national certification examination.

#### **PATIENT SAFETY**

Inter-American University Radiologic Technology Program at San German Campus is dedicated to promoting and ensuring the safety of all patients. This is inclusive of proper patient identification.

Students are responsible for adhering to the Patient Safety Goals established by their clinical site. These include, but are not limited to:

- Identifying patients correctly. Use at least two methods to identify patients, such as full name and date of birth.
- Using proper communication among staff. Communicate to all personnel involved about the status of the patient, including any known allergies.
- Prevention of infection. Employ the proper techniques to prevent the spread of infection, such as hand washing and proper disposal of medical waste.
- Prevention of patient injuries. Take precautions to ensure the safety of all patients with regards to bedrails, obstacles, and other hazards.
- Prompt response. Be mindful of the status of the patient from the start of your encounter. Regularly assess the condition of the patient, and report any deterioration in condition to the appropriate medical personnel.
- Appropriate use of restraints. Understand the appropriate use of restraints, including the application and release of restraints.
- Use of emergency response codes. Know the types of emergency response codes applicable to the clinical setting and the appropriate action to take.
- Protective shielding must be used on all examinations unless it interferes with the examination. Protective shielding includes shielding the gonads of both gender as well as proper collimation as required.

#### LUNCH BREAK

Time for snacks and lunches must be planned by the Clinical Instructor. Nevertheless, all students have the right to a break of then (10) minutes in the morning and ten (10) minutes in the afternoon. The lunch break will be within an hour range (a minimum of 30 minutes and a maximum of one hour).

Students will not use the lunch period as a mean to complete the program's required practice hours.

#### UNIFORMS

All students of the Radiologic Technology Program must use a uniform and a white gown during the clinical practice. All students will dress a "Navy Blue" pant and shirt set (scrub) and closed black shoes. <u>Other colors of scrubs are not allowed.</u> Uniform are available in Pro Medical Uniforms Store localized in road #2 Mayaguez, Puerto Rico. Jeans, short pants, over the knee skirts, excessive make up, long earrings, long artificial (organic resin or gel) nails, athletic sandals or any other clothing apparel detrimental to the safety and professional image of the student are not permitted. Females must keep hair over the shoulders level or tied back. Males are not permitted to have long hair or earrings including body piercing. All students must keep a clean, pleasant personal appearance, a high sense of belonging and professional commitment. Visible tattoos are to be covered to the extent possible to present a professional image.

Any student that attends the Clinical Area without the required uniform may be sent to home by the Clinical Instructor or by any Program Instructor. Repeated failures related to the use of the uniform could end in the student suspension from the clinical practice, and eventually from the Program. Occasional noncompliance will result in a decrease of the partial or final student grade.

Students of the Program will use the uniform for lectures, clinical assignment, and laboratory sessions, practical examinations or when representing the institution in official activities with Program Office authorization. **Under no circumstance will students be allowed without uniform on the clinical rotation unless there is a written authorization from Program officials.** 

#### MATERIALS

Each student in the Clinical Area must have a "Right-Left" (R-L) marker, a small notebook, a wax pencil and the course's textbook.

#### TRANSPORTATION

The student is responsible for their transportation to the clinical facility. **Attendance to the practice setting is mandatory.** Enrollment in the clinical practice will not be used as an excuse for not participating in the academic activities of the Institution.

#### **CONFIDENTIAL INFORMATION**

All documents of the Clinical Affiliation, including patient's history and radiologic diagnostics, are under HIPPA Act. This means, that students must keep absolute confidentiality and follow the ethical codes inherent to the health professionals. All confidential discussion related to the patient must be management in a professional way. Never make improper comments in front of the patient, relatives or healthcare team members. Any breach of confidentiality may be cause for dismissal.

#### **EMPLOYMENTS**

The Program is proud for the high employment rate of its graduates. Nevertheless, when a student is employed as a Radiological Technology Assistant in any agency, **this will not substitute the clinical education of the student**.

## CLINICAL OBLIGATIONS AND REGULATIONS FOR STUDENTS IN CLINICAL SITES

All students will be responsible of the followings:

All students must be present:

- In alert conditions
- Complete uniform and gown
- Free from drugs or alcohol effects

All students must:

- Not use public telephones or mobile phones during regular working hours.
- Observe strictly the norms, acts and regulations of the healthcare institution where they are assigned.

It is absolutely prohibited:

- The use of long or artificial nails.
- The possession of controlled substances and weapons.
- Sleep during the clinical practice.
- Smoke or eat in unauthorized areas.
- Chewing gums during the practice hours.
- Use the Clinical affiliation telephones for personal calls.
- Leave the Clinical Affiliation without the Clinical Instructor's authorization.
- Leave the area outside the established schedule.
- Acceptance of any reward from patients or relatives.
- Being involved in immoral behavior including robbery.
- Signing the radiographic studies card taking complete responsibility for a given study is not permitted. The card must be signed by the Radiographer in charge. The student may initiate the study near the radiographer's signature.

The student relieves of responsibility the program faculty of any problem that may emerge from the clinical areas. Failure to follow these norms may cause the student's expulsion from the Clinical Affiliation. The time lost must be recovered according to the Regulation Manual. If improper conduct is repeated several times, an administrative withdrawal of the course may be recommended.

## PROCEDURE FOR THE RESOLUTION OF COMPLAINTS

Any student who feels that the application of the politics and norms contained on this Manual are not fair, objectives and impartial, must submit a formal complaint to the Program Office or to the Dean of Students Office. It will be evaluated on its merits.

#### NON-DISCRIMINATORY POLICY

It is the University policy to guarantee equal opportunity to all in all its educational programs, services and benefits. The University does not discriminate against anyone because of race, color, religion, gender, national origin, handicap, age, marital status, physical appearance, political affiliation, or any other classification protected by the dispositions of Title IX of the Amendments to the Education Act of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Handicaps Act of 1990 or any other applicable federal or state law or regulation.

## **III. RADIATION PROTECTION POLICIES**





#### **RADIATION PROTECTION**

The Program of Radiologic Technology recognized the inherent risks of ionizing radiation on practicing students. In order to protect them there are established policies and procedures. The following policies and procedures will apply to all students admitted to the Radiologic Technology Program. These policies are reviewed annually, each January.

#### **RADIOLOGIC PROTECTION RULES AND PROCEDURES FOR STUDENTS**

- Program faculty and students will always use good Radiation Protection practices and techniques. Also, the ALARA principle will always be followed.
- All students will apply the basic principles of radiologic protection: maximize the distance between student and the source of radiation, minimize exposure time and use of protective shielding.
- All students will use personal dosimeter during their clinical rotations and they will follow the proper method of use. The instructions for the use of dosimeter are explained in the course TERA 1100: Radiologic Protection. When wearing a lead apron, the badge must be worn on the outside close to the neck region.
- Under no circumstances will students permit themselves or fellow students (or any other human being) to serve as "patients" for test exposures, experimentation or didactic purpose.
- Female students in reproductive age admitted to the program will be advised of radiation risks during pregnancy. (Refer to pregnancy policy)
  - Pregnant students must use leaded apron besides the dosimeter.
  - Pregnant students will not perform fluoroscopic studies, use portable units or be present in special study areas which require the presence of the operator outside the area.
- The program's radiation safety officer will review dosimeter on a bimonthly basis, initiate exposure reports and assure that exposure limits are maintained by students and faculty:
  - Maximum Permissible Dose Equivalent for Occupational Exposure for fertile women (with respect to fetus) is **500 mrem** during the entire gestation period (Bushong, 2010).
- Maximum limit for students is **400 mrem/month or 5000 mrems/year** (Commission for the Control of Radiation of Puerto Rico, 2008).
- Students who exceed the program's dose equivalence of **300** mrem/month will meet with the program's radiation safety officer and clinical coordinator to determine the cause and to develop an action plan to bring the students exposure back into compliance. If a student exceeds for a second time the program's dose equivalence in any subsequent monitoring month, the student will be removed from clinical training for the remainder of that semester. After this, the student will only be allowed to return to clinical training following additional counseling with the college's radiation safety officer and clinical coordinator, and the formulation of another action plan to bring the student's exposure back into compliance. Students who exceed their dose equivalence for a third time will be suspended from clinical training permanently.
- After the exposure monthly report's revision, the radiologic physics consultant will recommend additional protective measures if needed.
- At any time during activation of the x-ray tube (when x-rays are being generated), observation will be made from the protection of the control booth.
- Specifically, students must not hold or support a patient during exposure, nor will they hold or support a cassette during exposure. If an emergency arises, protective apron and gloves must be worn.
- During activation of the x-ray tube, students must not be in direct visual line with either tube or patient. Thus, they may not observe the patient during exposure from an adjacent room or hall unless through a lead glass protective window.
- During an exposure or procedure, do not place yourself in direct line with the central ray, even though you are wearing a lead apron, and even though a lead shield is interposed between the tube and yourself. The tube must in all cases be pointing away from your body.
- During fluoroscopic procedures and bedside radiography, students will remain in the room with the patient. The following warnings will prevail:
  - A lead apron will be worn at all times, or you will remain behind a lead protective screen and not in visible line with either tube or patient.
  - Students must stand as far from the patient and tube as possible, consistent with the conduct of the examination.

#### PERSONAL DOSIMETER

All students in the Radiologic Technology Program will be required to wear a radiation monitor to measure any radiation exposure/dose the student might receive during their attendance in the Program. This includes the clinical areas.

- The radiation monitor (badge) will be supplied and maintained by the Radiologic Technology Program.
- The radiation monitoring badges will be issued to the student by the Clinical Coordinator at the beginning of the program clinical education.
- Once a student is given their first personal radiation monitor, the student is required to use and maintain it properly. The dose equivalent reading should not exceed the program threshold dose equivalent exposure of 300 mrem per month and will not exceed the NCRP occupational effective dose equivalent of 5000 mrem per year.
  - The student must wear the badge at their collar level **at all times** at the clinical education site. The badge must never be stored or placed in their car (for long periods of time) near heat, direct light or near microwave ovens.
  - If the badge gets wet, dried, damaged or lost, the student must report this immediately to the Clinical Coordinator.
- If a student does not have, or is not wearing their badge the student will not be allowed into the clinical education site.
- The student may review the radiation Dosimetry Report within thirty (30) days after the report is received by the radiation safety officer. A copy of the report with identifying information is kept locked in the Clinical Coordinator's office. The student's initials will document knowledge of his/her current radiation levels.
- A student whose badge reading exceeds the program threshold dose equivalent exposure for whole body, eye, extremities or fetal limit will be advised by the Program Radiation Safety Officer (PRSO).
- The PRSO will determine the circumstances of the excessive dose; advise the student; make recommendations based upon the student's accumulated annual dose.
- The radiation safety officer/ program director, clinical coordinator and student will participate in developing an action plan to reduce further excessive exposure.

At the completion of the Program, all radiation monitoring badges must be returned to the Radiologic Technology Program for final badge reading. A final report will be given to all students after the termination of the program.

A student is required to exercise sound radiation practices and techniques at all times. At no time may a student participate in a procedure using unsafe protection practices. This includes, but is not limited to:

- 1. Always use the personal dosimeter during the clinical practice.
- 2. A student may not take exposure, intentionally or unintentionally, on another student or while another student is in the clinical setting. All exposures on human beings are to be taken for a medically valid reason only and prescribed by a physician.
- 3. Never borrow the dosimeter, nor use it as an instrument to measure radiation.
- 4. Maintain the radiosensitive film in its badge in order to detect exposition appropriately. The plastic cover contains metallic filters which determine the type and radiation energy.
- 5. Keep the name in the dosimeter visible.
- 6. Never use the dosimeter when receiving a personal diagnostic or therapy study due that on these cases the concepts of occupational limits does not apply.
- 7. Don't leave the dosimeter in any area where the possibility of radiation exposition exists. If this occurs, the dosimeter's film must be changed immediately due to the facts that this radiation cannot be assigned to the user.
- 8. Select the dosimeter the first day every two months at the Clinical Coordinator office. All dosimeter must be returned at the end of the month specified for its processing. If badges are not turned in when requested, the student will be pulled from his/her clinical site until the badges are turned in and then required to make up the clinical time.
- 9. Don't leave the film in hot or moist environment areas, nor accidentally put them in the washer. If this occurs, contact the Clinical Coordinator office.

If a student does not have, or is not wearing their badge the student will not be allowed into the clinical education site. Students who lose the dosimeter film holder will receive a replacement badge from the Program's contracted company. They must deposit twenty five (\$25.00) dollars. Dosimeters are changed bimonthly during the first five (5) days of the month. Dosage reports are received periodically in the Clinical Coordinator Office and any abnormal findings is notified immediately via the PRSO. It's the student's responsibility to contact the Clinical Coordinator office for the dosimeter change.

The company that analyzes the dosimeter is Landauer, INC. 2 Science Road, Glenwood, Illinois 60425-1586. It is accredited by The National Institute of Standards and Technology. *Violation of the Clinical Practice Program Regulations and Radiation Protection Policies could result on the student failing his/her clinical course for that semester!* 

#### **Occupational Dose Limits**

Students are responsible for adhering to the guidelines for radiation safety and protection and practicing the ALARA principles. The Effective Dose Equivalent is recorded in the Radiation Dosimetry Report provided by Landauer ®. These records are kept by the Radiation Safety Officer. Students and faculty receive instruction on radiation safety and protection guidelines. Excessive Dose Guidelines are established for dosimetry report review and reporting. The occupational dose limits listed in the table below based on the NCRP Report # 116 Limitation of Exposure to Ionizing Radiation and *found in Title10, Part* 20 of the Code of Federal Regulations (10CFR20).

Occupational Effe Equivalents Will not excee	ective Dose d	Program Threshold Dose Equivalents Should not exceed				
	mrem/year	mrem/semester	mrem/monthly			
Total effective dose equivalent (whole body)	5000	1500	300			
Eye dose equivalent	15000	4000	1000			
Shallow dose equivalent (skin) or extremity	50000	1300	650			

Occupa Eq Will r	tional Effective Dose uivalents not exceed	Program Threshold Dose Equivalents Should not exceed			
Pregnant worker	mrem/year	mrem/year	mrem/monthly		
	500 (entire pregnancy)	400	40		

#### **Radiation Exposure Awareness**

Notification of radiation dosimetry readings will be given to students exceeding allotted radiation exposure levels. The radiation safety officer will review the report with the student to discuss unacceptable practice or inaccuracies. The student will be made aware of the importance of good radiation protection practices and recommendations will be provided to the student to correct any discrepancies in monitoring badge placement, storage and better use of good radiation protection practices and techniques. A copy of the student consultation/advisement plan will be placed in the student's file. Appropriate follow up will be done by the radiation safety officer to ensure the safety advisement plan is adhered to.

#### **Radiation Safety Officer**

Lourdes Maldonado- Mercado is appointed as the Program Radiation Safety Officer for the Radiologic Technology Program at the San Germán Campus.



STUDENT NAME:		
STUDENT ID NUM:		
COURSE:	RATE 🗆 2911, 🗆 2912, 🗆 2913, 🛙	□ 2917, □ 2918
CLINICAL ROTATIO	N:	
DATE (mm/dd/yyyy)		
CLINICAL AFFILIATI	ON:	

## **Clinical Affiliation Acceptance Student Document**

Student Name:	
Dosimeter Number:	
Clinical Affiliation Address:	
Phone:	
Course:	-
I certify that the student	has been
accepted by our Institution	, to realize his (her)
practice as requisite of the Course RATE	, of the Associated Degree in
Radiologic Technology of the UIAPR. The stude	nt has presented the Clinical Handbook in
the clinical area before my consideration. I certify	y to have read the same one and promise
to collaborate and make to fulfill what in this one	arranges.

**Clinical Instructor Signature (I)** 

**Clinical Instructor Signature (II)** 

Date

Date

# SYLLABI Clinical Practice RATE

### **CLINICAL PRACTICE SCHEDULE**

#### CLINICAL AFFILIATION:

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
6:00- 7:00					
7:00- 8:00					
8:00- 9:00					
9:00- 10:00					
10:00- 11:00					
11:00- 12:00					
12:00- 13:00					
13:00- 14:00					
14:00- 15:00					
15:00- 16:00					
16:00- 17:00					
17:00- 18:00					

### LEGEND:

Certify correctly: \_\_\_\_\_

Program Director Clinical Coordinator

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

#### ATTENDANCE FORM

The form provides the student a daily record of attendance to the clinical site. It is divided in days, hours and must be initiated by the student and the Clinical Instructor (CI) each day of practice. The student must complete each part of the form; which includes the shift hours scheduled, lunch period and Clinical Instructor signature.

The Clinical Coordinator (CC) evaluates the attendance sheet every time they visit the clinical practice site. At the end of the clinical practice, the CC will keep documented the completion of clinical practice hours and clinical competencies, in order to ensure that the student accomplished the total amount of hours required in each clinical course syllabi.

			н	OUR		STUDENTS	TECHNOLOGIST
	DATE	E	D	E	D	INITIALS	SIGNATURE
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							

		HOUR				STUDENTS	TECHNOLOGIST
	DATE	E	D	E	D	INITIALS	SIGNATURE
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TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							

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FRIDAY							

		HOUR				STUDENTS	TECHNOLOGIST
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FRIDAY							

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		HOUR				STUDENTS	TECHNOLOGIST
	DATE	E	D	E	D	INITIALS	SIGNATURE
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#### ATTENDANCE FORM SUMMARY SHEET

Required hours	RATE 2911	RATE 2912	RATE 2913	RATE 2917	RATE 2918
for Clinical	(180 hours)	(180 hours)	(240 hours)	(360 hours)	(360 hours)
Course RATE					
Hours completed					
by the student					
Hours not					
accomplishes by					
student					

**Observations:** (Reasons why all practice hours required were not completed. Example:

Holidays, summer break, hurricanes, etc.)

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#### DAILY PROCEDURES REPORT

### Upper Limb

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anatomic		Patient	Technical	ical Technical Factors Chief	Chief	Supervision		Technologists
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	**	Initials

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

### Lower Limb

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anatomic		Patient	Technical	inical tors	Fechnical Factors Chief	Super	vision	Technologists
Date	Area	Projection	Habitus	Factors kVp	Factors mA, time kVp or mAs		D*	<b> </b> **	Initials

D\* = Direct Supervision

#### DAILY PROCEDURES REPORT

## Shoulder Girdle

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anatomic		Patient	Technical	inical tors	Fechnical Factors Chief	Super	vision	Technologists
Date	Area	Projection	Habitus	Factors kVp	Factors mA, time kVp or mAs		D*	<b> </b> **	Initials

D\* = Direct Supervision

#### DAILY PROCEDURES REPORT

## Pelvic Girdle

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	A		Patient	Technical	Technical	chnical actors Chief	Super	vision	Tachaologiata
Date	Anatomic Area	Projection	Patient Habitus	Factors kVp	mA, time or mAs	complaint	D*	<b> </b> **	l echnologists Initials

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

### Bony Thorax – Sternum and Ribs

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anotomio	Projection Patient	- Patient	Patient	Technical	Technical Factors Chief		Super	vision	Tashnalasista
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	<b> </b> **	Initials	

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

## Skull and Cranial Bones

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anatomic Area	Projection Pa	tomic Projection	Patient	Patient	Technical	Technical Factors Chief		Super	vision	Tashaalasiata
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	<b> </b> **	Initials		

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

### Skeletal Survey, Long Bone, Bone Age, Other Procedures

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anatomic	Projection Patient	Patient	ent Technical	Technical Factors	al S Chief	Super	vision	Technologists
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	<b> </b> **	Initials

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

### Respiratory System (Chest)

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anatomic		Patient Technical Technical Factors Chief	l Technical Factors	Technical Factors	Technical Factors	I Technical Factors	al Technical Factors Chie	al S Chief	Super	vision	Tachaologista
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	**	Initials			

D\* = Direct Supervision

#### DAILY PROCEDURES REPORT

### Urinary System

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anatomic	Projection Patient Technical Technical Factors Chief	Patient Technical T	Technical	al S Chief	Super	vision	Tachaologista	
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	**	Initials

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

### **Gastrointestinal System**

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anotomio	Projection Patient	- Patient	Patient	Technical	Technical Factors Chief		Super	vision	Tashnalasista
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	<b> </b> **	Initials	

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

### **Reproductive System**

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anotomio	Projection Patient	- Patient	Patient	Technical	Technical Factors Chief		Super	vision	Tashnalasista
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	<b> </b> **	Initials	

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

### Nervous System

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anatomic	Prejection Patient Technical Factors Chief	nt Technical Technical Factors	al S Chief	Super	vision	Tachnologista		
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	<b> </b> **	Initials

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

## Spinal Column

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anotomio		Detient	Technical	Technical	Technical	Technical	nt Technical Technical Factors	Technical	al S Chief	echnical actors Chief	Supervision		Technologists
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	**	Initials					

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

## Heart and Circulatory System

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anatomic	Projection Patient Technical Technical Factors Chief	Patient Technical T	Technical	al S Chief	Super	vision	Tachaologista	
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	**	Initials

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

## Miscellaneous (Portable, Conventional Scanner, C Arm, Fluoroscopy, Others)

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

	Anatomic		Projection Patient Technical Factors Chief	ent Factors Cechnical	al S Chief	Supervision Chief		Technologists	
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	<b> </b> **	Initials

D\* = Direct Supervision

### DAILY PROCEDURES REPORT

## Special Forms (CT Scan, MRI, Ultrasound, Digital Angiography, Others)

## Note: The student will have to demonstrate in this form all the X ray routine and complex procedures that he has realized, assisted or observed every day

_	Anatomic	Projection Patier	Patient	Patient Technical	Technical Factors	al 6 Chief	Super	rvision	Technologists
Date	Area	Projection	Habitus	Factors kVp	mA, time or mAs	complaint	D*	<b> </b> **	Initials

D\* = Direct Supervision

# QUANTITY OF COMPLEX PROCEDURES AND X RAY REALIZED, ASSISTED OR OBSERVED

Student name: \_\_\_\_\_

Total of procedures: \_\_\_\_\_

UPPER LIMB	SKULL AND CRANEAL BONES
Fingers	Routine Skull
Hand	Sella Turcica
Wrist	Optic Foramen
Forearm	Orbit
Elbow	Nasal Bones
Humerus	Maxillary
SHOULDER GIRDLE	Zygomatic Arch
Shoulder	Mandible
Clavicle	Temporomandibular Joint
Acromio-Clavicular Joint	Paranasal Sinuses
Scapula	Mastoid
PELVIS GIRDLE	SKELETAL PROCEDURES
Hip	Skeletal Survey
Frog Leg	Bone Age
Pelvis	Scanogram
	Scoliosis
	Knee Arteriogram
	Shoulder Arteriogram
LOWER LIMB	<b>RESPIRATORY SYSTEM</b>
----------------------------	-----------------------------------
Fingers	Chest
Feet	Lordotic
Ankle	Chest Recumbent
Heel	URINARY SYSTEM
Leg	Intravenous Pyelogram (IVP)
Knee	Retrograde Urogram
Patella	Cystography
Femur	Retrograde Urography (IVU)
BONY THORAX	KUB
Sternum	SPINAL COLUMN
Ribs	Cervical
Sternum clavicular Joint	Thoracic
GASTROINTESTINAL SYSTEM	Lumbar
Abdomen	Lumbo-Sacral Joint
Sialogram (salivary gland)	Sacrum
Esophagram	Sacro-Iliac Joint
Upper Gi Series	Coccyx
Small Bowel Series	<b>CIRCULATORY SYSTEM / HEART</b>
Barium Enema	Cerebral Angiography
Gallbladder	Central Angiography
Gastrografin Enema	Pulmonary Angiography
Ivc Series	Peripheral Angiography
T-Tube Cholangiogram	Venogram
Operative Cholangiogram	C- Arm Pacemaker
Others	

REPRODUCTIVE SYSTEM	MISCELLANEOUS
Hysterosalpingogram	CT Scanner
	MRI
	Sonography (Ultrasound)
NERVOUS SYSTEM	Portable
Myelogram	C- Arm
Ventriclegram	Digital
Nervous Blockage	Others

#### DAILY PROCEDURE EVALUATION

CRITERIA	4	3	2	1	0	COMMENTS
1. Performs an analysis in an orderly and legible manner.						
2. Identify the evaluated anatomical areas, the radiographic projections completed and the exposure factors used in the procedure.						
3 Including the type of supervision, directly or indirectly in a responsible manner taking in what consideration is covered in theory.						
<ol> <li>Demonstrate proper management in the exposure factors according to the anatomical area to be x-ray. (low doses to the patient)</li> </ol>						
5. Displays log initialized daily by the radiological technologist in charge of supervision.						

### Scale:

Excellent	(4)	comply 100% with the information in the criteria as instructed
Satisfactory	/ (3)	comply 80% with the information in the criteria.
Regular	(2)	comply 50% with the criteria.
Poor	(1)	comply 25% with the information in the criteria.
Failure	(0)	Not met the criteria as instructed or did not submit work.

Clinical Coordinator Signature

Date

Total

Percentage

## STUDENT EVALUATION FORM BY CLINICAL INSTRUCTOR

INSTRUCTIONS: Check in the corresponding value of the scale that best represents the student's performance in the clinical site.

### Scale:

- 3- Excellent
- 2- Acceptable
- 1- Unacceptable
- 0- Criteria not met

The Student:	3	2	1	0	COMMENTS
1. Evidences willingness to accept		_			
suggestions.					
2. Used the uniform daily.					
3. Behavior in the clinical and departmental					
areas adheres to the clinical affiliation					
norms.					
4. Respect and Cordiality within Patients,					
F Treat patients and staff with amounts					
5. Treat patients and start with empathy.					
6. Demonstrate Professionalism and Ethics					
with each patient and clinical staff.					
7. Evaluates the requisition for the					
procedure.					
8. Confirms the patient's identity following					
the radiographic requisition.					
9. Provides the patient with the appropriate					
information for the test or procedure.					
10. Assists the patient before, during and					
after study.					
The patient during the examination					
12 Demonstrates confidentiality with the					
nation's information					
13 Observes infection control techniques					
and accessories.					
14. Total	1	1		1	
					/39 = %

Technologist Signature and License #

Student Signature

Date

## FINAL REFLECTION

The final reflection must be a minimum of five pages, double-spaced in 12 point Arial or Times New Roman font. The reflection must include responses to the following questions:

- (Q1) What things I learned through the process and practice this semester?
- (Q2) Have I improved or grown professionally? Explain
- (Q3) Has my personal and professional attitude changed?
- (Q4) What clinical experiences did I like most?
- (Q5) What are my areas of strengths and areas that require improvement?
- (Q6) What measures I propose as student in order to improve my weakness areas?

Questions	5	4	3	2	1	0
Q1						
Q2						
Q3						
Q4						
Q5						
Q6						
Grammar						
Format						
Analysis level						

## **REFLECTION RUBRIC**

## Scale:

5= Excellent (100%); 4= Satisfactory (75%); 3= Average (50%); 2= Not Satisfactory (25%); 1= Poor (15%); 0= Criteria not met

Total: \_\_\_\_\_ Clinical Faculty Signature \_\_\_\_\_

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

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## **CLINICAL COORDINATOR SITE VISIT REPORT**

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Name:	_Signature:
Comments:	
Date:	
Name:	_Signature:
Comments:	
Date:	

## **CLINICAL COORDINATOR SITE VISIT REPORT**

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_Signature:
_Signature:

# ACCIDENTS OR INCIDENTS REPORT SHEET

Institution:	Date	

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

Complete the report in consideration the following: persons involved, place, schedule, date, equipment and materials, use of medications in Emergency Room, offices informed, approximate cost, or another pertinent information.

ID#:\_\_\_\_\_

Clinical Instructor Name:	
Clinical Instructor Signature:	Date:
Student Name:	
Student Signature:	Date:

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The development of this Manual is in harmony with the Rules and Regulations contained in the General Catalog of the Inter American University of Puerto Rico, San Germán Campus.

Revised by Dr. José H. Garcés- Llantín (December, 2020)

Revised by Dr. Sara L. Torres- Padilla (Abril, 2021)