

# Merced College



Diagnostic Radiologic Technology Program

## Clinical Handbook

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

Class of: \_\_\_\_\_

If found, please call: \_\_\_\_\_

Or Return to Merced College, DRT Program

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## Introduction

It is the intent of this handbook to give the students, faculty, and affiliate representatives a guide to accurately evaluate clinical progress and to provide an overview of the direction that the student's education is taking.

The handbook guides a student on their journey through the clinical experience, with an emphasis on obtaining and tracking the core clinical competencies that all individuals must demonstrate to establish eligibility for ARRT certification, and the student's breadth of knowledge and skill.

To make the clinical evaluation process a reliable, valid tool, input from all three groups, as mentioned above, will be required.

It is hoped that this will serve to promote a high degree of competency, professionalism, motivation, and self-pride in each participant.

**Developed by:**

**Karen Lang, M.S.-HCE, CRT (R/F), RT (R) (CT)**

**Director, Diagnostic Radiologic Technology Program**

**Revised for Fall 2022**

## Student Learning Outcomes – DRT Program Clinical Courses

### **RADT-12B: Student Learning Outcomes**

Upon successful completion of the course, the student should be able to verbally or in writing:

- A. Perform independently with minimal error, ten of the fifty-two "Initial Core Competencies" required to complete the initial clinical experience portion of the student's training.
- B. Evaluate the ten radiographic image sign-offs on positioning and technical considerations, image acquisition and image analysis competently.

### **RADT-14B: Student Learning Outcomes**

Upon successful completion of the course, the student should be able to verbally or in writing:

- A. Perform independently with minimal error, ten of the fifty-two "Initial Core Competencies" required to complete the initial clinical experience portion of the student's training.
- B. Evaluate the ten radiographic image sign-offs on positioning and technical considerations, image acquisition and image analysis competently.

### **RADT-15B: Student Learning Outcomes**

Upon successful completion of the course, the student should be able to verbally or in writing:

- A. Perform independently with minimal error, a minimum of fifteen of the fifty-two "Initial Core Competencies" required to complete the clinical experience portion of the student's training.
- B. Evaluate the fifteen radiographic image sign-offs on positioning and technical considerations, image acquisition and image analysis competently.

### **RADT-16B: Student Learning Outcomes**

Upon successful completion of the course, the student should be able to verbally or in writing:

- A. Perform independently with minimal error, seventeen of the fifty-two "Initial Core Competencies" required to complete the initial clinical experience portion of the student's training.
- B. Evaluate the seventeen radiographic image sign-offs on positioning and technical considerations, image acquisition and image analysis competently.

### **RADT-17B: Student Learning Outcomes**

Upon successful completion of the course, the student should be able to verbally or in writing:

- A. Demonstrate continued competency by independently executing with minimal error, sixteen of the forty "Final Competencies".
- B. Evaluate the sixteen radiographic image sign-offs on positioning and technical considerations, image acquisition and image analysis competently.

### **RADT-18B: Student Learning Outcomes**

Upon successful completion of the course, the student should be able to verbally or in writing:

- A. Demonstrate continued competency by independently executing, with minimal error, twenty-four of the forty "Final Competencies".
- B. Evaluate the twenty-four radiographic image sign-offs on positioning and technical considerations, image acquisition and image analysis competently.





# Code of Ethics & Responsibility

**Merced College**  
**Diagnostic Radiologic Technology Program**  
**Hold Harmless Form**

I understand that due to my occupational decision to enroll and work in the health field, I may be exposed to potential infection; e.g. Hepatitis B. With my signature below, I am releasing and hold harmless Merced College and its hospital/clinical affiliates of any responsibility due to my work exposure to, or infection of, potential infectious contacts.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## ARRT “Standard of Ethics” and the Radiographer’s Scope of Practice

**Knowingly reporting inaccurate information in the completion of your clinical training requirements goes against the ARRT “Standards of Ethics” in practice and is subject to being sanctioned.**

**In particular:**

### Fraud Involving Certification and Registration

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.

### Fraudulent Communication Regarding Credentials

2. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding any individual's education, training, credentials, experience, or qualifications, or the status of any individual's state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

## Scope of Practice

### Technical Incompetence

10. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

### Improper Supervision in Practice

11. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or an ARRT registered certificate to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

### Improper Delegation or Acceptance of a Function

12. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

**Merced College**  
**Diagnostic Radiologic Technology Program**  
**Acceptance of Professional Responsibilities**

For the purpose of participating in the Program as a student radiographer, I accept the responsibilities and standards of the American Registry of Radiologic Technologists, such as those listed in the Scope of Practice and Standard of Ethics.

Moreover, I understand and accept the requirements for clinical experiences and program participation, such as background checks, drug clearances, vaccinations, immunizations and CPR. I will hold current documentation of each of these clearances according to program policies at all times in order to continue in the program.

Program Participant: \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Witness: \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_



**Merced College**  
**Diagnostic Radiologic Technology Program**  
**Statement of Responsibility**

For and in consideration of the benefit provided the undersigned in the form of radiographic performance and image evaluation experience of patients at affiliated clinical facilities, the undersigned and his/her heirs, successors and /or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Diagnostic Radiologic Technology Program operated by Merced College at affiliate clinical facilities unless such injury or loss arises solely out of particular affiliate clinical facility's gross negligence or willful misconduct.

Program Participant: \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Witness: \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_



# **Student Clinical Evaluations**

## Student Clinical Evaluations

Vital components of clinical competency that are evaluated during the clinical training phase of the program include cognitive knowledge, psychomotor skills, and the affective domain.

Cognitive knowledge and psychomotor skills can be discerned by how well one transfers their understanding of classroom knowledge into clinical practice.

The affective area is an aspect of your behavior that can be expressed as interests, attitudes, appreciations, values, and emotional sets or biases. In other words, how do you relate with your peers, supervisors, physicians, and patients? Are your behaviors appropriate in a clinical, professional setting? If your attitudes and values are not appropriate, how can you know this and respond accordingly?

To assess a student's progression into the profession, a "Student Clinical Evaluation" will be utilized twice a semester. An example of the evaluation is provided here in this handbook on the following pages.

It is the student's responsibility to request the Clinical Preceptor submit the evaluation, to be submitted to the instructor of record by the given deadline, along with a self-evaluation "Student Clinical Evaluation". Evaluations are submitted via Trajecsys for all clinical terms. Students should plan on enough lead time to ensure submission of evaluations by the deadline dates given. Evaluations offer the student and CP the opportunity to review progress, review competencies, identify opportunities for improvement, and much more, all to help the student improve, grow and develop skills throughout the program.

**Students, an evaluation is considered incomplete if you have not signed the evaluation.** Please keep in mind that your signature does not necessarily indicate agreement with anything noted on the evaluation, rather you have read what was submitted. You are encouraged to submit comments to your evaluations via Trajecsys after you read your evaluations.

Students rotating through more than one facility during an evaluation period need to submit **at least one completed** clinical evaluation for each facility they've worked 6 working days or more during the evaluation period. Students with assignments that include multiple sites should communicate with their CPs to request evaluations if they have met this minimum attendance.

College faculty Clinical Supervisors will also be submitting evaluations accordingly in the evaluation process. The college faculty instructors' Clinical Supervisors' evaluations will be averaged for a midterm and final subtotal. The resulting subtotals will be averaged together for a final total in their category.

**A pattern of unacceptable evaluation criteria scores can lead to an unsatisfactory grade and dismissal from the program.**

Subject:

Site:

---

Student Clinical Evaluation  
Performance

**Rate the student's performance and/or professional behavior considering the student's level of training.**

**Scoring Rubric:**

Poor Performance (50% or less)

Area for Improvement or Weakness (75%)

Performing at Level/Meeting Compliance (85%)

Above Average Performance (93%)

Exceptional Performance (100%)

**Student Status:**

Freshman  Sophomore  Intern

Demonstrating positioning skills

Poor Performance  
 Area for Improvement or Weakness  
 Performing at Level / Meeting Compliance  
 Above Average Performance  Exceptional Performance

Demonstrating techniquing skills

Poor Performance  
 Area for Improvement or Weakness  
 Performing at Level / Meeting Compliance  
 Above Average Performance  Exceptional Performance

Generating an adequate quantity of work

Poor Performance  
 Area for Improvement or Weakness  
 Performing at Level / Meeting Compliance  
 Above Average Performance  Exceptional Performance

Maintaining focused attention to task on hand

Poor Performance  
 Area for Improvement or Weakness  
 Performing at Level / Meeting Compliance  
 Above Average Performance  Exceptional Performance

Recognizes and applies routine patterns to imaging

Poor Performance

- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance     Exceptional Performance
- Completing work tasks in a timely manner (speed)
- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance     Exceptional Performance
- Completing tasks with appropriate level of accuracy
- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance     Exceptional Performance
- Exhibiting understanding of classroom knowledge (anatomy / general)
- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance     Exceptional Performance
- Retaining information adequately
- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance     Exceptional Performance
- Managing own learning performance / learns from mistakes (to include recommended lab activities)
- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance     Exceptional Performance
- Complying with proper supervision for level of competency (direct / indirect supervision by qualified practitioner)
- Poor Performance
- Area for Improvement or Weakness



Following instructions / Following through on assigned tasks (includes timely mandatory clinical orientation requirements)

- 
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance
- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

Goals for Student:

Comments:

Work Habits

Taking the initiative (includes venipunctures)

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

Offering assistance to staff

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

Maintaining and utilizing a technique book

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

Logs and maintains repeat analyses adequately

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance

	<input type="radio"/>	
	<input type="radio"/>	Above Average Performance <input type="radio"/> Exceptional Performance
Maintaining exam logs (up-to-date; supervision notation)	<input type="radio"/>	Poor Performance
	<input type="radio"/>	Area for Improvement or Weakness
	<input type="radio"/>	Performing at Level / Meeting Compliance
	<input type="radio"/>	Above Average Performance <input type="radio"/> Exceptional Performance
Maintaining proper medical and surgical asepsis	<input type="radio"/>	Poor Performance
	<input type="radio"/>	Area for Improvement or Weakness
	<input type="radio"/>	Performing at Level / Meeting Compliance
	<input type="radio"/>	Above Average Performance <input type="radio"/> Exceptional Performance
Preparing and maintaining clean work stations	<input type="radio"/>	Poor Performance
	<input type="radio"/>	Area for Improvement or Weakness
	<input type="radio"/>	Performing at Level / Meeting Compliance
	<input type="radio"/>	Above Average Performance <input type="radio"/> Exceptional Performance
Proper use / care of equipment (x-ray/fluoro, Image / IR orientation, computers, etc.)	<input type="radio"/>	Poor Performance
	<input type="radio"/>	Area for Improvement or Weakness
	<input type="radio"/>	Performing at Level / Meeting Compliance
	<input type="radio"/>	Above Average Performance <input type="radio"/> Exceptional Performance
Providing good examples of routine exams	<input type="radio"/>	Poor Performance
	<input type="radio"/>	Area for Improvement or Weakness
	<input type="radio"/>	Performing at Level / Meeting Compliance
	<input type="radio"/>	Above Average Performance <input type="radio"/> Exceptional Performance
Seeking responsible radiographic assignments (good variety)	<input type="radio"/>	Poor Performance
	<input type="radio"/>	Area for Improvement or Weakness
	<input type="radio"/>	Performing at Level / Meeting Compliance
		Above Average Performance    Exceptional Performance

Providing good examples of clinical competency sign-offs

Poor Performance

Area for Improvement or Weakness

Performing at Level / Meeting Compliance

Above Average Performance  Exceptional Performance

Making adequate progress in clinical competencies

Poor Performance

Area for Improvement or Weakness

Performing at Level / Meeting Compliance

Above Average Performance  Exceptional Performance

Making adequate progress in surgical observations & surgical experience

Poor Performance

Area for Improvement or Weakness

Performing at Level / Meeting Compliance

Above Average Performance  Exceptional Performance

**Comments:**

Dependability and Responsibility

Attendance: Punctual and has regular attendance per schedule

Poor Performance

Area for Improvement or Weakness

Performing at Level / Meeting Compliance

Above Average Performance  Exceptional Performance

Dates of absences:

Appropriate notification of absence/tardiness and makeup of missed time

---

Poor Performance

Area for Improvement or Weakness

Performing at Level / Meeting Compliance

Above Average Performance  Exceptional Performance

N/A

Schedule: Posting intern schedule and/or timely resolution of scheduling conflicts (with CP and CS).

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance     Exceptional Performance
- N/A

Logs: attendance, absences / makeup time, etc. in clinical handbook/Trajecsys, incl. orderliness and minimal errors.

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance     Exceptional Performance

Maintaining current student updates (CPR, TB, Inoculations, etc.) in all record-keeping locations

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance     Exceptional Performance

Effective written communication skills (incl. email, PACs notations, etc.)

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance     Exceptional Performance

**Comments:**

Self-Confidence

Maintaining a positive attitude

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance     Exceptional Performance

Instilling confidence in patients

- Poor Performance
- Area for Improvement or Weakness

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	<input type="radio"/> Performing at Level / Meeting Compliance <input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance
Working independently when appropriate	<input type="radio"/> Poor Performance <input type="radio"/> Area for Improvement or Weakness <input type="radio"/> Performing at Level / Meeting Compliance <input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance
Displaying appropriate level of confidence	<input type="radio"/> Poor Performance <input type="radio"/> Area for Improvement or Weakness <input type="radio"/> Performing at Level / Meeting Compliance <input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance
Dem onstrating the ability to adapt to new situabons	<input type="radio"/> Poor Performance <input type="radio"/> Area for Improvement or Weakness <input type="radio"/> Performing at Level / Meeting Compliance <input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance
Making adequate progress in skills for level of training	<input type="radio"/> Poor Performance <input type="radio"/> Area for Improvement or Weakness <input type="radio"/> Performing at Level / Meeting Compliance <input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance
Establishing good rapport with staff/radiologists (respectfulness, etc.)	<input type="radio"/> Poor Performance <input type="radio"/> Area for Improvement or Weakness <input type="radio"/> Performing at Level / Meeting Compliance <input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance
<b>Comments:</b>	<div style="border: 1px solid black; height: 30px;"></div>
Responsible Judgement In an emergency situation	<input type="radio"/> Poor Performance



	<input type="radio"/> Area for Improvement or Weakness
	<input type="radio"/> Performing at Level / Meeting Compliance
	<input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance
	<input type="radio"/> N/A
Utilizing fluoroscopy appropriately	<input type="radio"/> Poor Performance
	<input type="radio"/> Area for Improvement or Weakness
	<input type="radio"/> Performing at Level / Meeting Compliance
	<input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance
	<input type="radio"/> N/A
Dem onstrates appropriate pre-exposure collimation	<input type="radio"/> Poor Performance
	<input type="radio"/> Area for Improvement or Weakness
	<input type="radio"/> Performing at Level / Meeting Compliance
	<input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance
When moving difficult and/or injured patients	<input type="radio"/> Poor Performance
	<input type="radio"/> Area for Improvement or Weakness
	<input type="radio"/> Performing at Level / Meeting Compliance
	<input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance
Proper use and/or placement of RT & LT markers	<input type="radio"/> Poor Performance
	<input type="radio"/> Area for Improvement or Weakness
	<input type="radio"/> Performing at Level / Meeting Compliance
	<input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance
In organizing sequence of workload tasks / workflow	<input type="radio"/> Poor Performance
	<input type="radio"/> Area for Improvement or Weakness
	<input type="radio"/> Performing at Level / Meeting Compliance
	<input type="radio"/> Above Average Performance <input type="radio"/> Exceptional Performance

By demonstrating problem solving / critical thinking skills

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

Employing radiation protection measures for all parties (ALARA)

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

By keeping exposure index number within appropriate range (S#, REX#, etc)

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

By reporting equipment, patient, and staffing events in a timely and accurate manner

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance
- N/A

**Comments:**

Proper Patient Interaction

Projecting voice adequately

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

Respecting patient's dignity, modesty, and comfort

- Poor Performance
- Area for Improvement or Weakness

- Performing at Level / Meeting Compliance
  Above Average Performance
  Exceptional Performance
- Using easy to follow instructions or explanations
  - Poor Performance
  - Area for Improvement or Weakness
  - Performing at Level / Meeting Compliance
  - Above Average Performance
  Exceptional Performance
- Establishing good patient rapport in a timely manner
  - Poor Performance
  - Area for Improvement or Weakness
  - Performing at Level / Meeting Compliance
  - Above Average Performance
  Exceptional Performance
- Communicating in a professional manner and within scope of practice
  - Poor Performance
  - Area for Improvement or Weakness
  - Performing at Level / Meeting Compliance
  - Above Average Performance
  Exceptional Performance
- Addressing patient by name and/or checking ID bracelet and/or birth date
  - Poor Performance
  - Area for Improvement or Weakness
  - Performing at Level / Meeting Compliance
  - Above Average Performance
  Exceptional Performance

**Comments:**

- Diplomacy
- Accepting constructive criticism
  - Poor Performance
  - Area for Improvement or Weakness
  - Performing at Level / Meeting Compliance
  - Above Average Performance
  Exceptional Performance

Observing rules and regulations (includes being available for site visitations, etc.)

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

Exhibits professional demeanor (no gum chewing or inappropriate language, etc.)

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

**Comments:**

Adherence to Dress Code and Personal Cleanliness

Professional appearance (ex: uniform, no distracting body art)

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

Maintaining good body hygiene (ex: fingernail policy)

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

Wearing name and dosimetry badges (mark down for forgetting or losing)

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance
- Above Average Performance  Exceptional Performance

Exhibiting proper PPE use and hand hygiene (e.g., mask, gel in/gel out, cleansing, glove use)

- Poor Performance
- Area for Improvement or Weakness
- Performing at Level / Meeting Compliance

Above Average Performance  Exceptional Performance

Comments:

Summary:

**Grading Note to Students:**

**OVERALL EVALUATION:** Accumulated Total Grade Points Received

98.5 - 100 = A+ = 30 points

95.5 - 98.4 = A = 28 points

92.5 - 95.4 = A- = 26 points

89.5 - 92.4 = B+ = 24 points

86.5 - 89.4 = B = 22 points

83.5 - 86.4 = B- = 20 points

80.5 - 83.4 = C+ = 18 points

77.5 - 80.4 = C = 16 points

75 - 77.4 = C- = 14 points

Below = 0 points

Enter

**Student Signature:** Student may add signature and comments by attaching a post-submission comment. To do so, student logs in using his/her user name and password. Then, go to Reports/Completed Evaluations. Select the evaluation template and hit apply; click View Details (looks like a folder at right of screen). Click on the plus sign (+) at the bottom next to Add Comment. Student will see a dropdown menu of all items on the evaluation; scroll down the list of items and select the Student Signature item.

Enter

Approved  Not Approved





# Clinical Competency Evaluations

## CLINICAL COMPETENCY EVALUATIONS

The intent of the clinical competency process, as outlined in the Diagnostic Radiologic Technology Program's *Clinical Handbook*, is to provide a reliable mechanism through which a student's clinical competency is verified and legally documented.

One of the major ways that the student's clinical on-the-job or psychomotor skills will be assessed is through the use of the Clinical Competency Evaluations. These evaluations are divided into the following initial core competency categories:

- |                   |                        |                         |                              |                                   |                                                                          |
|-------------------|------------------------|-------------------------|------------------------------|-----------------------------------|--------------------------------------------------------------------------|
| 1. Abdomen        | 3. Extremities - Lower | 5. Extremities - Trauma | 7. Head                      | 9. Spine & Pelvis                 | 11. Geriatrics (physically or cognitively impaired as a result of aging) |
| 2. Chest & Thorax | 4. Extremities - Upper | 6. Fluoroscopy Studies  | 8. Mobile & Surgical Studies | 10. Pediatrics (age 6 or younger) |                                                                          |

Each category is subdivided into an essential number of procedures in which the student should become proficient by the completion of the program. Some exams are considered mandatory and others are electives. Students must demonstrate competency in **ALL** the **mandatory** radiologic procedures.

Students must demonstrate competency in at least 15 of the 30 **elective** radiographic procedures. **Elective** radiologic procedures are found shaded in the following Initial Clinical Competency pages.

Continued competency: In order to assure students maintain proficiency throughout the Program, a re-evaluation of all 40 mandatory radiographic procedures must be completed during the **Final Clinical Competency** phase of the program, which includes three mandatory "electives" procedures.

A student's grade in the clinical phase of the program will be objectively calculated utilizing a point system that correlates weighted values to those factors we feel are important in assessing student development into competent, responsible Radiographers. This evaluation tool, entitled "Clinical Grade" serves as a cumulative report of the student's clinical performance.

### Clinical Competency Process

After the student has begun the second semester of training, beginning proficiencies in executing an entire diagnostic procedure will be required. When the student feels that she/he is able to perform a formally studied procedure "***independently***" with minimal error, she/he should approach the designated, qualified supervising technologist and request that the radiographic procedure be observed for competency evaluation involving a "live" patient. If all qualified evaluators are occupied, the student must accept this and try for another time. During the competency evaluation, the evaluator will observe the student perform the exam in an unobtrusive manner, unless the evaluator sees an immediate or serious danger to the patient. Patient care will always be the first priority.

**All clinical competencies must be documented in Trajecsys by the supervising technologist who watched the exam on the same day as they are performed.**

**Students should track their progress.**

**Only CRTs with 2 yrs or more professional experience may grant competencies. In addition, they are verified by the Clinical Preceptor(s).**

It is anticipated that prior to requesting evaluation for a competency a student would have been involved in a number of similar radiographic procedures. This number is relative to how fast a student can grasp the essence of how to **“independently”** perform a specific radiographic procedure. Additionally, students must have already received didactic instructions on any particular procedure hoping to get a sign-off.

Successful competency evaluation of a procedure allows the student to proceed to another procedure and eventually complete all the Initial Clinical Competency requirements. As an approximate benchmark, the student should be able to demonstrate 90% accuracy for all aspects of a procedure. Failure of any particular procedure requires that the student remain under **direct supervision** while performing that particular procedure until independent competency is demonstrated and documented. Once the competency is demonstrated, approved, and documented the student may perform that exam under **indirect supervision**. See Definitions in this Handbook and/or RT Student Policy & Procedures Handbook for detailed Supervision Policies.

Students may obtain more than one competency on the same patient. However, they are strongly encouraged to demonstrate continued competency-level abilities on a variety and diversity of patients, health conditions, scenarios, equipment, etc. once a competency is obtained.

If within a procedure, one or potentially two clinical competency procedures can be considered for a sign-off, the following conditions must be met:

1. The intended sign-off must be a procedure that is not routinely seen or ordered at that particular facility. For example, if “Pelvis” procedures are few and far between, a student could get a “Pelvis” sign-off while completing a “Hip” procedure if the “Hip procedure includes an AP Pelvis”.
2. If the facility routinely gets orders for “Pelvis” and “Hip” procedures, use this opportunity to have a varied experience and complete the two sign-offs on two different patients.
3. Each sign-off must be complete according to the Program’s *Radiographic Protocol for Sign-Offs* without double counting any views. Each view can only be attributed to one sign-off (no overlapping/sharing views to complete a procedure for a sign-off).

**Competencies verified in any manner other than what was previously listed should not be granted by technologists nor preceptors.** They are at risk of being disqualified by the discretion of preceptors or program faculty upon review. If disqualification of a competency results in an unsatisfactory grade for the respective clinical course, the student will be dismissed from the Program. Clinic competency sign-offs will be randomly reviewed for quality control purposes by a college Clinic Supervisor (“Portfolio Review”) and the radiographic images produced by the student for a particular competency sign-off will be reviewed. If found lacking in quality, this competency sign-off may be disqualified. Keep in mind that procedures used for competency sign-offs should be considered a reflection of your work, a portfolio of your capabilities.



## Complete Exams and Simulations for Competencies

Unless specified, no credit will be awarded for limited studies, unless that is how the *Radiographic Protocol for Sign-Offs* is listed. No competencies are awarded for unlisted studies.

\*Incompletion of required clinical procedures for a particular semester will result in **minus 5 points per incomplete clinical competency procedure**. If the decrease in possible points accrued (due to lack of completed clinical procedures) for a particular semester results in an overall grade below passing (D or F), then the student will receive a failing grade which will result in dismissal from the program. If the student receives a passing grade, in spite of the reduction in possible points, any incomplete clinical procedure(s) will be added to the subsequent course's required clinical competency course objectives.

The views required by the Program for all radiographic clinical competencies are listed in the *Radiographic Protocol for Sign-Offs*. The Program exam protocols are standardized for Program participants and may differ from a clinical site's routine views.

In the case that a site's protocol for radiographic views is different than the Program's requirement, the student will perform the site's routine to demonstrate competency in the clinical setting, and then the student will report to the RT laboratory to simulate the remaining required views for the Program. The RT laboratory may supplement clinical competencies via simulation of additional images and skills demonstration for RT instructors. Simulations will be on a limited basis, i.e., to complete required overhead images after fluoroscopy portion is performed in clinical setting. If a clinic allows the student to include non-routine views (ex: "Sunrise" for knee exam) to obtain a competency sign-off without having to do a simulation in the lab, that's OK as long as they had permission to do so before completing the extra view. If a student is assigned to two facilities for their rotation (i.e. intern), then a competency procedure should be completed in the facility that has the most complete procedure protocol.

For example, if your facility doesn't require all the views listed, you complete the study in the lab, much like a practical is done. In that case, when the technologist is documenting an Initial Competency in Trajecsyst, they shall report exactly how many of the required views were performed by the student and evaluated by the supervising radiographer. When there are views left to be evaluated, the student needs to complete the remaining views in the MC lab. Both parts of the competency evaluation will be entered into Trajecsyst separately for a complete evaluation of the procedure.

Students are responsible for knowing which views are required by the Program. Come to lab promptly to complete the comp; you have two weeks from the first part to complete the second part. Points may be deducted on your evaluations for not making adequate progress in completing any simulations associated with a sign-off (within two weeks from getting sign-off).

All simulations require a written simulation brief filled out by the student and signed by the IOR. A previously completed "Initial" simulation brief may be used for a "Final" simulation brief but only if it is on-hand to provide the reference when seeking the "Final" sign-off. If you have any questions about this process, don't hesitate to ask.

Faculty will review the completed sign-offs to verify all sign-offs were correctly completed during portfolio reviews and when grading the handbooks.

## Having Difficulties Obtaining Competencies?

If a student is having difficulty completing the required clinical procedures, it is their responsibility to communicate their concerns with their Preceptor, followed by notifying the Program Director or Clinical Coordinator in a **timely manner**, so that their predicament can be addressed.

If need be, special arrangements can be considered before it gets too late into the semester to appropriately address the issue.

If students wish to practice radiographs on an x-ray phantom, the following guidelines should be followed:

1. Attend Open Skills Lab
2. Checking out phantom body parts may be possible with CC or PD permission, at their discretion, on a limited basis, particularly if lab access is restricted. Phantom body parts are very expensive, fragile, and need to be available on campus for instructional purposes.
  - a. Plan on staying after clinical assignment hours to practice on the phantom body parts;
  - b. May be able to practice on phantom body parts during clinical assignment hours with the C.P.'s or lead technologist's permission;
  - c. If a Clinical Supervisor (MC Faculty) is present, he/she is there to evaluate students. The Clinical Supervisor and patient service are the first priorities, not practicing on the phantom body parts;
3. Points may be deducted on the evaluation form or Clinical Grade for not following these instructions. When in doubt, ask program faculty for clarification.

## RECOMMENDED SKILLS LAB PRACTICE

**Instructions:** If in the judgment of a CRT, a student needs remediation in completing specific position(s), projection(s) or entire procedure(s), recommend they attend Open Skills Lab to practice what they're lacking.

Clinical Preceptors and Clinical Supervisors submit this recommendation in Trajecsys. In Trajecsys, access Evaluations and select Recommended Skills Practice. Enter information for the OSL instructors and student; both receive an email notification from Trajecsys.

Please include detailed information on the skill area to be practiced.

**Examples:** L-Spine: Lat & Obsl or Lead Marker Placement or Manual Technique

Students will have two weeks to complete the Recommended Skills Lab Practice with the OSL instructors. If this recommendation comes less than two weeks from the end of the term, it will be rolled over into the next term, assuming the student passes the course. The student must make contact with their instructor to arrange this end-of-term extension.

*\*Failure to complete this assignment will result in loss of 5 points due to incomplete handbook (see Clinical Grading).*

## REPEAT IMAGE ANALYSIS GUIDELINES

Careful analysis of repeated images/exposures is a valuable aid in identifying the student's understanding of the radiographic process. Ultimately, significant reductions in patient dose, student radiographer time and effort and supply costs can be achieved with properly executed repeat image/exposure analysis. A comprehensive repeat image analysis involves a careful study of one's repeats, regardless of the cause. Any image outside the acceptance limits and scrapped exposures should be included in the study. Think of it as a constructive analysis to improve quality control, to point out areas where further technical training may be helpful or to identify the progress being made.

Make sure to log all repeats attributed to you on your *Daily Record of Clinical Exams* and complete the *Repeat Summary & Analysis* form accordingly. These two entries should match and repeats are reported in Trajecsys logs as well. Don't count on remembering the details of the circumstances; note them at the end of the procedure. These forms are used for documentation purposes to ensure we abide by ALARA standards.

If you are found to be in non-compliance with these (or any other) guidelines, your clinical evaluation grade will be affected. Disregard of these guidelines may be cause for serious discipline including program dismissal for falsifying patient records. It's like a patient's chart. If an error is noted, you draw a line through the error; you don't erase it or delete it.



## CRITERIA FOR CLINICAL COMPETENCY EVALUATIONS

### I. Procedure

- A. Patient Assessment & Management Skills
1. evaluate the examination order correctly
  2. assess the patient's condition appropriate
  3. verify patient identification (2 identifiers)
  4. demonstrate proper room preparation
  5. apply patient management skills
- B. Positioning Skills - student was able to:
1. position the patient correctly on the table (head at the appropriate end, prone or supine)
  2. center of part to be demonstrated
  3. alignment of CR to the center of the IR
  4. oblique patient correctly if required
  5. remove unwanted anatomical parts from FOV
- C. Equipment Operation / Facility Readiness - student was able to:
1. select proper IR size and FOV
  2. orient IR properly
  3. turn tube from horizontal to vertical (and vice versa)
  4. move bucky tray, utilize IR positioning holders & locks
  5. identify and utilize tube locks
  6. set the correct SID
  7. handle IR and grid correctly
  8. fill syringes, set up sterile field using aseptic technique
  9. direct mobile unit
  10. operate controls for mobile unit
  11. process the image correctly
- D. Technique Selection – student was able to:
1. measure or assess the patient correctly
  2. use a technique chart / panel
  3. adapt for technique changes in SID, grid ratio, collimation, patient, etc.
  4. select proper factors on the control panel

### II. Image Acquisition & Evaluation

- A. Tube-Part-Image Alignment  
Radiographs demonstrate:
1. anatomical part(s)
    - a. no motion is present
    - b. part is shown in proper prospective
  2. proper alignment
    - a. IR, part, tube centered
    - b. patient obliqued or rotated correctly
- B. Receptor Exposure, Spatial Resolution, Distortion  
Radiographs indicate:
1. technique chart / panel was used correctly
  2. correct exposure to produce image (EI in proper range)
  3. compensation for pathological factors is apparent
- C. Radiographic Identification - Images demonstrate:
1. visible "R" & "L" lead anatomical markers in correct location
  2. appropriate annotation (time, distance, pt position)

3. patient information and date can be identified

### III. Radiation Safety – student was able to:

- A. **REPEATS**  Perform Procedure with minimal (1 repeat) or no repeats
- B. Exposure Index (EI) or Deviation Index (DI) number was within proper range
- C. Demonstrate appropriate radiation protection for patient, self and others
- D. Demonstrate appropriate pre-exposure collimation (*post-exposure shuttering/cropping of the image is not allowed for student radiographers*)

### IV. Definitions

- A. **Documentation:** Clinical Competency Handbook, Trajecsyst records, exam forms, time sheets, student information update documents (CPR, TB, etc.), repeat analysis forms, intern schedule & technique book are required to be on site and up-to-date in the event of unscheduled site visitation from the RHB, JRCERT, TJC or a Clinical Supervisor.
- B. **Orthopedic Procedure:** Any procedure of the upper or lower extremities.
- C. **Shuttering/Cropping:** Post-processing application which allows black frame to be added over *original collimation edges*. Should only be used to enhance image viewing and not as a replacement for proper pre-exposure collimation. Cropping does not change amount of scatter produced. There is no substitute for pre-exposure collimation because collimation controls scatter, thus improving image quality and reducing patient exposure.
- Shuttering (masking) should only be applied *outside* collimated FOV border, thus providing documentation that prudent judgment was used in beam restriction as per ALARA.
- D. **Supervision**
1. **Direct Supervision** as defined by the JRCERT  
*"Student supervision under the following parameters":-A qualified radiographer" . . . . . "reviews the procedure in relation to the student's achievement." . . . "evaluates the condition of the patient in relation to the student's knowledge." . . . "is present during the conduct of the procedure." . . . "reviews and approves the procedure."*
  2. **Indirect Supervision** as defined the JRCERT  
*"For radiography, that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use."*
- E. **Trauma:** Trauma is considered a serious injury or shock to a body part in which modifications in positioning, (minimize movement of body part with corresponding compensation in tube angle, etc.), and monitoring of the patient's condition are required to complete the procedure. If a trauma patient is capable of assuming routine positions, this is not considered a "trauma" competency. From the ARRT definition.
- Note Upper Extremity Trauma (non-shoulder) simulation restrictions: Scapula, Elbow to incl. frozen elbow and Coyle views, or Humerus to incl. transthoracic & distal lateral patch.
- F. **Geriatric Patient:** the patient is physically or cognitively impaired as a result of aging. Mature age without impairment is not accepted for purpose of these competencies. Students are demonstrating skills working with this type of patient. From the ARRT definition





MERCED COLLEGE  
DRT PROGRAM

**RADIOGRAPHIC PROTOCOLS FOR CLINICAL COMPETENCY SIGN-OFFS**

**Abdomen Decubitus or Upright: 1 view**

**Abdomen Supine: 1 view**

- AP Supine Abdomen

**AC Joints: min 2 views**

- PA/AP Bilateral w/o weights
- PA/AP Bilateral w/weights

**Ankle: min 3 views**

- AP Ankle
- Medial Oblique
- Mediolateral Lateral

**Arthrogram**

- *Fluoroscopy Portion in the Clinical Setting with student the Key Operator in the Procedure*
- Must have corresponding part signed-off already

**Calcaneus: min 2 views**

- AP Axial
- Mediolateral Lateral

**Cervical Spine: min 5 views**

- AP Axial
- AP Odontoid
- Lateral
- Both Obliques (PA preferred)
- Swimmer's and Fuchs as needed

**Chest AP (Stretcher or Wheelchair): 1 view**

**Chest Routine: 2 views**

- PA and Left Lateral

**Chest Lateral Decubitus: 1 view**

**Clavicle: min 2 views**

- PA/AP
- PA/AP Axial

**Contrast Enema – single contrast: min 5 views**

- *Fluoroscopy Portion in the Clinical Setting with student the Key Operator in the Procedure*
- AP Abdomen
- RPO and LPO Abdomen
- Left Lateral Rectum
- AP/PA Axial Sigmoid
- Post-Evac AP Abdomen
- Post-Evac Lat Rectum

**Contrast Enema – Double Contrast: min 9 views**

- *Fluoroscopy Portion in the Clinical Setting with student the Key Operator in the Procedure*
- AP Abdomen
- RPO and LPO Abdomen
- Left Lateral Rectum
- AP/PA Axial Sigmoid
- Post-Evac AP Abdomen
- Post-Evac Lat Rectum
- Left and Right Lateral Decubs

**Cross-Table Lateral Spine: 1 view**

- Any level spine with patient recumbent and beam is horizontal

**Cross-Table Lateral Hip: 1 view**

- Lateral Hip with patient recumbent and beam is horizontal

**Cystography or Cystourethrography**

- *Fluoroscopy Portion in the Clinical Setting with student the Key Operator in the Procedure*

**Elbow: min 3 views**

- AP
- AP Medial and/or Lateral Oblique
- Lateromedial Lateral

**ERCP**

- *Fluoroscopy Portion in the Clinical Setting with student the Key Operator in the Procedure*

**Esophagus: min 3 views**

- *Fluoroscopy Portion in the Clinical Setting with student the Key Operator in the Procedure*
- PA/AP Esophagus
- RAO Esophagus
- Rt Lateral Esophagus
- *Cannot be a swallowing dysfunction study*

**Facial Bones: min 4 views**

- PA Axial (Caldwell)
- Parietoacanthial (Waters)
- Lateral
- Townes

**Femur: 2 views**

- AP
- Mediolateral Lateral
- *Must include both joints on both views; may patch as necessary*

**Finger or Thumb: 3 views**

- PA Finger/Hand or AP Thumb, Oblique and Lateral

**Foot: 3 views**

- AP
- Medial Oblique
- Mediolateral Lateral

**Forearm: 2 views**

- AP
- Lateromedial Lateral

**Geriatric Patient Exams**

- *At least 65 years old and physically or cognitively impaired as a result of aging*
- *Exam views are same as the routine, complete exams*
- Chest Routine
- Upper or Lower Extremity
- Hip or Spine

**Hand: 3 views**

- PA, Oblique and Lateral

**Hip: min 3 views**

- AP Pelvis
- AP unilateral
- Lateral unilateral

**Humerus: min 2 views**

- AP and Lateral

**Hysterosalpingography**

- *Fluoroscopy Portion in the Clinical Setting with student the Key Operator in the Procedure*

**Intravenous Urography: min 6 views**

- Scout
- Nephrogram
- AP Abdomen
- RPO and LPO
- Bladder Shot
- Post-Void AP/PA Erect

**Knee: min 4 views**

- AP Axial
- Intercondyloid Fossa
- Medial Oblique or Sunrise
- Mediolateral Lateral

**Lumbar Spine: min 5 views**

- AP
- Both Obliques
- Left Lateral
- L5-S1 Spot

**Mandible: min 4 views**

- PA/AP
- AP/PA Axial – modified Towne
- Bilateral Axiolateral Obliques

**Mobile C-Arm Exams**

- *Fluoroscopy Portion in the Clinical Setting with student the Key Operator in the Procedure*
- Set-up, manipulate, break-down, send images and dose report to PACS
- C-Arm Procedure requiring manipulation around a sterile field
- C-Arm Procedure requiring manipulation to obtain more than one projection

**Mobile Radiographic Exams**

- Chest: min 1 view
- Upper or Lower Extremity: 2-3 views
- AP Abdomen: 1 view

**Myelography**

- *Fluoroscopy Portion in the Clinical Setting with student the Key Operator in the Procedure*
- XTL of Exam Body Part/AOI

**Nasal Bones: 3 views**

- Parietoacanthial (Waters)
- Both Laterals

**Orbits: min 3 views**

- Parietoacanthial (Waters)
- Both Parietoorbital Oblique (Rhesse)
- Lateral

**Paranasal Sinuses: min 4 views**

- *Use horizontal beam*
- PA Axial (Caldwell)
- Parietoacanthial (Waters)
- Lateral
- Submentovertical (SMV)

**Patella: 3 views**

- PA/AP
- Lateral
- Axial (Sunrise)

**Pediatric Exams**

- *Age 6 or younger*
- *Exam views are same as the routine, complete exams*
- Chest Routine
- Upper or Lower Extremity
- Abdomen
- Mobile Study

**Pelvis: 1 view**

- AP

**Ribs: min 4-5 views**

- PA Chest (optional)
- AP/PA Unilateral or Bilateral Ribs
- RAO/LAO Unilateral or Bilateral Ribs
- RPO/LPO Unilateral or Bilateral Ribs
- Below Diaphragm

**Sacroiliac Joints: min 3 views**

- AP Axial
- RPO or LAO
- LPO or RAO

**Sacrum and/or Coccyx: 3 views**

- AP Axial Sacrum
- AP Axial Coccyx
- Lateral Sacrum/Coccyx

**Scapula: 2 views**

- AP and Lateral

**Scoliosis Series: min 1 view**

- AP/PA

**Shoulder: min 3 views**

- AP (Internal/External/Neutral count for 1 only)
- AP Oblique - Grashey
- Axial
- Scapular Y

**Skull: min 4 views**

- PA/AP (modified)
- AP Axial (Towne)
- Both Laterals

**Small Bowel Series: min 3-5 views**

- Scout KUB
- AP/PA Abdomen – 15 min
- AP/PA Abdomen – 30 min
- AP/PA Abdomen – 45 min
- AP/PA Abdomen – 60 min
  - *Times may vary*

**Sternoclavicular Joints: min 2 views**

- Both PA Obliques – RAO and LAO

**Sternum: min 2 views**

- RAO
- Lateral

**Temporomandibular Joints: min 3 views**

- AP Axial – modified Towne
- Bilateral Axiolateral Obliques

**Thoracic Spine: min 3 views**

- AP
- Lateral
- Swimmer's

**Tibia-Fibula: 2 views**

- AP
- Mediolateral Lateral

**Toe(s): min 3 views**

- AP Axial Foot (Toes)
- AP Oblique Toe(s)
- Lateral Toe(s)

**Trauma Exams**

- Shoulder or Humerus
  - Scapular Y or Transthoracic or Axial
- Lower Extremity
  - AP/PA and Lateral
- Upper Extremity (Non-Shoulder)
  - AP and Lateral

**Upper Airway (Soft-Tissue Neck): min 2 views**

- AP
- Lateral

**Upper G.I. Series: min 3 views**

- *Fluoroscopy Portion in the Clinical Setting with student the Key Operator in the Procedure*
- AP/PA Stomach
- RT Lat Stomach
- RAO/LPO Stomach

**Wrist: min 4 views**

- PA
- PA Oblique
- Lateral
- Scaphoid



# Initial Clinical Competencies



## I. INITIAL CLINICAL COMPETENCY REQUIREMENTS

The clinical competency requirements in the first phase are divided into ten major categories. The procedures in these categories will be known as “Initial” Clinical Competency Requirements and include mandatory and elective radiographic procedures.

- |                       |                        |                              |                                                  |
|-----------------------|------------------------|------------------------------|--------------------------------------------------|
| 1. Abdomen            | 4. Extremities: Upper  | 7. Head                      | 10. Pediatrics (age 6 or younger)                |
| 2. Chest & Thorax     | 5. Extremities: Trauma | 8. Mobile & Surgical Studies | 11. Geriatric Patient (physically or cognitively |
| 3. Extremities: Lower | 6. Fluoroscopy Studies | 9. Spine & Pelvis            | impaired as a result of aging)                   |

A minimum of thirty-seven (37) mandatory and fifteen (15) elective imaging procedure competencies must be completed by the end of the fifth semester, with a specified number to be completed by the end of each semester/session. The minimum number of Initial Clinical Competency Requirements to be completed each semester/session are as follows.

RADT-12B . . . . .	2 <sup>nd</sup> semester . . . . .	Spring . . . . .	10 minimum Initial Competency Requirements – maximum Grand Total - 14
RADT-14B . . . . .	3 <sup>rd</sup> semester . . . . .	Summer . . . . .	10 minimum Initial Competency Requirements – maximum Grand Total - 26
RADT-15B . . . . .	4 <sup>th</sup> semester . . . . .	Fall . . . . .	15 minimum Initial Competency Requirements – maximum Grand Total - 42
RADT-16B . . . . .	5 <sup>th</sup> semester . . . . .	Spring . . . . .	17 minimum Initial Competency Requirements – maximum Grand Total - 52

If a student completes more than the minimal number of Initial Clinical Competency Requirements in any semester, the number over the minimum (“carry-overs”) will count toward the minimal total for the following semester - but never more than the maximum grand total listed.

If a student wishes to take advantage of getting a more complicated or uncommon sign-off without going over the maximum grand total allowed for a particular semester, the student may ask a Clinical Supervisor to remove a competency on a more common competency procedure and substitute the more complicated or uncommon competency procedure sign-off. Please keep in mind that the student is no longer signed off to complete the original competency procedure and must return to direct supervision until the competency is re-evaluated and documented as being competent to perform the procedure without direct supervision once again.

Grading Notes: Five (5) points will be deducted for each incomplete clinical competency procedure requirement as previously listed. Points may also be deducted for exceeding maximum allowances per semester. RADT-12B Requirement: Students are assigned to obtain a Chest Routine competency this term. *10 points will be deducted from HB grade for failure to meet this requirement.*

**Students: Use the Clinical Competency Tracker to track your progress in clinic.**

# "INITIAL" Clinical Competency Tracker

## MANDATORY EXAMS

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

*Instructions for students: Track your competencies obtained as they are documented in Trajecsys. Use facility codes only.*

Abdomen	Sem/Yr./ Facility Code	Date	MR#	Chest & Thorax	Sem/Yr./ Facility Code	Date	MR#	Extremities: TRAUMA	Sem/Yr./ Facility Code	Date	MR#
Abdomen (Supine)				Chest Routine				Trauma: Lower Extremity			
Abdomen (Upright)				Chest AP (wheelchair or stretcher)				Trauma: Upper Extremity (non-shoulder)			
				Ribs				Trauma: Shoulder or Humerus (Y view, Transthoracic or Axillary)			

Extremities: LOWER	Sem/Yr./ Facility Code	Date	MR#	Extremities: UPPER	Sem/Yr./ Facility Code	Date	MR#	Spine & Pelvis	Sem/Yr./ Facility Code	Date	MR#
Ankle				Elbow				C-Spine			
Femur				Finger or Thumb				Hip			
Foot				Forearm				Cross-table Lateral Hip			
Knee				Hand				L-Spine			
Tib/Fib				Humerus				Pelvis			
				Shoulder				T-Spine			
				Wrist				Cross-table Lateral Spine			
				Clavicle							

C-Arm	Sem/Yr./ Facility Code	Date	MR#	Geriatric Patient	Sem/Yr./ Facility Code	Date	MR#	Pediatrics	Sem/Yr./ Facility Code	Date	MR#
C-Arm Procedure				Chest (routine)				Chest Routine			
C-Arm Procedure - Surgical				Upper or Lower Extremity							
				Hip or Spine (circle one)							
Mobile Studies	Sem/Yr./ Facility Code	Date	MR#								
Abdomen											
Chest											
Upper or Lower Extremity											



**“INITIAL” Clinical Competency Tracker**  
**ELECTIVE EXAMS**

Name:

*Instructions for students: Track your competencies obtained as they are documented in Trajecsys. Use facility codes only.*

<b>Abdomen</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Chest &amp; Thorax</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Extremities: TRAUMA</b>	Sem/Yr./ Facility Code	Date	MR#
Abdomen Decubitus				Lateral Decub				<i>No electives.</i>			
Intravenous Urography				Sternum							
				Upper Airway (soft-tissue neck)							
				Sternoclavicular Joints							
<b>Extremities: LOWER</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Extremities: UPPER</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Spine &amp; Pelvis</b>	Sem/Yr./ Facility Code	Date	MR#
Toes				Scapula				Sacrum and/or Coccyx			
Patella				AC Joints				Scoliosis Series			
Calcaneus								Sacroiliac Joints			
<b>Fluoroscopy Studies</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Head</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Pediatrics</b>	Sem/Yr./ Facility Code	Date	MR#
<b><i>Must have contrast enema or UGI plus at least one Fluoro Elective.</i></b>				<b><i>Must have at least one Head Elective.</i></b>				Upper or Lower Extremity			
Contrast Enema or UGI				Head Elective: List:				Abdomen (Supine)			
Fluoro Elective List:								Mobile Study			

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# Final Clinical Competencies

## II. FINAL CLINICAL COMPETENCY REQUIREMENTS

The clinical competency requirements in the second phase of evaluation are called “Final Clinical Competencies,” and are completed by the student during the last Summer session and Fall semester of the clinical internship.

In order to assure students maintain proficiency throughout the Program, a re-evaluation of all 40 mandatory radiographic procedures must be completed during the Final Clinical Competency phase of the program, which includes three mandatory “electives” procedures.

RADT-17B      6<sup>th</sup> semester . . Summer      16 minimum Final Clinical Competency Procedures – maximum Grand Total of **20**

RADT-18B      7<sup>th</sup> semester . . . .Fall      24 minimum Final Clinical Competency Procedures – maximum Grand Total of **40**

These objectives **MUST** be completed during the semester indicated. Only four (4) clinical competencies can be carried over to the Fall semester.

Grading Notes: Five (5) points will be deducted for each incomplete clinical competency procedure requirement as previously listed. Points may also be deducted for exceeding maximum allowances per semester.

**Students: Use the Clinical Competency Tracker to track your progress in clinic.**

**“FINAL” Clinical Competency Tracker  
MANDATORY EXAMS**

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

*Instructions for students: Track your competencies obtained as they are documented in Trajecsys. Use facility codes only.*

<b>Abdomen</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Chest &amp; Thorax</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Extremities: TRAUMA</b>	Sem/Yr./ Facility Code	Date	MR#
Abdomen (Supine)				Chest Routine				Trauma: Lower Extremity			
Abdomen (Upright)				Chest AP (wheelchair or stretcher)				Trauma: Upper Extremity (non-shoulder)			
				Ribs				Trauma: Shoulder or Humerus (Y view, Transthoracic or Axillary)			

<b>Extremities: LOWER</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Extremities: UPPER</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Spine &amp; Pelvis</b>	Sem/Yr./ Facility Code	Date	MR#
Ankle				Elbow				C-Spine			
Femur				Finger or Thumb				Hip			
Foot				Forearm				Cross-table Lateral Hip			
Knee				Hand				L-Spine			
Tib/Fib				Humerus				Pelvis			
				Shoulder				T-Spine			
				Wrist				Cross-table Lateral Spine			
				Clavicle							

<b>C-Arm</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Geriatric Patient</b>	Sem/Yr./ Facility Code	Date	MR#	<b>Pediatrics</b>	Sem/Yr./ Facility Code	Date	MR#
C-Arm Procedure				Chest (routine)				Chest Routine			
C-Arm Procedure - Surgical				Upper or Lower Extremity							
				Hip or Spine (circle one)							
<b>Mobile Studies</b>	Sem/Yr./ Facility Code	Date	MR#								
Abdomen											
Chest											
Upper or Lower Extremity											

**“FINAL” Clinical Competency Tracker  
ELECTIVE EXAMS**

Name:

*Instructions for students: Track your competencies obtained as they are documented in Trajecsys. Use facility codes only.*

Fluoroscopy Studies	Sem/Yr./ Facility Code	Date	MR#	Head	Sem/Yr./ Facility Code	Date	MR#
<b><i>Must have contrast enema or UGI plus at least one Fluoro Elective.</i></b>				<b><i>Must have at least one Head Elective.</i></b>			
Contrast Enema or UGI				Head Elective: List:			
Fluoro Elective List:							



# Clinical Grading Criteria



## CLINICAL GRADING CRITERIA

- I. COLLEGE SUPERVISION EVALUATION:** College faculty Clinical Supervisors confer on each student's progress as observed during clinical supervision visitations. Mid and final evaluations are completed by C.S.s and averaged to derive the College Supervisors' grade.
- II. STUDENT CLINICAL EVALUATION:** Completed by Clinical Preceptors are used to derive the point value in this category.  
*For both sections I and II, 2 pts will automatically be deducted from total score for: Late evaluation or Missing/Late student signature with comments in Trajecsys, or Students' being unavailable for a scheduled visit. Additional points may be deducted at the IOR's discretion.*
- III. CLINICAL HANDBOOK:** A student's "Clinical Handbook" (including associated assignments) must be submitted for grading on time according to the Instructor of Record (IOR) (typically during finals week or week before) to receive full credit in this category. A "Skills Summary" to document clinical competencies obtained during the semester will be submitted for demonstration of reaching course objectives. Student is responsible for making up any missing competencies from the previous semester, as well as completing the required amount for the current semester objectives.

*For this section, 5 pts will automatically be deducted from total score for: Each missing or incomplete competency below course objective, or tardy or incomplete handbook, or failure to complete a recommended skills practice in time frame required. Handbooks and associated records must be orderly, without errors and complete or pts will be deducted at IOR's discretion. Additional points may be deducted at the IOR's discretion. RADT-12B Requirement: Students are assigned to obtain a Chest Routine competency this term. 10 points will be deducted from HB grade for failure to meet this requirement.*

- IV. DOCUMENTATION RECORDS:** attendance (hours) logs, exam logs, and repeat analysis are logged continuously throughout the semester. These logs plus self-evaluation forms are submitted twice a semester. Attendance records must be complete to include intern schedule, absence logs, and make-up time, as applicable. Orientation forms for freshman/sophomores must be signed by either the program director or clinical coordinator within 30 calendar days from the start of a new clinical assignment and within 14 calendar days for interns. Orientation forms must be kept in clinical handbook for the assignment and then filed in the student's personal file at the end of the semester.

*For this section, Points will be deducted for tardy submission of forms, incomplete forms/logs. 2 points will be deducted for mistakes, lacking information or missing time logs (-5 for second event). Additional points may be deducted at the IOR's discretion.*

DUE DATES:	Due Date #1	Midterm: Check Clinical Supervision Schedule or as otherwise instructed by IOR
	Due Date #2	Final: Check Clinical Supervision Schedule or as otherwise instructed by IOR

- V. DOSIMETER, REFERENCES & RESOURCES:** Your radiation personnel dosimeter badge must be turned in on time to the AH Office by the end of the 1<sup>st</sup> week of every quarter. In order to ensure you are aware of your dosimeter report readings, you will be required to review each quarterly dosimetry report on Canvas. All books, magazines, and instructional aide material checked out during a particular semester must be returned or rechecked out to receive full credit in this category.
- VI. STUDENT INFORMATION UPDATES & PROCESSING:** All student information must be current with appropriate documentation in American Databank and with clinical site as required (i.e. My Clinical Exchange). It is the student's personal responsibility to remain compliant with requirements at all times.

When the Clinical Coordinator assigns new clinical rotation assignments, students must engage professionally and efficiently with approval process for their new clinical assignment(s). This includes timely contact with Clinical Preceptor(s), clinical HR or Education departments, and department personnel. Failure to accomplish requirements satisfactorily or in a timely manner will result in points deducted. This includes all onboarding processes, facility or department orientations, or additional drug or background screenings if required.



## CLINICAL GRADING

The intent of this scoring method is to objectively arrive at a clinical grade by utilizing a point system that correlates weighted values to those factors we feel are important in assisting students to become competent, responsible Radiographers.

Points Possible	Scoring will be in Canvas
<b>I. COLLEGE SUPERVISION EVALUATION</b> Total points possible (30)	
<b>II. STUDENT CLINICAL EVALUATION</b> Total points possible (30)	
<b>III. HANDBOOK COMPLETED</b> (5 points off per incomplete competency and/or late or incomplete submission of handbook) Total points possible (30)	
<b>IV. DOCUMENTATION RECORDS</b> (i.e., hours, repeats, orientation) Total points possible (2.5)	
<b>V. DOSIMETRY BADGE CURRENCY, REFERENCES &amp; RESOURCES</b> Total points possible (2.5)	
<b>VI. STUDENT INFORMATION UPDATES &amp; PROCESSING</b> (incl. new clinic site) Total points possible (5)	
<b>TOTAL POINTS</b>	
<b>COURSE GRADE</b>	

### CLINICAL GRADING SCALE

<b>A + = 99 - 100%</b>	<b>B + = 90 - 92%</b>	<b>C + = 81 - 83%</b>	<b>D + = 73 - 74%</b>	<b>67% or below = F</b>
<b>A = 96 - 98%</b>	<b>B = 87 - 89%</b>	<b>C = 78 - 80%</b>	<b>D = 71 - 72%</b>	
<b>A - = 93 - 95%</b>	<b>B - = 84 - 86%</b>	<b>C - = 75 - 77%</b>	<b>D - = 68 - 70%</b>	

## CLINICAL GRADING TIPS

### “Don’t Be a Loser” (how not to lose any clinical grading points)

#### Be Familiar with the Clinical Grading Criteria. Then Check The Following:

1. **Dosimetry Badges:** Take care of your dosimeter, review your dosimetry report on time and turn in your dosimeter when instructed, on time.
2. **CPR & Vaccinations/Inoculations & TB Updates**
  - a. Is this information in American Databank? Is it correct and current? Is your Clinical Handbook updated & initialed?
3. **Time and Exam Sheets & Clinical Evaluations & Orientation Forms**
  - a. Make sure each form is complete. Don’t forget to have C.P. sign **EACH** page as noted.
  - b. Make sure you read and commented on all your Clinical Evaluations promptly, before due dates.
  - c. Due dates are noted on the Clinical Supervisors Visitation Schedule and/or Canvas.
  - d. Make sure Clinical Facility Orientation Form is completed by due date.
  - e. Make sure all hours logs are correctly entered and approved in Trajecsys.
4. **Repeat Forms**
  - a. Logs should be completed as soon as practical. Clinical Supervisors expect **all entries and logs** to be updated accordingly so if he/she makes an **unexpected site visitation**, your records will be up-to-date. Turn in completed forms twice a semester. See CS schedule.
5. **Clinical Handbook**
  - a. Do you have the minimum number of competencies signed-off without going over the maximum number allowed per semester? Do not miss any required “elective” sign-offs.
  - b. Make sure all views listed under *Radiographic Protocols for Sign-Offs* were completed for the sign-off (either patient and/or simulated). If not, this sign-off will be denied and you’ll lose points. Have the staff RT enter into Trajecsys how many views you submitted for evaluation and what views are left to simulate in lab.
  - c. If you need to simulate a view to complete a sign-off, the simulation must be completed within two weeks from getting your clinical sign-off, during the same term. Clinical Supervisors will be checking this.
  - d. **Ensure your comps are entered on the same day as they are performed.** Did the exam get entered correctly? Check it out!
  - e. Make sure your C.P. has approved each clinical competency entered by a Staff Tech in Trajecsys promptly. A red dot on Trajecsys means the CP still needs to review and approve.
  - f. **Check on your records routinely for accuracy and completeness.** Ultimately, it is your responsibility to make sure your clinical responsibilities are complete. It’s your grade that will be affected if something is missing or incorrectly entered – this includes competencies and hours logs.
  - g. Make sure attendance and absence logs are up to date. All freshman/sophomore makeup hours should be completed as soon as possible per the Clinical Coordinator and with advance approval of the Clinical Coordinator. Interns must use their sick and vacation time to log any absences. Absences must be logged in Trajecsys immediately. See Student Policy & Procedures HB for more.
  - h. Ancillary assignments are part of internship clinical hours; they must be documented as clinical attendance. Exams must also be documented during ancillary hours.
  - i. Enter types of equipment (include HIS/RIS/PACS names) you’ve had experience with at current facility. Make sure to note software version, plus vendors and models.
  - j. Surgery Observations: Make sure all surgery case logins are completed by the end of the 1<sup>st</sup> semester of internship (RADT-16B).
  - k. All “Recommended Skills Lab Practices” should be completed and signed off by IOR within assigned timeframe.
  - l. No competency sign-off will be awarded if an image is mismarked or RT/LT marker is cropped off or if we are unable to verify its presence with image manipulation even if the image is correctly annotated.
6. **Due Dates** - It is your responsibility to turn in all paperwork by its respective due date. Ask, if you are unsure.
7. **Site Visitations** – Be available for site visitations, especially when it comes to O.R. and extended portable duty. It is the student’s responsibility to be available for C.S. visitations. Interns: you must identify conflicts with your C.P. in advance and make necessary arrangements to be seen.



# Appendices

## Merced College

### Diagnostic Radiologic Technology Program

#### SURGERY EXPERIENCE (sterile procedures)

##### OBJECTIVES:

As part of the clinical training experience, students will be required to observe/participate in a minimum of ten (10) surgical procedures while under direct supervision of a registered radiographer. These ten surgical observations may begin being completed after midterm of the second semester (RADT-12B) if the student is making adequate progress in completing their clinical competencies.

##### **Upon completion of the observed numbers of surgical procedures, the student will be able to:**

1. Differentiate between disinfection and sterilization, as well as medical asepsis and surgical asepsis.
2. Demonstrate the appropriate steps in preparing radiographic equipment to enter a surgical suite.
3. Demonstrate the appropriate steps in scrubbing, gowning, and gloving in preparation to enter a surgical suite.
4. Describe the use of a sterile drape in establishing and maintaining a sterile field.
5. Define the term *sterile corridor*, and explain the significance of this concept.
6. Explain the radiographer's responsibility for maintaining surgical aseptic technique in the surgical suite.
7. Explain the radiographer's responsibility for radiation protection of the surgical team, the patient, and self in the surgical suite.
8. Demonstrate an awareness of how to manipulate the various locks and controls on a mobile "C-arm" unit.
9. Students will demonstrate an understanding of key introductory terms and concepts needed to safely work in a surgical suite by scoring a minimum of 85% on a written examination prior to starting their surgical observations.
10. All 10 surgery observations/participations must be completed and signed-off before a student is eligible to have a surgical competency signed off.

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

Class of: \_\_\_\_\_

Merced College  
Diagnostic Radiologic Technology Program

**SURGERY CASE LOG (sterile procedures)**

Student passed written examination with a score of 85% or higher: \_\_\_\_\_

RADT-10 Instructor signature / date

	DATE	FACILITY CODE	MR#	PROCEDURE	EQUIPMENT USED	R.T.'s Initials
1.					<input type="checkbox"/> Portable <input type="checkbox"/> C-Arm	
2.					<input type="checkbox"/> Portable <input type="checkbox"/> C-Arm	
3.					<input type="checkbox"/> Portable <input type="checkbox"/> C-Arm	
4.					<input type="checkbox"/> Portable <input type="checkbox"/> C-Arm	
5.					<input type="checkbox"/> Portable <input type="checkbox"/> C-Arm	
6.					<input type="checkbox"/> Portable <input type="checkbox"/> C-Arm	
7.					<input type="checkbox"/> Portable <input type="checkbox"/> C-Arm	
8.					<input type="checkbox"/> Portable <input type="checkbox"/> C-Arm	
9.					<input type="checkbox"/> Portable <input type="checkbox"/> C-Arm	
10.					<input type="checkbox"/> Portable <input type="checkbox"/> C-Arm	

Note: maximum 3 pain management type cases may be used.



**Merced College – Diagnostic Radiologic Technology Program**  
**STUDENT VENIPUNCTURE COMPETENCY CHECK-OFF**

**NOTE:** A student must successfully complete the training and education of the designated “Venipuncture” course and pass a written examination. Successful demonstration of lab sign-offs on a model arm and on live human subjects must be documented before pursuing venipuncture competency check-offs in the clinic setting. It is required that while enrolled in the program, the student **MUST** perform a total of 10 successful live human venipunctures (including those completed in lab) under the direct supervision of an authorized person before being allowed to perform venipunctures under the general supervision of a physician.

**Authorized Personnel for Competency Sign-Offs Are:**

Persons authorized to supervise simulation on live human venipunctures starts for certification may include the following personnel: Radiologists, Physicians, Registered Nurses and Radiologic Technologists that hold a Venipuncture Certificate.

**VENIPUNCTURE COMPETENCY CHECKLIST**

**Demonstrated Skills:**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> <li>1. Verify physician’s order &amp; check patient’s chart for allergies (particularly latex, iodine or xylocaine). Gather supplies.</li> <li>2. Wash hands, prepare IV infusion, select &amp; prime appropriate tubing.</li> <li>3. Check patient’s identity, either by check-in armband or verbal Verification of patient’s identity. Explain procedure to patient. May check for site prior to putting gloves on.</li> <li>4. Wash hands. Don gloves.</li> <li>5. Select or confirm site. Select appropriate catheter type and size for Procedure and/or fluid container(s).</li> <li>6. Apply tourniquet proximal to proposed puncture site.</li> <li>7. Cleanse area with appropriate antiseptic solution.</li> </ol> | <ol style="list-style-type: none"> <li>8. Puncture skin with needle at 30 to 45 degree angle, bevel up.</li> <li>9. Reduce angle, slowly advance needle and observe for blood return.</li> <li>10. After blood return, advance Teflon catheter and disengage stylet.</li> <li>11. Release tourniquet.</li> <li>12. Connect primed IV administration, set and initiate flow.</li> <li>13. Assess for signs of infiltration.</li> <li>14. Secure catheter with tape, apply appropriate dressing.</li> <li>15. Regulate infusion as prescribed.</li> <li>16. Discard contaminated supplies in appropriate waste</li> <li>17. Remove &amp; properly dispose of gloves and wash hands.</li> </ol> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Note: All students must maintain current CPR and BLS certification while enrolled in the program.**

**All venipuncture must be under direct supervision while a student.**

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

**Merced College – Diagnostic Radiologic Technology Program**  
**VENIPUNCTURE COMPETENCY DOCUMENTATION**

**PHASE I – DIDACTIC & LAB**

**RADT-16A**      Dates: \_\_\_\_\_      Total Hrs. \_\_\_\_\_

**RADT-10**      Date: \_\_\_\_\_      Total Hrs: 2 hrs.      Current CPR Card: 2 hrs. Expiration Date: \_\_\_\_\_

Student passed written examination with a score of 85% or higher: \_\_\_\_\_

RADT-16A Instructor signature / date

Successful Lab Sign-Off on a "MODEL Human Arm"				
No.	Evaluation Date	Authorized Person's Name (Print)	Authorized Person's Signature	Title or Degree
1.				

Successful Lab Sign-Off on a "LIVE Human Arm"				
No.	Evaluation Date	Authorized Person's Name (Print)	Authorized Person's Signature	Title or Degree
2.				

**PHASE II – CLINICAL or LAB PRACTICE – "Live or Model Arm" Sign-Offs**

Successful Lab Sign-Offs on a "LIVE Human Arms or MODEL Human Arms"				
No.	Evaluation Date	Authorized Person's Name (Print)	Authorized Person's Signature	Title or Degree
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

## CLINICAL ATTENDANCE

Clinical Attendance is mandatory and documented in Trajecsys.

Refer to the *DRT Student Policy & Procedure Handbook* for detailed policies.

Remember to document correctly:

- All absences must be entered into Trajecsys immediately.
  - Enter a time exception to document reason for absence and who was notified.
- Make up time must also be documented in Trajecsys.
  - DRT Program Clinical Coordinator must pre-approve.

### INTERNS ONLY:

- See Internship Guidelines & Policies Cheatsheet.



**ATTENDANCE SUMMARY & RECORD OF COMMUNICATIONS**

Record of Communications Involving Excessive Absence/Tardiness/Records Errors

Date: \_\_\_\_\_  Verbal Warning  Written Notice

Comments: \_\_\_\_\_

Date: \_\_\_\_\_  Verbal Warning  Written Notice

Comments: \_\_\_\_\_

Date: \_\_\_\_\_  Verbal Warning  Written Notice

Comments: \_\_\_\_\_

Summary of Communication (both formal and informal): Be sure to indicate facility, date, all pertinent quotations and facts. Don't forget to sign your name.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completion of Internship Clinical Hours Release**

Intern Student: \_\_\_\_\_

Clinical Facility: \_\_\_\_\_

Clinical Preceptor: \_\_\_\_\_  
 Print

Clinical Preceptor: \_\_\_\_\_  
 Signature

Clinical Facility: \_\_\_\_\_

Clinical Preceptor: \_\_\_\_\_  
 Print

Clinical Preceptor: \_\_\_\_\_  
 Signature

**Falsification of signature is considered a breach of ethics and will be dealt with to the fullest extent possible.**

Diagnostic Radiologic Technology Program  
**FLUOROSCOPY PROCEDURE TIME LOG**

Log procedure time (start to finish), not "beam-on" time. Procedure times are also documented in procedure logs.  
 Record time in quarter-hour intervals (not minutes). For example, 0.25 hr or 1.5 hrs.  
 Include ALL fluoroscopy procedures (observed, assisted, or performed) For example: IR, cath lab, C-arm, BE, UGI, etc.

Year One	Monthly Totals	Cumulative Totals
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
<b>Year One Total: _____ hrs.</b>		

Year Two	Monthly Totals	Cumulative Totals
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
<b>GRAND FLUOROSCOPY TOTAL: _____ hrs.</b>		

\*Carry Year One Total forward to calculate Year Two's January cumulative total

Grand Total can be used for resume and interview process.

## Record of Clinical Assignments and Equipment List

<b>Semester</b>	<b>Hospital/Clinic Code</b>	<b>Equipment used:</b> Incl. HIS, RIS, PACS, CR, DR, C-arm, etc. with details listed (brands & models, etc.).
<b>Merced College RT Lab</b>	<b>M</b>	
<b>RADT – 12B</b>		
<b>RADT – 14B</b>		
<b>RADT – 15B</b>		
<b>RADT – 16B</b>		
<b>RADT – 17B</b>		
<b>RADT – 18B</b>		
<b>Other</b>		

**This information will be useful when making resumes and sitting for interviews.**

-1 pt for incomplete listings (Clinical Grade, Section III)



Merced College  
Diagnostic Radiologic Technology Program

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

Class of: \_\_\_\_\_

**Didactic Competency Requirements:**

The student has successfully completed course work which addresses the categories identified by the ARRT Content Specifications for the Examination in Radiography (effective 2022).

Program Director's Signature \_\_\_\_\_

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

**Radiography Clinical Competency Requirements:**

The student has demonstrated the competency requirements which address the categories identified by the ARRT Clinical Competency Requirements (effective 2022) as documented in this Clinical Competency Evaluation Handbook.

Program Director's Signature \_\_\_\_\_

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

**General Patient Care Procedures Requirements:**

The student has demonstrated the patient care procedures competency requirements which address the categories identified by the ARRT Clinical Competency Requirements (effective 2022) as documented in this Clinical Competency Evaluation Handbook.

Program Director's Signature \_\_\_\_\_

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