

**BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE**  
**Student Acknowledgement**  
**Energized Radiography Policy**

I have been given the policy for BCTC radiographic energized laboratory.

\_\_\_\_\_

The radiographic energized laboratory policy has been explained to me, and I understand my responsible as a student within this program for laboratory safety

\_\_\_\_\_

The ALARA policy has been explained to me, and I have had the opportunity to have my questions answered concerning this policy

\_\_\_\_\_

I understand the failure to follow the policy as stated, may result in dismissal from the BCTC radiography program

\_\_\_\_\_

I have read and acknowledged my understanding of the energized laboratory policy. I further understand, that it is my responsible to adhere to this policy as well as all other program and college policies while enrolled in the program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Bluegrass Community and Technical College Radiography Program

### Declaration of Clinical Hours

Clinical Site \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

<b>8:00 a.m. – 4:00 p.m.</b>
<b>8:30 a.m. – 4:30 p.m.</b>

Signature of Student: \_\_\_\_\_

Bluegrass Community and Technical College Radiography Program

Professional Development Form

Name:	
Professional Meeting:	
Date:	
Topics Presented	
Of the topics presented, which was most meaningful to you?	
Thinking of the topic most meaningful to you, describe how and why it was meaningful.	
How do you plan to incorporate information learned into your professional life?	
Planning for the future, what types of topics would you like to attend as you develop your professional skills?	

BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE  
 LEXINGTON, KENTUCKY 40506  
 RADIOGRAPHY PROGRAM

**LABORATORY SKILLS**

kVp: \_\_\_\_\_  
 mAs: \_\_\_\_\_

Points Accrued: \_\_\_\_\_  
 Points Possible: **52**  
 Grade \_\_\_\_\_

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

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

Exam : \_\_\_\_\_

**LABORATORY SKILLS OBJECTIVE:** Utilizing Cognitive (knowledge) and Psychomotor (physical) skills to effectively perform each radiographic examination. The student should be able to reference the patient interactions, technical preparation, positioning, and safety issues associated with each radiographic examination.

<b>PATIENT INTERACTIONS</b>	<b>2</b>	<b>1</b>	<b>0</b>
Interpret request accurately			
Introduces self effectively			
Identifies patient by two separate identifiers			
Remove extraneous items ( jewelry/dental/work/ect)			
Obtain accurate history/assessment History (Document – utilizing proper medical terminology):			
Communicate with patient during exam (establish a rapport with patient/bedside manner)			
<b>TECHNICAL PREPARATION</b>	<b>2</b>	<b>1</b>	<b>0</b>
Properly set-up equipment for exam			
Selected the proper supplies needed for exam ( sponges, linen, chairs, ect)			
Select appropriate technical factors for examination			
Proper use of accessory functions : IR, Bucky (wall/table), Grid			
Set technical factors before positioning			
Explanation of technical factored selected			
<b>POSITIONING SKILLS</b>	<b>2</b>	<b>1</b>	<b>0</b>
Instruct patient properly for exam (verbally and clearly)			
Position patient correctly (oblique, erect, prone, decub, ect)			
Select the correct SID (explanation if alternate SID is selected)			
Align tube correctly for examination			
Angle tube correctly for examination			
Align CR to patient properly, utilizing correct anatomy landmarks			
Align CR to IR & Bucky/table top properly			
Utilize appropriate markers & placement			
Instruct Patient for proper breathing technique before & after exam			
Perform position efficiently with suitable speed			
Perform positioning efficiently in a fluid sequence			
Equipment manipulation			
Watch patient while exposing			

\_\_\_\_\_ **12**

\_\_\_\_\_ **12**

\_\_\_\_\_ **22**

**BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE**

<b>SAFETY</b>	<b>2</b>	<b>1</b>	<b>0</b>
Collimate beam properly			
Ascertain probability of pregnancy and document LMP LMP:			
Shield patient properly ( gonadal and vital organs)			

\_\_\_\_\_

**6**

**EVALUATION INSTRUCTION: Using the following grading summary, indicate the student’s performance by checking the appropriate box for each objective according to your observation for the position.**

**GRADING SUMMARY**

- 2 = Needs no improvement
- 1 = needs minor improvement
- 0 = needs major improvement

**Automatic failures are the result of an exam needing to be repeated from a below incident(s). The score that you will receive will be a zero and you must repeat at another designated time per the syllabus.**

- If the wrong exam is performed
- If the wrong technique is set
- If the bucky is not aligned with the tube which would cause the image to be repeated (not all IR and Bucky misalignments cause repeats).
- If you do not identify the patient
- If you exceed the time limit allowed for the projection.
- If you do not have the correct angulation on the image
- If you incorrectly position the patient
- If you do not use a correct marker
- If you did not acquire about the correct prep with the ordered exam
- If you do not have the patient undress correctly or at all and would cause the image to be repeated in the clinical setting
- If you do not use a marker or mismark the side that you are imaging

**Bluegrass Community and Technical College**  
**Radiography Clinical Competency Evaluation**

Exposure Index Number		Points Accrued	
kVp		Points Possible	90
mAs		Grade	
AEC Photo Cells Used			

INSTRUCTIONS: Indicate the student's performance by checking the appropriate box for each objective according to your observations for the entire procedure (include all projections in each decision). Earning a "0" for any of the clinical objectives on the competency form or repeating a radiograph that is the result of student error will result in failure of the competency. A failed competency carries no actual grade but will result in the second competency grade being reduced by 10 points. Failing a second competency will result in remedial work and the third competency being reduced by 20 points. Failing a third competency will result in the student being dismissed from the program.

Student name \_\_\_\_\_ Date \_\_\_\_\_

Procedure # \_\_\_\_\_ Patient ID# \_\_\_\_\_ Clinical site \_\_\_\_\_

2	Needs no improvement
1	Needs minor improvement
0	Needs major improvement; automatic failure
NA:	Does not apply

**Patient Interaction**

- Interpret request accurately, verify order and introduces self
- Correctly identifies patient with two separate identifiers
- Obtains accurate history/assessment
- Thorough explanation of examination/procedure
- Assist patient appropriately (safety/privacy/etc.)
- Remove extraneous items( jewelry/dental work)
- Demonstrates appropriate communications with patients (good bedside manner/appropriate patient interaction).

	2	1	0	NA

\_\_\_\_\_ of 14 pts.

**Technical Preparation**

- Patient enters clean room
- Equipment set-up for exam
- Supplies needed for exam available (sponges, linen, immobilization, etc)
- Able to set proper technical factors selected to procedure
- Proper use of accessory functions (Bucky/grids/etc.)
- Set technical factors before positioning

	2	1	0	NA
		X	X	

\_\_\_\_\_ of 12 pts.



**Comments:**

Printed name of evaluator \_\_\_\_\_

Signature of evaluator \_\_\_\_\_

Signature of student \_\_\_\_\_

**Competency Attempts: First**

**Second**

**Third (circle the attempt for this competency)**



## Bluegrass Community and Technical College Radiography Clinical CT Competency Evaluation

Student name \_\_\_\_\_  
 Clinical site \_\_\_\_\_  
 Date \_\_\_\_\_

Points Accrued	
Points Possible	76
Grade	

Procedure \_\_\_\_\_

Accession ID# \_\_\_\_\_

Identify type of scanner	Patient History

INSTRUCTIONS: Indicate the student's performance by checking the appropriate box for each objective according to your observations for the entire procedure (include all projections in each decision). Earning a "0" for any of the clinical objectives on the competency form or repeating an exam that is the result of student error will result in failure of the competency. A failed competency carries no actual grade but will result in the student needing to repeat the competency for credit. Failing a second competency will result in remedial work.

- **No student should be passed for a clinical competency unless the technologist is confident that the student performed all aspects of the procedure in a manner that is conducive to producing quality images. That the student communicated all aspects of the procedure to the patient, and that all final images meet the standards of a qualified radiography student.**
- **Failing a student indicates that the student needs more supervised practice for the procedure before competency can be granted.**

**Patient Interaction**

2      1      0      NA

	2	1	0	NA
Interpret request accurately, verify order and introduces self				
Correctly identifies patient with two separate identifiers				
Obtain accurate history/assessment & explain examination				
Thorough explanation of examination/procedure				
Assist patient appropriately (safety, privacy, etc.)				
Remove extraneous items( jewelry/dental work/ etc)				
Demonstrates appropriate communications with patients (good bedside manner/appropriate patient interaction).				
Dismisses patient with proper post procedure instructions				

\_\_\_\_\_ of 16 pts.

**Radiation Protection**

2      1      0      NA

	2	1	0	NA
Ascertain probability of pregnancy				
Applies radiation protection as needed				

\_\_\_\_\_ of 4 pts.

**BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE**

<u>Procedure Performance</u>	2	1	0	NA
Prepares examination room properly				
Knows standard department routines and is able to follow them				
Enters proper patient ID into CT computer				
Uses proper protocol				
Instruct patient properly (positioning direction, breathing directions, etc)				
Adequately position patient correctly (oblique/erect/prone/decub/etc.)				
Position the part utilizing anatomy landmarks correctly				
Align scanner, part (CR/SID/etc) correctly				
Angle scanner correctly (degree & direction)				
Utilize immobilization devices (sponges/clamps/etc)				
Performs procedure properly (scout, slices, etc.)				
Perform positioning efficiently with suitable speed				
Watch the patient while exposing				
Image Processing ( windows, FOV )				
Students will demonstrate appropriate measures to correct inadequate images.				
Knowledge of adjustments if needed ( for pathology )				
Correct transmission of study for interpretation				
During trauma exams, is able to utilize appropriate critical thinking and problem-solving skills to achieve images needed				
Saved images as requested by the doctor/PA				
Cleaned the equipment when necessary				

\_\_\_\_\_ of 44 pts.

<u>Image Critique</u>	2	1	0	NA
Identify pertinent anatomy				
Identify obvious pathology				
Identify correct positioning				
Identify presence and origin of artifact				
Identify radiation protection measures				
Identify way to correct minor positioning or technical error				

\_\_\_\_\_ of 12 pts.

**Comments**

Printed name of evaluator \_\_\_\_\_

Signature of evaluator \_\_\_\_\_

Signature of student \_\_\_\_\_

**Competency Attempts: First**

**Second**

**Third (circle the attempt for this competenc**

## Bluegrass Community and Technical College Radiography Program Radiography Clinical Fluorography Competency Evaluation

Student Name: \_\_\_\_\_  
Clinical site \_\_\_\_\_

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

2	Needs no improvement
1	Needs minor improvement
0	Needs major improvement; automatic failure
NA:	Does not apply

Points Possible	80
Points Accrued	
Grade	

Procedure: \_\_\_\_\_

Accession ID# \_\_\_\_\_

Identify type of Equipment	Patient History /Reason for Examination

INSTRUCTIONS: Indicate the student's performance by checking the appropriate box for each objective according to your observations for the entire procedure (include all projections in each decision). Earning a "0" for any of the clinical objectives on the competency form or repeating an exam that is the result of student error will result in failure of the competency. A failed competency will result in the second competency grade being reduced by 10 points. Failing a second competency will result in remedial work and the third competency being reduced by 20 points. Failing an additional competency for the same procedures will result in the student being dismissed from the program.

- **No student should be passed for a clinical competency unless the technologist is confident that the student performed all aspects of the procedure in a manner that is conducive to producing quality images. That the student communicated all aspects of the procedure to the patient, and that all final images meet the standards of a qualified radiography student.**
- **Failing a student indicates that the student needs more supervised practice for the procedure before competency can be graded.**

**Patient Interaction**

	2	1	0	NA
Interpret request accurately, verify order and introduces self				
Correlate patient identification and introduces self				
Obtain accurate history/assessment & explain examination				
Assist patient appropriately (safety, privacy, etc.)				
Remove extraneous items( jewelry/dental work/ etc)				
Demonstrates appropriate communications with patients (good bedside manner/appropriate patient interaction)				
Dismisses patient with proper post procedure instructions				

\_\_\_\_\_ of 14 pts

<b>Procedure Performance</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>NA</b>
Prepares examination room properly				
Positions patient for procedure				
<b>Knows standard department routines and is able to follow them</b>				
Instruct patient properly (positioning direction, breathing directions, etc)				
Position patient correctly (oblique/erect/prone/decub/etc.)				
Position the part utilizing anatomy landmarks correctly				
Align tube, IR, part (CR/SID/angle)				
Utilize immobilization devices (sponges/clamps/etc)				
Performs procedure properly (scout, etc.)				
Perform positioning efficiently in a fluid sequence order				
Perform examination efficiently with suitable speed				
Watch the patient while exposing				
Image Processing ( windows, FOV )				
Students will demonstrate appropriate measures to correct inadequate images.				
Correct transmission of study for interpretation				
During trauma exams, is able to utilize appropriate critical thinking and problem-solving skills to achieve images needed				

\_\_\_\_\_ of 32 pts.

<b>Equipment Manipulation</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>NA</b>
Manipulated the locks correctly				
Effectively manipulated the fluoro table into the required positions				
Communicated appropriately throughout the procedure				
Energized the tube using correct technical factors and mode				
Utilized the control panel settings effectively				
Saved images as requested by the doctor/PA				
Cleaned the equipment when necessary				
Performed image manipulation – if needed				

\_\_\_\_\_ of 16 pts.

<b>Radiation Protection</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>NA</b>
Collimated the beam to the anatomical area, when applicable				
<ul style="list-style-type: none"> <li>Wore a protective lead apron when fluoro was energized</li> </ul>				
Ensured the other personnel in room were wearing protective lead aprons and dosimeters during exposures				
Shielded the patient when applicable				

\_\_\_\_\_ of 8 pts.

**Post Procedure**

2      1      0      NA

Retrieved saved images				
Annotated correctly				
"Cropped" images if appropriate				
Sent images to PACS and or printer				
Completed all other necessary computer functions and paperwork				

\_\_\_\_\_ of 10 pts.

Printed name of evaluator \_\_\_\_\_ Signature of evaluator \_\_\_\_\_

Signature of student \_\_\_\_\_

**Competency Attempts: First                  Second                  Third (circle the attempt for this competency)**

## Bluegrass Community and Technical College Radiography Program Radiography Clinical Competency Evaluation C-ARM Form

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

Date Submitted \_\_\_\_\_

Clinical site \_\_\_\_\_

2	Needs no improvement
1	Needs minor improvement
0	Needs major improvement; automatic failure
NA:	Does not apply

Points Possible	56
Points Accrued	
Grade	

Procedure \_\_\_\_\_ Accession ID# \_\_\_\_\_

Identify type of Equipment	Reason for Examination

**INSTRUCTIONS:** Indicate the student's performance by checking the appropriate box for each objective according to your observations for the entire procedure (include all projections in each decision). Earning a "0" for any of the clinical objectives on the competency form or repeating a radiograph that is the result of student error will result in failure of the competency. A failed competency will result in the second competency grade being reduced by 10 points. Failing a second competency will result in remedial work and the third competency being reduced by 20 points. Failing an additional competency for the same procedures will result in the student being dismissed from the program.

- **No student should be passed for a clinical competency unless the technologist is confident that the student performed all aspects of the procedure in a manner that is conducive to producing quality images. That the student communicated all aspects of the procedure to the patient, and that all final images meet the standards of a qualified radiography student.**
- **Failing a student indicates that the student needs more supervised practice for the procedure before competency can be graded.**

**Pre-Procedure Set-Up**

	2	1	0	NA
Safely transported the C-arm and monitor into the OR/room				
Powered up the equipment correctly				
Entered patient data into the system				
Able to set- up the control panel				
• Observed the sterile field				
Communicated effectively with the surgeon and members of the OR team				

\_\_\_\_\_ of 12 pts.

**Equipment Manipulation**

2 1 0 NA

Manipulated the locks correctly				
Effectively manipulated the C-arm into the required positions				
Communicated appropriately throughout the procedure				
Energized the C-arm using correct technical factors and mode				
Utilized the control panel settings effectively				
Saved images as requested by the surgeon				
Cleaned the equipment when necessary				
Performed image manipulation – if needed				

\_\_\_\_\_ of 16 pts.

**Radiation Protection**

2 1 0 NA

Collimated the beam to the anatomical area, when applicable				
Wore a protective lead apron when C-arm was energized				
Ensured the OR personnel were wearing protective lead aprons and dosimeters during exposures				
Communicated x-ray exposure when necessary				
Shielded the patient when applicable				
Collimated (If appropriate)				

\_\_\_\_\_ of 12 pts.

**Post Procedure**

2 1 0 NA

Retrieved saved images				
Annotated correctly				
“Cropped” images if appropriate				
Sent images to PACS and or printer				
Completed all other necessary computer functions and paperwork				

\_\_\_\_\_ of 10 pts.

**Image Evaluation**

2 1 0 NA

Recognized correct projections and patient body position				
Able to identify anatomy				
Demonstrate knowledge of exam/procedure				

**Comments:**

\_\_\_\_\_ of 6 pts.

Printed name of evaluator \_\_\_\_\_ Signature of evaluator \_\_\_\_\_

Signature of student \_\_\_\_\_

**Competency Attempts: First                      Second                      Third (circle the attempt for this competency)**

## Bluegrass Community and Technical College Radiography Program

### STUDENT EVALUATION OF ASSIGNED ROTATION

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

Clinical Rotation: \_\_\_\_\_

Who was your supervising radiographer(s)?

Describe the room orientation and explanation of the expectations for this rotation received.

Describe the level of supervision you received during this rotation.

Were you able to locate a radiographer when needed? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Were your questions satisfactorily answered? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Describe how helpful the radiographers were in helping with difficult cases.

What per cent of your images did you get to see? \_\_\_\_\_

Did your supervising radiographer critique your images and do you understand why images were either good or repeats were necessary? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Did you critique your images and understand why the images were either good or repeats were necessary?  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Did you spend an adequate amount of time in the area to become familiar with routine examinations and procedures, and were you then given sufficient time to work on your own?  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Describe your greatest challenge on this rotation. What was your greatest learning experience? Did your clinical performance improve with time?

Self-evaluation: include exams you feel confident in performing, those requiring more instruction, general comments, etc.



## Bluegrass Community and Technical College

### Technologist Evaluation of Student

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

Clinical Site: \_\_\_\_\_

The following items are assessed by the Clinical Coordinator/technologist for each clinical rotation based on direct and reported observation of the student's performance during their assigned rotations.

#### **Professional Appearance (Yes or No answers only to this section)**

- \_\_\_\_\_ Adheres to dress code and is neat in appearance (uniform is clean and free of wrinkles/stains).
- \_\_\_\_\_ Always wears ID badge and has dosimeter/markers
- \_\_\_\_\_ Always scent free, no smell of perfumes, scented lotions, natural odors or tobacco/vapor use
- \_\_\_\_\_ Uses correct terminology and grammar when explaining procedures to the patient

The rating scale for each item is:

- 5 = Far exceeds expectations
- 4 = Exceeds expectations
- 3 = Meets expectations
- 2 = Does not meet expectations
- 1 = Unacceptable

#### **Positive and Professional Attitude**

- \_\_\_\_\_ Demonstrates initiative and interest in daily activities/exams; eager to learn and perform exams without prodding
- \_\_\_\_\_ Works independently, not co-dependent on other students or staff for level of clinical

#### **Clinical Competency**

- \_\_\_\_\_ Adheres to privacy policies of patients, observes HIPAA regulations.
- \_\_\_\_\_ Demonstrates appropriate communications with patients (good bedside manner/appropriate patient interaction).
- \_\_\_\_\_ Demonstrates appropriate communications with radiology staff and other healthcare workers.
- \_\_\_\_\_ Prepares room before examinations
- \_\_\_\_\_ Able to accurately position patients correctly and efficiently
- \_\_\_\_\_ Able to set correct technical factors
- \_\_\_\_\_ Utilized appropriate equipment
- \_\_\_\_\_ Uses good radiation protection (shielding)
- \_\_\_\_\_ Radiographs were of good, diagnostic quality

#### **Overall Compartment**

- \_\_\_\_\_ Seeks assistance for questions or other performance needs demonstrating use of appropriate judgment and critical thinking for the level of clinical.
- \_\_\_\_\_ Adheres to cell phone policy during clinical educational hours.
- \_\_\_\_\_ Adheres to lunch/break policy during clinical educational hours.

Strengths:

Constructive suggestions for improvement:

Comments:

Technologist Signature: \_\_\_\_\_

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

Student Signature: \_\_\_\_\_

BLUEGRASS COMMUNITY & TECHNICAL COLLEGE  
RADIOGRAPHY PROGRAM  
STUDENT AFFECTIVE EVALUATION

Student Name: _____					
Evaluator: _____					
Date: _____					
Site: _____	1	2	3	4	5
<p><b><u>INTEGRETY</u></b> Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.</p>					
<p><b><u>EMPATHY</u></b> Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others</p>					
<p><b><u>SELF-CONFIDENCE &amp; KNOWLEDGE</u></b> Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgement; demonstrating an awareness of strengths and limitations; exercises good personal judgement; indicates understanding of for equipment, examination, and documentation completion for procedures.</p>					
<p><b><u>COMMUNICATION WITH OTHER HEALTHCARE PROFESSIONALS</u></b> Examples of professional behavior include, but not limited to speaking clearly, writing legibly, listening actively; accepting constructive feedback in a positive manner; following directions. .</p>					
<p><b><u>COMMUNICATION WITH PATIENTS (FAMILY)</u></b> Examples of professional behavior include, but not limited to: Speaking clearly; writing legibly, listening activity; adjusting communication strategies to various situations. Is aware of what is appropriate conversation and/or conduct in front of the patient.</p>					
<p><b><u>TEAMWORK AND DIPLOMACY</u></b> Examples of professional behavior include, but not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems</p>					
<p><b><u>SELF-MOTIVATION</u></b> Initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; taking advantage of learning opportunities; asking appropriate questions.</p>					
<p><b><u>TIME MANAGEMENT</u></b> Example of professional behavior include, but are not limited to: Consistent punctuality; completing task on time.</p>	1	2	3	4	5

<p><b><u>ADAPTABILITY</u></b>                  Examples of professional behavior include, but not limited to:  <i>First year</i> – Adapt classroom learning to clinical situations  <i>Second year</i> – Changes existing protocols to meet patient needs, incorporates new procedures and methods, performs multiple tasks when necessary, understands clinic procedures and protocols, and responds effectively to interruption</p>					
<p><b><u>RESPECT</u></b>                  Examples of professional behavior include, but not limited to: Being polite to others, not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.</p>					
<p><b><u>List two strengths for this student:</u></b></p>					
<p><b><u>List two weakness for this students (that we should focus on for improvement)</u></b></p>					
<p><b><u>Provide any additional Comments:</u></b></p>					

**Bluegrass Community and Technical College Radiography Program**

**ANNOTATED NOTES**

**Student Name:**

**Date:**

**Topic(s) Discussed:**

**Outcomes:**

**Signatures:**

**Instructor:**

**Student:**

**Date:**

**Date:**

## Bluegrass Community and Technical College Radiography Program

### Special Rotation Request

After completing all clinical competency evaluations (regular and final) a special rotation may be requested for a period not to exceed 2 weeks in length. Discuss the special rotation with the clinical instructor at your assigned facility for possible time and location. This form must be submitted to the clinical coordinator with the recommendation and signatures from both the student and clinical instructor. No new special rotations will be assigned during the last two weeks of the semester

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

Clinical Education Center \_\_\_\_\_

Semester \_\_\_\_\_

Date of Request \_\_\_\_\_

I would like a special rotation through:

	Trauma Radiography		Computed Tomography
	Radiography/fluoroscopy		Magnetic Resonance
	Mobile Radiography		QC Management
	Surgery		Radiation Therapy
	Special Procedures		Mammography
	Sonography		Cath Lab
	Nuclear Medicine		Other

Rotations are limited to availability and limited to a two (2) week maximum.

\_\_\_\_\_ will be assigned to \_\_\_\_\_  
 (name) (rotation)

Dates: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Student Signature \_\_\_\_\_

Clinical Coordinator Signature \_\_\_\_\_

**Bluegrass Community and Technical College Radiography Program**

**Occasions of Absence Request Form**

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

Course:   RADI\_\_\_\_\_

Dates of Absence:   Class   \_\_\_\_\_

                                  Clinic   \_\_\_\_\_

                                  Lab   \_\_\_\_\_

Reason (attach documentation if requested by the program coordinator):

Approved

Denied

Program Coordinator   \_\_\_\_\_

Student   \_\_\_\_\_

## Bluegrass Community and Technical College Radiography Program

### Medical Leave of Absence

Student's Name \_\_\_\_\_

Medical Restriction \_\_\_\_\_

I. If a student incurs a medical restriction, the student shall immediately report this restriction to the Coordinator of the Radiography Program. Medical Restriction is defined as delivery of baby, broken bones, back injuries, communicable diseases or any other injury or condition that could prevent the student from **safely** continuing the training schedule, or endanger the patients or other members of the program.

A physician's statement will be necessary in the case of a medical restriction.

II. If a student incurs a medical restriction, the Coordinator will make every reasonable effort to accommodate the student. For restrictions of short duration, the Coordinator and student may attempt to reschedule the training missed. For restrictions of longer duration, the accommodation efforts may include, but are not limited to, the following:

- A. Accommodation may be made in course schedule so the student may complete the program as sequenced and scheduled. However, all competency evaluations, room rotations/evaluations for the semester must be completed. This will include routine, mobile radiography, fluoroscopy, and surgery.
- B. Suspending the student's participation in the program. Following elimination of the restriction/s the student may be allowed to resume training the next time the missed Radiography course is offered.
- C. Full or partial refund of tuition and fees may be due the student according to deadlines established by the Kentucky Community and Technical College System.

By my signature below, I verify that I have read and understand the requirements of the Radiography Program Medical Leave of Absence, as contained herein, and agree to adhere to those requirements.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**RADIOGRAPHY  
POLICY AND PROCEDURE**

**EFFECTIVE DATE: JUNE 1, 2014**

**SUBJECT: Pregnancy**

**Declaration of Pregnancy**

In order to be recognized as pregnant, for the purpose of exposure limits, a person must declare in writing (physician documentation) to the program coordinator that she is pregnant. Declaration of a pregnancy is always the prerogative of the student.

The current dose limit for embryo-fetus exposure is 500 millirem, and the effective dose in a month should be limited to 50 millirem (NCRP). The fetal monitoring dosimeter will be secured by the Clinical Coordinator.

It is your responsibility to be aware of the potential risks and to take the necessary precautions.

**Continuation in semester/program**

A student had the options to remain in the program without accommodations, continue with accommodations, or take a leave of absence. However, all rotations for the semester/program must be completed and that will include mobile radiography, fluoroscopy, and surgery. All competency requirements must be completed before program completion can be awarded.

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

I am voluntarily declaring my pregnancy and will abide by the policies and procedures established by the BCTC Radiography Program and UK Radiation Safety Handbook.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Information needed for additional dosimeter:

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

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

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

I \_\_\_\_\_, elect to continue my radiography education:

Without accommodations

- Student will continue their normal clinical rotation schedule

\_\_\_\_\_  
Student Signature/Date

With accommodations

- Student will receive an adjusted clinical rotation schedule to reflect the program clinical accommodations

\_\_\_\_\_  
Student Signature/Date

Leave of Absence

- Students electing to take a leave of absence and must follow BCTC policy for returning students. This leave of absence will be for one year, and the students must apply to return to the program within the same semesters in which their leave was granted.

\_\_\_\_\_  
Student Signature/Date

There are no class accommodations that can be made for the pregnant student. The student must contact their course/class instructor to discuss any class attendance issue.

I have read and had a faculty member explain the programs pregnancy policy. I fully understand all the policy and procedures associated with my pregnancy.

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Program Coordinator Signature/Date

## Bluegrass Community and Technical College Radiography Program

### Withdrawal of Declaration of Pregnancy

I am aware of the potential risks for a pregnant radiation worker, I however, withdraw my declaration of pregnancy. I also realize that this will reclassify me as a non-pregnant radiation worker.

The current annual dose limits for a radiation worker are:

Effective dose equivalent limit	50 mSV	5 rem
Dose equivalent limit for lens of eye, skin, and extremities	50 mSV	5 rem

I am aware that no accommodations will be made to my clinical schedule.

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

I am voluntarily withdrawing my declaration of pregnancy.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

**BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE**

**STATEMENT OF UNDERSTANDING**

Student Name:	
Program:	Radiography
College:	Bluegrass Community and Technical College

**As a student of this program, I agree to the rules, regulations, policies and procedures as stated below.**

1. The program requires a period of assigned, guided clinical experiences either in the college or other appropriate facility in the community.
2. For educational purposes and practice on “live” models, I will allow other students to practice procedures on me and I will practice procedures on them under the guidance and direct supervision of my instructor. The nature and educational objectives of these procedures have been fully explained to me. No guarantee or assurance has been given to me by any representative of the college as to any problem that might be incurred as a result of these procedures.
3. These clinical experiences are assigned by the instructor for their educational value and thus no payment (wages) will be earned or expected.
4. It is understood I will be a student within the clinical facilities that affiliate with my college and will conduct myself accordingly. I will follow all required and published personnel policies, standards, philosophy, and procedures of these agencies. I will agree, at my own expense, to obtain all health screenings, immunizations, criminal background checks, and drug screenings as required by the affiliating agency.
5. I understand that information regarding a patient or former patient is confidential and may be used only for clinical purposes within an educational setting according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
6. I understand the educational experiences and knowledge gained during the program do not entitle me to a job; however, if all educational objectives and licensure requirements are successfully attained, I will be qualified for a job in this occupation.
7. I understand any action on my part inconsistent with the above understandings may result in suspension from the program.
8. I understand that I am liable for my own medical and hospitalization expenses.
9. I understand that my professional behavior within the program is conditional upon my ability to remain in the program.

**I have read and understand each term above and agree to abide by this statement of understanding.**

Student Signature:	
Date:	

As the legal guardian of the student named above, I agree to the above conditions.

## Bluegrass Community and Technical College Radiography Program

### Clinical Absence Contract

This contract will be in effect for this semester in which the student is enrolled in the Bluegrass Community and Technical College Radiography program. By signing this document, you are responsible for all of the information contained within this document and agree to adhere to this policy for all clinic absences associated with this semester. This document only applies to absences from clinic and does not apply to absences from class or lab.

#### **Clinic Course(s): IMG 101; IMG 111; IMG 201; IMG 211; IMG 221**

**This form is a generic form that indicates information associate with each clinic course. Occasions of absence, reduction in course grades, will be different for each clinic course. Students are required to check the syllabus for detailed instructions for absences and grade reduction associated with each clinic course.**

I, \_\_\_\_\_, understand that my attendance in the clinical setting is required for every assigned day of clinic.

- The student is permitted \_\_\_ absence from clinic. Each additional absence will be required to be made up during finals week, Monday-Thursday. If the student is unable to make up all their addition absences during this time they will be dismissed from the program.
- Being tardy more than 30 minutes or leaving clinic more than 15 minutes early constitutes an absence for that day.
- If I have **occasions of absence** that are the result of the same medical problem/emergency, I need to meet with the Program Coordinator within **Two Weeks** within the semester to request that the multiple consecutive days' count as one occasion of absence. I know that I will need documentation and that there is no guarantee that the Program Coordinator will grant this as one occasion. I know that all missed time will be rescheduled following JRCERT and program guidelines.

***No more than one approved occasion of absence will be granted per semester***

***I have read and know that the student is responsible for understanding the occasion of absence policy.***

- I must call the clinic site to which I am assigned and the BCTC Radiography Clinical Coordinator before 8 a.m. the day of the absence. Phone numbers for clinic sites are listed in the Radiography Handbook. The Clinical Coordinator's phone number is listed on the course syllabus.
- When I arrive at my clinic site more than 30 minutes late, I must call the Clinical Coordinator. This will constitute an absence day, unless the Clinical Coordinator approves the late time for the day due to special circumstances.
- When leaving clinic early, it must be approved. I must notify the clinic site that I am leaving early and call the Clinical Coordinator prior to leaving clinic that day.
- Failure to follow the rules for notifying either the clinic site or the Clinical Coordinator concerning my absence/tardy/ early departure will result in the following:
  - First offence, I will receive a written warning
  - Second offence, I will receive a failing grade for the clinical course.
  - I will be allowed to withdraw from the course prior to the grade being assigned.
- Failure to follow ethical conduct towards the patient and/or other healthcare professionals will result in the following:
  - First offence, I will receive a written warning
  - Second offence, I will receive a failing grade for the clinical course.
  - I will be allowed to withdraw from the course prior to the grade being assigned.
- I understand that the only books allowed within the clinic site is the Procedures Pocket Guide.

**BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE**

- I understand that I must follow the programs and clinical sites policies and procedures.. This includes cell phone, dress code, computer usage, etc.

I have read the above and by my signature, I understand the information contained in this document and promise to follow the all the rules and regulations outlined in this contract.

\_\_\_\_\_

Student

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

## Bluegrass Community and Technical College Radiography Program

### Radiological Procedure Competency Requirements

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

- IMG 101: Clinic I – 5 competencies**
- IMG 111: Clinic II – 10 competencies**
- IMG 201: Clinic III – 17 competencies**
- IMG 211: Clinic IV – 20 competencies**
- IMG 221: Clinic V – 12 final competencies**

<b>Mandatory (37)</b>					
<b>Examination</b>	<b>Date</b>	<b>Semester</b>	<b>1-5</b>	<b>Verified</b>	<b>Pass</b>
<b>Chest and Thorax</b>					
Chest Routine (2V)					
Chest AP (w/c or stretcher)					
Ribs					
Chest 6↓ (2V)					
<b>Mobile Studies</b>					
Chest					
Abdomen					
Orthopedic					
<b>Abdomen</b>					
Abdomen Supine (KUB)					
Abdomen Upright					
<b>Upper Extremity</b>					
Thumb or Finger					
Hand					
Wrist					
Forearm					
Elbow					
Humerus					
Shoulder					

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Clavicle					
Trauma: Shoulder or Humerus (scapular Y, Transthoracic or Axial)					
Trauma: Upper extremity (non shoulder)					
<b>Lower Extremity</b>					
Foot					
Ankle					
Knee					
Tibia-Fibula					
Femur					
Trauma: Lower extremity					
<b>Spine Pelvis</b>					
Cervical Spine					
Thoracic Spine					
Lumbar Spine					
Cross-Table lateral spin: (horizontal beam)					
Pelvis					
Hip					
Cross-Table Hip					
<b>Mobile C-Arm Studies</b>					
C-Arm procedure (requiring manipulation to obtain more than 1 projection)					
Surgical C-Arm procedure (requiring manipulation around a sterile field)					
<b>Geriatric Patient(65↑)</b>					
Chest Routine (2V)					
Upper Extremity					
Lower Extremity					



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<b>Electives (15)</b>					
<b>Examination</b>	<b>Date</b>	<b>Semester</b>	<b>1-5</b>	<b>Verified</b>	<b>Pass</b>
<b>Head: (at least 1 from this category)</b>					
Skull					
Paranasal Sinuses					
Facial Bones					
Orbits					
Zygomatic Arches					
Nasal Bones					
Mandible (panorex)					
Temporomandibular Joints					
<b>Fluoroscopic Studies: (must select either an Upper GI or BE plus 1 other procedure from this section)</b>					
Upper GI, single or double contrast					
Barium Enema, single or double contrast					
Small Bowel Series					
Esophagus					
Cystography					
ERCP					
Myelography					
Arthrography					
Hysterosalpingography					
<b>All Other Electives</b>					
Intravenous Urography					
Chest Lateral Decubitus					
Abdomen Decubitus					

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Sternum					
Upper Airway (soft-tissue neck)					
Scapula					
AC joints					
Toes					
Patella					
Calcaneus					
Sacrum/Coccyx					
Scoliosis Series					
Sacroiliac Joint					
6↓ upper extremity					
6↓ lower extremity					
6↓ abdomen					
6↓ mobile study					

**AN EXAMPLE FOR LABORATORY REPORTS**

**COVER PAGE**

**Here list the Course & Date (all Caps - bolded)**  
**CHEMISTRY 446 Section 02XL**

**Here you list all names of people in the lab group (In alphabetical order- bolded)**

**Here you enter the section and group numbers (bolded).**  
**Date & Time of the lab experiment**

**PAGE TWO -----**

**Must Include -- AN EXAMPLE REPORT**

**Your Laboratory paper should have the following sections**

**Introduction:**

Refer to the objective for the laboratory experiment. Do not copy from the laboratory write-ups.

Write you own concise introduction.

The "**Introduction**" of a laboratory report identifies the experiment to be undertaken, the objectives of the experiment, the importance of the experiment, and overall background for understanding the experiment. The objectives of the experiment are important to state because these objectives are usually analyzed in the conclusion to determine whether the experiment succeeded.

It should explain the outlines of the experiment, and what you perceived would happen based on your present knowledge of the subject. Remember that an introduction "tells the reader what he/she is going to be reading."

**Experiment:**

The section entitled "Experiment" generally contains information on the physical nature of the experiment, such as the type of instrumentation used, the variables controlled and those that are not controlled, and any unusual conditions.

The section need not be long, but it should include everything about the experimental setup that the author thinks is important.

**Results and Discussion:**

To start this section one has to refer to data.

The heart of a laboratory report is the presentation of the results and the discussion of those results. In some formats, "Results" and "Discussion" appear as separate sections

.

**Utilize subsections:**

**Results: (indented from the main header- 12 font- also underlined)**

**Discussion: (indented from the main header- 12 font – also underlined)**

**Discussion Questions:**

In this section, you write each of the discussion questions in order, immediately following each question by a brief answer. The length of the answer varies from question to question, and the length of this section varies from experiment to experiment.

Note:

-All "main" headers should be 14 fonts.

-Typing should be 12 fonts, and double spaced.

-Page number included at the bottom of the page.

-All lab members should initial by their names, indicating that they read and agree with the printed document before submission.

Group members that are absence for the laboratory experience will not receive a grade and their names cannot be added to report just because they are in the group.

# JRCERT

## Position Statement on Mammography Clinical Rotations

Adopted by the JRCERT Board of Directors (April 2016)

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare. The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

Standard One - Objective 1.2 of the JRCERT Standards requires a program to document that it “provides equitable learning opportunities for all students.”

The JRCERT does not provide legal advice to program officials. Nevertheless, the JRCERT has received numerous inquiries regarding the placement of students in mammography clinical rotations. The JRCERT understands that there have been significant concerns regarding the interpretation of the JRCERT Standards regarding equitable learning opportunities for all students. As a point of clarification, the JRCERT notes that equitable means dealing fairly with all concerned. It does not necessarily mean equal.

The JRCERT has analyzed statistical data that indicates current imaging practices in mammography have resulted in minimal employment opportunities for males. Certification demographic data indicates that less than 1% of the approximately 50,000 technologists registered in mammography by the American Registry of Radiologic Technologists (ARRT) are males. Overwhelmingly, clinical site policies prohibit male students from participation in mammography rotations. Such participation is limited due to liability concerns, as well as consideration for the interests of the patient. These policies are established not only for mammography exams, but also for other gender-specific examinations performed by professionals who are the opposite gender of the patient.

With regard to mammography, the JRCERT has determined programs must make every effort to place a male student in a mammography clinical rotation if requested; however, programs will not be expected to attempt to override clinical site policies that restrict mammography rotations to female students. Male students should be advised that placement in a mammography rotation is not guaranteed and, in fact, would be very unlikely. To deny mammography educational experience to female students, however, would place those students at a disadvantage in the workforce where there is a demand for appropriately educated professionals to address the needs of patients. It is noted that the same clinical site policies that are in place during the mammography educational rotations are most likely applicable upon employment, thus limiting access for males to pursue careers in mammography.

The JRCERT reiterates that it is the responsibility of each clinical site to address any legal challenges related to a program’s inability to place male students in a mammography rotation. All students should be informed and educated about the various employment opportunities and potential barriers that may affect their ability to work in a particular clinical staff position.

[https://www.jrcert.org/sites/jrcert2/uploads/documents/Mammography\\_Position\\_Statement\\_FINAL\\_4-27-16.pdf](https://www.jrcert.org/sites/jrcert2/uploads/documents/Mammography_Position_Statement_FINAL_4-27-16.pdf)

**STUDENT HANDBOOK AGREEMENT FORM**

I have been given an updated copy of Bluegrass Community and Technical College's Program Handbook. I understand that it is my responsibility as a student of the program to read this documents and obtain any answers to my questions concerning the policy and procedures set forth within the handbook. I understand all the policies and procedures for the classroom, laboratory, clinical environments (all hospital departments and outpatient clinics) as well as those set by the College are the responsibility of the student. I agree to abide by all rules/regulations and will perform all duties associated with being a student within BCTC's Radiography program.

Student Signature: \_\_\_\_\_

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