Radiography Program

Guide to Clinical Competency

Passaic County Community College
One College Boulevard
Paterson, New Jersey 07505

Revised 08/2013
COMPETENCY BASED CLINICAL EDUCATION

I. RATIONALE

Competency Based Clinical Education is a requirement of the American Registry of Radiologic Technologists and mandated by the New Jersey Department of Environmental Protection Radiologic Technology Board of Examiners (RTBE). Competency Based Clinical Education is a progressive approach to the technical and professional development of a student. Students begin this process by observing an examination or groups of examinations. After didactic and laboratory instruction and documented laboratory proficiency in a procedure, the student then proceeds to the participation stage of the Competency Based Clinical Education system.

In the participation stage, the student may now assume a more active role in his/her clinical responsibilities. However, students may only perform those radiographic examinations, which were previously taught in the classroom and laboratory. Students shall perform these examinations under direct supervision.

The final stage in the Competency Based Clinical Education system is the ability of a student to perform radiographic examinations under indirect supervision. Before the student can achieve this level of supervision, he/she must demonstrate competency through Clinical Competency Evaluations (CCEs). The American Registry of Radiologic Technologists (ARRT) has listed 66 radiographic and fluoroscopic procedures in 10 categories. The ARRT classifies these procedures into 36 “Mandatory” procedures and 30 “Elective” procedures. The ARRT and the RTBE require a student to demonstrate competency in all 36 “Mandatory” procedures and 15 out of 30 of the “Elective” procedures. A minimum of 28 “Mandatory” procedures must be performed on patients and cannot be completed under simulated conditions.

Students should strive to broaden their scope of clinical participation under the guidelines described herein. Any student who approaches clinical experience as a checklist of tasks rather than an opportunity to participate will not meet the overall objectives of the program.

Students at PCCC have always prided themselves on the quality of their academic preparation, level of professional development and enriched clinical experience. All resources are provided for your success, learn to utilize them in a manner that will benefit you the most.
II. GENERAL PROCEDURE

The Competency Based Clinical Education system involves a 7-step process. These steps are outlined as follows:

1. Didactic instruction is provided.
2. Laboratory instruction is provided, followed by student demonstration of positioning skills.
3. Students perform Simulated Competency Evaluations on all procedures taught in the classroom and laboratory. Simulated Competency Evaluations are graded on a pass/fail basis.
4. The student observes radiographic procedures in the clinical setting and gradually progresses to the participation stage under direct supervision. The following parameters constitute direct supervision.

The licensed radiographer shall:

a. Review the request for the examination in relation to the student’s current development.

b. Evaluate the condition of the patient in relation to the student’s knowledge.

c. Be physically present while the student performs the examination.

d. Review and approve the radiographic images.

5. Prior to requesting an Initial Clinical Competency Evaluation (ICCE) on an examination or series of examinations the student must complete the following:

   (a) didactic testing; (b) documented laboratory proficiency; (c) performance of two examinations under direct supervision.

6. During the senior year, the student’s competency level will be re-evaluated by program faculty to ensure a continual level of technical and professional progression. This type of evaluation is called a Continual Clinical Competency Evaluation (CCCE). All CCCEs must be performed on patients and cannot be simulated. Students are expected not only to demonstrate competency, but also to further develop their skills towards proficiency. These Continual Clinical Competency Evaluations will reflect a more challenging patient type or a progressive level of difficulty.
general procedure (continued)

7. The final semester at PCCC will find the senior student completing the graduation requirements of the program. These will include several Terminal Clinical Competency Evaluations (TCCE). The type of exam(s) selected will be determined by the program faculty and based on individual student needs. The type of patient selected will include those that require an advanced level of professional interaction. These may include the geriatric, pediatric or trauma patient. At least one of the exams will require proficient critical thinking skills. (i.e., the multiple exam patient and/or a trauma patient)

III. Introduction to PCCC’s Competency Based Clinical Education System

Each semester, the course syllabi will describe the focus and content of the scheduled clinical experience. Being familiar with course requirements will help you to succeed in meeting course goals.

Generally, in addition to a written mid-term and final film critique exam, students are expected to complete a specific minimum number of required Clinical Competency Evaluations. Students will also be evaluated in the areas of:

- Attendance
- Ethics
- Professional Development
- Image Evaluation

Course grade determinations for each clinical course will be based on the above listed areas. However, weighting may vary from semester to semester depending on the focus of the course and clinical schedule. Consult specific course syllabi for exact weighting of each area.
IV. Guidelines for Clinical Competency Evaluations

A. Students participate in clinical education with the goal of obtaining a CCE for the minimum number of examinations in each category as indicated below. PCCC’s Radiography Program requires that a minimum of 28 of the exams be performed as Initial Clinical Competency Evaluations with a minimum of 18 being performed on patients and not under simulated conditions; a minimum of 10 are performed as Continual Clinical Competency Evaluations all must be performed on patients and may not be done under simulated conditions. When possible, all Clinical Competency Evaluations should be performed on patients.

<table>
<thead>
<tr>
<th>Category</th>
<th>Minimum Number of Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Limb</td>
<td>5</td>
</tr>
<tr>
<td>Shoulder Girdle</td>
<td>3</td>
</tr>
<tr>
<td>Lower Limb</td>
<td>4</td>
</tr>
<tr>
<td>Pelvic Girdle</td>
<td>4</td>
</tr>
<tr>
<td>Chest &amp; KUB</td>
<td>2</td>
</tr>
<tr>
<td>Thorax &amp; Abdomen</td>
<td>3</td>
</tr>
<tr>
<td>Spine</td>
<td>3</td>
</tr>
<tr>
<td>Contrast</td>
<td>2</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>2</td>
</tr>
<tr>
<td>Mobile &amp; Surgical</td>
<td>4</td>
</tr>
</tbody>
</table>

B. Program faculty shall approve the patients for all CCEs. Patient selection shall include a wide variety of patient types. (e.g. pediatric, geriatric, trauma, ambulatory, etc.)

C. The approval of patients of all CCEs shall be based upon progressive level of difficulty.

D. All students must perform a **minimum of 2 practice examinations** under the direct supervision of a licensed radiographer prior to seeking a competency evaluation for the examination.

E. Suggested time frames for completion of all Clinical Competency Evaluations have been established and are published in the course syllabi for the practicum courses.

F. CCEs shall include all projections for each procedure, as identified by the hospital’s protocol. CCEs may not be limited to a single projection, unless identified as such in the department’s protocol for that examination.

G. CCEs shall include all tasks associated with the radiographic procedure. This includes, but is not limited to, patient assessment and positioning; applying radiation protection principles; setting technical exposure factors; and making the exposure. **(Refer to page 15 of this manual)**
general guidelines (continued)

H. Prior to an Initial Clinical Competency Evaluation, the student must be prepared by lecture, laboratory and clinical practice in all examinations in that category. The clinical instructor will validate completion of these steps BEFORE proceeding with the ICCE.

I. Simulated Clinical Competency Evaluations shall be performed on all procedures taught in the classroom. All simulated competency evaluations include the same criteria as a Clinical Competency Evaluation. That criteria includes, but is not limited to the following:

1) Evaluation of request and patient assessment
2) Physical facilities readiness
3) Patient care and management
4) Equipment operation and technique selection
5) Positioning skills
6) Radiation protection for patient, self and others
7) Evaluation of resulting images

When possible, all competency evaluations will be performed on patients. The determination of which simulated competency evaluations may be used in lieu of competency evaluations on patients will be made by the Clinical Coordinator. Simulated Clinical Competency Evaluations will only be utilized for infrequently performed procedures.

J. All exams without an age-specific designation are intended to be performed on adult-sized patients. The clinical instructor will determine whether or not the patient meets the criteria.

K. Trauma Procedures are procedures of the extremities or other anatomic structure in which the patient cannot move and/or assume the position routinely used for the radiographic examination.

L. All students are required to complete a minimum of 10 Continual Clinical Competency Evaluations during the senior year and prior to progressing to the level of Terminal Clinical Competency Evaluations. An examination in which a student has demonstrated competency shall be subject to continual competency evaluations at any time by program officials. All Continual Clinical Competency Evaluations must be performed on patients and may not be simulated. A CCCE can only be performed on a procedure that was previously evaluated for competency, either as an ICCE or a simulated competency.

M. Continual and Terminal Clinical Competency Evaluations shall represent a progressive level of patient and procedure difficulty.
N. Prior to graduation, the student must demonstrate final competency in clinical education. This is accomplished through the Terminal Clinical Competency Evaluations. Before a student can advance to this level of competency, he/she must complete the program’s entire list of Initial and Continual Competency Evaluations.

***NOTE: Practice forms and competency records are official program documents. When an error is made in documentation, draw a line through the error so that the information remains legible.

V. Specific Guidelines for Terminal Clinical Competency Evaluations

A. The evaluation system is designed in accordance with current Terminal Competency Objectives as delineated in the Standards of an accredited educational program for the radiographer.

B. The clinical faculty shall select the terminal examinations and patients for each evaluation. Patient selection shall include a wide variety of patient types. The selection of examinations shall be based upon a progressive level of difficulty.

C. Terminal Clinical Competency Evaluations must be accomplished on patients and shall not be performed under simulated conditions.

D. TCCEs must include all projections for each examination as identified by the hospital protocol. A TCCE may not be limited to a single projection, unless identified as such in the hospital’s protocol for that examination.

E. The program faculty shall be responsible for the development and implementation of the terminal competency grading system, evaluation forms, performance objectives, and record maintenance for all TCCEs.

F. The student cannot attempt TCCEs until the following parameters are met:
   1) Be within 3 months of their anticipated date of program completion.
   2) Have achieved competency in the program’s required number of ICCEs and CCCEs within that category of procedures in which the TCCEs are to be attempted.
VI. Required Levels of Clinical Supervision

State and federal law, as well as our accrediting bodies mandates clinical supervision of student radiographers. The following parameters shall be adhered to by all radiography students.

1. Students must be assigned to a New Jersey Radiologic Technology Board of Examiners approved clinical education center.

2. All program officials assigned to evaluate student clinical competency must be approved by the Board.

3. Prior to didactic and laboratory instruction and documented laboratory proficiency in a procedure the student is only permitted to observe a New Jersey licensed diagnostic radiographer perform that procedure.

4. After didactic and laboratory instruction and documented laboratory proficiency in a procedure but prior to a clinical competency evaluation or simulated competency evaluation:
   
   The student continues to observe these procedures and gradually progresses to the point where the student can now participate and assist the New Jersey licensed diagnostic radiographer while under direct supervision. The following parameters constitute direct supervision. The licensed diagnostic radiographer shall:
   
   a) Review the request for examination in relation to the student’s achievement.
   b) Evaluate the condition of the patient in relation to the student’s knowledge.
   c) Be present while the procedure is performed.
   d) Review and approve the images.

5. After the student has demonstrated proficiency through CCE or simulated competency evaluation in a given procedure, the student may perform that procedure under the indirect supervision of a New Jersey licensed diagnostic radiographer. The following parameters constitute indirect supervision:
   
   a) Supervision provided by a licensed radiographer, who is immediately available to assist the student regardless of the level of competency or student achievement. Immediately available, is interpreted as the presence of a licensed diagnostic radiographer adjacent to the room or location where a radiographic or fluoroscopic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.
Required Level of Supervision (continued)

Based on these parameters, a student cannot be assigned to a surgical or mobile rotation or assigned to a room that is not adjacent to another radiographic or fluoroscopic room (i.e., PAT or ER) unless a licensed diagnostic radiographer is present in that room or in the adjacent room. In compliance with this policy mobile/portable and surgical procedures may only be performed under direct supervision, regardless of the level of competency a licensed radiographer must accompany all students when performing these procedures, including those performed in the Emergency Room.

b) A licensed radiographer must review and approve all radiographic images.

c) Unsatisfactory radiographs shall only be repeated under the direction and in the presence of a licensed diagnostic radiographer, regardless of the student’s level of competency.

Violation of the policy described above is a serious violation of state, national and program regulations. Failure to adhere to this policy will result in suspension and/or dismissal from the program. Students dismissed from the program are not eligible for re-admission.

VII. Remediation

Remediation shall be an essential part of the Competency Based Clinical Education process. The radiography program shall develop and publish a policy that addresses a student’s failure to demonstrate competency within the clinical education curriculum. (Refer to page 10) The following are the minimum remediation requirements for all 5 types of clinical education failures:

1. Failure to demonstrate didactic or laboratory proficiency:
   The program faculty shall: a) discuss the area(s) of failure with the student; b) develop and implement a valid remediation plan; c) re-evaluate after remediation has been completed.

2. Failure of a simulated competency evaluation:
   The program shall: a) discuss the area(s) of failure with the student; b) develop and implement a valid remediation plan; c) require clinical application of reinforced skills; and d) re-evaluate for either an initial clinical competency or simulated competency in that radiographic procedure.
Remediation (continued)

3. **Failure of an initial clinical competency evaluation:**
   The program shall: a) discuss the area(s) of failure with the student; b) develop and implement a valid remediation plan; c) require clinical application of reinforced skills; and d) re-evaluate for either an initial clinical competency or simulated competency in that radiographic procedure. If re-evaluation is performed as a simulated competency, the competency cannot be counted as an initial clinical competency evaluation.

4. **Failure of a continual clinical competency evaluation:**
   The program shall: a) **remove the student’s indirect supervision status for that radiographic procedure**; b) discuss the area(s) of failure with the student; c) develop and implement a valid remediation plan; d) require clinical application of reinforced skills; and e) re-evaluate for either a simulated or an initial clinical competency in that radiographic procedure. If re-evaluation is performed as a simulated competency, the competency cannot be counted as a continual clinical competency evaluation.

5. **Failure of a terminal clinical competency evaluation:**
   The program shall require remediation and re-evaluation for either a terminal clinical competency or simulated competency in that radiographic procedure. If re-evaluation is performed as a simulated competency, the competency cannot be counted as a terminal clinical competency evaluation. An additional terminal clinical competency evaluation would then be required prior to graduation.

*The content and length of the remediation plan and the application phase shall be determined by program officials. All remediation must be documented.*
### VIII. Categorical List of Mandatory Clinical Competency Evaluations

#### Upper Limb (5)
- Thumb or Finger
- Hand
- Wrist
- Forearm
- Elbow
- Trauma Extremity

#### Lower Limb (4)
- Foot
- Ankle
- Knee
- Tibia & Fibula
- Trauma Extremity

#### Shoulder Girdle (3)
- Humerus
- Shoulder
- Trauma Shoulder (scapular Y, transthoracic, axillary)

#### Pelvic Girdle (4)
- Femur
- Pelvis
- Hip

#### Thorax & Abdomen (3)
- Chest (adult PA & lat)
- Abdomen (AP only)

#### Chest & KUB (2)
- Chest (age 6 or younger)
- Chest (wheelchair or stretcher)
- Ribs
- Abdomen 2 views (decub or erect)

#### Head & Neck (2)
- Skull
- Paranasal Sinuses
- Facial Bones (any)

#### Spine (4)
- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Trauma Cervical (x-table lat.)

#### Contrast Media (2)
- UGI
- BE

#### Mobile & Surgical (4)
- Portable Chest
- Portable Abdomen
- Portable Orthopedics
- C-Arm Procedure

** Students must successfully complete 28 of the above mandatory procedures as Clinical Competency Evaluations on patients and may not be simulated. The remaining procedures may be performed on patients or as Simulated Competency Evaluations.**
IX. Categorical List of Elective Clinical Competency Evaluations

**Upper Limb**
Extremity age 6 or younger

**Lower Limb**
Trauma
Patella
Calcaneus
Toe

**Shoulder Girdle**
Clavicle
Scapula
AC joints

**Pelvic Girdle**
Sacroiliac Joints

**Thorax & Abdomen**
Chest (decub)
Sternum
Soft Tissue Neck
Pediatric Abdomen

**Contrast Media**
Cystography or Cystourethrography
IVU
Myleogram
Small Bowel
Esophagus

**Head & Neck**
Mandible or Panorex
Zygomatic Arches
Orbits

**Mobile & Surgical**
Surgical Cholangiography
Retrograde Pyelography
Pediatric Portable

**Spine**
Sacrum &/or coccyx
Trauma Cervical (x-table lat.)
Scoliosis

**A minimum of 15 of the above Elective procedures must be performed as either Clinical Competency Evaluations (on patients) or as Simulated Competency Evaluations.**
X. Grading Procedures for Clinical Competency

When determining course grades for clinical, all aspects of a student’s professional and technical progress will be considered by the program faculty. Grading specifics and weighting of each area is described in each semester’s course syllabus. The clinical competency portion of a student’s grade will be based on the following criteria:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Basic Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>All prior semester competencies are completed. All competencies are completed as indicated on the schedule of competencies sheet.</td>
</tr>
<tr>
<td>B</td>
<td>All prior semester competencies are completed. Student has completed at least 85-95% of the required competencies for the current semester.</td>
</tr>
<tr>
<td>C</td>
<td>All prior semester competencies are completed and the student has completed at least 75% of the required competencies for the current semester.</td>
</tr>
<tr>
<td>F</td>
<td>Less than 75% of the current semester’s required competencies completed and/or incomplete competencies from the prior semester.</td>
</tr>
</tbody>
</table>

** Students are not permitted to continue in the clinical sequence if they are behind in the number of successfully completed competency evaluations for 2 consecutive semesters. A grade of “F” will be assigned and the student must repeat the clinical course.

NO STUDENT IS PERMITTED TO PROGRESS WITH THE GRADE “F” IN A CLINICAL COURSE.

XI. Policy Regarding Incomplete Competencies Prior to Graduation

If, at the end of the final semester, a student is incomplete in their requirements for, initial, continual or terminal competency evaluations, a grade of “F” will be assigned for RA 209.

Students must register for RA 209 in the fall semester and repeat the entire semester.

Students are not permitted to graduate or to sit for the American Registry of Radiologic Technologist Examination until all clinical competency requirements are met.
XII. Performance Objectives For Clinical and Simulated Competency Evaluations

Clinical and Simulated Competency Evaluations are evaluated and graded based on the following performance objectives using the Competency Evaluation form on page 20 of this booklet. The performance objective being evaluated is indicated next to the criteria on the competency evaluation form.

In the assigned clinical education center (clinical competency) or in the energized laboratory (simulated competency), with a functional radiographic unit, the student will be able to successfully demonstrate the ability to perform the following functions during laboratory proficiency evaluations, simulated competency evaluations and clinical competency evaluations.

1. Evaluation of request and prep of the patient

The student will:
   a. Identify projections to be obtained according to department protocol.
   b. Check the requisition for pertinent history and obtain clarification of history.
   c. Using at least 3 identifiers, verify the patient's identity including, name and age.
   d. Identify and make note of patient's condition and/or contraindications for procedure ordered.

2. Patient/Student Relationship

The student will:
   a. Speak gently, courteously and effectively to the patient.
   b. Instruct the patient to disrobe properly for the examination.
   c. Check for foreign objects on the patient's gown or person and remove prior to exposure.
   d. Briefly explain the procedure to the patient in terms they understand and/or obtain translator when necessary.
   e. Keep patient informed of the progress of the exam.
   f. Demonstrate respect for patient's modesty by using appropriate cover and keeping doors closed.
   g. Instruct the patient in appropriate breathing technique and observe the patient for compliance.
   h. Make exposure while observing the patient.
Performance Objectives (continued)

3. **Physical Facilities Readiness**

   The student will:
   
   a. Inspect and clean the radiographic table/wall bucky.
   b. Present a clean, orderly and uncluttered room.
   c. Cover table with a clean sheet and pillow cover.
   d. Have an adequate supply of clean linen available.
   e. Collect and have ready all necessary positioning aids before the start of the procedure.
   f. Have the appropriate number and sizes of image receptors available.
   g. Wash hands prior to start of the procedure.
   h. Have emesis basin, \(O_2\), emergency drugs and other required supplies available for emergencies.
   i. Have “right” and “left” markers on person.
   j. Have the necessary contrast media and trays for specific procedures.

4. **Positioning Skills**

   The student will be able to:
   
   a. Identify correct exam protocol for the assigned clinical education center.
   b. Utilize appropriate radiographic equipment for the exam. (e.g. table or wall bucky).
   c. Position the patient correctly according to Merrill’s criteria or hospital protocol if they differ.
   d. Center IR properly in bucky or under patient.
   e. Select correct size and type of image receptor.
   f. If indicated by protocol, divide the IR correctly and position body part in the proper sequence and alignment.
   g. Center IR to the correct anatomical landmark.
   h. Place the central ray to the center of the IR or center of the anatomical part, whichever is appropriate.
   i. Use correct tube angle if appropriate.
   j. Collimate accurately.
   k. Correctly identify resultant images with patient’s name and other demographic information.
   l. Ensure that images are properly marked “right” or “left” with permanent lead markers.
5. **Equipment Manipulation**

The student will be able to:

a. Facilitate easily and quickly all necessary tabletop movement using controls on table, fluoroscopy unit and footswitch.
b. Move tube from horizontal to vertical and back.
c. Select correct SID and secure tube.
d. Center and lock tube to bucky.
e. Place IR in bucky securely and lock in place.
f. Identify release on tube swivel, if so equipped, and be able to adjust the tube head for patient comfort in tabletop radiography.
g. Insert and remove IR from spot-film device for fluoroscopy exams correctly.
h. Operate film changer devices.
i. Successfully operate mobile units in a safe manner.
j. Set controls for appropriate exposure on mobile units including the C-Arm.
k. Recharge mobile units as needed or according to department policy.
l. Properly assemble and activate ancillary equipment (e.g. TV, cine cameras, etc.)

6. **Exposure and Technique**

The student will:

a. Measure each patient at the point of central ray entrance/exit for at least 2 projections at right angles to each other.
b. Correctly manipulate technical factors according to the subject contrast of the body part as well as the part size and/or set the AEC to correct photocells for positioning performed.
c. Adjust AEC settings for pathological changes, where necessary, to maintain proper density of the finished image.
d. Select the correct focal spot to obtain the desired level of recorded detail.
e. Collimate to maintain the desired scale contrast and density.
f. Use their own technique books to verify and discuss the technical factor selection with the clinical instructor based on prior practice exams.
g. Select the appropriate IR combination for the desired level of recorded detail and/or speed for the exam being performed.
h. Correctly manipulate mA, time and mAs settings to obtain desired density and minimize motion.
Performance Objectives (continued)

7. **Anatomy**

   **The student will:**

   a. Identify a variety of anatomy as demonstrated on the completed image, particularly pertinent anatomy for the projection as indicated by Merrill’s.
   b. Critique the image for adequate demonstration of the anatomical area based on Merrill’s evaluation criteria for an acceptable radiograph.

8. **Radiation Protection**

   **The student will:**

   a. Determine pregnancy status for female patients in childbearing years.
   b. Always use appropriate gonadal and breast shielding.
   c. Show evidence of collimation on all images.
   d. Wear lead apron and gloves when appropriate.
   e. Use as short exposure time as practical.
   f. Always wear film badge at the collar in the clinical education center and in the energized laboratory.
   g. Warn other personnel of impending exposure when using mobile or surgical units.
   h. Keep doors to exam rooms closed during procedures and exposures.
   i. Require all persons to be behind barriers during exposures.
   j. **Never hold patients for radiographic exposures.**

9. **Student’s Personal Behavior**

   **The student will:**

   a. Execute the exam within an acceptable timeframe using student RVUs as standard.
   b. Strictly observe personal hygiene code and uniform code as outlined in program policy manuals.
   c. Refrain from distracting or nervous chatter.
   d. Place the patient’s safety as top priority.
Performance Objectives (continued)

10. **Completion of Procedure**

The student will:

a. Review images with the clinical instructor or department supervisor.
b. Repeat any images under the direct supervision of a licensed radiographer.
c. Dismiss the patient according to the department policy for that patient’s particular circumstances.
d. Obtain the signature of the registered/licensed radiographer who approved the images. Students are **NOT** to sign the name of a radiographer regardless of instructions to do so. Consult the clinical instructor when necessary for signatures under these circumstances.
e. End the case by completion of paperwork, computer entry, etc. as required by the clinical facility.
f. Return to the radiographic room to clean up after the completed exam and re-prep the room for the next patient.
PASSAIC COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
COMPETENCY EVALUATION

Lab Simulation Clinical Continual Terminal
RESULT: PASS FAIL Remediation

STUDENT: _____________________________ SITE: _____________________________
EVALUATOR: ___________________________ DATE: ___________________________
PROCEDURE: ___________________________ CATEGORY: _______________________

POSITIONS REQUIRED BY DEPARTMENT PROTOCOL:

<table>
<thead>
<tr>
<th>Pediatric</th>
<th>Geriatric</th>
<th>Trauma</th>
<th>Medical Record No.</th>
</tr>
</thead>
</table>

THIS FORM IS TO BE COMPLETED BY EVALUATOR DURING COMPETENCY EVALUATION AND SIGNED BY THE STUDENT REGARDLESS OF EXAM SUCCESS.

CRITERIA and PERFORMANCE OBJECTIVE

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evaluation of request, verification of patient and exam, prep of patient</td>
<td>1 &amp; 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Pertinent history taken and documented</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>3. Room preparation completed</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4. Selection of correct image receptor</td>
<td>3 &amp; 4</td>
<td></td>
<td></td>
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<tr>
<td>5. Selects appropriate technical factors after measuring the part properly</td>
<td>6</td>
<td></td>
<td></td>
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<tr>
<td>6. Properly sets control panel (AEC, tube #1/#2, chest, bucky, etc.)</td>
<td>5</td>
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<tr>
<td>7. Places the cassette properly for use (bucky, chest stand, under patient, etc.)</td>
<td>5</td>
<td></td>
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<tr>
<td>8. Correctly manipulates / sets up fluor (PRN)</td>
<td>5</td>
<td></td>
<td></td>
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<tr>
<td>9. Positions patient correctly for each view</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>10. Directs CR to the correct anatomical part / landmark</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>11. Places the center of the image receptor to the proper anatomical area</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>12. Uses proper tube angle / direction (PRN)</td>
<td>4</td>
<td></td>
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<tr>
<td>13. Selects and verifies SID, and makes appropriate change in mAs if SID is adjusted</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>14. Collimates accurately</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Marks the film correctly</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>16. Determines pregnancy status (PRN)</td>
<td>8</td>
<td></td>
<td></td>
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<tr>
<td>17. Places gonadal and / or breast shielding accurately</td>
<td>8</td>
<td></td>
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<tr>
<td>18. Provides appropriate breathing instructions and observes for patient compliance</td>
<td>2</td>
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<tr>
<td>19. Takes the exposure while observing the patient</td>
<td>8</td>
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<tr>
<td>20. Completes the case within an appropriate time frame</td>
<td>9</td>
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<tr>
<td>21. Determines if resulting radiographs meet the TEXT CRITERIA, identifies anatomy, and processes images accurately (CR and DR)</td>
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<tr>
<td>22. Dismisses patient according to department policy (ends case)</td>
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</tbody>
</table>

DESCRIBE ANY ERROR ("no") ON THE REVERSE SIDE OF THIS FORM
* INDICATES AREAS OF AUTOMATIC FAILURE

Student's signature

Revised 11/2006; Revised 1/12
# PASSAIC COUNTY COMMUNITY COLLEGE
## Radiography Program
### Student's Clinical Record

**STUDENT:**

### FIRST SEMESTER: RA103 (2)

<table>
<thead>
<tr>
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### SECOND SEMESTER: RA108 (6)

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### THIRSD SEMESTER: RA203

#### CONTINUOUS COMPETENCIES (4)

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#### REGULAR COMPETENCIES (3)

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### FOURTH SEMESTER: RA207

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### FIRST SUMMER SESSION: RA110 (9)

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### SECOND SUMMER SESSION: RA209

#### REGULAR COMPETENCIES (3)

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### CONTINUOUS COMPETENCIES (2)

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#### TERMINAL COMPETENCIES (3)

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U:\PCCC forms\Student's clinical Record Class of 2015.xlsx
## Competency Checklist

<table>
<thead>
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<tbody>
<tr>
<td>2012-2014</td>
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<table>
<thead>
<tr>
<th>MANDATORY</th>
<th>COMPLETED</th>
<th>MANDATORY</th>
<th>COMPLETED</th>
<th>ELECTIVE</th>
<th>COMPLETED</th>
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<tbody>
<tr>
<td>Chest &amp; KUB</td>
<td>Mobile &amp; Surgical</td>
<td>Chest</td>
<td>Portable Chest</td>
<td>Contrast Media</td>
<td>WU</td>
</tr>
<tr>
<td>KUB</td>
<td>Portable Abdomen</td>
<td>Portable Orthopedics</td>
<td>Esophagram</td>
<td>Small Bowel</td>
<td>C-Arm (Surgical)</td>
</tr>
<tr>
<td>Upper Extremity</td>
<td>C-Arm (Surgical)</td>
<td>Digit/Thumb</td>
<td>Myelography</td>
<td>Head &amp; Neck</td>
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<tr>
<td>Hand</td>
<td>Head &amp; Neck</td>
<td>Wrist</td>
<td>Skull (4 views max/min)</td>
<td>CT - Head (no contrast)</td>
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<td>Forearm</td>
<td>Mandible/Panorex</td>
<td>Elbow</td>
<td>Contrast</td>
<td>Facial Bones/Orbits</td>
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<tr>
<td>Trauma Upper ext.</td>
<td>BE or U.G.I.</td>
<td>Shoulder Girdle</td>
<td>Nasal Bones</td>
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<td>Shoulder Girdle</td>
<td>Elective</td>
<td>Shoulder</td>
<td>Zygomatic Arches</td>
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<td>Humerus</td>
<td>Upper Extremity</td>
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<tr>
<td>Trauma shoulder</td>
<td>Pediatric extremity (6 or younger)</td>
<td>Lower Extremity</td>
<td>Oper. Cholangiography</td>
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<td>Lower Extremity</td>
<td>Retrograde Urography</td>
<td>Foot</td>
<td>Portable Peds. (Age 6 or younger)</td>
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<td>Ankle</td>
<td>Peds Lower extremity (age 6 or younger)</td>
<td>Knee</td>
<td>Chest</td>
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<td>Tib/Fib</td>
<td>Toes</td>
<td>Trauma Extremity*</td>
<td>Patella</td>
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<td>Pelvic Girdle</td>
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<td>Pelvic Girdle</td>
<td>Soft Tissue Neck</td>
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<td>Shoulder Girdle</td>
<td>Optional Procedures</td>
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<td>Femur</td>
<td>Scapula</td>
<td>Hip</td>
<td>Bone Densitometry</td>
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<td>Hip</td>
<td>Clavicle</td>
<td>Trauma Hip (x-ray lateral)*</td>
<td>Mammography</td>
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<td>Thorax &amp; Abdomen</td>
<td>Pelvic Girdle</td>
<td>Ribs</td>
<td>Si Joints</td>
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<tr>
<td>Peds. Chest (age 6 or younger)</td>
<td>Thorax &amp; Abdomen</td>
<td>Chest (both cr. or str.)</td>
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<tr>
<td>Abdomen 2 views (with erect or decubitus)</td>
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<td>Sternum</td>
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<td>Trauma Cervical Spine</td>
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<td>Lumbosacral Spine</td>
<td>Sacrum &amp; Coccyx</td>
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</table>

Revised 3/09; 10/10; 5/11; 10/11; 6/12

U:\VCCC FORMS\Student's clinical Record Class of 2014.xlsx
Passaic County Community College
Radiography Program
REMEDICATION FORM

STUDENT'S NAME: ____________________________ DATE: ____________

requires remedial work before attempting competency re-evaluation in clinic for

EXAM: ____________________________

REASON FOR FAILURE: ____________________________________________

________________________________________

EVALUATING CLINICAL INSTRUCTOR: ____________________________

As per the program requirement, the student must review didactic material pertinent to this procedure using text book references and/or the interactive video located in the energized lab prior to seeking a simulated lab competency. Only after these steps are taken, may the student prepare for re-evaluation in the clinical. Documentation of these steps must be completed here. Failure to adhere to this policy is serious matter! This form will be filed in the student's clinical competency folder.

REMEDIAL WORK (Circle all that apply)

A. Errors which require related text or interactive video assignment

Assignment given: ____________________________________________

DATE: ______________ Supervised by ____________________________

B. Positioning / procedural problem which requires simulated re-evaluation in the lab.

DATE: ______________ Instructor: ____________________________

C. Additional practice exams required under direct supervision (Circle number)

<table>
<thead>
<tr>
<th>Patient History</th>
<th>Patient ID #</th>
<th>Date of Exam</th>
<th>RT(R) Signature to indicate DIRECT SUPERVISION</th>
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<tr>
<td>Comp. Exam</td>
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</tbody>
</table>

Has been deemed competent for indirect supervision
Requires additional remediation prior to re-evaluation

RE-EVALUATING CLINICAL INSTRUCTOR: ____________________________

- 24 -
**Tardiness**
Any student arriving to the clinical education center six (6) minutes after the scheduled starting time is considered to be late. For the purpose of calculating clinical attendance, leaving early is also counted as an incident of lateness.

**Absenteeism**
Being absent from the clinical education center is a very serious matter. Due to the time constraints of the semester and the clinical competency requirements, chronic absenteeism will compromise the student’s ability to complete clinical objectives. The student assumes responsibility for their clinical progress. Absenteeism will contribute to weak clinical skills and may compromise the safety of our patients. Chronic absenteeism will lead to a lower course grade or failure of a clinical course, regardless of other clinical strengths demonstrated.

During the summer clinical course being late or absent from the seminar class is calculated as an incident of clinical tardiness/absenteeism.

**Reporting Clinical Absence or Lateness**
In educating students to become professionals, they are expected to develop certain attitudes about their work habits. One area, which will be evaluated in the development of professional attitudes, is how the student assumes responsibility for their attendance. The student is responsible for calling the clinical education center when absent or expected to be late. The call must be made *before* the scheduled starting time. If you do not speak to the clinical instructor, you must get the name of the person taking the message and **call back later** to speak directly to the instructor. The student must speak directly with the clinical instructor at some point during the scheduled clinical day. The student is responsible for making this call personally. Calls from other family members are acceptable only in the case of severe illness.

Failure to call in to the clinical education center will result in automatic suspension of the student from the clinical education center the following clinical day. All suspensions are counted as absences for the purpose of calculating grades.

Any combination of five (5) incidents of lateness and/or absenteeism in one semester will result in the lowering of your total clinical grade by one letter grade or ten (10) points. (i.e., grade is 85 or B, will be lowered to 75 or C).
Procedure for Reporting Absence or Lateness

Clinical Education Centers

The following is a listing of the clinical education centers and their telephone numbers. These numbers are to be used when reporting clinical absence or lateness.

St. Joseph’s Regional Medical Center ........................................ (973) 754-2662
St. Joseph’s Wayne Hospital.................................................... (973) 956-3312
Chilton Memorial Hospital..................................................... (973) 831-5088
St. Mary’s Hospital (Passaic)..................................................(973) 365-4459

Excused Absences

The faculty acknowledges that there are occasions that necessitate an absence from the clinical education center. Student may take sick days at their discretion, with proper medical documentation these are considered excused absences. An approved, excused absence will not adversely affect the clinical grade. However, it should be noted that a total of six (6) incidents are allowed to be used as excused absences for the entire 24 months of the program. Proper notification for the use of an excused absence is mandatory, and must be presented prior to or upon the student’s return to the clinical education center. The Clinical Coordinator will determine whether an absence may be used as an excused absence.

Make-Up Time

The program does not provide make-up time. Students are expected to complete clinical competencies in a manner that would not delay graduation. In the event a student has not completed clinical competency requirements at the end of RA 209, the student will earn the grade of ‘F’ and must repeat RA 209 in the subsequent fall semester. RA 209 can only be repeated once.

Transportation

Students are responsible for providing their own transportation to the clinical education centers. Each student is responsible for arriving on time at the assigned clinical education center. Parking arrangements vary at each facility. Students must familiarize themselves with the regulations at their assigned facility.

Liability Insurance

Students are covered by a policy from the College while enrolled in the program. It is extremely important to accurately indicate the time of arrival/departure from the clinical site for this reason. If you leave the clinical education center for any reason during the day, i.e., lunch, you must document the time you left and the time you return.
Clinical Policies (continued)

**Health Insurance**
Students in the Radiography Program are **required** to have health care insurance, regardless of credit load. This may be insurance purchased through any independent insurance carrier. Proof of health care insurance must be provided to program officials each academic year.

**Incident Reports**
For reasons of liability, all incidents that are not part of the routine procedure at the clinical education center must be documented via an Incident Report. The incident may involve a patient or the student. The incident report is documentation of the occurrence, not a finding of fault. Documents of this nature must be completed with the assistance of the clinical instructor and reviewed by the department manager before they are routed to the appropriate office.

**Injuries While on Clinical Assignment**
If a student is injured at the clinical education center, they may obtain medical care at the facility, if they choose. Students are advised to have independent health and accident insurance to adequately cover the care that may be required. Passaic County Community College accepts **no responsibility** for payment of medical expenses, nor does the clinical facility. Students assume full financial responsibility for hospital and medical costs incurred should they receive an injury while on clinical assignment.

**Radiation Monitoring Policy**
Monitoring badges must be worn at all times when the student is attending clinical or working in the energized laboratory at the college. If a student is without their badge, they will be sent to retrieve it and will assume responsibility for the time lost. The student is also responsible for obtaining their new badge on the fifteenth (15th) of each month. **Under no circumstances will a student be allowed to attend clinical or radiography lab without a radiation monitoring badge.**

This policy becomes especially important for students who are enrolled in the clinical course sequence only, as they may not have regular classroom work at the college. All students must stop by the radiography laboratory once a month to comply with this policy.

The monthly badge report is posted in the radiography laboratory. By the end of each month, students must initial the most recent report next to their name to indicate they are aware of their readings. Students who exceed the prescribed monthly radiation dose limit of 50 mrems, will receive written notice from the Program Director. The student must schedule an appointment with the Program Director within five (5) class days for counseling regarding proper radiation protection practices.
Uniform Policy

Professional Appearance
The professional appearance of the student radiographer reflects both college and professional standards and is indicative of the student’s interest and pride in THEIR profession.

The professional appearance of each student is absolutely necessary in the clinical setting, and while attending ANY activity where the student will be representing either Passaic County Community College or the Radiography profession. The professional appearance of each student is evaluated as part of his or her professional development.

Uniform Guidelines
When attending the clinical education center or any recruitment activity, the student must wear the program/school-designated uniform. The student is not permitted to purchase any style uniform they desire, they must purchase and wear the designated uniform.

Additional Requirements
1. Uniforms must be clean, pressed, white and well maintained. Uniform dresses must be a modest length. Uniform pants, shirts, dresses and lab coats must provide enough room to maneuver during radiographic procedures and patient care without binding. Uniforms, which have become too small or are poorly maintained, must be replaced at the student’s expense.

2. The school patch must be visible to the patient at all times, therefore, must be securely sewn onto the left shoulder of all attire which is worn during clinical experience.

3. Undergarments must be white and must not show through any uniform attire.

4. Students who become cold during clinical assignment may wear a lab coat or a white cardigan sweater, provided that the school patch is affixed to the left shoulder. Sweaters and lab coats must be long enough to cover the uniform top. Students may also opt to wear white tee-shirts under their uniform attire. The tee-shirt must not extend beyond the sleeves of the uniform and they may not contain any logo.
Uniform Policy (continued)

5. Footwear must be white, clinical type shoes. **No sneakers or shoe that resembles a sneaker of any type is permitted**, including clinical shoes or “walking shoes”, which are styled similar to sneakers. All shoes must be polished frequently to maintain their appearance.

6. Socks, stockings and knee-highs must be solid white. Female students must wear knee-high stockings or pantyhose underneath. Male students must wear white, dress or trouser socks. **Sweat socks and ankle socks are not permitted.**

7. Hair must be clean, well maintained and of conservative style while in the clinical education center. Long hair must be tied back off the face and shoulders in a secure and neat manner. Ribbons or other hair ornaments must be of a modest style and match the uniform.

8. Nails must be short (no more than 1/8 inch past the fingertip). Acrylic nails and other artificial finger nails are not permitted in the clinical education setting according to JCAHO and OSHA guidelines. Nail polish can chip and enter cassettes during handling, causing film artifacts. Chipped nail polish has also been linked to causing severe infections in susceptible populations. It is recommended those students refrain from wearing nail polish.

9. Students must pay particular attention to their hygiene. Daily showering or bathing is necessary, as is applying deodorant on a daily basis.

10. Males should be clean-shaven or have neatly trimmed facial hair. It is not permissible for students to begin growing a beard or a moustache during clinical experience, although it is permitted to wear such, if well groomed.

11. Surgical uniforms (scrubs) may not be worn unless scheduled in the operating room. If wearing surgical scrubs, students must wear a lab coat over this attire while outside the operating room.
Uniform Policy (continued)

Lab coats must be buttoned from the neck to below the waist area to preserve the idea of clean scrub attire. Surgical uniforms may not be worn outside the operating room, Radiology department or the lunchroom.

12. Jewelry may be worn in modest style and amounts. Only one ring per hand is permitted. No bracelets may be worn. Earrings must be small button type and worn in matched sets, one per ear. A single necklace may be worn inside the collar of the uniform. It must not dangle outside the uniform top.

Any student, who is not in compliance with the policy described herein, will be sent home from the clinical education center to rectify the situation and will be responsible for the lost clinical time.