MISSION STATEMENT

The Radiology Technology Program of Fulton-Montgomery Community College dedicates itself to the education of diagnostic radiographic technologists. Radiologic technologists will be professionally competent and licensed to practice in the various modalities of medical imaging. By providing the highest level of education in a radiology curriculum and partnering with local healthcare facilities for clinical experience, the students are assured of a successful career. The radiographic technologist will be committed to their profession by continuing education, by fulfilling the employment needs of our community, and by promoting quality care for all patients. This program of study provides the student with the essential qualifications to obtain an A.A.S. degree in Radiologic Technology. Graduates will be eligible to take the examination of the American Registry of Radiologic Technologists for certification and New York State licensure.

Guiding Principles

1. Provide quality education through an approved curriculum, qualified faculty, and a unique learning environment that utilizes competencies to develop professional expertise in the two-year program.
   - Students will develop clinical competency in the performance of basic radiographic procedures.
   - Students will demonstrate communication, problem solving and critical thinking skills.
   - Students will develop knowledge and understanding necessary to successfully pass the credentialing/licensure examination.

2. Fulfill the need for diagnostic radiologic technologists for the community.
   - Students will continue their education after graduation or seek employment in their field.
   - Students who enter the radiology program will graduate and be available for employment in the community.

3. Promote a standard of professionalism by seeking continuing education and career development.
   - Students will prepare for advancement in their profession by seeking an advanced degree or certification in another modality.
   - Students will join a professional society.

4. Provide quality care for all patients.
   - Students through their education and clinical experience will deliver quality diagnostic radiographs/images utilizing the essentials of radiation safety, patient education, and the physical and psychological needs of the patient and family.
   - Students will use the elements of age specific criteria for patient care.

Program Goals (Objectives)

1. Develop clinical competency in the performance of basic radiologic procedures
2. Demonstrate problem solving and critical thinking skills.
3. Cultivate and promote good communication skills with patients, staff and others.
4. Establish a role as a medical imaging professional. Develop moral, ethical and legal principles of professionalism.

NOTE: Radiologic Technology Program courses are based on the American Society of Radiologic Technologist, Radiography Curriculum.
Accreditation

Fulton Montgomery Community College is accredited by the Middle States Association of Colleges and Schools. All of its programs are registered with the New York State Department of Education and are approved for the training of veterans under various public laws. The College is approved for the holders of New York State scholarships. The College is authorized by the Board of Regents of the University of New York to confer upon its graduates the degree of Associate in Arts, Associate in Science, Associate in Applied Science, or Associate in Occupational Studies. In December 2012, the FMCC Radiologic Technology Program was awarded national accreditation through The Joint Review Committee on Education in Radiologic Technology (JRCERT). Students and interested persons can access information about JRCERT accreditation via the FMCC Radiologic Technology Website, www.FMCC.edu.Academics>Programs>RadiologicTechnology or www.jrcert.org

Radiology Program Description

The Radiologic Technology degree program is designed to meet the educational needs of students who are interested in pursuing a career in radiologic technology. Its mission is to provide quality educational opportunities in the field of radiologic technology to all interested students. Our goal is to provide these interested students with the opportunity to obtain new knowledge and develop new skills in the field of radiology. Our objective is to adequately prepare our students for successful completion of the written exam given by the American Registry of Radiologic Technologists so that they may apply for registration and state licensure as a radiologic technologist. In support of our College’s mission, we seek to expand awareness of others, foster civic responsibility, develop an understanding of the sciences, support lifelong learning and dedicate ourselves to community development and economic growth. This two-year program reflects the values found in our mission and allows us to be responsive to the needs of our community. The program’s curriculum will provide our students with the opportunity to complete traditional academic courses in English, Math, the natural sciences, humanities, and social sciences. Students will be required to participate in and successfully complete several clinical experiences and will be required to travel to area hospitals for their clinical experience. In addition to the regular fall and spring semester schedule, students may be required to enroll in summer classes in order to complete all of the course requirements in a two-year period.

Course requirements (Refer to College Catalog-Radiology Curriculum)

Pre-requisites for admission into Radiology Program:

- Proof of graduation from high school or GED.
- Successful completion of high school Biology or college level Biology (SC 135 Introductory Biology: Molecules & Cells) or course equivalency.
- Successful completion of high school math Course I and Course II, Math A and B or its equivalent, college level math (MA151), or course equivalency.
- Successful completion of high school chemistry with lab, or college level chemistry (SC 170 Introductory Chemistry I or SC 171 Introductory Chemistry II), or course equivalency. Or successful completion of high school physics with lab or college level physics (SC 161 Introduction to Physics I or SC 162 Introduction to Physics II) or its equivalent.
- A grade of “B” is required for all pre-requisite courses.
- Final decisions as to granting prior FMCC credits, transfer credits, or equivalencies will be made by the Academic Dean in consultation with the Radiology Selection Committee.

Policies-Advanced Placement/Transfer Credits, and Waivers
I. Transfer credits / Prior FMCC credits.

- **Prior FMCC credits or transfer credits will be granted** for college level General Psychology, Sociology, and English I and II.
- **Prior FMCC credits or transfer credits will be granted** for college level Anatomy/Physiology I & II, if the courses have been earned within seven years and must have earned a **minimal grade of C**.
- Transfer credits are not ordinarily granted for courses in Radiology. Transfer credits for Radiology Courses will be determined on an individual basis.
- **Transfer credit from a Middle State’s approved institution can be granted if the Radiology Selection Committee deems the course content equivalent to its comparable course at FMCC and the student has earned a minimal grade of C.**
- **FMCC does not accept transfer credit from a non-Middle State’s accredited institution.** Students may seek a waiver.

II. Waivers

- Students may seek a credit waiver for credits earned from a non-Middle State’s accredited institution, if the following criteria are met:
  1. Radiology Selection Committee deems the course content is equivalent to it’s comparable course at FMCC and a grade of C or higher has been earned
  2. The Student will earn 50% of the programs requirements in residence.
- If the above conditions are met, a course waiver form should be obtained from Student Advisement. The course waiver form must be processed at the time of **enrollment in the first radiology course**.
- Waivers must be signed by an advisor, the Academic Director of Radiology, the Academic Dean, and the Vice President and Dean of the college.
- A radiology course waiver does not grant credit, but is accepted as the pre-requisite for the next level radiology course.
- Waivers regarding special circumstances are considered on an individual basis with the approval of the Radiology Selection Committee.
- A copy of a waiver should be sent to the Admission’s Office, Registrar, Business Office, Academic Dean, and Dean of the College.

Health Forms

Health records are to be up-to-date and on file. Health records **must** be submitted on the **FMCC Radiology Technology Health Form.** Health records must meet the requirements of the SUNY system and all affiliating clinical agencies. **Students are responsible for updating their health records prior to each semester of clinical practice.** Protocols from affiliating agencies require access to current Health Forms. Students must sign a permission to release health information that is part of the Student Health Form and keep their health records current, in order to be allowed to practice clinically. (Refer to Appendix)

Students must be free of physical limitations or mental impairment as documented by a physician, nurse practitioner, or physician’s assistant. (Refer to Appendix-FMCC Radiology Technology Health Form)

Additional Permission to Release Records

A Permission to Release Information Form (name and Social Security number) will be necessary to
complete the State Education Department’s Application for Professional Licensure.

**Cardiopulmonary Resuscitation Credentials** *(American Heart Association only will be accepted)*

Cardiopulmonary resuscitation (CPR) credentials are to be kept up-to-date and on file as part of the student’s health record. The CPR credentialing course must **include adult, child and infant content.** Students are responsible for maintaining current CPR credentials throughout the program. CPR Certification will be documented on the student’s Health Form. (Refer to Appendix)

**Additional Required Fees**

Students are required to pay an annual insurance premium (approximately $20) for the required level of liability coverage. Insurance coverage will be documented on the Student’s Health Form. The premium must be paid in full to the **FMCC Bursar’s Office prior to beginning any clinical practice.** Students are required to pay a $150 fee for each clinical course (RAD 120,121,122,220,221) Students will receive an itemized bill from the Bursars Office.

Radiation Report History must be paid for by the student. The charge is $2.00 plus mailing. If the report is needed faster than normal mailing a $25.00 fee will be added. A radiation dosimeter will be issued to each student. If the dosimeter is lost, stolen or destroyed, the student is responsible for replacement at a fee of $25.00

Students may be required to attend a professional conference outside of scheduled class time and at their own expense.

**Clinical Orientation**

Students are required to attend all clinical orientations as scheduled and specific to each clinical site.

**Attendance**

Attendance at all lab sessions, including clinical affiliate hospitals, and class is required. Any absence may make it difficult to achieve the objectives of the course. See attendance policy.

**Transportation to Clinical Sites**

Students are required to provide their own transportation to clinical sites. Clinical sites may be located as many as 60 miles from the college campus. (mileage estimates for clinical experience facilities, pages 5,6)
Clinical education for Radiologic Technology students at Fulton-Montgomery Community College is divided into five significant and required units.

1. RAD 120 Clinical Experience I (first semester freshman)
2. RAD 121 Clinical Experience II (second semester freshman)
3. RAD 122 Clinical Experience III (summer session freshman)
4. RAD 220 Clinical Experience IV (first semester sophomore)
5. RAD 221 Clinical Experience V (second semester sophomore)

References for all Clinical Experience Courses:


Clinical Experience Settings:

* Bassett Healthcare includes in house clinic; Cooperstown
* Cobleskill Regional Hospital, Cobleskill
* Ellis Hospital, Schenectady, Ellis Health Center/McClellan,
* Ellis Primary Care; Clifton Park
* Nathan Littauer Hospital, Gloversville
* St. Mary’s Hospital, Amsterdam including Memorial Campus
* Wilton Medical Center, affiliated with Saratoga Hospital; Wilton
* Saratoga Hospital, Saratoga Springs, Malta Med Emergent Care-Health Care Partners
* Mohawk Valley Orthopedics, Amsterdam
* New York Oncology Hematology (Radiation Therapy), Amsterdam
* Albany Medical Center Hospital, Albany


Freshmen students are assigned to a clinical site for RAD 120, RAD 121, and remain at this site for summer RAD 122. During these experiences freshmen students will also rotate through Mohawk Valley Orthopedics, and pediatrics at Albany Medical Center.

Senior students are assigned to different clinical site from their freshman site. This site is selected by a meeting of program faculty. The faculty evaluate the students clinical grades, daily log sheets, and clinical experience; then choose a senior site to best provide a new variety of experiences such (operating room exams, etc.) Senior students will rotate through the specialty modalities.
Affiliate Hospital Addresses/ Phone Numbers

Radiation Safety Officers (RSO):

Main Rotations

- St. Mary’s Healthcare Amsterdam Ascension
  Radiology Phone #: (518)-841-7201
  Dept. Fax #: 841-7130
  RSO: Dr. Epifanio Militar
  Address:
  427 Guy Park Avenue
  Amsterdam, NY 12010

- St. Mary’s Healthcare Rao Outpatient Pavilion (OPP) Ascension
  Radiology Phone #: (518)-839-0552
  Dept. Fax #: 841-3750
  RSO: Dr. Epifanio Militar
  Address:
  4950 State Hwy 30
  Amsterdam, NY 12010

- Nathan Littauer Hospital
  Radiology Phone #: (518)-773-5522
  Dept. Fax #: 773-5632
  RSO: Dr. John Mastrangelo
  Address:
  99 East State Street
  Gloversville, NY 12078
- Saratoga Hospital Saratoga Care
  Radiology Phone #: (518)-583-8763
  Dept. Fax #: 583-5939
  RSO: Dr. Philip Fear
  Address:
  211 Church Street
  Saratoga Springs, NY 12866

- Wilton Medical Arts Saratoga Care
  Radiology Phone #: (518)-580-2255
  Dept. Fax #: 580-2257
  RSO: Dr. Philip Fear
  Address:
  3040 Route 50
  Saratoga Springs, NY 12866

- Health Care Partners - Malta Med Emergent Care Saratoga Care
  Radiology Phone #: (518)-886-5445
  Dept. Fax #: 899-1627
  RSO: Dr. Philip Fear
  Address:
  6 Medical Park Drive
  Malta, NY 12020
• Ellis Hospital Ellis Medicine
Radiology Phone #: (518)-243-4491
Dept. Fax #: 243-4310

    RSO: Hassan Abbas

Address:
1101 Nott Street
Schenectady NY, 12308

• McClellan Street Health Center Ellis Medicine
Radiology Phone #: (518)-347-5088
Dept. Fax #: 347-5498

    RSO: Hassan Abbas

Address:
600 McClellan Street
Schenectady NY, 12304

• Medical Center of Clifton Park Ellis Medicine
Radiology Phone #: (518)-579-2700
Dept. Fax #: 579-2715

    RSO: Hassan Abbas

Address:
103 Sitterly Road
Clifton Park, NY 12065
• Bassett Medical Center Bassett Healthcare Network

Cooperstown Main Hospital Radiology Phone #: (607)-547-3602
Main Hospital Fax #: 607-547-5602
Clinic Radiology Phone #: (607)-547-6830
Clinic Fax #: (607)-547-6827

RSO: Dr. Randy Parkhurst

Address:
1 Atwell Road
Cooperstown NY 13326-1394

• Cobleskill Regional Hospital

Bassett Healthcare Network
Radiology Phone #: (518)-254-3350
Dept. Fax #: 254-3360

RSO: Dr. James Peters

Address:
178 Grandview Drive
Cobleskill, NY 12043

Specialty Rotations

• Mohawk Valley Orthopedics, P.C. & Mohawk Valley MRI

Mohawk Valley Medical Arts Building
Radiology Phone #: (518)-842-2663
Fax #: 842-4861
Address:
5010 State Highway 30
Amsterdam, NY 12010

- New York Oncology Hematology, P.C.
  Phone #: (518)-843-0020
  Fax #: 843-9114
  Address:
  1700 Riverfront Center
  Amsterdam, NY 12010

- Albany Medical Center Hospital
  Main Radiology Phone #: (518)-262-3856
  Becca Relyea, Radiology Education Coordinator (518)-262-4409
  Fax #: 262-8313
  Address:
  43 New Scotland Avenue
  Albany, NY 12208-3478
Grading/Evaluation Clinical

No point grade is given for clinical experience. Clinical experience is graded Satisfactory or Unsatisfactory.

If upon evaluation of overall clinical performance it is deemed that a student is functioning unsatisfactorily in the application of radiology procedures, patient care, or professional behavior, the student will receive a grade of Unsatisfactory. See clinical course grade evaluation worksheet for details.

An Unsatisfactory grade will mean dismissal from the program.

All assigned work must be completed on time in order to complete the course requirements and receive a passing grade. There are no optional assignments! If students do not complete assignments in a timely fashion, either a failing grade or incompletion will be submitted for official grading periods.

- Satisfactory completion of assigned clinical snapshot evaluations
- Satisfactory completion of required competencies
- Satisfactory attendance
- Critical thinking competency (when required)
- Satisfactory Professional Growth assessment (from clinical instructor)
- Successful completion of the final competency (at the end of the program)

A student who is expelled from the clinical site shall be considered for removal from the program.

Clinical Snap Shot Evaluations
Clinical performance will be evaluated by the clinical faculty or licensed radiographer. Evaluations are used at the end of an assigned rotation to ascertain the student’s level of performance. It represents skills that are satisfactory, consistent in his/her performance; progressing, developing skills, and unsatisfactory, performance unacceptable evaluations are to be completed by a licensed radiographer or clinical faculty. It is the student’s responsibility to facilitate timely submission of biweekly area evaluations. Students will be given a schedule for due dates.

Clinical Competencies
Clinical competency is achieved through the student observing, participating and mastering their skills prior to competency testing. The students must pass a series of, at least three, proficiency evaluations prior to competency testing. Student may take as many proficiency evaluations as they feel necessary before taking their competency test; a minimum of 3 proficiencies is required. Clinical faculty or clinical staff radiographers with over a year of experience, may evaluate competency testing. All competencies listed on the Master Checklist with a grade of 85 or better, must be successfully completed in RAD 221. If the student has not successfully completed all the required competencies, clinical requirements, a grade of “I” or “U” will be recorded on the transcript at the discretion of the faculty. Students receiving an ‘I’ or ‘U’ as a clinical grade will not graduate from the program in May. The student may be offered a remediation program for clinical competency at the discretion of the program director. Students participating in final clinical remediation must successfully complete all required competencies/clinical requirements in order for a change of grade to an ‘S’ for RAD 221 to be submitted.
Failure on a competency test will require that a student begin the proficiency evaluation cycle again with faculty supervision. A failing grade will be averaged with all the other competency tests completed.

**Final Competency**
This is a program requirement. The final competency can only be scheduled when all Mandatory and Elective competencies required by the ARRT are completed. This competency will determine if the student is qualified to sit for the boards. The students must pass this competency test before they can make arrangements with the ARRT for their examination date.

- **Critical thinking competency**
  Students are required to complete a critical thinking competency at the midterm and at the end of each semester (waived for first freshman, summer, and last sophomore semesters). This is included as part of the final clinical grade

- **Image Critique Assessment**
  Image critique is an integral part of RAD 202 (Patient Care II) Ten assessments will be completed by the end of the sophomore year. In addition 4 hours of documented time with a radiologist at the clinical site is required.

- **Professional Growth Assessment**
  Each assigned faculty shall evaluate the student progress at mid-term and at the end of the semester. (Waived for freshmen first semester)

**Clinical Experience Forms**
Upon entry into the program the student will receive a competency checklist, and various other mandatory forms.

**Trajecsys**
FMCC uses trajecsys for clinical record keeping. This is a cloud based application that requires each student to purchase a subscription

. **Trajecsys Reporting System**
Students are required to utilize the Trajecsys Reporting System. Students will be required to pay the full registration fee prior to starting Clinical Rotation.
(date specified by Clinical Coordinator).
The fee includes system access for the length of the professional program.
Throughout the clinical requirements of this handbook, specific mention of the Trajecsys Reporting System can be found here:

[https://www.trajecsys.com/](https://www.trajecsys.com/)

- Students will utilize this system to:
  - Access the system daily for clinical announcements / updates, clinical documents, etc.
  - Clock In/Out from clinic
- Enter Daily Log Sheets of all work/exams done in the clinical setting
- Access rotation evaluations and specialty rotation evaluations
- Submit competency attempts and view completed competencies

Using Trajecsys

All users must first register in the system by selecting the “Registration” link and completing the required information. Once this has been entered, the Clinical Coordinator will add each Registrant to the system. Following this step, complete access will be granted. Orientation for this system will be completed prior to attending clinic during the first semester. Students have 30 days to complete payment following registration; if payment is not completed, access to the system will be denied. Access denial for non-payment does not excuse students from completing clinical requirements and professional responsibility deductions for failure to meet a clinical deadline will apply. Students will not be able to attend clinical without Trajecsys being paid for.

Unacceptable practice acts will be filed if the student does not adhere to timely submission of clinical paperwork requirements.

In circumstances of entering false data will be considered falsification of records, resulting in disciplinary action, including possible dismissal from the professional program.

**Clinical Faculty and Staff**

A licensed Radiologic Technologist with, at least, two years’ experience (if applicable) may be designated by FMCC as adjunct clinical faculty and put in the role of clinical supervisor. The clinical supervisor shall meet the job description put forth to them by FMCC and provide each assigned student with clinical education. Clinical instructors are volunteer positions within the clinical site to attend to day to day needs of Radiologic Technology students. Clinical staff is the technologists at each site that provide appropriate levels of supervision for each student over radiographic exams being performed.

If the Clinical Faculty and his/her instructors are not available on a Clinical Experience day and arrangements have not been made for adequate supervision, students must be dismissed.

**Attendance/Tardiness Lectures**

Lecture attendance is expected. Regular attendance and participation are essential for the learning process. Exams cover lecture material and specific assignments; therefore, absences will negatively affect your grades. Specific didactic attendance policies will be detailed in course syllabi. If a student is tardy for the beginning of class, he/she may be asked to wait until a scheduled break to enter the classroom.
**Grading/Evaluation**

All didactic and clinical evaluation systems shall be consistent with the goals of the Radiology Program. Exams incorporate lecture material and additional content as specified by the instructor. Students are required to take all exams and competencies. Exams will utilize a multiple-choice format, or multiple choice and true/false format, or combination of multiple choice, true/false, fill-ins with or without an essay question format.

The type of grading system adopted for a didactic course will be at the instructor’s discretion. Individual test items must be consistent with the stated objectives of the course. The mid-semester and final grades will be rounded to the nearest whole number before being assigned a letter grade for the course. Exam grades will not be posted on the day of the exam. Ordinarily, students may expect exam grades to be posted by the next scheduled class day.

**Procedures Lab**

Anatomical Phantoms, only, will be used in the Lab setting. (89.7b)

The radiology procedure labs will be held at the on-campus radiology lab. The radiology room contains an energized x-ray tube, table, control panel, upright Bucky unit, Digital CR reader, mini-PACS and radiography accessories. Lab practice is essential to meet clinical experience expertise and will aid in the passing of mandatory clinical competencies. Dosimeters must be worn at all times in the lab. All laboratory sessions are mandatory for each student.

**Grievances/Complaints** (See Policy regarding Harassment, Sexual Harassment and Discrimination)

Please also refer to the Fulton-Montgomery Community College student handbook The Source.

**FMCC Radiologic Technology Affiliations**

NYS DEPARTMENT OF HEALTH BUREAU OF ENVIRONMENTAL RADIATION PROTECION: NYS DOH/BERP Radiologic Technology, in the medical arts, ionizing radiation used for diagnostic or therapeutic purposes must be applied by a professional practitioner working within the scope of his/her State Education Department license or by a radiologic technologist working under the supervision of a professional practitioner. Radiologic technologists must be licensed by and registered with the New York State Department of Health's Bureau of Environmental Radiation Protection. We license Radiologic Technologists in Radiography, Therapy and Nuclear Medicine. Radiologic technologists with proper training can apply for certification to inject contrast media. Part 16, part 89, and article 35 pertain to the practice of Radiologic Technology including the education of diagnostic radiographers. FMCC Radiologic Technology laboratory equipment possesses current registration with NYS. FMCC Radiologic Technology program follows the criteria put forth in the above regulations as prescribed by NYS. Graduates from the program with intention of practicing in NYS will apply for a license through the NYS/DOH/BERP.
JRCERT: The Joint Review Committee on Education in Radiologic Technology is the only agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA), for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards programs accreditation after determination of substantial compliance with their standards. Communities of interest including students can access information regarding the JRCERT by visiting their website at: www.jrcert.org

FMCC Radiologic Technology is currently accredited by the JRCERT through 2020.

ARRT: The American Registry of Radiologic Technologists (ARRT) is the world’s largest credentialing organization that seeks to ensure high quality patient care in medical imaging, interventional procedures, and radiation therapy. We certify and register technologists through administration of education, ethics and examination requirements. Students successfully completing the program and graduation requirements will apply to the ARRT for the Radiography Registry Exam.

ASRT: The mission of the American Society of Radiologic Technologists is to advance and elevate the medical imaging and radiation therapy profession and to enhance the quality and safety of patient care. The American Society of Radiologic Technologists is the premier professional association for the medical imaging and radiation therapy community through education, advocacy, research and innovation. FMCC Radiologic Technology utilizes the curriculum put forth by the ASRT.

ASRT Curriculum Recommended Graduate Outcomes:

This curriculum is designed to ensure that entry-level radiographers possess the technical skills outlined in the ASRT Radiography Practice Standards. In addition, the graduate should exhibit the following professional characteristics:

- Prudent judgment in administering ionizing radiation to produce diagnostic images.
- A focus on providing optimal patient care in an evolving and diverse society.
- An understanding of the challenges associated with providing direct patient care in today’s health care setting.
- The ability to work collaboratively in a dynamic healthcare environment.
- The skills to research and evaluate sources of information to be utilized in evidence-based practice.
- Stewardship over the security and confidentiality of patient medical information.
- Skills that promote lifelong learning.
- A willingness to collaborate with others in the community to promote standards of excellence in the medical imaging sciences.
- A willingness to contribute to the education and clinical skill development of radiologic science students.

ASRT General Education:
General education is an integral part of the development of a professional radiographer. The content is designed to assist in developing skills in communication, human diversity, scientific inquiry, critical thinking and judgment. All these skills are required to perform the responsibilities of an entry-level radiographer. Knowledge gained from general education serves to enhance the content and application of the radiography curriculum. Starting in 2015, the ARRT began requiring an associate degree in order to apply for the
certification exam for radiography, eliminating the need for specific general education requirements in the radiography curriculum. Because individual states, accreditation agencies, and educational systems have unique general education requirements, the content listed below is designed to serve only as guidance for program development.

Postsecondary general education should be gained through courses that provide college credit and meet the general content objectives listed below:

• Mathematics and logical reasoning.
• Demonstrate skills in analysis, quantification and synthesis.
• Apply problem-solving or modeling strategies.
• Written and oral communications.
• Write and read critically.
• Speak and listen critically.
• Perceive, gather, organize and present information.
• Locate, evaluate and synthesize material from diverse sources and points of view.
• Arts and humanities.
• Demonstrate respect for diverse populations.
• Define ethics and the role they play in personal and professional interactions.
• Critically examine personal attitudes and values.
• Information systems.
• Use computerized systems to acquire, transfer and store digital information.
• Use technology to retrieve, evaluate and apply information.
• Social and behavioral sciences.
• Adapt interactions to meet the cultural and psychological needs of individuals.
• Describe individual and collective behavior.
• Exhibit and develop leadership skills.
• Exercise responsible and productive citizenship.
• Function as a public-minded individual.
• Natural sciences.
• Arrive at conclusions using the scientific method.
• Make informed judgments about science-related topics.
• Develop a scientific vocabulary.

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Language Arts/Communication

Verbal – The student should be able to:

• speak clearly, concisely and employ correct vocabulary and grammar for communication.
• have the ability to give verbal explanation and instruction to patients.

Written – have the ability to write on patients’ charts (where applicable) and requisitions, describe incidents that occur, and record medical information.

Sensory Characteristics

Visual – The student should be able to:

• confirm the patient’s identity, read physician’s orders, read gauges and panels.
• observe the patient’s physical conditions.

Auditory – The student should be able to:

• respond to verbal information from the patient, physician, and staff.
• take blood pressure readings.
• respond to auditory radiation protection indicators.

Touch – The student should be able to:
locate anatomical landmarks on the patient by touch.

**Body Mechanics**

Heavy lifting is required.

The student should be able to:
- move and support patients by lifting and sliding,
- push/pull radiographic equipment, wheelchairs and stretchers.

**Intellectual and Mental/Emotional**

The student should be able to:
- use algebra in solving technical equations, graphs, curves and numerical tables.
- think critically and assess a situation.
- have emotional strength in dealing with trauma situations and patients with chronic, acute and terminal conditions.
- Have willingness to provide services to all patients, regardless of age, sex race, national origin, religion, social status, sexual orientation, physical conditions or disease processes.

The student’s success in Radiologic Technology is dependent on:

- Emotional maturity, academic ability, motivation, self-discipline, and the willingness to devote a considerable amount of time to academic study.
- Patience and enjoyment of working with and serving others.
- Ability to follow orders, yet think critically and assess situation quickly and accurately.
- Physical ability to perform the duties of the job.
RADIOLOGIC TECHNOLOGY (A.A.S.)
APC — 0628

This rigorous program of study provides the student with the essential qualifications for obtaining an Associate's degree in Radiologic Technology. Graduates will be eligible to take the American Registry of Radiologic Technologists examination for certification and New York State licensure.

The program prepares Radiologic Technologists to utilize their knowledge of human anatomy, radiographic procedures, and radiation safety to provide quality diagnostic radiographic films, for the purpose of diagnosis and treatment of injury and disease. Radiologic Technologists work in hospitals, clinics, private imaging centers, and medical physician offices.

Students attend lecture and laboratory classes on campus and practical clinical experience in area hospitals.

Program Learning Outcomes

Students will be able to:
1) Develop clinical competency in the performance of basic radiologic procedures.
2) Demonstrate problem-solving and critical thinking skills.
3) Cultivate and promote good communication skills, with patients, staff, and others.
4) Establish a role as a medical imaging professional. Develop moral, ethical, and legal principles of professionalism.

FIRST YEAR

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<td>RAD 101 Intro to Radiologic Technology</td>
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<td>RAD 110 Radiographic Procedures I</td>
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<td>RAD 120 Clinical Experience I</td>
<td>4</td>
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<td>RAD 130 Radiographic Physics I</td>
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SUMMER

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SECOND YEAR

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<td>PSY 101 General Psychology</td>
<td>3</td>
</tr>
<tr>
<td>RAD 202 Patient Care II</td>
<td>2</td>
</tr>
<tr>
<td>RAD 210 Advanced Radiographic Procedures</td>
<td>2</td>
</tr>
<tr>
<td>RAD 211 Advanced Radiographic Procedures</td>
<td>2</td>
</tr>
<tr>
<td>RAD 212 Sectional Anatomy</td>
<td>1</td>
</tr>
<tr>
<td>RAD 220 Clinical Experience IV</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

1. Prerequisites: High School Algebra and Intermediate level Algebra, High School Biology and either High School Chemistry or High School Physics with Lab or equivalent. A grade of "B" required for all pre-requisite courses.
2. Students are required to carry their own liability insurance. A medical examination is required annually. All students must meet the physical and emotional requirements as stated on the health form. All students must be certified in American Heart Association adult and pediatric cardiopulmonary resuscitation (CPR) prior to admission to the program.
3. To qualify for the next sequential radiology course, the student must earn a grade of "C" or higher in radiology courses, pass the clinical portion, and earn a grade of "C" or higher in BIO 181 and BIO 182.
4. Upon admission or readmission to the Radiologic Technology program, prior FM credit or transfer credit will not be granted for college level Anatomy and Physiology I and II, and Microbiology, if the courses were taken more than seven years ago.
5. Some courses meet at clinical hospital sites.

A minimum of 75 semester hours are required to complete this program, which must include 20 semester hours of Liberal Arts and Sciences.

FULTON-MONTGOMERY COMMUNITY COLLEGE  
Radiologic Technology Program

**Policy # 1 Attendance**

**Didactic Class Attendance Requirements**

Class attendance is mandatory and students are expected to attend classes regularly. Each student is responsible for the satisfactory completion of course work assigned by his/her instructors. Regular attendance and active participation in classes are not only part of essential education, but will be a factor in the grading process.

Students shall communicate reasons for absences directly to the instructor. If it is possible this communication should occur prior to the absence. Specific didactic attendance policies including grade penalties will be detailed in course syllabi. Excessive absences will result in removal from the program. The student will be informed of the course of action in writing.

Attendance will be excused for a death of a close relative, religious holiday, or other circumstances beyond the control of the student as approved by the program director.

**Licensure and Certification Requirements**

- Graduates of the Radiologic Technologist Program attain an A.A.S. degree, and are eligible to sit for the American Registry of Radiologic Technologists (ARRT) national certification examination. ARRT certification is professionally accepted by employers throughout the United States.

- In New York State, licensure is mandatory. Graduates qualify for New York State Licensure by submitting an application and passing the ARRT certification examination.

- The Radiology Program offers a curriculum based on “two full years of full-time study”, with an “adequate number of didactic and clinical experience hours to assure student competency achievement” (compliance with NYS).
**Clinical Attendance Requirements**

The Radiologic Technology Program at Fulton-Montgomery Community College may be requested by the ARRT or NYS to supply documented evidence of each student’s clinical and didactical attendance. Therefore, it is the responsibility of the student to attend all classes as scheduled in order to become eligible for the ARRT examination and New York State Licensure.

Students are expected to be at their clinical sites, **on time** for each scheduled clinical day. If a student is unable to attend clinical because of illness or any other unavoidable reason, the student **MUST communicate** with Mr. Bailey (clinical coordinator) to be excused from the clinical site. The student must then call the clinical site to inform them of their absence. Failure to notify both Mr. Bailey and the clinical site by at least one hour prior to the scheduled attendance will result in two missed bank days. These days must be made up to pass the clinical course in which they are accrued.

- **Excused days are at the sole discretion of faculty.** **One clinical day of bank time per semester is available for each class** (freshman and sophomore RAD 120, 121, 220, 221). Two days of clinical bank time are available for summer semester RAD 122.
- **Absences will be measured in whole days only.**
- **Any absence over two days per semester must be an unavoidable absence and must be approved by the program director and/or clinical coordinator.**
- **Approved absences over 2 clinical days must be made up before the end of the semester.** Make-up days can only be utilized during school exam periods, if the student does not have exams. Arrangements for make-up days are to be made with the Clinical Supervisor and the FMCC clinical coordinator. If there are any days not made up by the end of the semester, the student will receive a “U” for the final grade for the Clinical Experience course. **This will mean termination from the program.**
- **Approved absences of 2 hours or less no more than twice a semester do NOT require the use of a bank day.**
- **Attendance will be excused for a death of close relative.**

Students achieving perfect attendance in RAD 120, 121, 122, 220, 221, after midterm, final exit exam, and are in good clinical standing may request written permission from the clinical coordinator to use 4 scheduled bank days at their discretion.

**Procedure for Recording Student Attendance at the Clinical Affiliate Hospital**

1. The daily time record, including unsatisfactory tardiness, shall be recorded in Trajecsys digitally either via the student’s smart device upon entering their clinical site or on a designated computer at the clinical site within the Imaging department. Failure to appropriately clock in or out will result in the student having to file a time exception within trajecsys. After 5 time exceptions, students will be counseled by the clinical coordinator. After the 6th recorded time exception, the student will receive a written unacceptable practice act.

All students are required to phone the Radiology Department Director and/or faculty and clinical instructor whenever they are unable to attend their clinical assignment. The student must call the clinical affiliate hospital an hour prior to scheduled attendance, ask to speak to or leave a message for the clinical instructor or supervisor.

2. Students are expected to inform the clinical site if they are going to be late. Students will be considered late or leaving early within 5 minutes of scheduled arrival time. After 3 late or early occurrences in a semester, students will make up one full bank day. On the 6 occurrence, students will make up another bank day and receive an unacceptable practice act.

3. Failure to follow any of this policy will result in an unacceptable practice act and the requirement of additional clinical make up time.

4. Excessive absenteeism shall be discussed with the student informing him/her that the continued
attendance/punctuality pattern will be reflected in the Clinical Experience grade.

5. The student’s excessive absences may cause recommendation for withdrawal.

**Absence Due to Religious Beliefs**

The Radiologic Technology Program will concur with the Educational Law, Section 224-A, which is in the Fulton-Montgomery Community College catalog.

**Snow Day Policy**

When FMCC is closed due to inclement weather, off-campus clinical experience at affiliating hospitals is also canceled. If the student is at the clinical site when school closure is announced, it is up to the discretion of the student to leave the hospital. Students will be given instructions to sign up for the SUNY-NY alert system.

Please listen to radio or television stations for school closing announcements. The message on the college’s automated telephone system and College Website www.fmcc.edu will also announce the closing.

If your clinical experience is at **Cobleskill, Cooperstown or Saratoga** and those cities public schools are closed, you do not have to attend clinical that day.

Attendance is to be recorded for each clinical day including snow days, bank days, in the students time records in Trajecsys.

**Vacations**

All students will have the customary college holidays. Students will be provided a schedule of clinical semesters. Students are advised not to schedule vacations until they have reviewed the program calendar.

It is not recommended students take vacations during scheduled class or clinical time. Students choosing to take vacation will not be able to make up exams or quizzes earning the grade of zero, will be charged attendance penalty as stated in class syllabus, and will make up all clinical time missed in the allowed semester schedule. If the clinical time may not be made up during the semester, the student will receive a grade of incomplete until the time can be made up at the program faculty discretion. Incomplete clinical grades can result in an unsatisfactory clinical grade which will remove the student from the program.

**Extended Absence**

The clinical coordinator and faculty shall evaluate an extended absence from the clinical studies for health reasons, such as emergency surgery, serious illness/accident or sudden hospitalization. Absent clinical hours shall be recorded. Written physician’s orders with the date of return to classes shall be required. If an extended absence causes the inability of the student to complete clinical competency requirements, the student will be advised to withdraw from the course.
FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program
Policy #2

Reporting Violation/Convictions
To New York State and ARRT

State of New York (NYS)

The State of New York disqualification rule requires that Radiologic Technology students who have been convicted of a crime/violation of the law (except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent) or are defendants in criminal proceedings should contact NYS in writing to:
New York State Department of Health
Bureau of Environmental Radiation Protection
ESP Corning Tower, 12th Floor
Albany, NY 12237
(518) 402-7580

For specifics, see the attached State of New York, School Distribution No. 51, Disqualification from Examination, August 1, 1992.

American Registry of Radiologic Technologists (ARRT)

An individual who has been involved in a criminal proceeding or who has been charged with or convicted of a crime is strongly advised to file a pre-application with the ARRT in order to obtain a ruling on the impact of the situation on their eligibility for certification and registration. A charge or conviction of, a plea of guilty to, or a plea of nolo contendere (no contest) to an offense, which is classified as a misdemeanor or felony, constitutes a conviction for ARRT purposes. This includes situations in which the result is deferred or withheld adjudication, or suspended or withheld sentence.

A Pre-application Review of Eligibility may be obtained on the web at www.arrt.org or by mail to:
The American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155
(612) 687-0048

Declaration of Understanding:
I have been informed and I realize that I am responsible for writing to New York State and the ARRT for the purpose of attaining a ruling on eligibility for licensure and certification in the radiologic sciences.

_________________________________________  __________
Student’s Signature                      Date
FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program

Policy #3

Grading

Passing Grades/Failing Grades

Didactic
A minimum grade of “C” or better must be obtained for all Radiology specific courses, including Anatomy and Physiology I and II.
Exam/quiz grades are converted to letter grades as follows:

A  92.5 or above
A- 89.5-92.4
B+ 86.5-89.4
B  82.5-86.4
B- 79.5-82.4
C+ 76.5-79.4
C  74.5-76.4
D  64.5-74.4
F  64.4

Clinical Experience Grade A grade of “S” Satisfactory for all Clinical Experience Courses is required in order to graduate and remain in the program.

RAD120, 121, 122, 220, 221
Each instructor is encouraged to keep anecdotal records on every student as needed.

All Mandatory and Elective Competency Assessments

Must receive a score of 85%, otherwise, Failed Competency-Corrective Measures paperwork must be initiated (located in the clinical experience booklet)

Automatic Fail Criteria for Competency Assessment as follows:
1. Wrong patient
2. Wrong part
3. Wrong side
4. No lead marker visible on 2 or more images. (If able to open collimation mask or window/level to detect marker, the marker is acceptable)
5. Failure to question patient regarding pregnancy status prior to exposure.
Final Competencies must receive a grade of 85% to be considered passing, with a repeat rate of less than 15%.

Semester clinical grades will continue as S/U under the following progressive scale:

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAD 120</td>
<td>74.5  = S</td>
</tr>
<tr>
<td>RAD 121</td>
<td>77.0  = S</td>
</tr>
<tr>
<td>RAD 122</td>
<td>79.5  = S</td>
</tr>
<tr>
<td>RAD 220</td>
<td>82.0  = S</td>
</tr>
<tr>
<td>RAD 221</td>
<td>85.0  = S</td>
</tr>
</tbody>
</table>

Midterm/Final Worksheets (see appendix)
Students must complete 3-5 competency tests during RT 120 and 15 competency tests per semester thereafter. This will ensure that students will complete the mandatory 37 and 15 elective competency tests required for graduation. Grading for fewer performed competencies will be at the discretion of the clinical supervisor.

A grade of Unsatisfactory in any clinical course will mean dismissal from the program.
FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiology Technology Program

Policy #4

Affiliate Hospital Dress Code

Regulations on Hospital Attire Dress Recommendations

Uniforms: White uniform scrub top, neat, having a professional look. Navy blue pants hemmed to appropriate length. No color stitching, belts, emblems, or appliqués. Required blue skirts or pants. No midriff styles. No neck ties allowed. No T-shirt style tops. White only, long sleeve T-shirts are allowed under uniforms. **No colored or printed T-shirts under the uniform.**

Dress Code Compliance

Compliance with the dress code is expected. Failure to comply will result in loss of grade point and/or student being sent home from clinical site (loss of bank day). This bank day will need to be made up. In addition the student will receive an unacceptable practice act.

Sweaters: Plain cardigans (white or navy only), short lab coat with college emblem.

Shoes: White, black, gray or combination is acceptable. Shoes must be clean, having sufficient support and comfort. Shoes with open holes or back-less are not allowed per hospital policy.

Jewelry: **Jewelry may be hazardous**; it should not be worn. Engagement and/or wedding bands are acceptable. Earrings should be post only.

Hair: Should be neat and clean. **Hair length extending past the shoulders must be tied back.** Extravagant barrettes or ties are non-professional.

Facial Hair: Must be neat and trimmed.

Hairpieces: If essential, should be short, plain, neat and compatible to your own hair. Make-up:

Nails: **No artificial nails**

Name tags: New York State Department of Health regulation see Part 89.2, c. Available Director’s Office. College ID must display ‘Student Radiographer’.

FMCC Patch: Should be worn on the on the left upper arm sleeve. Name plate to be order from Raider Trader and pinned on the left upper chest.

Accessory: Watch (with a second hand), pen, pocket note book and lead markers - L and R with initials. Assigned hand-held electronic tablet

**NOTE:** NO visible body piercing will be allowed at the clinical experience hospital. Tattoos should be covered. NO acrylic nails (Infection control policy for most hospitals)
In addition, FMCC Radiologic Technology students will be subject to any uniform requirements their specific clinical site enforces. Uniforms are not to be worn on the FMCC campus to maintain best infection control practices.

Rev. 8/08, 6/12, 6/13, 6/14, 6/16 kl
Policy #5

Students Participating in Portable and Operating Room Procedures

A licensed radiographer will directly supervise the student assigned to a portable and operating room rotation. The complexity of these machines and environment require the knowledge and expertise of a licensed radiographer.
FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program
Policy #6

Reporting Communicable Diseases by Students

It is the student’s responsibility to report 1) exposure to or 2) contraction of a communicable disease to the Radiology Academic Program Director. Reporting to the Director enables confidentiality to be maintained. Information would not be released unless there is a safety factor involved and if there is a reason to restrict the student from the clinical area.

If a student must be out from the clinical area, they will need a written note from their physician. When the student is able return to the clinical area, they must have a note or prescription to return from their doctor.

ISOLATION PROCEDURE POLICY

Students are not to be involved with patients with active TB or other highly infectious diseases during their training period.

Any problems or conflicts with this policy are to be brought to the Clinical Coordinator, and Program Director.

EXCLUSION FROM PATIENT CARE POLICY

A student may ask to be excused from providing a specific aspect of a patient’s care or treatment when the prescribed care or treatment conflicts with the student’s values, ethics or religious beliefs. The letter of request, detailing the rationale for exclusion, is to be submitted to the Clinical Coordinator and the Program Director with a copy to the Associated Dean.
Policy #7

Student Insurance Requirements

Full and part-time students are required to pay an annual insurance premium for the required level of liability coverage. Certificate of this coverage will be updated annually and provided to the clinical site.

The premium must be paid in full to the FMCC Bursar’s Office prior to beginning any clinical practice. Students will receive an itemized bill from the Bursar’s Office.
Policy # 8

Student Employment in a Radiology Department

According to Part 89 Chapter II of the Administrative Rules and Regulations and Article 35 of the NYS Public Health Law, Student Technologists could be hired to perform duties such as processing x-ray image receptors, assisting patients into proper attire and onto the x-ray table, or similar duties usually performed by an aide. Students may practice Radiologic Technology only if they are enrolled and attending an approved school of Radiologic Technology. This indicates that when classes are not in session, student technologists may not measure and position patients, adjust x-ray equipment, or make x-ray exposures, regardless of whether someone else closely supervises them or actually makes the exposure.

While employed as an aide or assistant by a hospital, all student identification shall not be worn including student name tags and/or FMCC dosimeter or shoulder patch.
The Radiology Department recognizes the most recent Fulton-Montgomery Community College Student Handbook, THE SOURCE, as the source for College Policies and Regulations. Please refer to the student Conduct and Academic Integrity Policy.

**PROFESSIONALISM IN THE CLASSROOM AND CLINICAL SETTING**

A professional is expected to show maturity, courtesy and restraint. Professional education in Radiologic Technology begins in the classroom and carries into the clinical setting. Therefore, appropriate, professional attitudes are expected in the classroom and clinical setting at all times.

When addressing college faculty and classmates, it will be expected to be done in a respectful manner. One should not speak until recognized by the instructor or facilitator.

Confrontation, at any level, is inappropriate. **If you have an issue that took place during class, you should wait until after class to discuss it with the instructor.**

Tardiness is disruptive to the flow of the learning process and should be avoided (See Attendance/Tardiness).

Students will strictly adhere to the behavior expectations of their assigned clinical sites. If a clinical site requests a student be removed from their site due to unprofessionalism, the student may be removed from the Radiologic Technology program at discretion of the program faculty and program director.

**The American Registry of Radiologic Technologists Code of Ethics**

This code shall serve as a guide by which Radiologic Technologists may evaluate their professional conduct as it relates to patients, colleagues, other members of the medical care team, health care consumers, and employers. The Code is intended to assist radiologic technologists in maintaining a high level of ethical conduct.

1. The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

2. The Radiologic Technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.

3. The Radiologic Technologist delivers patient care and service unrestricted by the concerns of personal attributes of the nature of the disease or illness and without discrimination regardless of sex, race, creed, religion, or socioeconomic status.

4. The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purposes for which they have been designed and employs procedures and techniques appropriately.

5. The Radiologic Technologist assesses situation, exercises care, discretion and judgment, assumes responsibility for professional decisions and acts in the best interest of the patient.

6. The Radiologic Technologist acts a san agent through observation and communication to obtain
pertinent information for the physician to aid in the diagnosis and treatment management of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The Radiologic Technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in limiting he radiation exposure to the patient, self, and other members of the health care team.

8. The Radiologic Technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.

9. The Radiologic Technologist respects confidences entrusted in the course of professional practice, respects the patient’s right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

10. The Radiologic Technologist continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues and investigating new and innovative aspects of professional practice. One means available to improve knowledge and skill is through professional continuing education.

Any violation of the expected behavior could result in the following or combination of the following:

- being turned into the ARRT prior to radiography registry examination for an ethics violation
- an unacceptable practice act
- removal from the FMCC Radiologic Technology Program
- 

As an allied health professional you will be expected to conduct yourself appropriately.

Our program ethics adhere to the American Registry of Radiologic Technologists (ARRT) Standards and Rules of Ethics. A copy of the current document is included in the program notebook.
Policy # 10

Student Participation in Fluoroscopy Studies

According to New York State Public Health Law, part 89, “Practice beyond the scope of the practice of radiologic technology for the purpose of Section 3510 of the Public Health Law shall include, but not limited to, any use of fluoroscopes of fluoroscopy. The foregoing notwithstanding, a radiologic technologist under the immediate personal supervision of a licensed practitioner may assist the licensed practitioner in the operation of fluoroscopic equipment in the course of the performance by the licensed practitioner of a fluoroscopic examination or of a special radiographic examination which includes fluoroscopy, and a radiologic technologist may use fluoroscopy for localization purposes prior to the taking of a spot film of a mobile organ such as the gall bladder or the duodenal cap.”

Therefore, students may operate fluoroscopic equipment, during a fluoroscopic examination, only under direct supervision of a licensed practitioner, when the need arises.
FULTON-MONTGOMERY COMMUNITY COLLEGE  
Radiologic Technology Program  

Policy # 11  

**Standard Precautions/Infection Control**  

The Radiologic Technology Program curriculum includes Standard Precautions as recommended by the Center of Disease Control (CDC). Copies of Recommendations for Isolation Precautions in Hospitals, Table 1: Synopsis of Types of Precautions and Patients Requiring the Precautions, and Table 2 Clinical Syndromes or Conditions Warranting Additional Empiric Precautions to Prevent Transmission of Epidemiologically Important Pathogens Pending Confirmation of Diagnosis are given to each student as a part of this policy. Standard Precautions are included in RAD101 Introduction to Radiologic Technology and are covered prior to the student’s first clinical experience.

The student is educated in Infection Control policies and procedures from their specific hospital clinical site’s orientation. These will be reviewed with the students prior to their first clinical experience during their on campus clinical orientation.
FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program

Policy # 12

Radiation Protection

It is because of the damage that ionizing radiation can have on living cells that we understand the relevance of radiation safety guidelines as set forth by the Department of Health of New York State, Bureau of Environmental Radiation Protection in the New York State Sanitary Code, Chapter 1 – Part 16.

This policy is intended to properly inform the radiologic student and staff members of the various radiation safety methods and guidelines established that would limit unnecessary radiation exposure to the patient, operator, and public.

ALARA CONCEPT
“As low as is reasonably achievable” (ALARA) means making every reasonable effort to maintain exposures to radiation as far below the dose limits in these regulations as is practical, consistent with the purpose for which the licensed or registered activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed or registered sources of radiation in the public interest. N.Y.S. Sanitary Code, Chapter 1 Part 16.2 (11).

Monitoring Devices
All personnel/students are required to wear proper radiation monitoring devices, here after to be referred to as dosimeters, at all times while using radiographic equipment or near radioactive sources. Federal and State Laws mandate this.

Dosimeters are issued and must be worn in accordance with NYS Sanitary Code, Chapter 16, Ionizing Radiation and are to be used to measure occupational exposure in the lab and/or affiliate hospital. Dosimeters are to be worn at the collar level except in an instance when a lead apron is being utilized. When using a lead apron the dosimeter should be placed on the outside of the apron, clipped on the uniform/scrub collar.

Dosimeters are assigned to an individual and cannot be used by another person. Dosimeters must not be tampered with in any manner. Keep dosimeters away from extreme hot or cold temperatures and radiation sources when not in use. Do not leave dosimeters on lead aprons or uniforms. If dosimeters are lost or damaged, report to any faculty member immediately. The students is responsible for the cost of re-issue of the dosimeter In this instance, you will not be allowed to work in the radiation area until a new badge is reissued.

Exposure results will be monitored on a quarterly basis. Students and faculty are to initial radiation reports, verifying that the report has been read. This is a New York State Regulation. An annual radiation exposure report form will be issued to each dosimeter wearer.
Dosimeters are replaced on a quarterly basis. When the new dosimeters arrive, each person is responsible for replacing the old dosimeter with the new. It is the sole responsibility of the student and faculty to change their own dosimeters.

- **Equipment**
  1. The protective tube housing shall be of diagnostic type.
  2. Collimating devices capable of restricting the useful beam to the area of clinical interest shall be used and shall provide the same degree of protection as is required of the tube housing.
  3. The X-ray recording devices used as the recording medium during the X-ray examination shall show substantial evidence of cut-off (beam delineation).
  4. The aluminum equivalent of the total filtration in the useful beam shall not be less than that shown below:
     
     | Operating kVp | Minimum total filter (Inherent plus added) |
     |---------------|------------------------------------------|
     | Below 50 kVp | 0.5 mm aluminum                          |
     | 50-70 kVp    | 1.5 mm aluminum                          |
     | Above 70 kVp | 2.5 mm aluminum                          |
  5. A device shall be provided which terminates the exposure after a preset time interval or exposure.
  6. A dead-man type of exposure switch shall be used and so arranged that it cannot be operated outside a shielded area. Exposure switches for “spot-film” devices used in conjunction with fluoroscopic equipment are excepted from this shielding requirement.
  7. The tube head shall remain stationary when placed in the exposure position.

**Dose Limits**

It is the recommendation that a student should not receive more than 120 millirems for one quarter. (120mR) A student who receives more than the 120mR for a particular quarter, will not be allowed back into the clinical experience setting until he/she can explain the possible reasons for the exposure received. The student will review Radiation Safety Guidelines with the program director.

Records of more than 120mR will be documented and kept in the students file.

Students of radiography, under the age of 18, should not exceed an effective dose of 1mSv (0.1 rem) annually. (NCRP Recommendations)
Pregnancy Policy

Students may voluntarily submit a written declaration of pregnancy. Upon submission of such a declaration, the student must meet with the program director to determine a course of study. If possible, depending on estimated due date, accommodations may be made to ensure that the student will complete the program within 2 years.

A student may withdraw a declaration of pregnancy by submitting a written withdrawal statement to the program director.

Upon written declaration of pregnancy, the student/employee must follow these procedures:

1. Submit a statement from her physician verifying pregnancy and an estimated due date. The physician should make recommendations to the student/employee to either of the following options: (Please check one)
   _____a. Immediate withdrawal from the program for health reasons or
   _____b. Continued full-time status, including appropriate Radiation Safety precautions without modification
   _____c. Continued status, including appropriate Radiation Safety precautions with modification

   A student that withdraws from the program may apply for re-admission. Re-admission is dependent upon the availability of clinical space and academic standing.

2. If option b or c is chosen, the student/employee must utilize the following steps to assure radiation safety for both student/employee and embryo/fetus:
   a. Consult with the department director.
   b. Department director will review Radiation Safety Guidelines in this policy and the potential risks involving ionizing radiation to the developing embryo/fetus.
   c. The pregnant worker will be informed of the specific exposure limits: the dose to the embryo/fetus during the entire pregnancy, due to occupational exposure should not exceed 5mSv (0.5 rem). See section 16.14 (f-1) of the NYS Sanitary Code, Chapter 1.
   d. Past exposure history will be reviewed and working conditions may have to be adjusted accordingly, to avoid the monthly exposure rate of .05 rem (50mrem). See section 16.14 (d-1) of the NYS Sanitary Code, Chapter 1.
   e. Two film badges will be worn throughout gestation, one at uniform collar level and one under lead protective apron to monitor the embryo/fetus exposure.
   f. Quarterly radiation log will be kept throughout the gestation period and will be reviewed with the department director.
   g. Detailed radiation protection measures are required when participating in fluoroscopic, portable/operating room procedures. The pregnant worker is to wear 2 badges as stated in e. These procedures do not need to be restricted (especially after the first 18 weeks of gestation) as long as their radiation dose falls below the established limits. As always, the pregnant worker must utilize time, distance, and shielding principles.
   h. The student may choose modification of the clinical practice under the supervision of the Program Director and clinical RSO. If modification is chosen, the completion date of course requirements may be extended. Students choosing modification may have delayed graduation dates.

Student Signature___________________________________________Date ______________

Note: The department will work hand in hand with the specific affiliate hospital’s RSO (Radiation Safety Officer) where the pregnant worker is assigned.

revised 7/12,7/13cc, 6/16 kl
Radiation Protection Precautions for Personnel
Shall follow the guise of ALARA; As Low As Reasonably Achievable

I. **Diagnostic Area Conditions for Operating Equipment:**

1. No person shall be regularly employed to hold patients or recording devices during exposures nor shall such duty be performed by any individual occupationally exposed to radiation during the course of his/her other duties. When it is necessary to restrain the patient, mechanical supporting or restraining devices shall be used whenever possible. If patients or recording devices must be held by an individual, that individual shall be provided with appropriate shielding devices such as protective gloves and a protective apron of at least 0.25 mm lead equivalent. No part of the attendant’s body shall be in the useful beam. The exposure of any individual used for holding patients shall be determined. Pregnant women and persons under 18 years of age shall not hold patients under any conditions.

2. Only persons required for the radiographic procedure shall be in the radiographic room during exposure; and, except for the patient, all such persons shall be equipped with appropriate shielding devices such as protective gloves and protective apron of at least 0.25 mm lead equivalent.

3. Gonadal shielding of not less than 0.5 mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the useful beam, except for cases in which this would interfere with the diagnostic procedure. NYS Sanitary Code, Chapter 1, Part 16.56 (c).

**Portable Conditions for Operating Equipment:**

1. No person shall regularly be employed to hold patients or recording devices during exposures nor shall such duties be performed by any individual occupationally exposed to radiation during the course of his/her other duties. When it is necessary to restrain the patient, mechanical supporting or restraining devices shall be used. If patient or recording device must be held by and individual, that individual shall be protected with appropriate shielding devices such as protective gloves and a protective apron of at least 0.25 mm lead equivalent. No part of the attendant’s body shall be in the useful beam. The exposure of any individual used for holding patients shall be monitored. Pregnant women and persons under the age of 18 years of age shall not hold patients under any conditions.

2. Gonadal shielding of not less than 0.5mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the useful beam, except for cases in which this would interfere with the diagnostic procedure. NYS Sanitary Code, Chapter 1, Part 16.57 (c).

**Fluoroscopy Conditions for Operating Equipment:**

a. DISTANCE: Maximize distance, as the distance between the source of radiation increases, the radiation intensity decreases by the square of the distance. (Inverse square law) Example: 2 x distance =1/4 intensity

b. SHIELDING: Placing shielding material between the radiation source and the technologist reduces the level of exposure. Shielding such as: protective aprons, gloves, thyroid shield, eyeglasses, and sliding drape. (protective garments of at least 0.25 mm lead) shall be worn…. NYS Sanitary Code, Ch 11 Part 16.58 b-2
c. **TIME:** Duration of an exposure should always be minimized whenever possible. The dose to the individual is directly related to the length of exposure. Example: Exposure = exposure rate x time.
   It is noted that image intensification, the 5 minute reset time, and the on-off fluoroscopic foot switch all aid in reducing the length of exposure for the patient and operator.

d. **OTHER CONSIDERATIONS:** Some methods used to reduce the dose received by the patient and operator with a fixed unit will also reduce the dose received by the radiographer during a fluoroscopic procedure. These include:
   - Patient restraints – Radiographers should never stand in the primary beam to restrain a patient during a radiographic exposure. Mechanical immobilizing devices should be used to immobilize the patient.
   - Cumulative timing device (maximum of 5 min. limit)
   - Source to table distance (no less than 15 inches for fluoroscopy) The safest place to stand during fluoroscopy may be directly behind the radiologist.

**Radiation Protection Guidelines for the Patient**

- **POSIBILITY OF PREGNANCY**
  Always inquire about possibility of pregnancy BEFORE any x-ray exposures are taken. Follow appropriate hospital procedures and guidelines on patient pregnancy.

- **COLLIMATION**
  Collimating devices capable of restricting the useful beam to the area of clinical interest shall be used and shall provide the same degree of protections as is required of the tube housing. NYS Sanitary Code, Ch1 Part 16.

- **RADIOGRAPHIC FILTRATION**
  The aluminum equivalent of the total filtration in the useful beam shall not be less than the following: Below 50 kVp minimum of 0.5 mm aluminum, 50-70 kVp minimum of 1.5 mm aluminum and above 70 kVp minimum of 2.5 mm of aluminum. NYS Sanitary Code, Chapter 1, Part 16, 16.56 a, 4

- **GONADAL SHIELDING**
  Gonadal shielding of not less that 0.5 mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the useful beam, except for cases in which this would interfere with the diagnostic procedure. NYS Sanitary Code, Ch. 1, Part 16.56 C, 3.

**Practice Steps for Radiation Protection**

- Read and evaluate clinical requisitions carefully.
- Give clear, concise instructions.
- Collimate the primary beam only to area desired. Show visible evidence of beam restriction on each radiograph.
- Use proper source to image distance.
- Use proper gonadal shielding when appropriate.
- Use proper immobilization devices when necessary.
- Use proper primary beam filtration.
- Use proper exposure factors.
- Use proper positioning and respiratory phase for each projection.
Freshman Level of Supervision/Direct Supervision

Fulton-Montgomery Community College Radiologic Technology Program recognizes the Joint Review Committee on Education in Radiologic Technology (JRCERT) standards for this aspect of clinical experience. The standard is as follows:

Standards for an Accredited Educational Program in Radiologic Sciences, direct supervision is defined as a licensed radiographer/clinical instructor actually present for the total radiographic procedures at the specific exposure site. Until a student achieves and documents competency in a given procedure, all clinical assignments shall be carried out under direct supervision of qualified radiographers. The parameters of direct supervision are:

1. The qualified radiographer reviews the request for examinations in relation to the student’s achievement or ability to perform this exam;
2. The qualified radiographer evaluates the condition of the patient in relation to the student’s achievement;
3. A qualified radiographer is physically present during the conduct of the examination; and
4. The qualified radiographer reviews and approves the radiographs.

NOTE: Unsatisfactory radiographs shall be repeated only under the direct supervision of a qualified radiographer, regardless of the student’s level of competency.

Indirect Supervision

In accordance with the JRCERT Standards for an Accredited Educational Program in Radiologic Sciences, indirect supervision is defined as that supervision provided by a qualified radiographer (and/or clinical instructor) immediately available to assist students regardless of the level of student achievement.

Until a student achieves and documents competency in a given procedure, all clinical assignments shall be carried out under direct supervision of qualified radiographers.

The clinical instructor or faculty is present at the affiliate to review the request for examination, evaluate patient condition, assign patients to students, assist students and evaluate radiographs with the student.

NOTE: Unsatisfactory radiographs shall be repeated only under the direct supervision of a qualified radiographer, regardless of the student’s level of competency.

Violations of this policy are to be immediately turned in to the program director. Student violations will be receive a unacceptable practice act. Multiple violations will removal from the program.
FULTON-MONTGOMERY COMMUNITY COLLEGE  
Radiologic Technology Program  
Policy # 14 


All Radiologic Technology Program Policies will be updated as needed.

All Radiologic Technology Program Policies will be reviewed and updated as needed on a yearly basis.
FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program
Policy # 15

Student Radiation Exposure Advisory

Fulton-Montgomery Community College Radiologic Technology Program abides by the New York State Department of Health recommendations, which states that the whole body Total Effective Dose Equivalent (T.E.D.E.) for a given quarter for a student technologist should not exceed 120 mR.

If the student exposure totals or exceeds 120 mR/quarter, the RSO/Program Director must meet with the student, complete and maintain this advisory.

Name of student_________________________________ Date _____________________
Social Security # ________________________________

• The Radiologic Technology Program wishes to inform you that according to the ICN Radiation Report for the month of __________, 200 , the report reveals that you have received a dose of_______mR Deep; _______mR Eye; _______mR Shallow.

• The RSO/Program Director will review with the student the Radiation Protection Policy # 12.

Analysis of Dosimeter Reading

• Hospital: _____________________________________________

• Radiographic area assigned: _____________________________

• Include separate documentation and detail possible reasons for exposure received: (List specific exams, dates room assignments, and other information that may have contributed to the exposure listed above, especially involvement with Fluoroscopy, portables, Or, and Angio/Special procedures.)

• Ways to prevent elevated exposure levels:

I have discussed the above material with the RSO/Department Director and I will take every precaution necessary to keep my radiation exposure dosage to the lowest possible level.

Student Signature: _______________________________ Date: _____________________

Signature of RSO/
Department Director: ______________________________ Date: _____________________
FULTON-MONTGOMERY COMMUNITY COLLEGE  
Radiologic Technology Program  
Policy # 16

Division/Clinical Instructor/Advisory Board Meetings/Assessment Committee Meetings

Division meetings are each month during the academic year. A Radiologic Technology student representative is invited to attend. Discussions as follows:

1. Feedback for continuous improvement of policies, procedures, and educational offerings.
2. Faculty needs/concerns
3. Student concerns.
4. Student progress, Didactic and Clinical settings.
5. Other

Radiologic Technology Department meetings are monthly.

Clinical meetings will be held annually and any time changes are made that affect the clinical experience curriculum. Attendance is required for clinical instructors and clinical supervisors.

Advisory Board

The Advisory Board will be made up of one Radiologist, Department Directors and/or Managers, from each affiliated facility, Program Director, faculty and possibly a student representative from the Radiologic Technology Program. Additional members may be added, ad hoc. Advisory Board meetings will be held annually, and will review the program Mission and Program Effectiveness Goals. Advisors will recommend policies and changes that will enhance the Radiologic Technology Program at FMCC.

This committee will discuss the following:
Review of Program mission and goals  
Review of Institutional Assessment  
Any problems with student/staff Curriculum evaluations  
Comments and suggestions relevant to continuous improvement of the Program  
What can be done to improve clinical/college relationships

Assessment Committee

The Assessment Committee will be made up of the Dean of Student Affairs Program Director, faculty members from FMCC, student representatives as well as Industry representatives and radiologic staff technologists. The Course Assessment Committee will meet yearly, during winter break to review course assessment and discuss action plans when necessary for continuous improvement of courses.

The Committee will discuss the following:

FMCC Radiologic Technology Program Mission and Goals

Appropriate outcomes and measurement tools will be discussed and results will be evaluated. Recommendations, analysis and action plans will be considered and may be implemented.
Student Records and Documentation

Student Records are confidential and reviewed consistently. Records will be reviewed with the Radiology Program Academic Director and faculty. If any discrepancies the student will be notified immediately. Records will be reviewed with students at the end of each semester, or as needed. Student records are confidential and as such will be kept in a locked environment in the Instructor/Program Director offices.

Students are responsible for documentation of their time records, log sheets, and ensuring up to date information of their skills summary page, and timely submission of evaluations by clinical staff.

If documentation is not turned in by given due dates, clinical grades may be affected including an incomplete until the submissions are complete.
For application to Fulton-Montgomery Community College contact the Admissions Office for full details or see FMCC College Catalog. The Office of Admissions accepts applications on a year-round basis. Application submission deadlines are scheduled in December or January for the following fall. Processing of applications requires a minimum of thirty days.

Felony Conviction/Disciplinary Dismissal- see College Catalog and Policy # 2 of the Radiologic Technology Program.

Students interested in the Radiologic Technology Program are required to submit a supplemental application once the Admissions Office receives the initial application. Deadlines for application for admission to the radiologic technology program will be at a date during the first week of December for the following fall semester.

Because clinical experience facilities are limited, admission to the Radiologic Technology Program must also be limited, and is, therefore, competitive. Refer to Radiologic Technology Program in the FMCC College Catalog. The Office of Admissions has more detailed information on these areas of special admission.

**Applicants must also provide documentation of a current CPR Certification and a completed health form prior to the beginning of the first semester. If this documentation is not received, applicants will be withdrawn and an alternate applicant will be selected.**

For prerequisites needed for this program refer to the Radiologic Technology Program in the FMCC Catalog.

The Selection Committee designed for student admission into the Radiologic Technology Program consists of the Radiology Academic Program Director, Dean of Admissions, Technical Assistant for Enrollment Management, and Radiologic Technology faculty. This committee reviews applicants admission forms, reviews high school GPA’s, Prerequisite status and GPA on any college level courses relevant to the program and/or elective courses. Prior healthcare experience, College GPA, completing college courses (pertinent to prerequisites) completing A & P I and II, and course grades will be weighted. The total of weighted areas will determine acceptance and alternates to the program.


The Radiologic Technology Program adheres to non-discriminatory practices for admissions as stated in the Admissions Policy in the FMCC Catalog.

Recruitment for prospective students for the Radiologic Technology Program is promoted at Career Days at the middle school, high school, and college level. Brochures about a career in Radiology
presented by the American Society of Radiologic Technologists (ASRT) are given at career day booths/and or lectures. The ASRT brochure and video on radiology careers are also in the FMCC Library and Advisory Committee. The office of the Radiology Academic Program Director is open to any FMCC student for inquiries to the program.

Readmission Policy

Readmission to the radiologic technology program is not automatic or guaranteed. A student’s readmission status will be determined by approval of the Director of the Radiologic Technology program in collaboration with the Dean of Student Affairs. A student dismissed from the radiologic technology program for disciplinary reasons will be ineligible for readmission into the radiologic technology program.

In addition to the admission application process required by the college, a student seeking readmission due to academic or clinical failure must submit a written request to the Director of the Radiologic Technology program specifically identifying factors that will improve performance and enhance success.

A student who withdrew from the program for reasons other than failure must submit a request for readmission to the Associate Dean of Enrollment Management indicating the semester he/she wishes to re-enter.

A readmitted student may be required to repeat clinical competency examinations at the discretion of the clinical supervisor and/or Program Director.

Any student granted approval to be readmitted to the program may do so one time and will be given priority on a space available basis. If there are more requests for admission than space available, the following criteria will be used for evaluation:
  o Previous academic performance
  o Previous clinical performance
  o Personal recommendation from faculty

Rev. 8/07, 5/09, 6/13 cc, cc7/13
Right to Know Information for Students
As a student in a health care facility, there is potential for exposure to hazardous materials and communicable disease. It is believed that these exposures can be controlled through proper educational offerings, the provision of information, and the use of personal protective equipment. The purpose of this policy is to enhance student awareness of these potential exposures and to assist in recognizing resources to limit exposure.

Potential Exposures – What they are?
There will be a number of sources for exposure to hazardous situations in your daily work. Depending on the department, some of these potential exposures vary, while others are universal within the hospital. For example, maintenance workers may be exposed to solvents and their vapors that are used exclusively within the department: this is a department specific. On the other hand, if a maintenance worker is called to a patient room to fix a sink, he or she may be exposed to a communicable disease and may need to use protective equipment such as a mask and gloves. Another example is the nurse who is very accustomed to dealing with blood-borne pathogens and the protective equipment for protection against exposure. He or she may also, however, be exposed to vapors or spills of housekeeping chemicals that are routinely used on the nursing units by the housekeeping staff. As a student in a health care facility, you may also be exposed to hazardous material, communicable disease and radiation exposure. These potential exposures need to be planned for and controlled. The widely accepted way of dealing with these issues is the central posting of any chemicals, coupled with readily accessible MSDS (Materials Safety Data Sheets) and training for all employees on Standard Precautions (Policy 11) and radiation protection measures (Policy 12).

Written Hazard Communication Program
Employers who use hazardous chemicals must develop a written hazard communication program, describing how provisions of the HCS (Hazard Communication Standards) are met. The following items must be included:

1. Location of this written communication program, which must be readily available to employees.
2. The accessible location of the hazardous chemical and all MSDS sheets.
3. Explanation of the labeling system used.
4. Explanation of hazard warnings.
5. How to use MSDS sheets.
6. Methods used to inform employees of new chemicals, including hazards of routine and non-routine tasks. (This is left to the individual manager who will keep all employees current with all new products.)
7. Monitoring programs.
8. Protective measures for employees (personal safety equipment, emergency procedures, area operating practices).
9. Methods used to inform contractor about possible hazards.
Labels and Other Forms of Warning
Each container of chemicals in the workplace must be labeled and marked with the following:
1. Name or identity of the product. This must correspond with the MSDS.
2. Hazard warning stating the main health risks from over-exposure.
3. Name and address of the manufacturer or other responsible party.

Labels alert you to special handling and precautions that should be used when working with the chemicals. Users must ensure that each container of chemicals in the workplace is labeled. Labels must be written in English. The labels serve as an immediate warning. They are reminders that information that is more detailed is available elsewhere. Symbols, pictures and/or words may be used on labels to present their message. Product labels usually contain signal words indicating severity of the hazard.

Employee Information and Training
The Hazard Communication Standard requires employers to provide their employees with information and training as follows.
1. At the time of the initial hiring.
2. Whenever a new hazard is introduced into the work area, or
3. Whenever they are reassigned to a work area where different chemicals are used.

The training shall consist of:
1. Ways to detect or observe the presence of hazardous chemicals.
2. Physical and health hazards in the chemicals in the work area.
3. Protective and preventive procedures that employees can use when working with hazardous chemicals. The explanation must specify the details of the labeling system used, how to read and understand the MSDS forms, and how to obtain and use appropriate hazards information.
4. How to recognize employee exposure to a hazard and what to do in case of exposure.

*Department managers should keep a record of when this training is given to the employee.

Many hospitals use so many chemicals that no one can be expected to remember all their names and how to use them. For that reason, chemicals are categorized into groups. Each chemical group has
similar characteristics. Some common categories of chemicals include adhesives, solvents, compressed gases, corrosives, lubricants, and metals. When handling any hazardous chemical, you will need to know the following:

1. **Routes of entry into the body**. Chemicals can enter the body via three typical routes.
   a. **Breathing** – or through inhalation of hazardous materials. These particles are usually very small and in the form of dusts, fumes or vapors.
   b. **Skin and eye contact** – Some substances may only affect the skin’s surface, typically in the form of a rash. Others are absorbed into the body through the skin. This is sometimes called “dermal abrasion.” Open wounds of any kind are extremely susceptible to become affected upon contact with a hazardous material.
   c. **Ingestion** – anything taken into the body through the mouth is called ingestion. You can easily swallow small particles of dust and powder if they fall, for example, onto your hands or food.

2. **Effects of overexposure**. You should be aware of possible health hazards and the degree of severity of being overexposed. Labels and MSDS’s will tell you the possible hazards associated with the chemical.

3. **First Aid Procedures**. Report to the supervisor. Treatment is available in the Emergency Room.

4. **Flammability hazard ratings and fire-fighting techniques**. Your supervisor will explain the flammability rating system used in your work area. He/she will also be able to explain the proper emergency response procedures to follow in case there is a fire.

5. **Reactivity ratings**. You should know which chemicals you work with are stable or unstable at high temperatures and pressures. The MSDS and/or labels will have this information.

6. **Safe use instructions**. You need to be informed of the safety procedures to use when handling hazardous chemicals. This training will be provided at the work area by the department supervisor. The MSDS also contains information regarding safety precautions.

7. **Personal protective equipment**. You will be given information about the appropriate personal protective equipment and its proper use for each hazardous chemical you handle or are exposed to. Typical equipment you might need to use includes goggles, masks with face shields, gloves, aprons, gowns, etc. The MSDS should provide the information you will need to determine safe work practices to use handling any materials. ALWAYS CHECK TO BE SURE YOU ARE PROPERLY PROTECTED.

**Hazard Recognition**

A hazard is defined as a source of danger. All chemicals can be dangerous. However, if we learn to recognize the danger signals, we can reduce or eliminate the hazards connected with them. Recognizing chemicals can be difficult because sometimes they can be seen and other times they can’t. Chemicals can be solids, liquids or gases.

**Solids** can be large or small pieces of compact matter. Fumes, smoke and dust are three forms of solids that have such tiny particles that sometimes they cannot be seen. These three forms of solids are often found in manufacturing facilities.

**Liquids** can typically be poured. Water, oil, and liquid gas are examples. Liquids can be converted into a mist that is still technically a liquid, but is hard to see under certain circumstances.

**Gases** are chemicals that are in gaseous form. Gases often cannot be seen, smelled or felt, such as
carbon monoxide that can be fatal with sufficient exposure. They are typically used as part of a manufacturing process and special precautions must be followed when handling them. MRI units run on cryogenic gases that are fatal if inhaled.

There are two basic kinds of chemical hazards.

1. **Health Hazards**
   a. Carcinogens - chemicals that cause cancer.
   b. Corrosives – Chemicals that cause visible destruction of living tissues.
   c. Toxic and highly toxic chemicals.
   d. Irritants – Chemicals that are not corrosive, but cause a reversible inflammatory effect on living tissue.
   e. Sensitizers – Chemicals that cause allergic reaction after repeated exposure.

2. **Physical Hazards**
   a. Combustible liquids
   b. Compressive gases
   c. Explosives
   d. Chemicals that are flammable
   e. Organic peroxides
   f. Reactive chemicals

**How Do You Know If You Are Being Exposed?**

Your five senses of sight, smell, touch, taste, and hearing can help you detect potential hazards, but you cannot rely on your senses. For example, you cannot see, touch, taste, or feel carbon monoxide, but it is still a dangerous chemical. Your past work experience and training programs may help you to recognize potential hazards.

Some clues to watch for are:

1. Gauges and meters that are not functioning normally. If they show high or low readings, you may want to check for potential hazards.
2. If you seem to be using too much/too little of a chemical or if the chemical is being consumed faster/slower than normal.
3. The procedures used do not seem to be yielding a typical reaction.
4. Levels of consciousness are not normal.

Any changes from what is normal and routine could mean there is something wrong. Everyone working in the facility should share the responsibility of preventing safety hazards. Everyone should work as a team to detect possible hazards and correct them before they become problems. Employees/students should immediately inform their supervisor if they suspect they are being exposed to a chemical hazard.

**How Hazards Can Be Controlled.**

You can help keep hazards to a minimum. Likewise, your employer can sometimes take actions that will reduce or eliminate hazards in the workplace. The following things can be done to control or reduce potential hazards.

1. **Elimination** – If hazardous chemicals aren’t needed, they should be removed from the work area.
2. **Substitution** – Determine whether a less hazardous material can be used.
3. **Changing the process** – Instead of working directly with hazardous materials, the procedures can often be altered to keep contact to a minimum. Walls or partitions can often be used as physical barriers, helping to separate employees from hazardous materials. Changing the ventilation system can also help reduce exposure.
4. **Job Changes** – Under certain circumstances, it may be beneficial to change people’s jobs so that only one or a few are exposed to or required to handle hazardous materials.

5. **Purchasing** – Only order what is needed of a hazardous item, and if it is not needed, don’t order it at all.

**Employee/Students Responsibilities**
Employers are required for providing employees/students with information and training related to chemical hazards in the workplace. In turn, employees/students are responsible for:

1. Understanding the information provided about hazardous materials.
2. Using safe work practices.
3. Keeping work areas uncluttered and free of debris.
4. Not smoking, eating or drinking in areas where chemical materials could accidentally be ingested as a result of contact with food or tobacco.
5. Keeping hazardous materials off themselves and their clothes by practicing good personal hygiene.
6. Properly using the right equipment for the right job. Personal protective equipment such as goggles, gloves, etc. are sometimes necessary.
7. Immediately notifying their supervisor if they suspect exposure to a chemical hazard.
8. Seek medical treatment. *An incident report will be filled out for both tracking and prevention purposes.*

**Standard Precautions**
Each hospital has policies and guidelines outlining infection control procedures and use of standard precautions. The main idea of these precautions is to limit any exposure to disease. These policies are readily available to employees and students. Ask your supervisor for the location of the policy manual in the institution where you are assigned.

**Material Safety Data Sheets**
Each hospital unit and department maintains a register of hazardous materials and associated materials safety data sheets. The sheets give information such as environmental impact, chemical content, volatility, combustibility, emergency treatment in case of exposure, instructions using the equipment. The employee/student has the right to receive training for the safe operation of all equipment. Safety is important for both the patient and the employee/student. An employee/student who feels that they have not been given adequate training in the use of equipment/devices that they are required to use should notify their supervisor to arrange for the training.

**OSHA**
The Occupational Safety and Health Administration is a federal agency that works for safety in the workplace. Of importance to the employee are OSHA’s rulings that have led to **THE RIGHT TO KNOW PRACTICES**. The employee/student has the right to know the hazards to which they may be exposed, how to limit exposure to such hazards, instruction on the use of protective equipment, as well as policies, procedures, standards, or practice guidelines that affect the employee/student in the work area. If the employee feels that they are subject to a hazard and have not received proper training, it is the employee’s responsibility to contact the supervisor. On the other hand, the employer is required to assess the potential hazards of the workplace on a regular basis, provide notice of potential exposures, offer training for safety purposes, and keep registers and MSDS sheets for chemicals (etc.) current. Employees/students who do not feel that their employer is fulfilling its’ responsibility for safety should bring this to the employer’s attention. As a last resort, after reasonable attempts to resolve safety issues in the workplace, the employee does have the right to report their concern to OSHA.
Non-Routine Tasks
Occasionally an employee performs a non-routine task. An example might be a housekeeper who usually cleans the hospital lobby being asked to clean the Operating Room after surgery. It is essential that the employee being asked to do non-routine tasks have training and resources available PRIOR to the performance of the task. Information essential for safety and limiting exposure to hazards will NOT be omitted for non-routine tasks.

Hazardous Waste Management
The hospital has a very complete plan for the disposal of both hazardous and non-hazardous waste, including paper, biological waste, chemicals, etc. This plan is available in the department and should be reviewed with all new employees/students.
FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program

Policy # 20
Final Competencies

Students will be given a final competency in the second semester of their sophomore year, after mid-terms. This competency will determine if the student is qualified for clinical experience to sit for the boards.

The competency will focus on 8 different procedures:

1. Trauma examination
2. Portable examination
3. Extremity examination
4. Chest examination
5. Spine examination
6. Fluoroscopy examination
7. Low volume examination
8. Multiple examinations

A grade of B+ (85) or better is required to pass the Final Competency. A repeat rate for the entire day will be a maximum of 15%. All mandatory and elective competencies must be completed before this Final Competency can be taken.

Automatic failures for mandatory and elective competencies will be adhered to for the Final Competency.

If the Final Competency is failed, for any reason stated, the student may take another Final Competency within a month’s time. If the time element is not within the last day of classes, or if the student fails a second time, the student will be given an ‘Incomplete’ clinical grade and remediation will be arranged. A student who does not meet the requirements of remediation will be dismissed from the program.
In order to provide a safe environment for patients, faculty and students, FMCC Radiologic Technology Program prohibits the use of illegal drugs as well as the abuse of legal drugs, including alcoholic beverages, non-prescribed controlled substances and prescription or over-the-counter drugs. Students must self-evaluate their own physical condition with relation to illness. Regardless of the setting, students must report to all class experiences in a fit condition physically and mentally.

When a faculty member or clinical staff has reason to believe that a student is under the influence of chemical intoxicants, is impaired by this or any physical or emotional basis, and/or is unable to perform duties he/she will validate observations with another appropriate faculty member or facility supervisor. Every effort will be made to respect the confidentiality of the person in question. Observations noted that indicate intoxication and/or impairment may include, but are not limited to:

- inappropriate physical appearance
- altered speech
- uneven gait
- uncommon changes in behavior
- lack of judgment
- decrease performance
- smell of alcoholic beverage on breath
- inappropriate actions
- chronic absenteeism or patterns of absence/tardiness
- accidents during class or clinical lab
- impaired memory or attention

Upon determining possible impairment the faculty member, or facility supervisor, will:

1. Gather and document data on behaviors.
2. If the student demonstrates impaired behaviors, the faculty will relieve the student of class-related activities.
3. Based on the faculty/supervisor’s assessment, the student may be requested to leave the class or clinical lab site. The student and faculty/supervisor will make arrangements for safe transportation.
4. The faculty will refer to the program’s clinical failure procedure.
5. Refer the student to the Dean and other resources, such as counseling, as appropriate, where policies governing student conduct will be followed.

Any cost incurred related to any incident will be the students’ responsibility. All incidents will remain confidential and will be confined to a “need to know” basis, if a student refuses to comply with this policy of FMCC’s Radiologic Technology Program, the student may be administratively removed from the program.
FULTON MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program

Fulton-Montgomery Community College

Radiologic Technology Program

Policy #22

On Campus Radiology Laboratory Policy

Location:
Fulton Montgomery Community College has a fully energized radiographic unit consisting of a control panel, upright and table Bucky. This unit is located in the basement of the classroom building and is identified as C005.

Forward:
This data is to promote safe and correct use of the x-ray laboratory. These rules and procedures are to be strictly followed by all faculty and students. The laboratory facility is here to facilitate instruction and/or research and shall be used only for these purposes. Lab practice is essential to meet clinical experience expertise and will aid in the passing of mandatory clinical competencies. Lab experience is a required portion of Radiographic Procedures I (RAD 110) and Radiographic Procedures II (RAD 111). The radiology laboratory contains a fully energized x-ray tube, table control panel, upright Bucky unit as well as digital CR cassettes, a CR image reader, and mini-PACS and radiographic accessories. In addition, the radiology lab room will be used as the classroom for all classes and will be equipped with desks, chairs and computer equipment.

Rules & Procedures:
1. The door to the laboratory is to remain locked at all times, except during scheduled utilization.
2. NEVER make exposures with any person either in the laboratory room, or without checking for personnel in the area.
3. All students and faculty will wear dosimeters during all energized lab sessions.
4. Keep the door between the laboratory and the hallway closed during all energized exposures.
5. Students must undergo laboratory training procedures before laboratory practice/ exposures may be initiated.**
6. Do not remove anything from this lab facility.
7. Put all accessories, positioning aids, linens, etc. away in their proper place when you have finished utilizing them.
8. No food or beverages are to be taken into the laboratory area.
9. **Students are absolutely forbidden to make radiographic exposures on human subjects (including themselves) in the laboratory. To do so violates departmental policy and state regulations, and could subject the student to immediate dismissal from the program.** Students may perform simulated examinations without actual x-ray exposure, on each other in the laboratory area. Anatomical phantoms only, will be used for radiographic exposures.

10. All accidents, no matter how minor, must be reported to the supervising faculty member immediately, and the use of the equipment discontinued until the problem is corrected.

11. No holding of radiographic phantoms during exposure. **All persons must fit completely behind the protective barrier during any exposure.**

12. During energized exposures, only people essential to performance of the exam should remain in the laboratory. For the purpose of observation, only those persons who fit completely behind the barrier are permitted to remain in the laboratory during exposures.

13. No one besides a matriculated Radiologic Technology student is allowed in the laboratory area. Practice sessions are allowed under the supervision of Mrs. LaBate or Mrs. Close. Please see the instructor directly to set up a time.

14. No exposures will be made which exceed the recommended tube capacity. Personnel will refer to the tube-rating chart when in doubt.

15. All equipment will be maintained in good working condition and will be stored in an orderly fashion. The x-ray tube will be stored directly over the table when not in use.

16. Periodic quality monitoring tests will be performed to ensure accuracy of the equipment.

17. The NYS DOH will perform annual inspections of the radiology laboratory.

18. Images viewed on PACS are for educational purposes only. HIPAA policy guidelines apply and will be adhered to regarding PACS or other images viewed in the Radiology Lab. Every attempt will be made to anonymize images.

19. Students may not enter/leave the radiology lab while the exterior “X-ray in Use” sign is illuminated.

20. Violations of rules and procedures, or unauthorized use of laboratory facilities will result in disciplinary action and/or possible dismissal from the program.

**Training of Radiologic Technology Students Prior to Radiography Lab Utilization**

1. Students shall be taught basics in radiation protection including personnel and patient shielding. The concept of ALARA, and the use of time, distance, and shielding will be explained.

2. Students shall be given dosimeters with explanation of monthly reports and how to care for the dosimeter. Student radiation doses shall not exceed 120 millirem/quarter.

3. Students shall be informed of the special circumstances surrounding pregnant radiographers.

4. Students shall be taught how to turn on radiographic unit including warm up procedures.

5. Students will spend 2 laboratory periods prior to taking exposures, becoming familiar with x-ray tube locks, table movements, table and vertical Bucky movements. At this time, students will be taught how to operate the control panel.

6. Students will demonstrate competency on skills achieved during initial training.
Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contact of the JRCERT should not be a step in the formal institutional/program grievance procedure. The individual must first attempt to resolve the complaint directly with institution/program officials by following the grievance procedures provided by the institution/program. If the individual is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT at:

20 N. Wacker Drive Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300
Fax: (312) 704-5304

www.jrcert.org

or from the FMCC Website http://www.fmcc.edu>Academics>Programs> Radiologic Technology
FULTON-MONTGOMERY COMMUNITY
COLLEGE
Radiologic Technology Program

Policy #24

Harassment, Sexual Harassment and Discrimination
Policy  FMCC Civility Statement

PURPOSE:
It is the policy of Fulton-Montgomery Community College (hereinafter referred to as FMCC or “College”) to provide and maintain the work/learning environment and the College Community free from unlawful discrimination based on sex (with or without sexual conduct), race, color, religion, sexual orientation, national origin, age, disability and any other class protected by law (collectively referred to as “discriminatory harassment” or “harassment”). Harassment based on these characteristics is a form of unlawful discrimination and is prohibited in each and every instance in both the work environment and the College Community.

FMCC Civility Statement

FM is committed to fostering an environment of civility. All members of the FM community and visitors have the right to experience and the responsibility to create and maintain an environment of mutual respect and support that is civil in all aspects of human relations. Civility facilitates professional growth and achievement and promotes an environment where each person can reach his or her full potential. www.fmcc.edu

CIVILITY:    Civility can be defined as, "conduct characterized by respect, consideration, kindness and courtesy toward others." Any successful learning experience requires mutual respect on the part of the student and the instructor. Neither instructor nor student should be subject to others' behavior or comments that are rude, disruptive, intimidating, or demeaning. This class and the associated web environment should be view as a civilized forum where each person - student and instructor - should feel free to express their opinions, ask questions, and learn without fear of criticism or intimidation. As the instructor for this course, I am committed to maintaining civility in the classroom - both traditional, online, and clinically - and will do my part in making sure everyone in the course is treated with respect and courtesy. Students in the Radiologic Technology program are expected to uphold the requirements enforced by HIPAA and patient confidentiality both in the classroom and at the clinical site.

POLICY:
FMCC considers discriminatory harassment to be a form of misconduct and considers this type of misconduct to be a serious offense which will not be tolerated by any member of the College Community. Allegations of discriminatory harassment will be investigated thoroughly and if substantiated, will be met with appropriate corrective
and/or disciplinary action commensurate with the seriousness of the offense(s). For College employees, disciplinary action will be in accordance with the parameters of applicable collective bargaining agreements and/or state law.

**DEFINITIONS:**

A. **Sexual Harassment** is defined as:
   Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when:
   1. Submission to such conduct is made explicitly or implicitly a term or condition of an individual's employment or education (e.g., promotion, training, assignments, etc.);
   2. Submission to or rejection of such conduct by an individual is used as a basis for employment or educational decisions affecting such individual; or
   3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or educational performance or creating an intimidating, hostile, or offensive working/learning environment.

Examples of specific behaviors that may be considered sexual harassment include, but are not limited to:

- Spoken or written words related to an employee’s sex. Any sexual advance that is unwelcome
- Sexually oriented comments
- Showing or displaying pornographic or sexually explicit objects or pictures in the workplace
- Offensive touching, patting or pinching
- Requests for sexual acts or favors
- Abusing the dignity of an employee or student through insulting or degrading sexual remarks or conduct
- Threats, demands or suggestions that an employee’s or student’s work or educational status is contingent upon her/his toleration of or acquiescence to sexual advances
- Subtle pressure for sexual activities
- Leering at a person
- Commenting about a person’s physical appearance in an insulting or degrading manner

Sexual harassment is gender neutral and may involve members of the same or different gender. Sexual harassment is not exclusive to just a male sexually harassing a female. Within the context of a hostile environment, the victim does not have to be the person to who unwelcome sexual contact is being directed. He/she may be someone who is affected by such conduct when it is directed toward another person.

Other unlawful harassment is defined as:

Harassment on the basis of any other protected characteristic is also prohibited. Under this policy, prohibited harassment is verbal or physical conduct that is offensive to or shows hostility or aversion toward an individual because of his/her race, color, religion, national origin, age, disability or marital status, and that: (i) has the purpose or effect of creating an intimidating, hostile or offensive work or learning environment; (ii) has the purpose or effect of unreasonably interfering with an individual’s work or educational performance; or (iii) otherwise adversely affects an individual’s employment/educational opportunities.

Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping;
threatening, intimidating or hostile acts; denigrating jokes and display or circulation in the workplace (including through e-mail) of written or graphic material that denigrates or shows hostility or aversion toward an individual or group, based on an individual’s protected class. Within the context of a hostile environment, the victim does not have to be the person to whom unwelcome contact is being directed. He/she may be someone who is affected by such conduct when it is directed toward another person.

**Sexual Orientation:**
Sexual Orientation is a protected class under New York law as a result of the enactment of SONDA, the Sexual Orientation Non-Discrimination Act, effective January 2003. Sexual orientation is defined as heterosexual, homosexual, asexual or bisexual, whether actual or perceived.

**Individuals and conduct covered by policy is defined as:**
All members of the College Community. The College Community is defined as faculty, administrators, clerical, maintenance, Trustees, students and community members engaged in College sponsored programs or activities. In addition to the College Community, this policy applies to all applicants of FMCC and prohibits harassment, discrimination and retaliation engaged in by any member of the College Community, whether it is a fellow employee, a supervisor, manager, faculty member, student, member of the administration or by someone not directly connected to FMCC, including but not limited to an outside vendor, consultant or citizen.

Conduct prohibited by these policies is unacceptable in the College Community, in any College-related setting outside the Campus environment, such as during educational training, business trips, business meetings, and business-related social events, or any FMCC sponsored event off campus.
**COMPLAINT PROCEDURE for Students of Radiologic Technology:**

The following complaint procedure will be followed to address concerns regarding discrimination and prohibited harassment including sexual harassment.

1. Any student or associated member of the College Community who feels they have experienced conduct that is contrary to this policy are encouraged to tell the wrongdoer that his/her conduct is offensive and unwelcome and ask that the offensive conduct stop immediately. If the associate does not feel comfortable confronting the wrongdoer, or confronting the wrongdoer does not end the offensive conduct, the student or member should immediately inform his/her Clinical Instructor, Clinical Supervisor, or the FMCC Radiologic Technology Clinical Coordinator, recounting specific actions or occurrences whenever possible.

2. Any student or associated member of the College Community who is aware of behavior that violates this policy is expected to promptly report it within 10 days to his/her Clinical Instructor, Clinical Supervisor, or the FMCC Radiologic Technology Clinical Coordinator.

3. Any Clinical Instructor, Clinical Supervisor, or the FMCC Radiologic Technology Clinical Coordinator who becomes aware of a potential violation of this policy (either through observation of through a report) should immediately notify the Radiologic Technology Program Director, within 5 days.

4. When the Program Director becomes aware of an alleged violation of this policy s/he will promptly initiate a thorough and objective investigation that may include individual interviews with the parties involved and, where necessary with individuals who may have observed the alleged conduct or may have other relevant knowledge. Typically you should receive a reply within 10 days following the investigation.

5. The Program Director will conclude the investigation and generate a report of his or her findings and submit a copy to the Dean of Business, Technology and Health Professions and other appropriate administrative parties including the Title IX coordinator.

6. If it is determined that the policy has been violated, the Program Director with other management staff ( as may be appropriate) will recommend appropriate disciplinary action. A decision will be made concerning what action will be taken.

7. If the investigation is inclusive or it is determined that there has been not violation of this policy but some potentially problematic conduct is revealed, preventative action may be taken.

8. Thereafter, the Program Director with other management staff ( as may be appropriate) will meet with the complainant and the respondent separately and notify them of the findings of the investigation and what, if any, action will be taken.

9. Confidentiality will be maintained throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.
FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program

Policy #25
Social Media and Electronic Device Use

Social media are defined as “web-based and mobile platforms for user generated content that create interactive and highly accessible, and often public dialogues.”

Radiologic Technology students have an ethical and legal responsibility to understand the personal and professional ramifications of the use of social media and to uphold standards of conduct as delineated in this policy.

**Violation of this policy will result in student counseling and possible dismissal from the program.**

At a minimum students will be turned into the ARRT for an ethics violation, receive an unacceptable practice act, and be subject to disciplinary actions from the clinical site including removal from the site and ultimately the program.

The radiology school faculty recognizes the value of social media in education and healthcare. However, inappropriate use of social media that violates the privacy and confidentiality of individuals including patients and their families, peers, faculty, and staff, may be cause for dismissal from the program and may lead to civil lawsuits and/or federal penalties under Health Insurance Portability and Accountability Act (HIPAA).

**Policy:**

Students have a legal and ethical obligation to maintain patient confidentiality and privacy at all times.

**Students are strictly prohibited from transmitting by way of electronic media any patient related image.**

Students are not to share, post or otherwise distribute any information, including images about a patient or information gained in the student-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.

Students are not to identify patients by name or post or publish information that may lead to identification of a patient (including initials, nicknames, first names or any other identifier). Privacy settings do not ensure privacy.

Students are not to refer to patients in a disparaging manner, even if the patient is not identified.

Students are not permitted to take photographs or videos on personal devices including cell phones in the clinical area.

Students are not permitted to take photographs or videotape professors or fellow students for personal or social media in academic settings without the express permission of the faculty member or student.
This entire policy covers the clinical site and it’s reputation as well as clinical staff, other students, program faculty.
Policy #26

MRI SAFETY

Policy: Students enrolled in the FMCC Radiologic Technology program shall not rotate through the Magnetic Resonance Imaging Department until they have been educated in MRI safety and have been screened with documentation as safe to do so.

The following questions are a sample and designed to assist in determining if it is safe for you to be scheduled for a Magnetic Resonance Imaging specialty modality rotation.

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Pacemaker/pacer wires/Defibrillators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cochlear (inner ear) metal implant(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain Aneurysm Clips/ Coils</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurostimulators (nerve stimulators)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any surgery or special procedures in the last 4 to 6 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart surgery/bypass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificial heart valves or stents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain or inner ear surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular filters/Embolization coil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic, Mechanical, Magnetic Implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Aids</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combat: Shrapnel or Gunshot injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Fins, Clips or Rods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Artificial Joints or Limbs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penile Implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coiled spring IUD (10 years old)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures or Dental prosthesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tattoos or Permanent eyeliner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicotine patch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metal injury to eyes, face or body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you worked as a Machinist, Metal worker, welder-using iron or steel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a possibility of pregnancy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you currently Breast feeding?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Your MRI exam may involve a IV injection to make internal organ and structures more visible**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had a previous reaction to Gadolinium (mri contrast)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any history of Renal (kidney) Failure or Dialysis?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Creatine Levels</th>
<th>Normal limit 0.5 - 1.5 mg/dl</th>
<th>GFR</th>
<th>ml/min/1.73</th>
<th>DATE</th>
</tr>
</thead>
</table>

**TIME OUT**
TECHNOLOGIST HAS REVIEWED SHEET

66
APPENDIX

ACADEMIC INTEGRITY POLICY

A. Introduction
Academic integrity refers to a code of values that support and direct the educational process. This code is based on legal, ethical, and educational concerns. Education in large part consists of the acquisition and demonstration of knowledge according to acceptable standards. Students must be familiar with these standards and will be held accountable for their use. Not being familiar with these standards is not an excuse for their breach. The following are examples of plagiarism and other unethical academic behaviors:

B. Violations

1. Plagiarism: “the appropriation (the use) of another’s intellectual property as your own; using the words or ideas of another without giving credit to that person,” according to Judith Arnold, Carol Poston, Katie Witek.
   a. Failure to Acknowledge the Source(s) with citations Examples include, but are not limited to the following
      - Key words, unique expressions, phrases, sentences, or paragraphs without the use of quotations
      - Significant ideas
      - Quoted, paraphrased, or summarized material
      - Another person’s data, evidence, or critical method
      - Misrepresenting or fabricating academic work
      - Using false or misleading citations or sources
      - Submission of internet material or purchased papers as one’s own
   b. Unauthorized use
      Examples include, but are not limited to the following:
      - The unauthorized use of copyright material (e.g., software)

2. Cheating
   Examples include, but are not limited to the following:
   - Giving or receiving unauthorized information before, during, or after an examination
   - The unauthorized use of notes, books, or other aids during an examination
   - Looking at another student’s exam before, during, or after the exam

3. Multiple Submission
   Examples include, but are not limited to the following:
   - Submitting material for credit more than once, without permission from the instructor(s)

4. Sabotage and Theft
   Examples include, but are not limited to the following:
   - Damaging academic equipment or materials
   - Theft or sabotage of another person’s academic work or material

5. Unauthorized Collaboration
   Examples include, but are not limited to the following:
   - Working with others on a project intended to be completed individually

6. Falsification of Course-Related Assessment Documents

C. Penalties for violation of Academic Integrity
A faculty member who has evidence (or reason to believe) that a student has violated the academic integrity policy must notify the student of the infraction and penalty. A faculty
member, at his or her discretion, may impose any one or a combination of the following penalties for plagiarism or cheating:

- Warning without further penalty
- Requiring reworking of the paper/assignment
- Lowering the grade of the paper/assignment
- Giving a failing grade for the paper/assignment
- Giving a failing grade on the examination
- Lowering the course grade by one full grade or more
- Giving a failing grade in the course

Other violations identified in the policy are subject to similar penalties.

The faculty member is responsible for keeping documentation on academic integrity violations in his/her courses. A permanent college record is made of a violation whose penalty is giving a failing grade in the course. Notification of course failure due to academic dishonesty will be forwarded to the student and the appropriate academic dean. This notification will also be forwarded to the Office of the Vice President. A third violation reported to the Office of the Vice President will result in suspension from the College for one calendar year. If another violation occurs after the student has returned to college, the student will be permanently suspended from the College.

D. Student Appeals Process for Academic Integrity

The student may initiate the following appeals process which must be completed by the end of the next semester:

1. The student will meet with the faculty member to discuss the decision within ten school days of the notification of the infraction.
2. If a resolution to the issue cannot be found, the student may request a meeting with the faculty member and the appropriate dean.
3. If necessary, the matter will be forwarded in writing by the student, within ten school days of meeting with the faculty member and dean, to the Grievance Committee through the Office of the Vice President for a hearing of all parties concerned. The Grievance Committee will make a decision/recommendation in writing within ten days of the hearing that will be forwarded to the Vice President.
4. The Vice President will make a final decision and notify all parties in writing of that decision within three school days.

All persons involved will maintain confidentiality at all times. The Records of the Grievance Committee shall be maintained by the College.

(adapted from Community 4-5, 12-13).

Works Cited


The Grievance Committee will consist of three faculty and two students. The student members will be appointed by the Student Senate Association. Two of the faculty members will be elected by the faculty and one appointed by the Vice President. The chair of the committee will be a faculty member. Terms for faculty members will be three years, but initial appointments will be one each for 1, 2, and 3 years. In the event that a faculty member is personally involved with a case being appealed, the vice president shall appoint an alternate faculty member to participate in hearing that appeal. In the event that a student member is personally involved in a case being heard, the SSA shall appoint an alternate student member for that particular case. For more information please see student handbook The Source
CONFIDENTIALITY STATEMENT

I understand that in the performance of my duties as a Fulton-Montgomery Community College student radiologic technologist, I have access to and involvement in the processing of protected health information. I understand that I am obligated to maintain the confidentiality of this information at all times. Protected health information includes all identifiable patient/resident information such as: name, address, relative, employers, birth date, telephone numbers, e-mail addresses, social security numbers, and any personal information provided to them orally, contained in patient medical records, or maintained on the facility’s electronic information system.

I understand that a violation of these confidentiality considerations could result in immediate termination from the radiology program. I further understand that I may be subject to legal action should I violate the rules of maintenance of confidentiality.

Date: __________________________

Printed Name: ____________________________________________________

Signature: ________________________________________________________

Note: Some area hospitals require students to sign their own confidentiality statement.

(For an example of HIPPA see AMC Policy Attached)

HIPAA Law (in brief)

- The patient must receive a clear written explanation of how the health provider may use the disclosed information.
- The patient will be able to see and copy records and request amendments.
- A history of routine disclosures must be available to the patient.
- Health care providers must obtain consent before sharing routine information on treatment, payment, and health care operations. Separate authorization is needed for non-routine disclosures and non-health purposes.
- Patients have the right to request restrictions on uses and disclosures of their information.
- Patients may file complaints with a covered provider or with HHS about violations of these rules.
FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program

LICENSURE VERIFICATION

Please Print

Class of ___________ Date ___________ Social Security Number ___________-

Name ____________________________________________

Last  First  Middle

Permanent or Legal Address

__________________________ __________________________ __________________________
Street  City  County

__________________________
State  Zip  Telephone Number

Temporary Address (Address while attending FMCC, if different from above)

__________________________  ________________________  ________________________
Street  City  County

__________________________
State  Zip  Telephone Number

Birth Date: _____/_____/______  Age: _____  Sex: M____ F____

E-mail ____________________
In order to assure your eligibility for licensure at the completion of the program in Radiologic Technology at Fulton-Montgomery Community College, it is necessary that the department have the following information in order to assist you in applying for verification that you will be able to obtain a license/certification to practice. This question appears on the Application for State of New York Licensure.

1. Except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of an offense against the law, forfeited collateral or are you now under charges for any offense against the law?______Yes______No

If yes, please provide details under Remarks for each charge. Also, include copies of all Documents from the Court. (Certificate of Disposition, Certificate of Relief From Disabilities, Parole/Probation documents, etc.)

Notes: A conviction is not an automatic bar to licensure. Each case is considered on its individual merits.

* If yes, it is imperative that you make an appointment to see the Program Director. Also, refer to Policy #2, located in the Student Orientation Booklet.

Name __________________________________________

Signature

Date __________________________________________

Remarks:
PERMISSION TO RELEASE INFORMATION FORM

I hereby provide permission to Fulton-Montgomery Community College to release my name, social security number, and date of birth to the clinical experience sites or to the State Education Department as needed.

I have been informed that this information may be utilized by an agency to perform a New York State Abuse Registry screening in compliance with NYS Public Health Law 2803-d. In addition, I have been informed that this information is required to complete the 2 PG Form for Application for Licensure to the New York State Education Department.

Signature: ______________________________________________________

Social Security Number: ______________________________

Date of Birth: ______________________________

Current Date: ______________________________
VARICELLA POLICY WAIVER

“Varicella vaccine is recommended for children on or after their first birthday for susceptible children, ie, those who lack a reliable history of chickenpox (as judged by a health care provider) and who have not been immunized. Susceptible persons 13 years or older should receive 2 doses, given at least 4 weeks apart.” New York State Immunization Update, Winter 2001

Although there are no New York State requirements for healthcare workers to demonstrate immunity to the varicella-zoster virus (chickenpox), health care organizations and healthcare educational facilities are strongly encouraged to ensure that their workers/students demonstrate immunity to the virus. This is extremely important to recognize in light of the fact that students perform in healthcare settings where increased risk for exposure to infection exists.

FMCC’s Radiology Program is in compliance with the recommendations of the New York State Department of Health. Although proof of immunity, in the form of a titer from a healthcare provider or evidence of vaccination, is recommended for all students who participate in clinical affiliations, students who have a history of compromised immunity or who are pregnant should not receive the chickenpox vaccine due to the possibility of serious side effects. Please consult the following agencies for further information regarding risks: The Fulton or Montgomery County Health Departments or the New York State Department of Health. Those who are unsure of immunity may obtain a blood titer level to determine immunity to the virus.

I have read the information provided above regarding varicella (chicken pox) vaccination and understand the consequences of lack of vaccination. Furthermore, I have been informed that some agencies require documentation of proof of immunity against this virus. If proof of immunity cannot be provided and there are no alternative options for the clinical experience, I acknowledge that I will be unable to complete the clinical requirements of the Radiology Program.

______________________________  __________________________
Signature                              Date

Due to personal or health related reasons, I choose not to receive the vaccination at this time and do not hold the College responsible for risks I may be exposed to as part of the clinical experience in the Radiology Program.

______________________________  __________________________
Signature                              Date

rev6/13cc
SERVICES FOR STUDENTS WITH DISABILITIES

If you are a student with a documented disability, the College and the Radiologic Technology Program offers reasonable accommodations to assist you. The services are designed to provide you the opportunity to participate fully in college life. You can contact Ellie Fosmire on campus at extension 8147.

Radiology Technology Students Requesting Accommodations*

Fulton-Montgomery community College is committed to providing an environment of diversity, respect, Support and equal opportunity for persons with disabilities in accordance with The Rehabilitation Act of 1973
And the Americans with Disabilities Act (ADA) 1990. The ADA defines a disabled person as someone who has a physical or mental impairment that substantially limits one or more of his or her major life activities, who has a record of such impairment, or who is regarded as having such impairment. Only students diagnosed with disobliges covered by the ADA may be granted special accommodation in the radiology classroom, laboratory, and clinical setting. It is the responsibility of the student to follow the appropriate procedure for requesting an accommodation thru the Offices of services for Students with Disabilities (Learning Center 518-762-4651 Extension 5502 for Learning Disability Accommodations), (Accessibility Office 518-842-4651 Extension 4760 for accommodations related to physical or mental impairment) and to provide the necessary documentation for that office.

All qualified candidates for the radiological technology program must be able to successfully perform, with or without reasonable accommodations, the essential functions (see specific functions in this booklet page 6 and 7) that are deemed necessary to the radiology program curriculum. If a student believes that he or she cannot meet one or more of these standards without accommodations or modification, the Disabilities Office and the Radiology Program will determine, on an individual basis, whether or not the accommodation requested is reasonable without fundamentally altering the nature of the program or posing a risk to anyone’s health or safety. Students who do not agree with the decision may bring their complaint to the Vice President for Student and Community Services. (See The Source, Student Handbook, Page 4, Human Rights and Dignity).

ARRT Registry Exam Testing Accommodations
For more information visit or to request a packet:

https://www.arrt.org/examination/testing-accommodations

Testing Accommodations for Candidates with ADA-Qualifying Disabilities

ARRT complies with the Americans with Disabilities Act (ADA) and provides reasonable testing accommodations to candidates who demonstrate that they have an ADA-qualifying disability. Testing accommodations will not be approved unless the candidate submits the necessary documentation with his or her examination application. Candidates should follow the documentation guidelines listed in the testing accommodations packet. Testing accommodations cannot be assigned once an exam window has been assigned.
Phone ARRT at (651) 687-0048, ext. 8560, if you are unable to download the form(s) or information, or if you require further information on testing accommodations. Only ARRT policies regarding testing accommodations may be discussed over the phone; ARRT does not discuss individual candidate information over the phone.

**First-Time Candidates**

First-time candidates wishing to be considered for testing accommodations must submit:

- A Request for Testing Accommodations form (included in the packet linked above) with his or her examination application;
- Documentation verifying a functional impairment caused by an ADA-qualifying disability; and
- Personal statement describing the disability and its impact on daily life and educational functioning.

**Repeat Candidates**

Candidates who have submitted documentation within the past five years should follow the guidelines below:

- Submit a new Request for Testing Accommodations form (included in the packet linked above) each time an examination application is submitted.
- The necessary supporting documentation needs be submitted only once.
- Candidates not submitting a Request for Testing Accommodations form with each subsequent examination application will be processed for examination without testing accommodations.
Karlyn LaBate  
Program Director  
Assistant Professor Radiology Technology Instructor  
20 years of experience in radiology  
ARRT Mammography, Computed Tomography, Cardiovascular Interventional  
M.S. Health Administration University of St. Francis  
B.S. University of St. Francis  
A.A.S. Fulton Montgomery Community College  
Albany Memorial School of X-ray Technology  
Attended Bloomsburg University in Pennsylvania for RRA coursework  
**Member of:**  
ARRT, ASRT, AERT, NYSSRS  
Licensed by NYS DOH (licensure includes venipuncture)  

Kullen Bailey  
Clinical Coordinator  
Instructor Radiologic Technology  
ARRT Computed Tomography  
B.S. Empire State College  
A.A.S. Fulton Montgomery Community College  
**Member of:**  
ARRT, ASRT, NYSSRS  
Licensed by NYS DOH (licensure includes venipuncture)  

Christine Huxtable  
Adjunct Clinical Faculty/ Clinical Supervisor  
7 years radiology experience  
ARRT Radiography Certification  
Certificate 1St. Elizabeth’s School of Radiography  
A.A.S SUNY Empire State College  
**Member of:**  
ARRT, ASRT  
Licensed by NYS DOH  

Amanda Brownell R.T. (R)  
Adjunct Clinical Faculty/ Clinical Supervisor  
5 Years Experience in Radiology  
A.A.S. Fulton Montgomery Community College  
Licensed by NYS DOH  
**Member of:**  
ARRT, ASRT
Kirsten R. Belknap
Adjunct Clinical Faculty/Clinical Supervisor
3 Years of Radiology Experience
A.A.S. Fulton Montgomery Community College
**Member of:**
ARRT, ASRT
Licensed by NYS DOH

Jessica I. LaPoint
Adjunct Clinical Faculty/Clinical Supervisor
15 years of experience in radiology
Glens Falls Hospital School of Radiologic Technology
**Member of:**
ARRT, ASRT
Licensed by NYS DOH

William Stock
Adjunct Clinical Faculty/ Clinical Supervisor
6 years radiology experience
ARRT Radiography, Magnetic Resonance Imaging Certification
B.S. SUNY Cortland
A.A.S. Radiologic Technology Fulton Montgomery Community College
**Member of:**
ARRT, ASRT
Licensed by NYS DOH

Scott Przybylowicz
Adjunct Clinical Faculty/ Clinical Supervisor
10 years radiology experience
ARRT Radiography
A.A.S. Fulton Montgomery Community College
**Member of:**
ARRT, ASRT
Licensed by NYS DOH

revised 8/05, 5/06, 1/07, cc 07/08, 5/09,6/10,6/11,6/12,6/13cc.cc
Program Course Structure

RADIOLOGIC TECHNOLOGY (A.A.S.)
APC — 0628

This rigorous program of study provides the student with the essential qualifications for obtaining an Associate’s degree in Radiologic Technology. Graduates will be eligible to take the American Registry of Radiologic Technology examination for certification and New York State licensure.

The program prepares Radiologic Technologists to utilize their knowledge of human anatomy, radiographic procedures, and radiation safety to provide quality diagnostic radiographic films, for the purpose of diagnosis and treatment of injury and disease. Radiologic Technologists work in hospitals, clinics, private imaging centers, and medical physician offices.

Students attend lecture and laboratory classes on campus and practical clinical experience in area hospitals.

Program Learning Outcomes

Students will be able to:
1) Develop clinical competency in the performance of basic radiologic procedures.
2) Demonstrate problem-solving and critical thinking skills.
3) Cultivate and promote good communication skills with patients, staff, and others.
4) Establish a role as a medical imaging professional. Develop moral, ethical, and legal principles of professionalism.

**FIRST YEAR**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO 181</td>
<td>Anatomy &amp; Physiology I</td>
<td>4</td>
</tr>
<tr>
<td>RAD 101</td>
<td>Intro to Radiologic Technology</td>
<td>3</td>
</tr>
<tr>
<td>RAD 110</td>
<td>Radiographic Procedures I</td>
<td>3</td>
</tr>
<tr>
<td>RAD 120</td>
<td>Clinical Experience I</td>
<td>4</td>
</tr>
<tr>
<td>RAD 130</td>
<td>Radiographic Physics I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>

**SUMMER**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAD 122</td>
<td>Clinical Experience III</td>
<td>7</td>
</tr>
</tbody>
</table>

**SECOND YEAR**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENG 104</td>
<td>English II</td>
<td>3</td>
</tr>
<tr>
<td>PSY 101</td>
<td>General Psychology</td>
<td>3</td>
</tr>
<tr>
<td>RAD 202</td>
<td>Patient Care II</td>
<td>2</td>
</tr>
<tr>
<td>RAD 210</td>
<td>Advanced Radiographic Procedures</td>
<td>2</td>
</tr>
<tr>
<td>RAD 220</td>
<td>Clinical Experience IV</td>
<td>6</td>
</tr>
<tr>
<td>RAD 231</td>
<td>Quality Management</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

1. Prerequisites: High School Algebra and Intermediate level Algebra, High School Biology and either High School Chemistry or High School Physics with Lab or equivalent. A grade of "B" required for all pre-requisite courses.
2. Students are required to carry their own liability insurance. A medical examination is required annually. All students must meet the physical and emotional requirements as stated on the health form. All students must be certified in American Heart Association adult and pediatric cardiopulmonary resuscitation (CPR) prior to admission to the program.
3. To qualify for the next sequential radiography course, the student must earn a grade of "C" or higher in radiology courses, pass the clinical portion, and earn a grade of "C" or higher in BIO 131 and BIO 182.
4. Upon admission or readmission to the Radiologic Technology program, prior FM credit or transfer credit will not be granted for college level Anatomy and Physiology I and II, and Microbiology. If the courses were taken more than seven years ago.
5. Some courses meet at clinical hospital sites.

A minimum of 75 semester hours are required to complete this program, which must include 20 semester hours of Liberal Arts and Sciences.
## FULTON-MONTGOMERY COMMUNITY COLLEGE
### RADIOLGIO TECHNOLOGY HEALTH FORM

NOTE: All physical and immunization information must be transcribed onto the official FM Health Form and signed by a physician before returning it to the Radiologic Technology Department. No attachments will be accepted. Physicals are to be completed after June 1 and returned no later than August 1.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Last</th>
<th>First</th>
<th>M</th>
<th>Date of Birth:</th>
<th>M/D/Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MANTOUX SKIN TEST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshman Date:</td>
<td>Results:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sophomore Date:</td>
<td>Results:</td>
<td>-OR-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Xray (If Mantoux is positive or contraindicated) Date:</td>
<td>Results:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. MMR (Two doses given after 1967 if student was born after 1/57) First Date:</td>
<td></td>
<td>Second Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. RUBEOLA (Titer necessary if student has not had two doses of MMR) Vaccine Date:</td>
<td>OR Titer Date:</td>
<td>Results:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. RUBELLA (Titer necessary if student has not had one dose of MMR after 15 months of age) Vaccine Date:</td>
<td>OR Titer Date:</td>
<td>Results:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. MUMPS (Titer necessary if student has not had one dose of MMR after 15 months of age) Vaccine Date:</td>
<td>OR Titer Date:</td>
<td>Results:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. DIPHTHERIA/TETANUS BOOSTER (Update every ten years) Date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. VARICELLA Vaccine Date 1:</td>
<td>Vaccine Date 2:</td>
<td>OR Titer (IgG) Date:</td>
<td>Results:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. HEPATITIS B Immunization Series</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># 1</td>
<td># 2</td>
<td># 3</td>
<td>-OR-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis Titer Date:</td>
<td>Results:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis Booster Date:</td>
<td>-OR-</td>
<td>Results:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis Waiver Signature:</td>
<td>-OR-</td>
<td>Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. INFLUENZA VACCINE (Update Annually) Date:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due in October</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- OVER -
PHYSICIAN / NURSE PRACTITIONER / PHYSICIAN’S ASSISTANT:

In keeping with the requirements of the N.Y.S. Health Department, I have performed a medical evaluation and found no evidence of physical limitations or mental impairment which could interfere with clinical performance or impose potential risks to patients or personnel. In addition, to the best of my knowledge, the student is:

- Free from addiction to drugs, alcohol, or other behavior altering substances
- Able to stand, walk, bend, push, grasp, and lift without restriction
- Has normal sight, hearing and speech (with correction)

Physician/NP/PA Please Print

Physician/NP/PA Signature

Date

STUDENT:
Because clinical agencies require health information regarding the students participating in clinical experiences, the student must sign a waiver allowing the college to release this information. Signing the statement below will allow this.

I hereby give permission for the release of health information contained in my health records maintained at Fulton-Montgomery Community College to responsible clinical agencies.

Signature: ___________________________ Date: ______

NOTE: All physical and immunization information must be transcribed onto the official FM Health Form and signed by a physician/NP/PA before returning it to the Nursing Department. Attach a copy of your American Heart Association Basic Life Support (BLS) card. No other attachments will be accepted. Physicals are to be completed after June 1 and returned no later than a minimum of four weeks prior to the start of classes.

AFTER COMPLETION OF THIS FORM, PLEASE RETURN TO: Karlyn LaBate, Director Radiologic Technology Fulton-Montgomery Community College 2805 State Highway 67 Johnstown, NY 12095

TO BE COMPLETED BY COLLEGE OFFICIALS Date Received: _______ Received By: _______

American Heart Association Basic Life Support (BLS)

Initial date ____________________________ Renewal Date ____________________________
Unacceptable Practice Act Form

Unsafe or unacceptable practice act forms are used to inform students of unsafe or unacceptable actions. This form is to be used as a tool to inform the student of direct corrections or modifications required for the student to be successful in the profession. Unsafe or unacceptable practice actions may include but are not limited to:

- Excessive tardiness/absenteeism
- Unsafe transportation of a patient
- Violation of the ASRT Code of Ethics
- Exposing wrong patient, wrong part
- Violation of any of the program notebook policies
- Not checking pregnancy status prior to exposure
- Failing to identify patients correctly
- Lack of Civility
- Failure to follow proper supervision rules

Each UPA form represents a 3% reduction in the students overall clinical grade. After 2 UPA forms submitted, students will be issued an individual clinical contract for performance improvement planning. Failure to meet the contract may result in program dismissal.

UPA forms will be kept in the students file and be cumulative throughout the five semesters of the program.

After the third UPA form is submitted, program faculty will meet with the Academic dean to discuss circumstances and potentially dismiss the students from the program.

(additional documentation should be attached)

Student Name: ________________________________________________________

Date: ______________   Student Signature:_______________________________

Evaluator: ___________________________________________________________

Reason for UPA: _______________________________________________________

________________________________________________________________________________

_________________________________________________________________________

Clinical Coordinator Signature: ___________________________________________

Program Director Signature: _____________________________________________

Student Feedback/ Notes/ Counsel:
________________________________________________________________________

________________________________________________________________________

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The mission of the Radiologic Technology program is to provide an excellent educational experience. The radiographic technologist will be committed to their profession by continuing education.

Often field trip opportunities will surface and be presented to the appropriate class. These are excellent occasions for students to network and grow in the profession. Field trips that are considered academic in nature are strongly recommended and may have a graded assignment included. Students may opt out of participating in field trips but will be given an alternate individualized assignment (may include newspaper article, etc.) in addition to attending their scheduled clinical assignment while the class is on the field trip.
TRAJECSYS AND TEXTBOOKS

Trajecsys is a cloud based paperless clinical record keeping system. Students are required to purchase a subscription to Trajecsys for the entire time they are in the program. Without an active subscription students will not be able to participate in their clinical courses, meaning dismissal from the program.

Trajecsys Corporation was founded in 2005 by two educators. It features an online clinical management and tracking system for students of health-related programs. The application was developed with input from programs at the University of Arkansas for Medical Sciences College of Health Related Professions. Since its inception, the Trajecsys Report System is now used by hundreds of health education programs nationwide. Its flexibility allows its use for recordkeeping solutions across dozens of different allied health and nursing modalities, including such diverse program specialities as dosimetry, radiation therapy, nursing, radiography, sonography, medical assisting and many others.

Textbooks: Students are required to purchase all required books for the program. Many of these books will be used as a professional reference during their career.
Clinical Orientations, Patient Care Competencies, Clinical Site Requirements,
The Radiologic Technology Program Curriculum meets the guidelines as recommended by the ASRT; required by the ARRT, NYS DOH, and the JRCERT. In addition each student will uphold the policies and procedures set forth by their respective clinical sites.

Students will attend a clinical orientation prior to their freshmen and senior clinical rotations.

In addition students will complete a clinical site mandated orientation which may be self study or a required on site orientation. Clinical sites require this prior to the student attending the clinical course.

In order to become a candidate for the ARRT Radiography Registry Exam, students must demonstrate competence in the prescribed patient care activities.

Freshmen students will complete these activities other than CPR, with nursing faculty in June prior to the start of their clinical rotation.

### 4.2.1 General Patient Care

Candidates must be CPR certified and demonstrate competence in the remaining nine patient care activities listed below. The activities should be performed on patients whenever possible, but simulation is acceptable.

<table>
<thead>
<tr>
<th>General Patient Care Procedures</th>
<th>Date Completed</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR Certified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs – Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs – Temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs – Pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs – Respiration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs – Pulse Oximetry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile and Medical Aseptic Technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venipuncture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer of Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PROGRAM NOTEBOOK ATTESTATION

I have received the Fulton Montgomery Community College Radiologic Technology Program Notebook.

I understand the contents. I agree to abide by the procedures and policies in this booklet and as they have been explained to me. I understand violations will result in a sanction ranging from an informal warning to program dismissal.

Signature: _____________________________________

Date:_________________________________________

Check and initial the following:

☐ Health Requirements for students
☐ Attendance Requirements
☐ Release of Information
☐ UPA Form
☐ Laboratory Policy
☐ Supervision Policy
☐ Field Trip Guidelines
☐ Safe Exposure Practice/ Limits
☐ Fitness For Duty
☐ Electronic Device Policy
☐ ASRT Code of Ethics
☐ Program Fees, book requirements, Trajecsys
☐ Patient Care Competencies, Orientations
Structure of Clinical Experience Education for Radiologic Technology

Clinical education for Radiologic Technology students at Fulton-Montgomery Community College is divided into five significant and required units.

1. RAD 120 Clinical Experience I (first semester freshman)
2. RAD 121 Clinical Experience II (second semester freshman)
3. RAD 122 Clinical Experience III (summer session freshman)
4. RAD 220 Clinical Experience IV (first semester sophomore)
5. RAD 221 Clinical Experience V (second semester sophomore)

Final Competency (See Policy #21)

References for all Clinical Experience Courses:


FMCC Radiologic Technology Program Notebook


Student Clinical Experience Schedule

Clinical Experience is assigned to six area hospitals, one orthopedic practice, an outpatient radiation therapy practice, a pediatric, and a trauma rotation at a trauma center. The freshman students will start their clinical experience in a lab/classroom setting for an orientation period of approximately four weeks. Students will attain skills in the function of the radiographic equipment, ascertain image receptor sizes, practice safe exposure techniques, be introduced to radiation safety and universal health care policies. The lab is located on campus C005. The freshman will be assigned to their hospital Tuesday and Thursday of each week. In Clinical Experience II the freshman will have one week of clinical experience prior to the start of the spring semester. The summer session provides the student with nine weeks of full-time, 40-hour workweek departmental experience as well as a one week pediatric rotation. This is a most effective time for students to work on accuracy and timeliness and competency requirements. There will be scheduled class meetings on campus during the summer clinical time.

The summer session provides sophomore students with a week of clinical orientation and departmental experience at a new clinical site. After the orientation, sophomore students will be assigned to their hospital Monday, Wednesday, and Friday each week. In the fall of the sophomore year, students will rotate through the “specialty” modalities, (Angio, CT, Nuclear Medicine, MRI, Radiation Therapy, and Ultrasound) as well as a weekend trauma rotation.
RAD 120 Clinical Experience I (first semester freshman)-  4 credit hours
RAD 121 Clinical Experience II (second semester freshman)  4 credit hours
RAD 122 Clinical Experience III (summer session freshman)  7 credit hours
RAD 220 Clinical Experience IV (first semester sophomore)  6 credit hours
RAD 221 Clinical Experience V (second semester sophomore)  6 credit hours

Karlyn LaBate, MS, RT(R)(M)(CT)(CV)
Program Director
Office: C005A  karlyn.labate@fmcc.suny.edu  736-3622 Ext. 8901

Kullen Bailey
Clinical Coordinator
Office: C005B  kullen.bailey@fmcc.suny.edu
736-3622 Ext 8902

See course specific syllabi for office hours

**Required Texts:**
Radiologic Technology Program Notebook

**References for all Clinical Experience Courses:**

Course Description: See above description

Clinical Experience Settings: See above list

Program Objectives: At the completion of the Radiologic Technology Program, students will:
- Attain clinical competency in the performance of basic radiologic procedures
- Demonstrate problem solving and critical thinking skills
- Cultivate and promote good communication skills with patients, staff and others
- Establish a role as a medical imaging professional. Develop moral, ethical and legal principles of professionalism.

Clinical Participation: The student actively observes and participates with the radiographer during radiographic procedures. As students gain experience in various procedures, he/she masters the stages of competency resulting in their professional independence. All mandatory and elective competencies must be completed at the end of this semester. Students must have direct supervision, until competencies tests are passed. See Policy # 13. The passing of these competencies will allow the student to perform the specific diagnostic procedure requiring indirect supervision. Repeat radiographs are always performed under the direct supervision of clinical faculty or a licensed radiographer.

Course Policies:

GRADING/EVALUATION
Grade worksheets and evaluations will be utilized to determine clinical experience grades. The faculty will review these forms with the students and have the students sign each form as an indication that both parties reviewed the worksheets/evaluations.
The clinical grade is either satisfactory ‘S’, Incomplete ‘I’ or Unsatisfactory ‘U’. Unsatisfactory grades require expulsion from the program.
A numeric grade is also calculated. Students must achieve a minimum of ‘C’ (74.5- 76.4) to receive a Satisfactory clinical grade in Rad 120. The clinical grade has 5 components:
- Satisfactory completion of assigned clinical snapshots
- Satisfactory completion of required competencies
- Satisfactory attendance
- Critical thinking competency (when required)
- Satisfactory Professional Growth assessment (from clinical instructor)
- Successful completion of the final competency (at the end of the program)
A student who is expelled from the clinical site for any reason shall be removed from the program.

Clinical Experience Grade: A grade of “S” Satisfactory for all Clinical Experience Courses is required in order to graduate and remain in the program.

RAD 120, 121, 122, 220, 221
Each instructor is encouraged to keep anecdotal records on every student as needed.

All Mandatory and Elective Competency Assessments

Must receive a score of 85%, otherwise, Failed Competency-Corrective Measures paperwork must be initiated (located in the clinical experience booklet)

Automatic Fail Criteria for Competency Assessment as follows:

1. Wrong patient
2. Wrong part
3. Wrong side
4. No lead marker visible on 2 or more images. (If able to open collimation mask or window/level to detect marker, the marker is acceptable)
5. Failure to question patient regarding pregnancy status prior to exposure.

Final Competencies must receive a grade of 85% to be considered passing, with a repeat rate of less than 15%.

Semester clinical grades will continue as S/U under the following progressive scale:

RAD 120 74.5 = S
RAD 121 77.0 = S
RAD 122 79.5 = S
RAD 220 82.0 = S
RAD 221 85.0 = S

Midterm/Final Worksheets (see appendix)
Students must complete 3-5 competency tests during RT 120 and 15 competency tests per semester thereafter. This will ensure that students will complete the mandatory 37 and 15 elective competency tests required for graduation. Grading for fewer performed competencies will be at the discretion of the clinical supervisor.

A grade of Unsatisfactory in any clinical course will mean dismissal from the program.
Clinical Snap Shot Evaluations
Clinical performance will be evaluated by the clinical faculty or licensed radiographer. Evaluations are used at the end of an assigned rotation to ascertain the student’s level of performance. It represents skills that are satisfactory, consistent in his/her performance; progressing, developing skills, and unsatisfactory, performance unacceptable evaluations are to be completed by a licensed radiographer or clinical faculty. It is the student’s responsibility to facilitate timely submission of biweekly area evaluations. Students will be given a schedule for due dates.

Clinical Competencies
Clinical competency is achieved through the student observing, participating and mastering their skills prior to competency testing. The students must pass a series of, at least three, proficiency evaluations prior to competency testing. Student may take as many proficiency evaluations as they feel necessary before taking their competency test; a minimum of 3 performed is required. Clinical faculty or clinical staff radiographers with over a year of experience, may evaluate competency testing. All competencies listed on the Master Checklist with a grade of 85 or better, must be successfully completed in RAD 221. If the student has not successfully completed all the required competencies, clinical requirements, a grade of “I” or “U” will be recorded on the transcript at the discretion of the faculty. Students receiving an ‘I’ or “U” as a clinical grade will not graduate from the program in May. The student may be offered a remediation program for clinical competency at the discretion of the program director. Students participating in final clinical remediation must successfully complete all required competencies/clinical requirements in order for a change of grade to an ‘S’ for RAD 221 to be submitted. Failure on a competency test will require that a student begin the proficiency evaluation cycle again with faculty supervision. A failing grade will be averaged with all the other competency tests completed.

Final Competency
This is a program requirement. The final competency can only be scheduled when all Mandatory and Elective competencies required by the ARRT are completed. This competency will determine if the student is qualified to sit for the boards. The students must pass this competency test before they can make arrangements with the ARRT for their examination date. For specific details, see Policy # 20

Critical thinking competency
Students are required to complete a critical thinking competency at the midterm and at the end of each semester (waived for first freshman, summer, and last sophomore semesters). This is included as part of the final clinical grade

Image Critique Assessment Image critique is an integral part of RAD 202 (Patient Care II) Ten assessments will be completed by the end of the sophomore year. In addition 4 hours of documented time with a radiologist at the clinical site is required.

Professional Growth Assessment
Each assigned faculty shall evaluate the student progress at mid-term and at the end of the semester. (Waived for freshmen first semester)

Dress Code Compliance
Compliance with the dress code is expected. Failure to comply will result in loss of grade point and/or
student being sent home from clinical site (loss of bank day).

Attendance See Policy #1

COMPETENCIES- A confidential clinical competency file for each student will be maintained by the Program Director. At the end of the clinical course of study, the Program Director will attest to the successful completion of 37 mandatory and 15 elective competency procedures with the American Registry of Radiologic Technologists providing admission to the ARRT Registry Examination.

RAD 120 Clinical Experience I 4. s.h.
This course is designed for the freshman student to obtain clinical expertise in an actual radiology department setting. The outcome of this experience will establish a professional standard of conduct, a sense of compassion for patients, a desirable work ethic and skills necessary to perform and produce quality diagnostic radiographs/images. The clinical setting is structured to coordinate competencies learned in RAD 101, RAD 110, and RAD 130.

At the completion of Clinical Experience I, the student should be able to:


2. Competently perform the basic routine procedures evaluated during the Semester’s clinical competency tests utilizing the stages of competency as set in the “Directives for Clinical Competency”.

3. Supply room, identify and manipulate equipment, and set up for basic routine procedures in the assigned radiographic room.

4. Process digital Image and QC any data as applicable.

5. Identify the patient services available within the department.

6. Utilize the proper clerical protocols for the patient’s medical record.

7. Begin to develop image evaluation skills.

8. Identify the public/patient safety procedures with the clinical facility.

9. Strive for professional growth as a radiologic technologist.

10. Identify and describe the basic components of health safety issues/policies included in the Student Orientation Booklet.
This course is designed for the freshman student to obtain clinical expertise in an actual radiology department setting. The first week of this session will be a full 40-hour week in the affiliate hospital. This week will give the student insight to a typical workweek as a radiologic technologist. The outcome of this experience will establish a professional standard of conduct, a sense of compassion for patients, a desirable work ethic and skills necessary to perform and produce quality diagnostic radiographs. The clinical setting is structured to coordinate competencies learned in RAD 110, RAD 111.

At the completion of Clinical Experience II, the student should be able to:

1. Apply competencies learned in RAD 110, RAD 120, RAD 121 and RAD 111 courses: Radiographic Procedures II, Radiographic Physics II, and radiation protection/safety issues.

2. Competently perform the basic routine procedures evaluated during the Semester’s clinical competency tests utilizing the stages of competency as set in the “Directives for Clinical Competency”.

3. Supply room, identify and manipulate equipment, and set up for basic routine procedures in the assigned radiographic room.

4. Process digital Image and QC any data as applicable.

5. Identify the patient services available within the department.

6. Utilize the proper clerical protocols for the patient’s medical record.

7. Begin to develop image evaluation skills.

8. Identify the public/patient safety procedures with the clinical facility.

9. Strive for professional growth as a radiologic technologist.

10. Identify and describe the basic components of health safety issues/policies included in the Student Orientation Booklet.

This course is designed for the first summer session for freshman students to obtain clinical expertise in an actual radiology department setting. The outcome of this experience will establish a professional standard of conduct, a sense of compassion for patients, a desirable work ethic and skills necessary to perform and produce quality diagnostic radiographs. Working in a day-to-day environment, the student will observe those procedures that might not be seen two days a week. The clinical setting is structured to coordinate competencies learned in RAD 110, RAD 111, RAD 120, and RAD 121.
At the completion of Clinical Experience III, the student should be able to:

1. Apply competencies learned in RAD 120, RAD 121 courses: Radiographic Procedures II, Radiographic Physics II, and radiation protection/safety issues.

2. Competently perform the basic routine procedures evaluated during the semester clinical competency tests utilizing the stages of competency as set in the “Directives for Clinical Competency”.

3. Supply room, identify and manipulate equipment, and set up for basic routine procedures in the assigned radiographic room.

4. Process the digital image and QC any data as applicable.

5. Identify the patient services available within the department.

6. Utilize the proper clerical protocols for the patient’s medical record.

7. Begin to develop image evaluation skills.

8. Identify the public/patient safety procedures with the clinical facility.

9. Strive for professional growth as a radiologic technologist.

10. Identify and describe the basic components of health safety issues/policies included in the Student Orientation Booklet.

RAD 220 Clinical Experience IV 6 s.h.

PREREQUISITES CO-REQUISITES
RAD 122 RAD 210, RAD 230

This course is designed for the first semester sophomore student to obtain clinical expertise in an actual radiology department setting. The outcome of this experience will establish a professional standard of conduct, a sense of compassion for patients, a desirable work ethic and skills necessary to perform and produce quality diagnostic radiographs. The clinical setting is structured to coordinate competencies learned in RAD 120, RAD 121, RAD 122, RAD 210, and RAD 230.

At the completion of Clinical Experience IV, the student should be able to:


2. Competently perform the advanced procedures evaluated during the semesters clinical competency tests and develops mastery in performing procedures indicated on the “Directives for Clinical Competency”.

3. Identify and manipulate equipment, supplies and set up for routine and advanced
exams in assigned room.

4. Process digital image and QC any data as applicable.

5. Identify the patient services available within the department.

6. Utilize the proper clerical protocols for the patient’s medical record.

7. Begin to develop image evaluation skills.

8. Identify the public/patient safety procedures with the clinical facility.

9. Strive for professional growth as a radiologic technologist.


RAD 221 Clinical Experience V

PREREQUISITES CO-REQUISITES
RAD 220 RAD 211

This course is designed for the second semester sophomore students to obtain clinical expertise in an actual radiology department setting. The outcome of this experience will establish a professional standard of conduct, a sense of compassion for patients, a desirable work ethic and skills necessary to perform and produce quality diagnostic radiographs. The clinical setting is structured to coordinate competencies learned in RAD 211 with greater expectations of clinical skills and critical thinking skills by evaluating clinical situations where problem solving is based on acceptable standards of practice.

At the completion of Clinical Experience V, the student should be able to:

1. Apply competencies learned in RAD 221, and courses: Advanced Radiographic Procedures I, Radiologic Health, radiation protection/safety issues, image evaluation, and establish a role as a radiology professional.

2. Competently perform the advanced procedures evaluated during the semesters clinical competency tests and develops mastery in performing procedures indicated on the “Directives for Clinical Competency”.

3. Identify and manipulate equipment, supplies and set up for routine and advanced exams in assigned room.

4. Begin to develop image evaluation skills.

5. Identify the public/patient safety procedures with the clinical facility.

6. Strive for professional growth as a radiologic technologist.
7. Demonstrate problem solving and critical thinking skills necessary to perform effectively in today’s health care environment.

8. Demonstrate knowledge of cross-sectional anatomy.


**Clinical Days and Hours**

Clinical experience is generally held on Tuesday/Thursday- (freshmen) and Monday/Wednesday/Friday (sophomore). Full time weeks are Monday-Friday. **Total didactic and clinical hours may not exceed 40 hours per week.**

Students are expected to be at their clinical sites from 8:00 AM until 4:00 PM, daily, unless otherwise approved by the clinical coordinator. It is a violation of the attendance policy and could result in an unsatisfactory clinical grade, to attend clinical outside normally scheduled hours without the required prior approval.

Freshmen students will participate in a pediatric rotation at Albany Medical Center Hospital during the summer clinical session. This will be a one-week affiliation. Students are excused from their regular clinical site for this rotation.

Freshmen students will participate in an orthopedic office rotation at Mohawk Valley Orthopedics during their second semester. This will be a two-day (Tuesday/Thursday) rotation. Students are excused from their regular clinical site for this rotation.

Sophomore students will participate in a trauma rotation at Albany Medical Center Hospital. This will be for two 8-hours shifts and will be accomplished on weekends including evening and night shifts. Students will participate in a one-day angiography rotation as part of their trauma rotation. This will occur on the Wednesday of the week following their weekend trauma rotation. Students are excused from their regular clinical site on the Friday and Monday and the following Wednesday of their trauma rotation.

Sophomore students will participate in a radiation therapy rotation at NY Oncology and Hematology, Amsterdam, NY. If radiation therapy is not available at the regular clinical site. This will be a two-day (Wednesday/Friday) rotation. Students are excused from their regular clinical site for this rotation.

Students may be asked to change their hours for particular experiences. For example, if a student is scheduled for a rotation in mobile radiography, they may be asked to work from 6:00 AM until 2:00 PM. Changes in clinical hours must be approved in advance by the clinical coordinator.

Sophomore students, who are in their last semester, may request an occasional change of shift or weekend day. These changes must be approved by the clinical coordinator and clinical instructor in advance. **Total didactic and clinical hours may not exceed 40 hours per week or 8 hours per day**
## Clinical Experience

**Midterm and Final Grade Worksheet**

<table>
<thead>
<tr>
<th>Name</th>
<th>Semester</th>
<th>RT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class of</td>
<td>Date</td>
<td>Hospital</td>
</tr>
</tbody>
</table>

Note: RAD120, first semester MIDTERM ONLY freshmen clinical grade is only based on attendance**

### Weights

<table>
<thead>
<tr>
<th>Category Explanation</th>
<th>%</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Snap Shot EVALUATIONS</strong></td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Each student must complete area evaluations assigned and have all bi-weekly graded area evaluations by staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
  # Evaluations assigned ____, # completed ____, average score ____% | | |
| **CLINICAL COMPETENCY TESTS** | 30 | | Discussion |
| Each student must complete a minimum of 31 mandatory competency tests during RT 120 – RT 221 with no less minimum level of expected performance. Failure to meet the minimum level requires that the proficiency learning cycle begin again. A minimum of 3-5 competency tests must be completed in RT 120 and 15 competency tests per semester thereafter. Students must successfully complete the required 36 mandatory and 15 elective competency tests in order to graduate. The Competency test scores (including failures) will be averaged. If insufficient competency tests have been completed by midterm or final an 'I’ Incomplete grade will be recorded. | | |
| Competencies completed ______, avg. % | | |
| **Professional Ethics**: Patient rights, integrity, honesty, character, reaction to criticism | 10 | | Lab Report |
|  
  3. Demonstrates highest level of professional integrity, always on time, never absent, always in assigned area | | |
  2. Adheres to professional standards in acceptable manner, usually on time, usually in assigned area | | |
  1. Attempts professional conduct, usually succeeding, sometimes tardy or absent, sloppy non-compliance with dress code | | |
  0. Ignores rights of others, displays a negative attitude, frequently tardy or absent | | |
| 3=10, 2=7.5, 1=5, 0=0 | | |
| **ASSESSMENT OF PROFESSIONAL GROWTH** | 15 | | Assessment |
| Each student must have a Professional Assessment form completed by each of the assigned faculty or clinical coordinator or designated staff technologist at midterm. 100% = 30 total points. | | |
| **CRITICAL THINKING COMPETENCY** | 15 | | Performance |
| Each student must demonstrate coordination of classroom learning with clinical performance. Students will be evaluated for critical thinking at the midterm and end of each semester by performing examinations in which they have achieved competency. Percent scores will be used as the measure of critical thinking. | | |

### Total Grade

__________
COMMENTS:

Grade Earned: ______
Evaluator’s Signature __________________________________________ Date __________
Student’s Signature __________________________________________ Date __________
Student’s Signature does not necessarily signify agreement with comments.

Rev 5/07, 5/09, 6/10, 6/11cc 1/23/12, 6/12cc, 8/13 kl, 8/14 kl, 8/15 kl
STUDENT: _____________________________________

**EQUIPMENT EVALUATIONS:**

(check off each circle when completed form handed in)

**Main Department:**
(Radiographic Room #'s includes Radiographic/Fluoroscopic R &F Rooms)

- Radiographic and Fluoroscopic Room #1
- Digital Radiographic and Fluoroscopic Room #2
- Digital Radiographic/tomographic Room #3
- Fuji Digital Radiographic Room #4
- Portables: AMX4 and 4 +
- Operating Room 2 C-Arm units OEC 9800

**Clinic:**

- Digital Radiographic Room #1
- Digital Radiographic Room #2

**Additional Forms:** ***(these forms must be filled out separately for each: the main department and clinic)***

- Patient Services
- Public/Patient Safety

**Specialty Rotations:**

- Mohawk Valley Orthopedics (MVO) Amsterdam Orthopedics
- Pediatrics- Albany Medical Center Hospital
- DEXA

- US (excluded RAD 120 and 121)
- CT (excluded RAD 120 and 121)
- MRI (excluded RAD 120 and RAD 121)
- NM (excluded RAD 120 and RAD 121)
- Radiation Therapy (excluded RAD 120 and RAD 121)
- Trauma (excluded RAD 120 and RAD 121)
- Angiography
Fulton-Montgomery Community College

Radiologic Technology Program
Clinical Site Equipment Map\ Check Off

Cobleskill Regional Hospital

STUDENT: ______________________________________

EQUIPMENT EVALUATIONS:

(Check off each circle when completed form handed in)

Imaging Department:
(Radiographic Room #’s includes Radiographic/Fluoroscopic R &F Rooms)

- Digital Radiographic and Fluoroscopic Room # 1 GE
- Diagnostic room # 2 and #3 (same equipment) GE DR
- Portable – AMX 4
- Operating Room – C-arm OEC 9600

Additional Forms:

- Patient Services
- Public/Patient Safety

Specialty Rotations:

- Mohawk Valley Orthopedics (MVO) Amsterdam Orthopedics
- Pediatrics- Albany Medical Center Hospital
- DEXA

- US (excluded RAD 120 and 121)
- CT (excluded RAD 120 and 121)
- MRI (excluded RAD 120 and RAD 121)
- NM (excluded RAD 120 and RAD 121)
- Radiation Therapy (excluded RAD 120 and RAD 121)
- Trauma (excluded RAD 120 and RAD 121)
- Angiography
Fulton-Montgomery Community College
Radiologic Technology Program
Clinical Site Equipment Map\ Check Off
Ellis Hospital

STUDENT: ____________________________________________

EQUIPMENT EVALUATIONS:
(check off each circle when completed form handed in)

Imaging Department:
(Radiographic Room #’s includes Radiographic/Fluoroscopic R & F Rooms)

  o  # 6/#8 GE Fuji CR
  o  # 7  DR
  o  # 10 Siemens
  o  # 12 Siemens
  o  Portable AMX 4
  o  Operating Room
    (OEC) 2 each 9” C-arms and (1) mini-C-arm

Additional Forms:

  o  Patient Services
  o  Public/Patient Safety

Specialty Rotations:

  o  Mohawk Valley Orthopedics (MVO) Amsterdam Orthopedics
  o  Pediatrics- Albany Medical Center Hospital
  o  DEXA

  o  US (excluded RAD 120 and 121)
  o  CT (excluded RAD 120 and 121)
  o  MRI (excluded RAD 120 and RAD 121)
  o  NM (excluded RAD 120 and RAD 121)
  o  Radiation Therapy (excluded RAD 120 and RAD 121)
  o  Trauma (excluded RAD 120 and RAD 121)
  o  Angiography

Source: Monroe Community College
8-06, 1-08, 6/08, 5/09.6/11cc, 8/13 kl, 8/14 kl
STUDENT: ________________________________

**EQUIPMENT EVALUATIONS:**

(check off each circle when completed form handed in)

**Imaging Department:**
(Radiographic Room #'s includes Radiographic/Fluoroscopic R &F Rooms)

- Room A
- Room B
- Room D
- Portables: 2 each GE AMX 4+
- Operating Room:
  - 9” C-arm, Phillips OEC 9900

**Additional Forms:**

- Patient Services
- Public/Patient Safety

**Specialty Rotations:**

- Mohawk Valley Orthopedics (MVO) Amsterdam Orthopedics
- Pediatrics- Albany Medical Center Hospital
- DEXA

- US (excluded RAD 120 and 121)
- CT (excluded RAD 120 and 121)
- MRI (excluded RAD 120 and RAD 121)
- NM (excluded RAD 120 and RAD 121)
- Radiation Therapy (excluded RAD 120 and RAD 121)
- Trauma (excluded RAD 120 and RAD 121)
- Optional: Lithotripsy and PET (excluded RAD 120 and RAD 121)
- Angiography

Source: Monroe Community College
8-06, 1-08, 6/08, 5/09,6/11cc, 8/13 kl, 8/14 kl
Fulton-Montgomery Community College
Radiologic Technology Program
Clinical Site Equipment Map\ Check Off

St. Mary’s Hospital

STUDENT: ______________________________________

EQUIPMENT EVALUATIONS:
(check off each circle when completed form handed in)

Imaging Department Main Campus:
(Radiographic Room #’s includes Radiographic/Fluoroscopic R &F Rooms)

- Room # 1
- Room # 2
- Room #4
- Room # 5
- Portable 2 each GE AMX 4
- Operating Room
  OEC: C-arm 9”, C-arm 12”, Mini C-arm

Memorial Campus:

- Room #1
- Room #2

Additional Forms: **(these forms must be filled out separately for each the main and memorial campuses)**

- Patient Services
- Public/Patient Safety

Specialty Rotations:

- Mohawk Valley Orthopedics (MVO) Amsterdam Orthopedics
- Pediatrics- Albany Medical Center Hospital
- DEXA

- US (excluded RAD 120 and 121)
- CT (excluded RAD 120 and 121)
- MRI (excluded RAD 120 and RAD 121)
- NM (excluded RAD 120 and RAD 121)
- Radiation Therapy (excluded RAD 120 and RAD 121)
- Trauma (excluded RAD 120 and RAD 121)
- Angiography

Source: Monroe Community College: 8-06, 1-08, 6/08, 5/09,6/11cc, 8/13 kl, 8/14 kl
Fulton-Montgomery Community College
Radiologic Technology Program
Clinical Site Equipment Map/Check Off
Saratoga Hospital/ Wilton Medical

STUDENT: ________________________________

EQUIPMENT EVALUATIONS: (check off each circle when completed form handed in)

Imaging Department Saratoga Hospital:
(Radiographic Room #’s includes Radiographic/Fluoroscopic R & F Rooms)
○ Room #1
○ Room #2 GE Digital R/F
○ Room #5
○ ER Room GE Radiographic CR
○ OR Siemens OrbiK C-arm
  9800 OEC C-arm
○ Portables:(2) AMX 4

Wilton Medical (Outpatient clinic)
○ Rooms #1
○ Room #2
○ Room #3 GE Digital R/F

Additional Forms: **(these forms must be filled out separately for Saratoga hospital and Wilton Medical)**
○ Patient Services
○ Public/Patient Safety

Specialty Rotations:
○ Mohawk Valley Orthopedics (MVO) Amsterdam Orthopedics
○ Pediatrics- Albany Medical Center Hospital
○ DEXA
○ US (excluded RAD 120 and 121)
○ CT (excluded RAD 120 and 121)
○ MRI (excluded RAD 120 and RAD 121)
○ NM (excluded RAD 120 and RAD 121)
○ Radiation Therapy (excluded RAD 120 and RAD 121)
○ Trauma (excluded RAD 120 and RAD 121)
○ Angiography

Source: Monroe Community College: 8-06, 1-08, 6/08, 5/09,6/11cc, 8/13 kl, 8/14 kl

103
# Fulton Montgomery Community College
## Bi-Weekly Clinical Snap Shot Evaluation

**Student Name:** ___________________________  **Date:** _______  **Semester:** __________

**Area:** __________________  **Clinical Site:** ____________________  **Class Of:** ________

## Psychomotor Skills

### Technical Factors (Circle One)

<table>
<thead>
<tr>
<th></th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sets Technique Without Guidance</td>
<td>5</td>
</tr>
<tr>
<td>Usually Sets Technique Without Guidance</td>
<td>4</td>
</tr>
<tr>
<td>May Need Assistance With Technique</td>
<td>3</td>
</tr>
<tr>
<td>Frequently Unable To Set Technique</td>
<td>2</td>
</tr>
<tr>
<td>Shows No Retention Of Skills</td>
<td>1</td>
</tr>
</tbody>
</table>

### Equipment Manipulation (Circle One)

<table>
<thead>
<tr>
<th></th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detents Easily, Manipulates Equipment Without Guidance</td>
<td>5</td>
</tr>
<tr>
<td>Usually Manipulates Equipment Without Guidance</td>
<td>4</td>
</tr>
<tr>
<td>May Need Assistance With Equipment, Frequent Reminders About Detenting</td>
<td>3</td>
</tr>
<tr>
<td>Frequently Unable To Set Up Radiographic Room</td>
<td>2</td>
</tr>
<tr>
<td>Shows No Ability To Detent Tube/Bucky Or Manipulate Room Equipment</td>
<td>1</td>
</tr>
</tbody>
</table>

### Collimation (Circle One)

<table>
<thead>
<tr>
<th></th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent Beam Restriction/Collimation Routinely Demonstrated (4-Sided Collimation)</td>
<td>5</td>
</tr>
<tr>
<td>Usually Collimates</td>
<td>4</td>
</tr>
<tr>
<td>May Need Assistance/Reminders To Collimate</td>
<td>3</td>
</tr>
<tr>
<td>Frequently Unable To Set Technique</td>
<td>2</td>
</tr>
<tr>
<td>Shows No Application Of Collimation (Radiation Protection)</td>
<td>1</td>
</tr>
</tbody>
</table>

### Patient Positioning (Circle One)

<table>
<thead>
<tr>
<th></th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excels In Patient Positioning</td>
<td>5</td>
</tr>
<tr>
<td>Usually Works Independently</td>
<td>4</td>
</tr>
<tr>
<td>Performs Most Positioning With Assistance</td>
<td>3</td>
</tr>
<tr>
<td>Struggles With Positioning Patients</td>
<td>2</td>
</tr>
<tr>
<td>Makes No Effort To Position Patients</td>
<td>1</td>
</tr>
</tbody>
</table>

### Safe Lifting And Transport (Circle One)

<table>
<thead>
<tr>
<th></th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excels In Patient Care, Adaptive To Patient Condition</td>
<td>5</td>
</tr>
<tr>
<td>Better Than Normal Patient Care</td>
<td>4</td>
</tr>
<tr>
<td>Uncomfortable Alone With Patients</td>
<td>3</td>
</tr>
<tr>
<td>Student Requires Monitoring With Patients</td>
<td>2</td>
</tr>
<tr>
<td>Must Be Supervised, Cannot Adapt To Patient Care</td>
<td>1</td>
</tr>
<tr>
<td>Organization (Circle One)</td>
<td>Comments:</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Keeps Concise, Accurate Records</td>
<td>5</td>
</tr>
<tr>
<td>Good Work Flow, Neat Records</td>
<td>4</td>
</tr>
<tr>
<td>Work Usually Organized</td>
<td>3</td>
</tr>
<tr>
<td>Work Is Messy, Not Organized</td>
<td>2</td>
</tr>
<tr>
<td>Repeated Errors, Tasks Unfinished</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Markers (Circle One)</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently Uses Lead Markers With Good Placement, Sends Images In Correct Organization</td>
<td>5</td>
</tr>
<tr>
<td>Usually Places Lead Markers Within Collimated Light Field</td>
<td>4</td>
</tr>
<tr>
<td>Needs Reminding For Lead Markers And Placement</td>
<td>3</td>
</tr>
<tr>
<td>Often Forgets To Use Lead Markers</td>
<td>2</td>
</tr>
<tr>
<td>Does Not Use Lead Markers</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Room Maintenance</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always Follows Procedures</td>
<td>5</td>
</tr>
<tr>
<td>Maintains Room With Few Reminders</td>
<td>4</td>
</tr>
<tr>
<td>Cleans Room When Asked Without Hesitation</td>
<td>3</td>
</tr>
<tr>
<td>Unwilling/Unmotivated To Clean Room When Asked</td>
<td>2</td>
</tr>
<tr>
<td>Will Not Clean/Stock Room</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognitive Skills</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation Safety (Circle One)</td>
<td></td>
</tr>
<tr>
<td>Always Follow Guidelines</td>
<td>5</td>
</tr>
<tr>
<td>Conscientious Of Radiation Safety Guidelines</td>
<td>4</td>
</tr>
<tr>
<td>Understanding Of Radiation Safety Guidelines</td>
<td>3</td>
</tr>
<tr>
<td>Sometimes Ignores Guidelines</td>
<td>2</td>
</tr>
<tr>
<td>Makes No Use Of Guidelines</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Image Quality (Circle One)</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluates Image For Quality Using Optimal, Suboptimal, Repeatable Criteria, Using Textbook And Clinical Site Criteria</td>
<td>5</td>
</tr>
<tr>
<td>Usually Evaluates Images Using Prescribed Criteria</td>
<td>4</td>
</tr>
<tr>
<td>Has Difficulty Evaluating Images</td>
<td>3</td>
</tr>
<tr>
<td>Struggles Evaluating Images</td>
<td>2</td>
</tr>
<tr>
<td>Unable To Evaluate Quality Images</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affective Skills</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication (Circle One)</td>
<td></td>
</tr>
<tr>
<td>(gives directions/obtains relevant medical history)</td>
<td></td>
</tr>
<tr>
<td>Excellent Patient Communication</td>
<td>5</td>
</tr>
<tr>
<td>Better Than Average Patient Communication</td>
<td>4</td>
</tr>
<tr>
<td>Entry Level Patient Communication</td>
<td>3</td>
</tr>
<tr>
<td>Struggles with Patient Communication</td>
<td>2</td>
</tr>
<tr>
<td>Unable/Refuses to Communicate with Patient</td>
<td>1</td>
</tr>
</tbody>
</table>

<p>| Professionalism (Circle One) | Comments: |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent Professionalism</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Better Than Average Professionalism</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Entry Level Professionalism</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Some Unprofessional Behaviors</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Unprofessional Behavior</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

| Attendance (Circle One)                      |       | Comments |
| Prompt, No Absences                          | 5     |          |
| On Time, 1 Absence, Called In               | 4     |          |
| On Time, Absences                           | 3     |          |
| Occasionally Late, Absences, May Not Call In| 2     |          |
| Frequently Late, Excessive Absences          | 1     |          |

| Interpretation (Circle One)                  |       | Comments |
| Excellent Interpretation Of Requisition/Script, Understands Most Medical Terminology | 5     |          |
| Average Interpretation Of Requisition/Script, Requires Help Understanding Requisition/Script, Medical Terminology | 4     |          |
| Struggles Interpretation Of Requisition/Script | 3   |          |
| Unable To Interpret Requisition/Script Or Terms | 2   |          |

| Attitude And Interest (Circle One)           |       | Comments |
| Excellent Attitude                           | 5     |          |
| Good Attitude, Enthusiastic                  | 4     |          |
| Conscientious, Acknowledges Errors           | 3     |          |
| Lacks Enthusiasm, Unengaged                  | 2     |          |
| Critical Of Others Or Clinical Site, Poor Attitude. | 1   |          |

| Initiative (Circle One)                      |       | Comments |
| Self-Motivated                               | 5     |          |
| Usually Works Without Prompting              | 4     |          |
| Occasionally Needs Prompting                 | 3     |          |
| Hesitant To Work Act On Own                  | 2     |          |
| Shows No Initiative                          | 1     |          |

| Critical Thinking And Problem Solving (Circle One) |       | Comments |
| Independent Worker, Good Judgments            | 5     |          |
| Usually Works Independently, Seeks Advice When Needed | 4     |          |
| Occasionally Works Independently, Needs Advice Frequently | 3     |          |
| Hesitant To Work Independently, Reluctant To Make Decisions | 2     |          |
| Unable To Work Independently, Makes Poor/No Decisions. | 1     |          |

Total Points: ___/ 85  Percentage: ___%

Student's Signature: ___________________ Evaluator’s Signature: ____________________

Additional Comments:
ORTHOPEDIC ROTATION:
Upon completion of a limited rotation in the Orthopedic Office, the student shall be able to:

1. Comfort and reassure the patient and family members.
2. Explain the basic procedure and answer simple questions.
3. Prepare the patient for the procedure.
4. Apply basic anatomy principles to images produced.
5. Assist the radiographer in patient education, preparations and procedures
6. Assist with procedural variations, assist with patient immobilization
7. Demonstrate effective communication skills
8. Use critical thinking skills during patient procedures.
9. Maintain safe procedures and radiation protection toward self, patients and others.

TRAUMA ROTATION:
Upon completion of a rotation in Trauma Radiography, the student shall be able to:

1. Comfort and reassure the patient and family members.
2. Explain the basic procedure and answer simple questions.
3. Prepare the patient for the procedure.
4. Apply basic anatomy principles to images produced.
5. Assist the radiographer in patient education, preparations and procedures
6. Assist with procedural variations, assist with patient immobilization
7. Assist with procedural variations and “as-is” positions if applicable.
8. Demonstrate effective communication skills
9. Use critical thinking skills during emergent patient procedures.
10. Maintain safe procedures and radiation protection toward self, patients and others.

Students may not achieve competency assessments during this rotation.
PEDiATRIC RoTAtion:

Upon completion of a limited rotation in the Orthopedic Office, the student shall be able to:

1. Comfort and reassure the patient and family members.
2. Explain the basic procedure and answer simple questions.
3. Prepare the patient for the procedure.
4. Demonstrate age specific competency.
5. Apply basic anatomy principles to images produced.
6. Assist the radiographer in patient education, preparations and procedures.
7. Assist with procedural variations, assist with patient immobilization.
8. Demonstrate effective communication skills.
9. Use critical thinking skills during pediatric patient procedures.
10. Maintain safe procedures and radiation protection toward self, patients and others.

Students may achieve competency at supervising technologists’ discretion.

Angiography/Special Procedures Rotation:

At the completion of a limited rotation of sophomore students in Angiography/Special Procedures, the student shall be able to do the following:

1. Display a professional attitude and appearance.
2. Assist in comforting and reassuring the patient.
3. Assist in patient education through explaining the basic procedure and answer simple questions of the patient.
4. Assist in preparing the patient for the procedure.
5. Assist the radiographer with the equipment.
6. Follow sterile procedures and maintain sterile field where applicable.
7. Apply proper radiation protection procedures.
8. Identify the basic catheters, guide wires, etc.
9. Bring and discuss, at least, one angiography/special procedure case to Film Critique. Critique Discussion should include:
   a. Definition of procedure
   b. Equipment, injection method, contrast and dosage, projections, gowning and protective wear
   c. Imaging requirements (positioning and exposure)
Computed Tomography Rotation:

Upon completion of a limited rotation in the CT Department, the student shall be able to:

1. Comfort and reassure the patient.
2. Explain the basic procedure and answer simple questions.
3. Prepare the patient for the procedure.
4. Apply basic anatomy principles to cross sectional images.
5. Assist the radiographer in patient education, preparations and procedures.
6. Operate routine scan functions if applicable.
7. Demonstrate effective communication skills.
8. Indicate procedures requiring contrast agents.
9. Maintain safe procedures toward self, patients and others.

DEXA Scan Rotation:

Upon completion of a limited rotation utilizing the DEXA Scan unit, the student shall be able to:

1. Comfort and reassure the patient.
2. Explain the basic procedure and answer simple questions.
3. Prepare the patient for the procedure.
4. Apply basic anatomy principles to images produced.
5. Assist the radiographer in patient education, preparations and procedures.
6. Operate routine scan functions if applicable.
7. Demonstrate effective communication skills.
8. Maintain safe procedures toward self, patients and others.
**Magnetic Resonance Imaging Rotation:**

Upon completion of a limited rotation in the MRI Department, the student shall be able to:

1. Comfort and reassure the patient.
2. Explain the basic procedure and answer simple questions.
3. Prepare the patient for the procedure.
4. Apply basic anatomy principles to cross sectional images.
5. Assist the radiographer in patient education, preparations and procedures.
6. Operate routine scan functions if applicable.
7. Discuss specific safety precautions related to the MRI suite.
8. Demonstrate effective communication skills.
9. Indicate procedures requiring contrast agents.
10. Maintain safe procedures toward self, patients and others.

**Nuclear Medicine Rotation:**

Upon completion of a limited rotation in the Nuclear Medicine Department, the student shall be able to:

1. Comfort and reassure the patient.
2. Explain the basic procedures and answer simple questions.
   - Basic Procedure:
     a. Bone, Cardiac, or Gall Bladder Scan
     b. 
3. Prepare patient for the procedure.
   - a. Patient positioning
   - b. Basic patient preparations
   - c. 
4. Apply basic physiology principles to processed information.
5. Assist the Nuclear Medicine Technologist in routine responsibilities, such as, patient education, preparations and procedures. (To include Hot Lab, QC, Area Surveys)
6. Operate routine scan functions if applicable.
7. Demonstrate effective communication skills.
8. Demonstrate knowledge of Nuclear Medicine and radiation safety.
   - a. radioactive isotope decay
   - b. proper handling of radioactive materials
   - c. basic radiation physics
   - d. radiation biology principles
9. Maintain safe procedures toward self, patient and others.
Radiation Therapy at New York Oncology/Hematology is an OBSERVATIONAL experience only. Students do not assist in or perform any aspect of patient care.

Upon completion of a limited rotation utilizing the Radiation therapy unit, the student shall be able to:

1. Comfort and reassure the patient.
2. Explain the basic procedure to the therapist
3. Understands simulation process.
4. Demonstrate effective communication skills.
5. Maintain safe procedures toward self, patients and others.

Ultrasound Rotation:

Upon completion of a limited rotation in the Ultrasound Department, the student shall be able to:

1. Develop a basic understanding of the instrumentation and imaging procedures of sonography.
2. Recognize the differences in imaging principles between radiography and sonography.
3. Maintain a professional attitude and appearance.
4. Apply basic anatomy principles to images produces.
5. Assist the sonographer in patient education, preparations and procedures.
6. Demonstrate effective communication skills.
7. Maintain age procedures toward self, patients and others.
FULTON-MONTGOMERY COMMUNITY COLLEGE  
Radiologic Technology Program  
Clinical Experience  
SPECIALTY/ MODALITY ROTATION  
Area Evaluation

Name: ___________________________________________ Semester: ________________________

Class of: _________________ Date: ___________________

SPECIALTY/MODALITY___________________________________________________________

Please check the appropriate response (Yes, No, NA if not applicable)

<table>
<thead>
<tr>
<th>The student:</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>is punctual.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is professionally dressed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>displays an acceptable attitude toward: Patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>communicates effectively with: Patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>displays initiative and willingness to learn.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrates understanding of simple instrumentation principles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrates desire to identify imaged structures and anatomy in this specialty/modality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>willingly assists technologist and others.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrates safe behaviors for self, patient and others.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>asks appropriate questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrates understanding of radiation safety practices specific to this specialty/modality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrates initiative in learning the proper equipment use and procedures specific to this modality/specialty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is able to explain/compare/contrast this specialty/modality to Radiography</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator/Technologist’s Signature: ________________________________

Student’s Signature: ______________________________________________

Comments:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
FULTON MONTGOMERY COMMUNITY COLLEGE  
Radiologic Technology Program  
Clinical Experience  
Equipment Evaluation  
C-ARM UNIT/S

Name: ______________________________  
Semester: ___________ Area: _________  
Class of: ___________ Date:___________ Hospital: ____________________________

This form is to be completed by the student and filed in the student’s folder to be used for area evaluation point system.  
List Type and size: ______________________________

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locate the appropriate wall outlet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locate the On/Off button</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locate auto/manual fluoro</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locate digital controls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locate magnification selection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move monitor forward/backward/lock unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move c-arm forward/backward/side to side</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attach monitors to c-arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connect to appropriate wall outlet (use of adaptors if needed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move “C” in all directions and know which lock is to be used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify control panel on c-arm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set up fluoroscopy auto/manual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know which button is for fluoro timer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Enter patient demographics**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify controls for magnification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate digital options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate positioning of entire unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate hard copy printing/ Transfer digital images to PACS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with OR staff proper handling of sterile C-arm cover</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move C-arm into position</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cover fluoro pedal with plastic bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position fluoro pedal appropriately for surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead aprons available for all staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test unit prior to surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disassemble C-arm (shut down before unplugging)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Store in appropriate area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean units</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Monroe Community College: 8-06, 1-08, 6/08, 5/09, 6/11 cc, 8/13 kl, 8/14 kl
FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program
Clinical Experience
Portable Equipment Evaluation

Name: ____________________________________________________________
Semester: _____________ Hospital: ___________________
Class of: _________________ Date: _________

This form is to be completed by the student and filed in the student’s folder to be used for area evaluation point system.

Identify the type of portable unit: ________________________________

<table>
<thead>
<tr>
<th>PORTABLE CONTROLS:</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connect electrical cord to outlet if needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On/Off switch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locks – adjust tube laterally, longitudinally and vertically</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operate portable using appropriate/applicable controls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collimate appropriately</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use appropriate SID</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube angulations when needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective manipulation of unit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTROL PANEL SELECTIONS:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>kVp, mA, time or mAs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure/rotor handle or switch</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIMULATE:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure/portable location for chest and abdomen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure/portable location for extremities (hand, hip)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCESSORIES:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Protective lead apron/shields</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Image Receptors w/wo Portable Grid</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

08/14 kl
Fulton-Montgomery Community College
Radiologic Technology Program
Clinical Experience

Patient Services

Name______________________________________________Semester________________________

Signature

Class of ______________________Date __________________Hospital_________________________

This form is to be completed by the student and placed in the clinical experience folder.

**PATIENT WAITING AREA**
List the location of all outpatient-waiting areas.

List the location of all in-patient waiting areas.

List the facilities/bathrooms found in an outpatient waiting area.

**DRESSING ROOMS**
List the location of all emergency call systems if applicable.

**LINEN**
List the location(s) of all linen supplies.

Explain the system for disposing of contaminated linen or wastes.

**STRETCHERS/WHEELCHAIRS**
Explain where or how you would obtain a stretcher or wheelchair.
This form is to be completed by the student and placed in the clinical experience folder to be used in the area evaluation point accumulation.

**OXYGEN**
List the location of all oxygen tanks and wall mounted O2 within the department.

**FIRE ALARM BOXES**
List the location of all fire alarm boxes within the department.

Explain how to activate the alarm.

**FIRE HOSES/ EXTINGUISHERS**
List the location of all extinguishers in the department.

Explain how to activate fire extinguishers.

**FIRE DOORS**
List the location of all fire doors.

Explain how they work.

**EXITS**
List all exits from the department.

Explain why the elevators would never be used in a fire.

**FIRE DRILL PROCEDURES**
List the steps taken in case of a fire.
**PATIENT EMERGENCY**
List location of emergency buttons (where available)

List the action(s) you would take if your patient fainted.

Where is the ammonia capsule kept?

List the actions you would take if your patient stopped breathing or arrested.

**HOSPITAL CODES**
List codes used.

List the person(s) responsible for initiating a code.

What is the difference between a Code for respiratory/cardiac arrest versus a rapid response (RRT)?

**DEPARTMENT NURSE OR HOSPITAL NURSING STAFF**
How would you contact a Radiology Nurse/hospital nurse?

**NEEDLES/SYRINGES**
Describe the method of disposing of contaminated needles and syringes.

Source: Monroe Community College
Revised 1-08. 8/13 kl
FULTON-MONTGOMERY COMMUNITY COLLEGE  
Radiologic Technology Program  
Clinical Experience  
Equipment Evaluation

Name: ___________________________  Hospital: ___________________________

Semester: ________________________ RT: ___________ Class of: ____________ Room #: _____

Must be completed by student and may be reviewed by evaluating technologist.

**EQUIPMENT**

- **a. Type:**
- **b. Kv Range:**
- **c. Main Switch Location:**
- **d. Focal spots:**
- **e. Ma Range:**
- **f. Filtration:**

  (Review room manual from manufacturer)  
  Inherent:  
  Added:  

<table>
<thead>
<tr>
<th>MANIPULATE EACH TUBE</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transversely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center/detent lock to the center of the table</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Longitudinal lock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vertical lock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube angulations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube swing lock (90 degrees)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center lock to the center of the upright bucky</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detent to 40 inches for table top/72 inches for upright bucky</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MANIPULATE TABLE CONTROLS</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move the table top longitudinally/transversely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilize the table center button if applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angle the table upright/Trendelenburg if applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attach/detach the footboard if applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attach, adjust the patient – handles if applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raise/lower table if applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activates lock for table top travel and for raising or lowering table, if applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPERATE THE CONTROL PANEL</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate tube/bucky combination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select AEC/manual technique</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collimate using manual controls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collimate using PBL if applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operate hand exposure switch or foot pedal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program fluoroscopy settings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIGITAL FLUOROSCOPY</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type in patient demographics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select appropriate radiographic procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QC if applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>process digital image</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select images to print if applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print images if applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Vfc 2/04, 5-07, 8/07, kl 8/13,8/14 kl
Hand washing is the single most effective way to prevent the spread of infections within a health care facility.

Hands must be washed with soap and warm water:
- When obviously soiled
- After known or suspected contact with blood or body fluids/substances
- Before eating, drinking, or handling food
- After using the toilet, blowing your nose, covering a sneeze or cough

Hands may be cleaned with alcohol-based hand sanitizer solutions:
- After contact with a patient’s intact skin, performing x-ray examinations lifting a patient to or from the x-ray table and/or bed.
- Contact with environmental surfaces in the immediate vicinity of patients
- After glove removal
- For routine decontamination of hands for all clinical indications (except when hands are visibly soiled)

Hand Hygiene Competency

The student:

Yes  No  Uses paper towel to handle controls for water unless there are foot or knee levers.

Yes  No  Wets hands thoroughly, keeping hands lower than elbows so water will Drain from clean area to most contaminated area.

Yes  No  Applies antimicrobial soap.

Yes  No  Lathers well. Rubs hands and fingers together with firm rotary motion for 15-30 seconds. Rubs palms, backs of hands and area between fingers.

Yes  No  Rinses, allowing water to run down over hands.

Yes  No  Uses paper towel to dry thoroughly from finger tips to elbows.

Yes  No  Turns off water with paper towel to avoid contaminating hands.

Competency Evaluator Signature: ________________________________
Date: __________________________

2/1/06
Sources: Patient Care in Radiography, SMH mandatory testing booklet
Student Evaluation

Oxygen Administration Competency

Name: ___________________________________ Date: ______________________

Oxygen Administration

**Nasal Cannula**

Yes  No  Checked to see if air flowing through cannula before placing on patient.

Yes  No  Adjust correct liters per minute.

Yes  No  Correctly place on patient.

(Place cannula in nose, secure with tubing around the ears, adjust tension comfortably)

**Oxygen Mask**

Yes  No  Checked to see if oxygen flowing through tubing.

Yes  No  Adjust correct liters per minute.

Yes  No  Correctly places mask on patient.

(Place mask over the nose and mouth and slip elastic band behind patient’s head, adjust as needed for comfort and proper flow to patient)

**Ceiling/Wall Mount Oxygen Flow meter**

Yes  No  Turn gauge to manipulate oxygen.

Yes  No  Manipulate flow rate by level of the ball in the gauge.

Yes  No  Flow meter off.

**Portable Oxygen Tank**

120
Yes No  Turns lever counterclockwise to open tank.

(most hospital tanks do have off valve)

Yes No  Adjusts flow.

Yes No  Can read gauge for amount of oxygen pressure left in the tank.

Yes No  Manipulates flow rate appropriately.

Yes No  Turn oxygen off.

**Removing Oxygen From a Wall Unit to a Portable Unit**

Yes No  Notes flow rate.

Yes No  If appropriate opens main valve on portable oxygen tank

Yes No  Adjusts portable oxygen tank flow to match flow on wall unit.

Yes No  Disconnects tubes from wall unit and adjusts tubing to portable oxygen tank.

Yes No  Shuts off wall supply.

Yes No  Checks tubing, to make sure tubing is not tangled around patient.

Yes No  Makes sure patient is comfortable.

Instructor/Competency Evaluator:

________________________________________________________________________

Date:____________________________________________________________________

(revised Peter Holtermann RT, kl 2013)
Fulton-Montgomery Community College  
Radiologic Technology Program  

Student Evaluation VENIPUNCTURE COMPETENCY

Student Name: ______________________________ Date: ______________________

**Competency**

<table>
<thead>
<tr>
<th>Room/supply preparation</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>1. Examines and cleans room before escorting patient in</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>2. Have all supplies available: towel, tourniquet, and syringes, needles, butterflies, alcohol swipes, 2x2 sterile gauze, contrast media, emesi basin, tape</td>
</tr>
</tbody>
</table>

**Patient Preparation/Education**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>1. Correctly identifies patient</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>2. Educate in terms patient understands</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>3. Explain procedure in steps</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>4. Display a confident attitude</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>5. History of allergies</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>6. Current medications patient is currently taking</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>7. BUN level</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>8. Creatinine level</td>
</tr>
</tbody>
</table>

**Infection Control**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>1. Uses gloves</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>2. Draws up syringe using sterile technique</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>3. Has appropriate size butterfly available</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>4. Alcohol swipes bottle top</td>
</tr>
</tbody>
</table>

**Site Selection**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>1. Selects suitable location</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>2. Checks condition of vein</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>3. Uses appropriate veins (posterior hand, antecubical)</td>
</tr>
</tbody>
</table>

**Site Preparation**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>1. Skin surface prepared/cleaned</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>2. Clip hair if appropriate</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>3. Uses antiseptic</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>4. Contact with skin 30 seconds</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>5. Cleans in circular motion from center to 2 inches out</td>
</tr>
</tbody>
</table>
Venipuncture

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tourniquet 3 inches above site</td>
</tr>
<tr>
<td>2.</td>
<td>Holds patient limb</td>
</tr>
<tr>
<td>3.</td>
<td>Using thumb stabilize/anchors selected vein</td>
</tr>
<tr>
<td>4.</td>
<td>Place needle 45 degrees angle to skin surface</td>
</tr>
<tr>
<td>5.</td>
<td>Enters skin at a 15 degree angle</td>
</tr>
<tr>
<td>6.</td>
<td>Vein punctured</td>
</tr>
<tr>
<td>7.</td>
<td>Blood return</td>
</tr>
<tr>
<td>8.</td>
<td>Releases tourniquet</td>
</tr>
<tr>
<td>9.</td>
<td>Blood return again</td>
</tr>
<tr>
<td>10.</td>
<td>Anchor needle with tape</td>
</tr>
<tr>
<td>11.</td>
<td>Remove needle when done, applies direct pressure to Site.</td>
</tr>
</tbody>
</table>

Administration

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Administer contrast at an established rate</td>
</tr>
<tr>
<td>2.</td>
<td>Observe site for infiltration or extravasation</td>
</tr>
<tr>
<td>3.</td>
<td>Note patient condition, coloring, and any signs of a reaction.</td>
</tr>
</tbody>
</table>

Competency Evaluator’s Signature: __________________________________________

We use a phantom for the venipuncture competency.

vfc
4/05, 3/06, 8/13kl
## STUDENT EVALUATION
### VITAL SIGNS COMPETENCY

Name: _________________________________ Date: _________________________

### TEMPERATURE
**Oral Method Electric thermometer**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Performs hand hygiene and wears gloves.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Disposable sleeve applied to probe.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Turn on thermometer</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Inserts probe under patients tongue, instructs patient to keep lips closed.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Documents temperature when signal given by power unit. (36-37°C norm)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Discards disposable sleeve.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Remove and discard gloves.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Repeats hand hygiene</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Turns off thermometer</td>
</tr>
</tbody>
</table>

### Pulse

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Palpation of pulse at base of thumb (radial artery).</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Compresses fingers gently but firmly pm patient’s wrist held palm down.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Counts 30 seconds and then multiplies by 2. Note if irregular pulse count for 60 seconds.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Knows if radial pulse weak to use carotid artery.</td>
</tr>
<tr>
<td>Note: Dorsal pedis or pedal pulse is taken if there is a question of compromise in peripheral circulation. Example: arteriography</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Documents pulse.</td>
</tr>
</tbody>
</table>

### Respiration

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Counts respirations per minute.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Places hand on diaphragms if unable to count accurately.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Documents findings</td>
</tr>
</tbody>
</table>

Note: Normal adult range 12 to 20 breaths per minute.
Blood Pressure

Yes  No  Performs hand hygiene and explains the procedure to the patient.

Yes  No  Patient sitting or lying down. Places cuff at level of the heart. May use either arm.

Yes  No  Wraps the cuff snugly with the bottom edge above the antecubital space.

Yes  No  Places gauge where it can be easily read.

Yes  No  Palpates the brachial artery pulse in the antecubital space.

Yes  No  Using stethoscope, presses diaphragm over the brachial artery.

Yes  No  Closes valve on bulb and inflates the cuff rapidly to approximately 70mm Hg and in 10mm Hg increments, thereafter, until radial pulse is no longer felt.

Yes  No  Opens valve on the pump and slowly releases the pressure.

Yes  No  Listens for the beat of the pulse while watching the gauge. Note the figure at which the pulse is heard, this is the systolic reading.

Yes  No  When pressure is released and sound becomes much softer documents this point. Note: this is the diastolic reading

Yes  No  Releases remaining pressure.

Yes  No  Removes cuff and record results (e.g. 140/86)

Yes  No  Cleans ear tips on stethoscope with alcohol and return equipment to its proper place.

Instructor/Clinical Competency Evaluator

vfc 10/05
revised 10/14/06

125
Fulton Montgomery Community College
Radiologic Technology Program

Student Evaluation
Patient Transfer Competency

Name: ____________________________ Date: __________________

Students must complete a minimum of 5 transfers for completion of Competency requirement

Yes  No  Student identifies patient and assesses fall risk

Bed/Wheelchair/Radiographic Table

Bed to Wheelchair

The Student:

Yes  No  Knows the function of the parts of a wheelchair (breaks, footrest)

Yes  No  Introduces self to the patient and assesses the patient’s ability to help move from the bed to the wheelchair.

Yes  No  Obtains necessary equipment. (IV bottle/bag, oxygen, urinary bag)

Yes  No  Checks with nursing for disconnecting any equipment

Yes  No  Explains to the patient what he/she is about to do and what is expected of them.

Yes  No  Positions wheelchair parallel to the bed, wheels locked, footrests up and out of the way.

Yes  No  Lowers bed and lowers side rails if applicable.

Yes  No  Lifts patient to a sitting position.

Yes  No  Assists patient while pivoting, allowing legs to hang over the side of the bed.

Yes  No  Face to face with the patient, places feet on side of patient’s feet with knees to patient’s knees.

Yes  No  Wraps arms around patient

Yes  No  Lifts and pivots patient until the patient’s legs are against the seat of the wheelchair and then sits patient down.

Yes  No  Adjust footrests and covers patient
Wheelchair to Radiographic Table

The Student:

Yes  No  Places wheelchair close to step stool
Yes  No  Locks brakes, raises footrests, assists patient to stand
Yes  No  Assists patient with stepstool if necessary
Yes  No  Assists patient to pivot and sits patient on the table top
Yes  No  Supports the patient’s shoulders while raising lower legs onto the table.
Yes  No  Eases patient to the supine position.

Stretcher/Radiographic Table

The Student:

Yes  No  Utilizes plexiglass slide board
Yes  No  Explains to the patient what he/she will be doing
Yes  No  Explains to the patient what is expected of them
Yes  No  Reassures patient of ease of transfer
Yes  No  Raises bed to appropriate level and lowers side rail closest to stretcher
Yes  No  Moves stretcher against bed, locks stretcher
Yes  No  Tells the patient to roll up on side that is away from the stretcher. If the patient cannot help, gets assistance
Yes  No  Slide board under draw sheet half way, remaining half of board on the stretcher
Yes  No  Has patient fold arms over chest
Yes  No  Staff grips draw sheet and slides the patient safely, smoothly across the Board onto the stretcher
Yes  No  May leave board under patient if possible or removes from under patient
Yes  No  Lifts side rails up locked into position and unlocks brakes
Yes  No  Uses same methodology to transfer patient from the stretcher to the Radiographic table
Students must complete a minimum of 5 transfers for completion of Competency requirement.

Patient Transfer Competency Verification

Student:_____________________________
Date:_______________________________
Evaluator:___________________________

Source: Patient Care In Radiography, Ehrlich, 6th Ed.
St. Mary’s Hospital
Fulton-Montgomery Community College  
Radiologic Technology Program

Student Evaluation  
Sterile and Aseptic Technique Competencies

Name: ________________________________   Date: ______________________

Handling and Disposal of Contaminated Items and Waste

The student:

Yes  No  Disposable items are discarded after one use and in the proper container. (exception: emesis basins- immediately rinsed and reused for the same patient)

Yes  No  Objects contaminated with blood/body fluids are discarded in suitable container marked with the biohazard symbol.

Yes  No  Needles are never recapped and are disposed of in a Sharp’s container.

Yes  No  Syringes are disposed of in a Sharp’s container.

Establishing Sterile Field  
Sterile tray and/or package

The Student:

Yes  No  Opens the first corner of a sterile item away from self.

Yes  No  Opens one side by grasping corner tip.

Yes  No Opens the opposite side in the same manner.

Yes  No  Pulls remaining corner toward self
If there is an inner wrapper the procedure above is followed.

Sterile field now established.

Adding a Double Wrapped Item to the Sterile Field

The Student:

Yes  No  Holds item in dominant hand.

Yes  No  Opens outer wrap away from body.

Yes  No  Proceeds as sterile tray unpackaging as written above.

Yes  No  Grasps 4 corners with the non-dominant hand.

Yes  No  Places Item on sterile field.
Adding Disposable Item to the Sterile Field
The Student:
Yes  No  Peels down wrapper on item to be used.
Yes  No  Inverts package so to drop item onto sterile field.

Adding Liquids to the Sterile Field
The Student:
Yes  No  Checks the label of the liquid to be poured.
Yes  No  Cleansed lip of bottle by squirting/draining small amount of liquid into a waste container.
Yes  No  Carefully pours liquid in a sterile basin or receptacle on tray.

Sterile Scrub Procedure
The Student:
Yes  No  Dons a cap or hood, mask, protective goggles if indicated.
Yes  No  Using foot/knee levers adjust water temperature and flow.
Yes  No  Hands are above the elbows, wets hands and forearms.
Yes  No  Avoids splashing of cloths.
Yes  No  Thoroughly washes hands and arms.
Yes  No  Uses brush, in a circular motion, to scrub nails and hands, minimum of one minute.
Yes  No  Discards brush.
Yes  No  Rinses thoroughly, keeping hand above the elbow.
Yes  No  Dries thoroughly, using a sterile towel, starting with the fingers.

Sterile Gowning/Gloving
The Student:
Yes  No  Removes gown from package, using the sterile field technique.
Yes  No Allows gown to unfold with the inside toward self.
Yes  No  Inserts arms into sleeves without protruding the hands.
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Using the dominant hand, remaining in the sleeve, picks up glove for the non-dominant hand.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Inserts non-dominant hand into glove.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Stretches glove over gown.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Non-dominant hand picks up second glove.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Inserts fingers of dominant hand into glove.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Stretches glove over the cuff of the gown.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Separates waste tie from the gown.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Passes tab to an assistant turns wrapping gown around the waist and ties.</td>
</tr>
</tbody>
</table>

**Opening Sterile Glove Technique**  
**The Student:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Demonstrates hand hygiene.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Selects appropriate size gloves.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Opens outer wrapper to expose inner wrapper.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Exposes gloves- opens ends facing self.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Puts first glove on touching only the inner surface of the folded cuff.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Using gloved hand, grasps and unfolds cuff.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Puts on second glove and unfolds cuff.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>When complete, the students keeps his/her hands in from of the body at a safe distance from non-sterile field.</td>
</tr>
</tbody>
</table>

**Preparation for Examination in an Isolation Room Using a Mobile Unit- Gowning**  
**Note:** One technologist remains outside of the isolation room while the other technologist enters following this protocol.  
**The Student:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Puts on a lead apron.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Dons cap/hood, making sure all hair is covered.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Dons mask, making sure nose and mouth are completely covered. Pinches nose piece securely.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Puts gown on, making sure the uniform is completely covered.</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Dons protective gloves.</td>
</tr>
</tbody>
</table>
Yes  No  Inserts image receptor into a plastic cover or bag.

Removing Isolation Gown
The Student:

Yes  No  First, unties waist.
Yes  No  Grasps gloves from outside and pulls off.
Yes  No  Inserts clean finger inside cuff of the second glove and removes glove.
Yes  No  Demonstrates hand hygiene.
Yes  No  Removes masks by ties only, discards in room in correct container.
Yes  No  Removes gown folding contaminated surface inward, discards in correct container.
Yes  No  Repeats hand hygiene.
Yes  No  Disinfects mobile unit.

Competency Evaluator Signature: ______________________________________
Date: _________________________

2/06
Patient Care in Radiography, Ehrlich, 6th edition
Ellis Hospital, St. Mary’s Hospital, FMCC Nursing Program
FULTON-MONTGOMERY COMMUNITY COLLEGE  
Radiologic Technology Program Clinical Experience

**Image Critique Evaluation**

Identify image as optimal, suboptimal, repeatable, and defend your choice as you discuss below check points

<table>
<thead>
<tr>
<th>Clinical Site Protocols</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the exam and if the routine views have been completed according to clinical site, and if more images are needed per clinical site protocol.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate the radiographic request/scanned request and correlate clinical information with the radiographic examination.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate radiograph on the illuminator/display monitor oriented correctly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify all radiographic projections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss equipment CR/DR, grid use</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Anatomy Demonstrated**

| Explain anatomical structures demonstrated in each projection                           |     |    |     |

**Positioning**

| Identify landmarks, tube-part/image receptor alignment, central ray, and other positioning techniques |     |    |     |

**Collimation/CR/ Radiation Protection**

<p>| Evaluate radiation protection measures used including collimation and shielding         |     |    |     |
| Identify if the image shows four sided collimation when applicable, and if the field size shows tight collimation. |     |    |     |
| Is gonadal shielding evident and accurately positioned?                                 |     |    |     |</p>
<table>
<thead>
<tr>
<th>Exposure</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss exposure factors as related to a quality diagnostic radiograph; including relevant information about exposure indices, (including manufacturer specifics)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was AEC used, If AEC was used, is there any radiopaque hardware or prosthetic devices positioned in the ionization chambers. If AEC was used, was the density control set to 0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is quantum mottle present on image? If so, what is the cause?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe subject contrast and how you would change the kVp accordingly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss exposure factors as related to a quality diagnostic radiograph; including relevant information about exposure indices</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Image Quality Factors**

| Analyze image for improvements (each category). Make suggestions for improvement. |     |    |     |
| Was the appropriate SID used for each projection?                          |     |    |     |
| How was unwanted distortion reduced/eliminated to produce highest diagnostic quality image? |     |    |     |
| Identify preventable artifacts on image versus internal artifacts?         |     |    |     |

**Markers**

| Identify proper radiopaque marker placement in image, describe best placement within the collimated field, is marker superimposing anatomy? |     |    |     |

08/14 kl
### Radiologic Technology Program Clinical Experience
#### Image Critique Documentation

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Non-Bucky Extremity</td>
<td></td>
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<td>7. Cervical Spine</td>
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<td>8. Lumbar Spine</td>
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<td>9. Skull, Sinuses, and Facial Bones</td>
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<td>10. Elective Such as Trauma</td>
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FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program

RADIOLOGIST SHADOW EXPERIENCE

Radiologist/Student Experience: Students will observe a radiologist in an actual image-reading or other work experience. Students are expected to gain insight into the production of a quality radiographic image, its impact on diagnoses. Students will have the opportunity to observe pathologies relative to diagnostic imaging. Students are required to complete 4 hours total.

Discussion/Notes:

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

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_____________________________________________________________________________________________________

Name: _____________________________ Date: _______________________

Student Signature: __________________________

Radiologist/ RRA/RPA Signature: __________________________

08/14 kl
Clinical Experience Assessment of Professional Growth

The goal of Clinical Experience education is to graduate professional individuals who conform to professional standards of conduct and have desirable employment characteristics. The function of this evaluation is to provide faculty a means of evaluating each student as he/she progresses toward the goal of an independent professional. Each section is weighted with a value of 0 – 3 as indicated:

Circle the value to indicate the level of performance.

A. **Organization:** Exhibits sound judgment in workflow.
   - **3** Meets high standards of accuracy and thoroughness
   - **2** Work is consistently well done
   - **1** Recognizes need for improvement and attempts to correct
   - **0** Needs improvement, but does not recognize need for improvement

B. **Quality of Work:** Organized, thorough, neat, accurate
   - **3** Meets high standards of accuracy and thoroughness
   - **2** Work is consistently well done
   - **1** Recognizes need for improvement and attempts to correct
   - **0** Needs improvement, but does not recognize need for improvement

C. **Time Management:** Constructive and productive use of time
   - **3** Consistently efficient, highly productive
   - **2** Productive, completes tasks in a timely manner
   - **1** Slow to initiate and complete work
   - **0** Has difficulty using time efficiently

D. **Communication:** Ability to relate with patients
   - **3** Superior ability to establish a rapport with patients
   - **2** Aware of the patient’s needs, usually interacts well
   - **1** Responds to direct requests only, needs improvement
   - **0** Avoid communication

E. **Interpersonal Relationships:** Communication/interaction with hospital staff and peers
   - **3** Tactful, promotes good will, pleasant
   - **2** Gets along well with others
   - **1** Could be more considerate and tactful
   - **0** Lack of or poor interaction with others

F. **Motivation:** Willingness to work
   - **3** Seeks additional work and independent responsibilities
   - **2** Self motivated, seeks assignments
   - **1** Usually follows through when assigned tasks
   - **0** Avoids work

G. **Situational Assessment/Critical Thinking:** Reasoning and interpretation skills
   - **3** Takes control of situation, responds well under pressure
   - **2** Uses sound reasoning in making decisions and reaching conclusions
   - **1** Has limited ability to assess a given situation
   - **0** Somewhat illogical, frequent inaccurate or poor decisions
H. Professional Ethics: Patient rights, integrity, honesty, character, reaction to criticism
   3 Demonstrates highest level of professional integrity, always on time, never absent, always in assigned area
   2 Adheres to professional standards in acceptable manner, usually on time, usually in assigned area
   1 Attempts professional conduct, usually succeeding, sometimes tardy or absent, sloppy non-compliance with dress code
   0 Ignores rights of others, displays a negative attitude, frequently tardy or absent

I. Self-confidence: Trust in one's abilities
   3 Consistently self-confident, applies independent judgment
   2 Self-confident with reason
   1 Sometimes unsure or unable to move forward when indicated
   0 Easily upset and unsure

J. Retention of Knowledge:
   3 Consistently interprets and applies learned information
   2 Retains information well
   1 Requires some repetition of information
   0 Requires repeated explanations

Total Value: ___________ Points toward Clinical Experience Grade: ______

Value of 27 – 30: indicates exceeds expectations..................16 points
Value of 19 – 26: indicates meets expectations..................15 points
Value of 15 – 18: indicates below expectations..................11 points
Value of 11 – 13: indicates improvement required............. 7 points
Value of 10: indicates major improvement required...........0 points

The points applied to the clinical grade on the midterm and final clinical grade worksheet is indicated on the scale to the right, above. Fifteen clinical grade points indicate an expected level of performance with 1-point bonus for exceptional behavior.

Evaluator: ___________________________ Date: __________________

Student Signature: ____________________________ Semester: __________

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Revised: 8/07, 6/10
FULTON-MONTGOMERY COMMUNITY COLLEGE
Radiologic Technology Program
Failed Competency Policy
Corrective Measures for Clinical Competency Testing

Synopsis

Students are required to satisfactorily complete competency testing. A minimum of three proficiencies must be passed before a competency assessment may be attempted. If a student attains grades below acceptable level of 85%, the measures below must be followed and completed before the student can be tested again.

1. Re-study radiographic position/procedure from the textbook and notes.
2. Review clinical experience facilities policies and procedures for this examination. This review should be clinical site specific where the failure occurred unless otherwise specified by clinical instructor/program faculty.
3. Begin by observing a licensed radiographer/clinical faculty performing this examination and completing proficiency evaluation tests. Record information on the Competency Procedures Record form.
4. Request conference with clinical faculty to review procedure requirements prior to re-testing.

I have completed steps 1-4 and I am ready to be re-tested for ______________________.

Examination

Yes   No   Student Signature: ________________________________

Is the student ready for re-testing?

Yes   No   Clinical Faculty Signature: __________________________

Date: ___________________

Note: The first competency test, this corrective form, and the second competency test should be filed in the student folder all together.

Revised 9/06.6/11cc.8/14 kl
FULTON-MONTGOMERY COMMUNITY COLLEGE  
RADIOLOGIC TECHNOLOGY PROGRAM  
FINAL COMPETENCY

Student Name: ________________________________________________

Final competencies will be based on, at least, four of the following procedures:  
(Circle One)

1. Trauma examination ____________________________
2. Portable examination ____________________________
3. Extremity examination ____________________________
4. Chest examination ____________________________
5. Spine examination ____________________________
6. Fluoroscopy examination ____________________________
7. Low volume examination ____________________________
8. Multiple examinations ____________________________

A grade of B+ or better is required to pass the Terminal Competencies

Scoring abbreviations:
NA- NOT ACCEPTABLE  
NI- NEEDS IMPROVEMENT  
E- EXCELLENT

1. Demonstrate radiation protection for the patient, self and others.

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2. Demonstrate knowledge of human anatomy and physiology as they relate to examination being performed.

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3. Demonstrate knowledge of human pathology in relationship to examination being performed technically.

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4. Displays proper body mechanics.

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5. Displays confidence in equipment operation and functionality using safety guidelines.

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6. Demonstrates effective positioning skills.

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7. Demonstrates critical thinking in regards to patient’s condition when positioning for examinations.

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10. Image critiques of all examinations performed.

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______________________ Examination ______________________ Score

Comment: ________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Evaluator’s Signature: _______________________________________ Date: _________
Student’s Signature: _________________________________________ Date: _________

NOTE:
1. All mandatory and elective competencies must be completed before the Terminal Competencies can be taken.
2. Automatic Failures:
   a. Wrong patient
   b. Attempted wrong exam
   c. Attempted wrong side
   d. Marked incorrectly on two or more images/competencies

If you fail the Terminal Competency you can make it up with in one month. Depending on the scheduling of your initial attempt, additional clinical time may be mandated prior to second attempt.
3. A B+ is equal to an 86.5 to 89.4
4. You will be allowed a maximum of 15% for repeat films for the entire terminal competency day. This will be determined by the clinical instructor.
Critical Thinking Competency Form

Critical Thinking Competencies is based on a Successfully Completed Competency; please enter name of competency at right:

1. **Demonstrates Radiation Protection for the Patient, Self and Others.**
   In this category to achieve maximum points students should be evaluated for:
   - Shield placement
   - Exposure Index
   - Artifacts removed
   - Patient Identification
   - Check script
   - Repeat exposures
   - Possibility of pregnancy if appropriate
   - Radiation safety for personnel (dosimeter and log for anyone who holds patients, students not allowed to hold for radiographic exams)
   - Unacceptable
   - Needs Improvement
   - Meets Expectation
   - Exceeds Expectation

2. **Demonstrates Knowledge of Human A. and P. as well as Pathology with Relation to Examination Being Performed.**
   In this category to achieve maximum points students should be evaluated for:
   - Department protocol knowledge
   - Identifying pathology that could affect image and making necessary adjustments (example pneumothorax or crosswise versus lengthwise, sitting 90 degrees erect for AP chest exam, bladder shot for clipping symphysis instead of full re-centered repeat etc)
   - Unacceptable
   - Needs Improvement
   - Meets Expectation
   - Exceeds Expectation

3. **Demonstrates Competency in Digital Data Management.**
   In this category to achieve maximum points students should be evaluated for:
   - Digital labeling
   - Identify EI ranges
   - PACS notes if applicable
   - Identify accession numbers for correct patient, correct exam, and multiple exams
   - Checks that images were sent timely to PACS and tracked
   - Digital masking appropriately, not to crop exposed area
   - Ability to access correct anatomic program for exam and adjust technical factors as necessary
   - Knowledge of post processing and digital applications (flipping, ROI)
   - Unacceptable
   - Needs Improvement
   - Meets Expectation
   - Exceeds Expectation

4. **Displays Proper Body Mechanics.**
   In this category to achieve maximum points students should be evaluated for:
   - Ability to ask for help when necessary (lifting, moving fracture, etc)
   - Smooth physical work flow during exam
   - Raises work surfaces such as table to waist height
   - Detents smoothly
   - Driving C-arm or portable
   - Steering wheelchairs/ stretchers
5. **Displays Confidence in Equipment Operation and Functionality.**
   In this category to achieve maximum points students should be evaluated for:
   - Detent easily in various rooms
   - Toggles through necessary computer steps/ menus to pull up correct patient, correct exam easily
   - Ability to use imaging equipment accessories (sponges, grids, etc)
   - Ease of using and manipulating all equipment for various radiographic exams (fluoroscopy, C-Arm, etc)
   - Ability to maintain safe work environment (use of brakes, locks, evaluation of patient mobility)

6. **Demonstrates Effective Positioning Skills.**
   In this category to achieve maximum points students should be evaluated for:
   - Ability to center part to IR
   - Ability to center CR to part
   - Ability to best demonstrate anatomy for the clinical objective of the exam (obliquity, angle)
   - Ability to demonstrate proper IR orientation
   - Alignment of long axis of part with long axis of IR

7. **Demonstrates Critical Thinking in Regards to Patient’s Condition when Positioning for Examinations.**
   In this category to achieve maximum points students should be evaluated for:
   - Ability to meet patients’ needs as necessary
   - Ability to adjust equipment and technical skills as necessary for optimal patient care (example: cross table lateral for trauma, trauma obliques)

8. **Demonstrates Proper Exposure Techniques for Obtaining Diagnostic Quality Radiographs / Images.**
   In this category to achieve maximum points students should be evaluated for:
   - Ability to select optimal technical factors following ALARA
   - Ability to consistently target the middle or under exposed end of the suggested exposure range
   - Ability to correct and adjust technical factors for subsequent images based on EI

9. **Demonstrates Proper Patient Communication by Obtaining Full History.**
   In this category to achieve maximum points students should be evaluated for:
   - Ability to communicate effectively with patients; gives directions
   - Establishes rapport with patient
   - Ability to ask pertinent history questions efficiently
   - Ability to communicate with other health care team members
10. **Image Critiques: (student can confidently discuss centering, image quality, make suggestions for improvements)**

In this category to achieve maximum points students should be evaluated for:
- Bring up images that were obtained during this exam (student can confidently discuss centering, image quality, make suggestions for improvements)
- Ability to create performance in regards to all the above categories during this graded radiographic examination
- Ability to state whether images are optimal, suboptimal, or repeatable
- Ability to offer suggestions for improvement

- Unacceptable  ☐  Needs Improvement  ☐  Meets Expectation  ☐  Exceeds Expectation

**List Student Strengths Observed:**

**List Suggestions for Improvements:**

**Items below if marked "yes" result in automatic failure:**
- Wrong patient  ☐  Yes  ☐  No
- Attempted wrong exam  ☐  Yes  ☐  No
- Attempted wrong side  ☐  Yes  ☐  No
- Marked incorrectly on two or more images  ☐  Yes  ☐  No
- Did not ask about chance of pregnancy prior to exposure  ☐  Yes  ☐  No

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

Directions: This form is to be filled out by a radiologic technologist that has at least one year of active experience in Imaging. Technologists must fill out this form in its entirety or the competency will not be accepted. Students must have three proficiencies documented on their Master Checklist before they may attempt a competency unless otherwise approved by the clinical coordinator. During competency examinations, the entire procedure must be observed from the start of setting up the examination room to appropriately sending and completing the study. Supervising technologist may provide lifting assistance. Please be aware of the automatic fail criteria.

Enter

AUTOMATIC FAILURE CRITERIA: This criteria for the following questions is to be judged when the student is determined by the supervising technologist to be in the control area and ready to take the exposure.

Enter

The student attempted the wrong radiographic examination.
Fail  Pass  N/A

The student attempted the examination on the incorrect patient.
Fail  Pass  N/A

The student attempted to perform the study on the wrong side of the body.
Fail  Pass  N/A

The student had two or more marker errors (ex: no marker, marked wrong side). Note; if the marker is able to be visualized when the image mask is opened, this does NOT count as an error.
Fail  Pass  N/A

Student asked about pregnancy status prior to exposure.
Fail  Pass  N/A

FACILITY / ROOM PREPARATION: The student:
Inspects the radiographic room and cleans/straightens it before bringing the patient into the room for the exam.
No  Yes  N/A

Has all equipment and additional supplies (patient gown, shield, markers, etc.) available for convenient use before guiding the patient into the room.
No  Yes  N/A

Is able to manipulate all radiographic equipment smoothly, and centers the central ray appropriately prior to bringing the patient into the room.
No  Yes  N/A

Selects the proper tube to the proper source-to image receptor distance (SID) for each projection that is being performed.
No  Yes  N/A
Selects image receptor or collimate field of the appropriate sizes for each projection, based on the patient’s size and examination (8x10, 10x12, 14x17) and then further collimates appropriately.
No  Yes  N/A

Identifies the patient on the work list or manually types the patient demographics into the system properly.
No  Yes  N/A

Selects appropriate anatomical programming, body region, specific body part, accurate view/projection for proper histogram analysis.
No  Yes  N/A

Double-checks preset parameters – Small, medium, large patient.
No  Yes  N/A

Selects appropriate Tube/Bucky/receptor combination (upright vs. table) or non-Bucky.
No  Yes  N/A

Utilizes density setting as needed.
No  Yes  N/A

Before escorting the patient in the room, the student sets an appropriate approximate technique based on the room and the examination being performed, including: kVp and mAs for a Manual technique OR selects the appropriate kVp and proper AEC cells if using AEC.
No  Yes  N/A

PATIENT PREPARATION: The student:
Identifies the correct patient and examination, while the patient is in the examination room, using two or three forms of identification according to site protocol and verification of the requisition. (Full name, DOB, check wristband).
No  Yes  N/A

Introduces themselves to the patient and establishes a good rapport with the patient.
No  Yes  N/A

Checks the patient’s script with the evaluator and correlates the patient’s script with the requisition to ensure the proper order is to be completed if applicable.
No  Yes  N/A

Explains the examination in terms the patient is able to fully comprehend, and properly communicates with the patient throughout the examination from start to finish.
No  Yes  N/A

Removes all possible external artifacts prior to exposure.
No  Yes  N/A

Respects the patient’s modesty and provides sufficient comfort for him or her during and after the examination. (Examples – providing a warm blanket, covering a patient with a sheet if they are lowering their pants down etc).
No  Yes  N/A
PATIENT POSITIONING: (Scoring for the following items should be based on the time in the student’s training, for example an ambulatory chest radiographic exam for a first semester freshmen versus the same exam for a last semester senior)

Enter

PATIENT CARE

History
Unacceptable - Forgets or does not ask any history
Needs Improvement - Asks a brief history, forgets additional open ended questions, or does not document history in PACS or on requisition
Meets Expectation - Obtains adequate history before the examination and includes chief complaint, hx of surgeries on the part to be examined, etc. Then documents history appropriately for clinical site protocol
Exceeds Expectation - Obtains comprehensive history, documents, and recognizes need to correlate history and alter work flow or exam plan. For example, per site protocols, a expiration chest to detect pneumothorax

Unacceptable Needs Improvement Meets Expectation Exceeds Expectation

PROCEDURE

Part Positioning
Unacceptable - Improper body part positioning.
Needs Improvement - Improvement needed
Meets Expectation - Acceptable body part positioning
Exceeds Expectation - Proficient body part centering.

Unacceptable Needs Improvement Meets Expectation Exceeds Expectation

Part Centering
Unacceptable - Complete misalignment of the part to the image receptor.
Needs Improvement - The part was slightly off center.
Meets Expectation - Minimal amount of off centering.
Exceeds Expectation - Part of interest was exactly aligned to the middle of the image receptor.

Unacceptable Needs Improvement Meets Expectation Exceeds Expectation

Central ray direction, including angles, entrance or exit points
Unacceptable - CR directed to the incorrect location.
Needs Improvement - Slight misalignment of CR to body part.
Meets Expectation - Acceptable CR centering to part.
Exceeds Expectation - Perfectly aligned to the designated entrance/exit point.

Unacceptable Needs Improvement Meets Expectation Exceeds Expectation

Work flow performance in a logical manner
Unacceptable - Unaware of positioning protocol; no logical order used in the performance of the study.
Needs Improvement - Moved patient multiple times unnecessarily during the course of the study.
Meets Expectation - Generally used a logical approach in the most of the study. Competent for this time in training.
Exceeds Expectation - Optimal use of logic in completion of the study. There was no unnecessary movement of the patient.

Unacceptable Needs Improvement Meets Expectation Exceeds Expectation

Equipment Handling / Detenting
Unacceptable - Unable to move or align equipment, attempts exposure with equipment out of alignment.
Needs Improvement - Slow to detent tube to bucky or center of grid, needs more practice.
Meets Expectation - Able to move equipment.
Exceeds Expectation - Proficient in handling equipment, swings and rotates tube easily, etc.
Unacceptable  Needs Improvement  Meets Expectation  Exceeds Expectation

IMAGE PRODUCTION
Exposure Index Number or S#
Unacceptable - Lacks knowledge of the exposure index number for that study.
Needs Improvement - Student needed prompting at an acceptable index range needed for that study.
Meets Expectation - Student is aware of the acceptable exposure index range for that image.
Exceeds Expectation - Student is aware of acceptable range for each projection and adjusts accordingly for next projections.

Unacceptable  Needs Improvement  Meets Expectation  Exceeds Expectation

SAFETY
Critical Thinking
Unacceptable - Unable to adapt to new situations.
Needs Improvement - Needs to practice critical thinking skills for this time in training
Meets Expectation - Exhibits the ability and attempts to acclimatize to new and difficult scenarios necessary; by using critical thinking and problem solving skills.
Exceeds Expectation - Student is entirely independent and efficient in new or difficulty scenario utilizing critical thinking (ex, trauma obliques, etc).

Unacceptable  Needs Improvement  Meets Expectation  Exceeds Expectation

IMPORTANT DETAILS: The student:
Encourages confidence in the patient by displaying self-confidence throughout the examination.
No  Yes  N/A

Places a lead marker in the appropriate area of the cassette/receptor (top, bottom, anteriorly, posteriorly, laterally), where it will be visualized on the finished radiograph, on the proper anatomical side (right/left). ***NOTE: If the marker if located outside of the collimated field or burned out and the student is capable to utilize workstation/computer tools to unmask or post process the image and retrieve a visible marker, this DOES NOT count as a marker error.
No  Yes  N/A

Utilizes positioning sponges and other accessories when applicable to provide for increased patient care and better diagnostic images (Back scatter mat, weights, sand bags, IV poles, angle sponges etc.)
No  Yes  N/A

Adheres to ALARA standards by providing radiation protection (lead shield) for the patient, self, and others (closes doors).
No  Yes  N/A

Applies proper beam restriction and makes adjustments as necessary.
No  Yes  N/A

Exposes the cassette/IR after giving the patient proper instruction to hold still and after giving him or her proper breathing instructions for each projection (inspiration, expiration, suspended respiration, breathing technique).
No  Yes  N/A
Provides each radiograph with the proper identification and/or processes each cassette in the CR reader without difficulty.
No  Yes  N/A

Accurately flips, annotates, and post processes images properly per site protocol before sending images to PACS. (Annotating supine, prone, x-table lateral, post-op etc).
No  Yes  N/A

Properly completes the examination by filling out all necessary paperwork, entering the examination in the computer (Track, scan, verify), scans appropriate paperwork into PACS, and has the images checked by the appropriate staff members or evaluator and informing the patient that he or she is finished.
No  Yes  N/A

Acknowledges and understands constructive criticism and uses it to his or her advantage.
No  Yes  N/A

Leaves the radiographic room clean and tidy for the next examination to be performed. All supplies are put back properly in their original location.
No  Yes  N/A

Performs hand hygiene.
No  Yes  N/A

Completes the examination within a logical time frame.
No  Yes  N/A

Washes hands post procedure or uses appropriate hand sanitizer to promote infection control.
No  Yes  N/A

RADIOGRAPHIC IMAGE CRITIQUE: Image critique is an essential teaching component allowing the students to recognize the need for improvement and plan for the next situation.
Enter

Student states the radiographs in this exam are Optimal, Sub-Optimal, or Repeatable.
No  Yes  N/A

Discusses exposure factors and is able to suggest plan for improvement.
No  Yes  N/A

Discusses image resolution.
No  Yes  N/A

Evaluates image for motion.
No  Yes  N/A

Identifies internal or external artifacts.
No  Yes  N/A

Identifies positioning and is able to suggest plan for improvement if applicable (all anatomy included, evidence of proper centering/alignment etc.)
No  Yes  N/A
Proper marker placement.
No   Yes   N/A

Identifies collimation and radiation protection practices used during radiographic exam.
No   Yes   N/A

Discusses image contrast.
No   Yes   N/A

ANATOMY IDENTIFICATION
Unsatisfactory - Student has difficulty in naming any pertinent radiographic anatomy.
Needs Improvement - The student had multiple errors in identifying radiographic anatomy.
Satisfactory - Student is able to identify most anatomy that the evaluator asked.
Outstanding - Student is able to completely identify ALL anatomy that evaluator asked.

FINAL COMMENTS: (enter in field at right)
Enter

Student Comp Exam Signature: Student may add signature by attaching a post-submission comment. To do so, student logs in using his/her user name and password. Then, go to Reports/Skill Summary. Click on date of Comp which brings up results. Scroll to bottom and click plus sign (+) next to Add Comment. Select the Student signature item at the bottom of the dropdown and type signature in text box. Click Add to complete.