Welcome to the University of Louisiana at Monroe’s Radiologic Technology Program! It is our sincere hope that you will find our program a rewarding and challenging part of your life. As a health care team, we are working toward one goal — to provide the best possible care to the patients we are privileged to serve.

We hope this handbook will acquaint you with the Radiologic Technology program and provide you with an understanding of our policies. This handbook should help you realize what is expected of you as a student in a health care profession.

The information in this Handbook is subject to change due to changing circumstances; the policies as written may be modified, superseded, or eliminated. You will be notified of such changes through regular channels. Footnotes are included for each item stating annual reviews and revisions. Only items of significant change will be classified as “revised”.

Not every eventuality can be foreseen, and areas not covered in this handbook will be dealt with on an individual basis. We also call your attention to the ULM Undergraduate Catalog and the ULM Student Policy Manual. We urge you to study these materials, as they contain considerable information about the day-to-day situations that you may face.

---

1 Policy:2006
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Radiologic Technology Program

This handbook is prepared for use by students enrolled in the Bachelor of Science in Radiologic Technology Program and contains information specific to Radiologic Technology education at the University of Louisiana at Monroe. For general ULM policies, see the ULM Student Policy Manual and the ULM Undergraduate Catalog.

The information contained within this handbook is not intended to be wholly independent, but instead, a complement to the ULM Undergraduate Catalog as well as the ULM Student Policy Manual maintained and published by the University of Louisiana at Monroe.

The information in this handbook is current at the time it is printed. However, policies, guidelines and procedures are subject to change. Final interpretation of the program policies and procedures will be made by the program’s faculty.

This handbook contains extremely important information relating to the curriculum of Radiologic Technology at the University of Louisiana at Monroe. It is your responsibility to become familiar with the contents of this handbook.

Always refer to the most current online volume of the Handbook, ULM Undergraduate Catalog, and the ULM Student Policy Manual.

ULM Undergraduate Catalog: http://www.ulm.edu/academics/catalogs/

ULM Student Policy Manual: http://www.ulm.edu/studentpolicy/

2 Policy: 2006
Faculty / Administration

Department of Radiologic Technology Faculty

Brett Bennett, M.Ed. RT(R)(ARRT)  
Department Head/Associate Professor  
Office: Kitty Degree Hall 321  
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Email: bbennett@ulm.edu

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Phone: 342-1629  
Email: michael@ulm.edu

Chris Johnson, B.S., RT(R)(ARRT)  
Instructor  
Office: Kitty Degree Hall 310  
Phone: 342-1632  
Email: johnson@ulm.edu

Program Website:  
http://www.ulm.edu/radtech/

Trajecsys Website  
https://www.trajecsys.com

3 Updated annually
University Administration

PRESIDENT OF THE UNIVERSITY OF LOUISIANA AT MONROE

Dr. Nick J. Bruno
Library 6th Floor
Phone: (318) 342-1010

VICE PRESIDENT OF ACADEMIC AFFAIRS

Dr. Eric Pani
Library, 6th Floor
Phone: (318) 342-1025

EXECUTIVE VICE PRESIDENT

Dr. Stephen Richters
Library, 6th Floor
Phone: (318) 342-1025

VICE PRESIDENT OF STUDENT AFFAIRS

Dr. Wayne Brumfield
Library, 6th Floor, Room 612
Phone: (318) 342-5215

DEAN OF THE COLLEGE OF HEALTH SCIENCES

Dr. Denny G. Ryman
Sugar Hall, Room 151
Phone: (318) 342-1622

4 Updated annually
Clinical Education Setting Personnel

<table>
<thead>
<tr>
<th>Clinical Education Setting</th>
<th>Phone</th>
<th>Clinical Instructors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glenwood Regional Medical Center</td>
<td>318-329-4575</td>
<td>Corey Carter</td>
</tr>
<tr>
<td>Director: Sandy Cascio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glenwood Regional Medical Mall</td>
<td>318-329-8555</td>
<td>Don Pennington</td>
</tr>
<tr>
<td>Director: Sandy Cascio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Louisiana Medical Center</td>
<td>318-254-2462 (Main)</td>
<td>Mark Carpenter</td>
</tr>
<tr>
<td>Director: Sheri Burns</td>
<td>318-254-2391 (Radiology)</td>
<td>Adam Robinson</td>
</tr>
<tr>
<td>LSUHSC-Monroe</td>
<td>318-330-7102</td>
<td>Amber Gates</td>
</tr>
<tr>
<td>E.A. Conway Medical Center</td>
<td></td>
<td>Brian Pike</td>
</tr>
<tr>
<td>Director: Harold Hubbard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morehouse General Hospital</td>
<td>318-283-3610</td>
<td>Chad Adams</td>
</tr>
<tr>
<td>Director: Chad Adams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast Louisiana Cancer Institute</td>
<td>Monroe: 318-966-1910</td>
<td>Leann Shields – Monroe</td>
</tr>
<tr>
<td>Director: James Adams</td>
<td>West Monroe: 318-329-4802</td>
<td>Jennifer Thompson - WM</td>
</tr>
<tr>
<td>The Orthopaedic Clinic of North Louisiana</td>
<td>318-362-4367</td>
<td>Phillip Francois</td>
</tr>
<tr>
<td>Director: Phillip Francois</td>
<td></td>
<td>Yolanda Pruitt</td>
</tr>
<tr>
<td>Richardson Medical Center</td>
<td>318-728-8359</td>
<td>Amber Hutto</td>
</tr>
<tr>
<td>Director: Marsha Hendershot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Francis Medical Center Community Health Center</td>
<td>318-966-4161 (Main)</td>
<td>Pat Reeves</td>
</tr>
<tr>
<td>Administrator: Bob Earnest</td>
<td>318-966-4968 (Radiology)</td>
<td>Amanda Singleton</td>
</tr>
<tr>
<td>Director: David Canal</td>
<td>318-966-6265</td>
<td>Charlotte Savoy</td>
</tr>
<tr>
<td>St. Francis Medical Center - North</td>
<td>318-966-7810</td>
<td>Scott Arnold</td>
</tr>
<tr>
<td>Administrator: Bob Earnest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director: David Canal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5 Updated annually
Organizational Chart

- Department Head
  - Clinical Coordinator
    - Clinical Staff
      - Clinical Instructors
        - Clinical Staff
          - Students
  - Didactic Instructors
    - Students
      - Students

6 Reviewed: Annually
Mission Statement and Program Goals

Program Mission
The mission of the ULM Department of Radiologic Technology is to provide a comprehensive offering of the current academic courses and clinical experiences, through established community partnerships, which will develop Radiologic Technologists who are competent professionals that will practice the principles and procedures within the profession.

Program Goals and Objectives
Consistent with the mission statement, the specific goals for the educational program are:

<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
</tr>
</thead>
</table>
| To graduate students with the knowledge and ability to practice as an entry level radiologic technologist. | • Graduates will demonstrate adequate preparation to perform as an entry level radiologic technologist.  
• Students will demonstrate clinical competency in a variety of settings.  
• Students will demonstrate adequate knowledge of didactic and laboratory coursework. |
| To promote the development of communication skills to better perform as an entry level radiologic technologist. | • Student/graduates will demonstrate effective verbal/non-verbal communication.  
• Students/graduates will demonstrate effective written communication. |
| To promote the development of problem solving skills to better perform as an entry level radiologic technologist. | • Students/graduates will adequately demonstrate problem solving and critical thinking skills. |
| To facilitate professional development and foster life-long learning. | • Graduates will be employed or enrolled in post graduate programs within 6 months of graduation  
• Graduates will continue professional development  
• Graduates will continue educational development  
• Students will participate in professional development activities during the professional program. |

Revised: 2010
Code of Ethics

Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists (ASRT) and every individual registered by the American Registry of Radiologic Technologists (ARRT). As a guide, the ASRT and the ARRT have issued a Code of Ethics for their members and registrants. By following the principles embodied in this code, Radiologic Technologists will protect the integrity of the profession and enhance the delivery of patient care.

Adherence to the Code of Ethics is only one component of each radiologic technologist's obligation to advance the values and standards of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities.

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

Code of Ethics:

- The radiologic technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
- The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
- The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.
- The radiologic technologist practices technology founded upon theoretical knowledge and concepts uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.
- The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
- The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
- The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
- The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
- 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.
- The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.

Source: American Registry of Radiologic Technologists, www.arrt.org

Revised and adopted by the ASRT and the ARRT, February 2003
Accreditation

Accreditation is a process of voluntary, external peer review in which a non-governmental agency grants public recognition to an institution or specialized program of study that meets certain established qualifications and educational standards, as determined through initial and subsequent periodic evaluations. The goals of the accreditation process are to protect the student and the public, identify outcomes by which a program establishes and evaluates its assessment policies and procedures, stimulate programmatic self-improvement, and provide protective measures for federal funding or financial aid.

Accreditation is assurance of acceptable educational quality since accredited programs are required to meet national standards established by radiologic technology professionals and communities of interest.

The ULM Radiologic Technology program is accredited by the Joint Review Committee on Education in Radiologic Technology.

20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
Email: mail@jrcert.org
URL: http://www.jrcert.org

There are established standards a program must be in compliance with to achieve accreditation. The Standards for an Accredited Educational Program in Radiologic Sciences (JRCERT, 2010) are as follows:

**Standard One - Integrity:** The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.

**Standard Two-Resources:** The program has sufficient resources to support the quality and effectiveness of the educational process.

**Standard Three-Curriculum and Academic Practices:** The program’s curriculum and academic practices prepare students for professional practice.

**Standard Four-Health and Safety:** The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

**Standard Five-Assessment:** The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

**Standard Six-Institutional / Programmatic Data:** The program complies with JRCERT policies, procedures, and *Standards* to achieve and maintain specialized accreditation.

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9 Policy: 2004
Revised: 2006, 2010
Compliance with JRCERT Standards Policy

The Radiologic Technology program strives at all times to be in compliance with the JRCERT Standards for an Accredited Educational Program in Radiologic Sciences, effective January 2011, revised 2010. If an individual believes, at any time, the program is not in compliance with any standard, a complaint can be brought to the program’s attention by using the “JRCERT Standards Non-Compliance Allegations Reporting Form” located in the Forms section of this Handbook. The form used is derived from the form used by the JRCERT for direct reporting of allegations.

In order for one to make a non-compliance allegation, one must be aware of the standards. Copies of the detailed descriptions of each standard may be found in the program’s Master Plan of Education located in the program director’s office or located on the official web-site for the JRCERT, http://www.jrcert.org.

Upon receipt of the allegation form, the program director will review it, and share it with the program faculty to determine if the non-compliance issue exists. Within ten (10) days after receiving the complaint form, a meeting will be scheduled with the individual filing the allegation to discuss the complaint. If the complaint is legitimate, the program faculty will develop a plan to bring the situation into compliance. If the party filing the complaint is not satisfied with the results, a meeting will be scheduled with the Department Head to determine if non-compliance still exists. This meeting will be scheduled within twenty (20) days of the original meeting. If the Department Head determines non-compliance is still present, a plan will be drafted to solve the non-compliance issue. If the results of this meeting are still unsatisfactory to the party filing the complaint, a meeting can be scheduled with the Academic Dean for the College of Health Sciences, the Provost, and/or the JRCERT.
National Registry of Radiologic Technologists (ARRT) is the only examining and certifying body for radiographers in the United States.

To become a Registered Technologist in Radiography, R.T. (R)(ARRT), you will have to successfully complete the ARRT examination.

The ARRT examination is offered any day after your graduation. You will need to make an appointment to take the examination at your convenience. As a graduate of the University of Louisiana at Monroe Radiologic Technology Program, it is suggested that you take the examination as soon as you graduate, within two months of your graduation. Examination dates will be scheduled on an individual basis.

One issue addressed for certification eligibility is conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported. All potential violations must be investigated by the ARRT in order to determine eligibility. Individuals may file a pre-application with the ARRT in order to obtain a ruling of the impact of their eligibility for the examination. This pre-application may be submitted at any time either before or after entry into an accredited program. For pre-application contact the ARRT at:

**ARRT**
1225 Northland Dr.
St. Paul, MN  55120-1155
Tel: (651) 687-0048
URL: [http://www.arrt.org](http://www.arrt.org)

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10 Policy: 2006
Louisiana State Licensure

To work as a registered radiologic technologist in a hospital located within Louisiana, you are required to hold a valid license granted by the state.

Successful completion of the American Registry of Radiologic Technologists’ (ARRT) examination in radiography and payment of a licensure fee will enable you to work at a hospital in the state.

From the time you graduate the program until your registry results are sent to the Louisiana State Radiologic Technology Board of Examiners (LSRTBE, http://www.lsrtbe.org), you will be able to work under a temporary permit. The temporary permits are issued one time and one time only. Graduates are advised to apply for a temporary permit regardless of the date they expect to complete the ARRT registry or begin working.

An unsuccessful attempt of the American Registry of Radiologic Technologists examination will cancel any temporary permit issued by the LSRTBE; therefore, you will not be able to work at a hospital in the state until a passing score on the ARRT exam is reported to the LSRTBE.

Students engaged in radiologic procedures from a Board-approved school are exempt from the licensure law while at the Clinical Education Setting (CES) for clinical radiography courses. Students may not perform radiologic procedures at the CES any other time than the scheduled clinical time.
Many organizations play key roles in the professional lives of radiologic technologists.

**Chi Beta Gamma**

Upon acceptance to the Radiologic Technology Program, each student may become a member of Chi Beta Gamma. The purpose of this organization is to promote professionalism in the medical field, stimulate interest in the area of radiology, and contribute to the health and well being of the public. The President or a Representative of the senior and junior classes are invited to attend the Radiologic Technology Faculty meetings to provide the faculty with suggestions and concerns the students have in regard to the policies and procedures of the Radiologic Technology Program.

**LSRT**

The state society is the Louisiana Society of Radiologic Technologists (LSRT; [http://www.lsrt.net](http://www.lsrt.net)). All professional students are required to join the LSRT. The LSRT conducts two educational meetings per year; the Mid-Winter Seminar and the Annual Conference. Student membership is available for a reduced fee. The LSRT also has student scholarships available. For more information, see the LSRT website or the Program Director.

**ASRT**

The national society is the American Society of Radiologic Technologists (ASRT; [http://www.asrt.org](http://www.asrt.org)). The ASRT has student memberships available for a reduced fee, as well as, student internships, grants, and scholarships. For more information, see the ASRT website or the Program Director.

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12 Policy: 2006
Student Attendance at Professional Functions / Meetings

Students enrolled in the Radiologic Technology program at ULM are required to attend any mandatory function or meeting related to Radiologic Technology. This will likely include program related events that may occur on- or off-campus, which may be during or outside of scheduled class/clinic times.

Students are required to participate in professional annual meetings of the LSRT; this includes the *Mid-Winter Seminar* and *Annual Meeting*. The students will assume all responsibilities regarding personal conduct, transportation, and expenses at all required functions/meetings. Some or all costs associated with attendance of any required functions/meeting may be included as benefits for active members of Chi Beta Gamma.

Unfortunately, there is a penalty if a student does not attend a required function or negates to adhere to the responsibilities associated with attending a required function. The penalty for non attendance of a required function will be deducted from the Professional Responsibility portion of the clinical grade. The dates of these events will be considered as clinical days in regards to professional responsibility; points will be awarded/deducted in the same manner as clinical points are awarded/deducted on any other given clinic date. If the event occurs following submission of final grades for a semester and the student does not participate, deductions will be made for the following semester’s clinical course. Any exceptions to this policy will be determined by the Department Head and on an individual basis.

Refer to the Louisiana Society of Radiologic Technologists (LSRT) website for updated information on scheduled meetings. [www.lsrt.net](http://www.lsrt.net)

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13 Policy:2006  
Revised: 2008
Curriculum

Pre-Professional Curriculum

<table>
<thead>
<tr>
<th>Freshman Year</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>English 1001, 1002</td>
<td>6</td>
</tr>
<tr>
<td>Chemistry Elective (1001 or higher)</td>
<td>3</td>
</tr>
<tr>
<td>CORE Mathematics</td>
<td>6</td>
</tr>
<tr>
<td>Biology 1014, 1015, 1016, 1017</td>
<td>8</td>
</tr>
<tr>
<td>AHSC 2000 (Medical Terminology)</td>
<td>2</td>
</tr>
<tr>
<td>CORE Humanities</td>
<td>3</td>
</tr>
<tr>
<td>CORE Social Science Elective (Group I)</td>
<td>3</td>
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<tr>
<td>Freshman Year Seminar 1001 (FRYS)</td>
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Sophomore Year

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<th>Credit Hours</th>
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<tr>
<td>Biology 2028</td>
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<tr>
<td>CORE Humanities</td>
</tr>
<tr>
<td>Psychology 2001</td>
</tr>
<tr>
<td>Radiologic Technology 2000</td>
</tr>
<tr>
<td>CORE Fine Arts Elective</td>
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</table>

Professional Curriculum

(applicable to student admitted Fall 2011 and after)

Junior Year

<table>
<thead>
<tr>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>Semester 1: RADT 3003, 3009, 3010, 3011, 3015, 3016, 3017</td>
</tr>
<tr>
<td>Semester 2: RADT 3008, 3018, 3019, 3020, 3021, 3024, 3026</td>
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</tbody>
</table>

Summer Semester

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<th>Credit Hours</th>
</tr>
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<tbody>
<tr>
<td>Semester 3: RADT 3027</td>
</tr>
</tbody>
</table>

Senior Year

<table>
<thead>
<tr>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester 4: RADT 4000, 4011, 4012, 4013, 4019, 4027</td>
</tr>
<tr>
<td>Semester 5: RADT 4005, 4020, 4025, 4032, 4035, 4050</td>
</tr>
</tbody>
</table>

Total Hours for Degree

| 120 |

This is the curriculum sequence for the Bachelor of Science in Radiologic Technology program. It is intended for all professional students to follow the sequence as stated. If for any reason, the professional student fails to follow the above curriculum sequence a Petition for Reinstatement form must be completed and delivered to the Program Director by the designated deadline. The Petition for Reinstatement form can be found in the Forms section.

---

14 Policy: 2006
Technical Standards

The following mental and physical requirements are necessary to perform as a radiologic technologist student. A student in the professional RADT program must possess the following:

- Verbal and written skills sufficient to respond promptly in communications with patients, staff, and physicians.

- Sufficient sight to read requisitions & charts, observe conditions of the patient in low levels of light and to evaluate medical images on view boxes and on computer screens.

- Sufficient hearing to interact with and respond to patients as well as to the audible sounds of equipment.

- The ability to stand and walk for 80% of clinical time.

- The ability to lift, assist and maneuver patients in wheelchairs, carts and imaging tables without injury to patient, self or other health care workers and to respond to medical emergencies.

- Sufficient motor skills to manipulate, lift, and reach equipment and to operate small controls on equipment.

- Intellectual and emotional skills to exercise discretion in handling confidential medical information.

- Cognitive ability to perceive and deal appropriately with environmental threats and stresses and continue to function safely and effectively during high stress periods.

- The ability to protect oneself and others from hazards in the health care environment, such as infectious disease, contaminated equipment, sharp instruments, chemical fumes and radiation.

In addition, the clinical aspect of the professional program requires strict attendance and some additional financial obligations for students. For example:

- Attendance during Trauma rotations (evening shift) during summer sessions

- Transportation to and from clinical sites

- Purchasing of clinical attire (clothing, lead markers, name tags, etc.)

---

15 Policy:2005
Academic Standards16

The Department of Radiology Technology follows the policies of the University of Louisiana at Monroe as published in the current volume of the ULM Undergraduate Catalog and the Student Policy Manual. It is the student’s responsibility to be aware of these requirements.

University policies regarding requirements for admission, graduation, academic standing, probation, suspension, appeals, readmission from suspensions and honor roll requirements are found in the ULM Undergraduate Catalog under the respective headings.

Progression Policy
Students must maintain at least a 2.5 cumulative GPA and earn a minimum grade of “C” in all required professional courses. Maintenance of prerequisites and co-requisites as indicated in the BSRT professional curriculum sequence prior to progressing to the next course level(s) is also required. A radiologic technology course may be repeated one time only. A maximum of two different radiography courses may be repeated due to academic failure.

Dismissal Policy
A student who meets any of the criteria below will be dismissed* from Undergraduate Studies in Radiologic Technology:

- Failure to achieve at least a “C” in any course once being reinstated.
- Failure to achieve at least a “C” in more than two required radiologic technology courses.
- The need to repeat/re-enroll in more than two required radiologic technology courses.
- Participation in academic cheating and/or unauthorized possession of an examination.
- Plagiarism
- Falsification of patient, affiliate, and/or program records.
- The unlawful and/or unauthorized use, abuse, possession, distribution, transportation, manufacture, concealment, consumption, promotion or use of alcohol, illegal drugs, legal drugs obtained illegally, controlled substances, or designer drugs.
- Illegal possession of weapons.
- Theft
- Lack of professional compatibility or unsafe clinical practice as identified by the Undergraduate Studies in Radiologic Technology Faculty.

Dismissed* – the student is unable to reapply to the Professional Program

16 Policy: 2004 (Note: Formerly Criteria for Dismissal and Progression Policy)
Revised: 2006
Grading Scale

The following is the grading scale, for all didactic and clinical courses, which will be strictly enforced throughout the professional program in Radiologic Technology.

Grading Scale

93 - 100 = A
85 - 92  = B
77 - 84  = C
70 - 76  = D
≤ 69    = F
Withdrawal Policy

Non-Academic Withdrawal
Students who withdraw from the program and/or the University for non-academic reasons will be considered for reinstatement on an individual basis within one (1) year of withdrawal by the Radiologic Technology Admissions Committee (RTAC). The RTAC will use the Performance Assessment procedure to determine the exact point of re-entrance.

Military Withdrawal
Students who have to withdraw from the program due to active military service will not have to reapply to the professional program. A position in the professional program is guaranteed for a period of one (1) year after active military discharge. The RTAC will use the Performance Assessment procedure to determine the exact point of re-entrance.

Academic Withdrawal or Failure to Progress I
Students who withdraw for academic reasons or fail to progress in the professional phase of the Radiologic Technology program in the first professional semester may be readmitted the following year. No position is guaranteed and all policies, procedures, and admission standards must be met. In addition to the Application for Professional Enrollment, the Petition for Reinstatement form must also be included in the Application Packet and returned to the Department Head by the May 31 deadline. The Petition for Reinstatement form is located in the Forms section. All previous professional courses will have to be repeated regardless of the previous course grade.

Academic Withdrawal or Failure to Progress II
Students who withdraw for academic reasons or fail to progress in the professional phase of the Radiologic Technology program in any semester after the first may re-enroll in the following manner:
- Failure of 2nd semester (Spring) – re-enroll in the following Fall semester (1st Junior semester)
- Failure of 3rd semester (Summer) – re-enroll in the following Fall semester (1st Junior semester)
- Failure of the 4th semester (Fall) – re-enroll in the Junior 2nd semester/Spring
- Failure of the 5th semester (Spring) – re-enroll in the 3rd semester/Summer.

Re-enrollment requires retaking all required RADT courses for that semester.

Academic Withdrawal or Failure to Progress III
Students who withdraw for academic reasons or fail to progress in the professional phase of the Radiologic Technology program in any semester after the first may be readmitted in the semester of last enrollment, if all policies, procedures, and admission standards are met. In addition to the Application for Professional Enrollment, the Petition for Reinstatement form must be included in the Application Packet and returned to the Department Head by the May 31 deadline. The Performance Assessment Procedure will be used to determine the exact point of re-entrance. If any part of the Performance Assessment is not successful and all admission standards are met, the student can be placed in the general applicant pool; all previous coursework will have to be repeated.

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18 Policy: 2004 (Note: Formerly Reinstatement Policy)
Revised: 2006, 2013
Petition for Reinstatement Policy

Failure to successfully complete a professional Radiologic Technology course or continue in the established progression listed in the curriculum sequence in which a student is enrolled removes a student from the established enrollment sequence and, therefore subjects the student to additional enrollment considerations. The priority for enrollment in Radiologic Technology courses is for those students who:

- Meet the eligibility requirements for initial enrollment in Radiologic Technology.
- Successfully progress to the next required level without having to repeat/re-enroll/re-enter Radiologic Technology courses.

The enrollment of a student, who is repeating a Radiologic Technology course for re-entering the progression sequence, will be permitted on a “space available” basis, and once the Performance Assessment procedure has demonstrated that the student has adequately retained didactic and clinical knowledge. Reinstatement will be granted only within one year of withdrawal or non-progression and with the Program Director’s approval only. Enrollment space for a student cannot, therefore, be “reserved” or “guaranteed” for any subsequent semester. Specific faculty-student ratios are mandated by the JRCERT; therefore, course enrollment must be carefully evaluated each semester.

A student who desires to repeat/re-enroll/re-enter a RADT course must fulfill the following criteria:

- Meet eligibility requirements to enroll in the University and in Radiologic Technology curriculum.
- Complete and submit a Petition for Reinstatement form to the Radiologic Technology Department Head at least six (6) weeks prior to the scheduled semester in which the student is requesting enrollment. The Petition for Reinstatement form is located in the Forms section of this Handbook.
- Successfully complete the Performance Assessment Procedures.

*Enrollment*: being listed on the official class roll after the final day to register, add courses or section changes.

*Repeat*: having a prior enrollment in Radiologic Technology course.

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19 Policy: 2004
Revised: 2006
Performance Assessment Procedures

Performance Assessment is a procedure to ensure the clinical and didactic knowledge/skills of the student who withdrew for non-academic reasons or has failed to maintain the proper curriculum sequence are at an acceptable range to be reconsidered for program re-entrance. There are two steps in the Performance Assessment Procedure: Educational Assessment and Clinical Competency Assessment.

Educational Assessment
Didactic competency retention will be assessed through the use of an Educational Assessment tool. Each Educational Assessment tool must be completed with a passing grade of 77% to proceed to the Clinical Competency Assessment. The number of Assessments is dependent of the student’s progress in the professional program; there will be one comprehensive Assessment for each successfully completed course in the professional program. Students will only be given one (1) chance to pass each Educational Assessment. Once each Educational Assessment tool has been completed (passed), the student will be able to proceed to the clinical component. If the student is unsuccessful at the attempt, then student will be required to repeat all program coursework and placed in the general applicant pool if the student desires readmission to the program.

Clinical Competency Assessment
Clinical Competency Assessment includes the performance and completion of clinical competency proficiencies performed in an energized lab in the presence of an RADT faculty (evaluator), a senior student representative (witness), and a Clinical Instructor (witness) from one of the recognized Clinical Education Settings (CES). The same grading procedures will be used for the Clinical Competency Assessment as routine Clinical Competencies. The number of Educational Assessments and Clinical Competency Assessments will be determined in part by the semester of withdrawal or non-progression. If the Performance Assessment proves to be successful the student will be granted a position in the semester of previous withdrawal. If the student is unsuccessful at the attempt, then student will be required to repeat all program coursework and placed in the general applicant pool if the student desires readmission to the program.

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20 Policy: 2004
Revised: 2006, 2009
Student Employment

Students must exercise judgment in the number of hours of employment that they seek outside of the clinical and didactic requirements of the program. Work schedules must not conflict with the program curriculum (clinical and didactic courses) or program requirements. Students must never receive monetary compensation for work done in the Radiology Department during their assigned clinical education rotations. ULM clinical uniforms must be worn only during clinical rotation, and under no circumstances should they be worn during hours of employment. Please be advised, if you (student) are employed in a radiology department, you are not allowed to take an exposure when you are on the clock. This could prohibit you from being able to take the national registry or obtain a state license.

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21 Policy: 2006
Revised: 2013
Code of Conduct

The University has established standards and procedures that shall govern the conduct of students on University property, in University facilities, and away from the University Campus. This code of conduct is detailed in the University’s Undergraduate Catalog and the University’s Student Policy Manual.

The ULM Department of Radiologic Technology assumes all established standards and procedures as set forth by the University’s Standards of Conduct for Students. Variation of the policies set forth in the Standards could result in disciplinary action being taken.

Disciplinary Action

The policies contained in this handbook are necessary in order to insure consistency and orderly operation as well as to protect the rights and safety of all concerned. It is the desire of this program to assist all students so that we can achieve our objectives for the best education and finest patient care available. Willful or inexcusable violations of the policies in this handbook will be dealt with under a uniform policy that applies equally to all students. The Clinical Instructor or Program Faculty from the University of Louisiana at Monroe, Department of Radiologic Technology may provide verbal or written warnings of violations of policies. The Disciplinary Action form can be located under the Forms section in this Handbook.

Verbal Warning
This is informal notification to a student that they have violated a policy of the student handbook. If a repeated violation occurs, then a written warning will result. Documentation of the verbal warning will be placed in the student’s clinical folder.

Written Warning
This is formal notification to a student that they have violated a policy of the student handbook. Written documentation is prepared and entered into the student’s clinical folder with signatures of all parties involved. Verbal and written warnings are cumulative throughout the professional program.

When a violation of policy warrants disciplinary action by the Radiologic Technology Program Faculty, the following actions will be taken. A meeting will be held by the Radiologic Technology program faculty and based upon the severity of the findings, appropriate disciplinary action will be taken, including, but not limited to, academic probation, failure of the course, or dismissal from the Radiologic Technology Professional Program, including potential dismissal from the University.

22 Policy: 2006

23 Policy: 2006
Plagiarism

Plagiarism is defined by the Council of Writing Program Administrators (2003), as “the action of a writer who deliberately uses someone else’s language, ideas, or other original (not common-knowledge) material without acknowledging [citing] its source.”

Council of Writing Program Administrators
http://www.wpacouncil.org

Below is a list of the most common forms of plagiarism which should be avoided to prevent disciplinary actions.

- Buying a paper from a research service or term paper mill
- Turning in another student’s work
- Turning in a paper a peer has written for the student
- Copying a paper from a source text without proper attribution
- Copying materials from a source text, supplying proper documentation, but leaving out quotation marks
- Paraphrasing materials from source text without appropriate documentation

To prevent possible intentional or unintentional plagiarism, all students are advised to seek assistance from program faculty regarding proper methods of source citation.

In the event of suspected plagiarism violation, the student will be requested to provide documentation supporting their work. Furthermore, the student will be given the opportunity to defend their research during an Academic Dishonesty Hearing which will consist of program faculty members and the Associate Dean/Dean of the College of Health Sciences.

Based upon the severity of the findings appropriate disciplinary action will be taken, including, but not limited to, the following: the opportunity for resubmitting with corrections to receive a lower letter grade, a minimum grade of zero for the assignment, failure of the course, academic probation, or expulsion from the program and/or the University.

All students are responsible for reviewing plagiarism policies for both the program and the university. These policies are available in the current volume of the ULM Student Policy Manual and the University’s Undergraduate Catalog.


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24 Policy: 2006
Complaint Procedures

The following complaint procedures are specific to the University of Louisiana at Monroe.

Grade Appeal Procedure
The academic grade appeal provides a fair means for appealing a final grade in a course if the student believes the final grade to have been determined unfairly. Procedures for appealing a final grade can be found in the most current edition of the Student Policy Manual. [http://www.ulm.edu/studentpolicy/](http://www.ulm.edu/studentpolicy/)

Non-Academic Complaint Procedure
To file an informal or formal complaint against another university student, service or department, follow the steps listed in the Student Policy Manual: Student Complaint Policy, to determine your next role in reporting a complaint/grievance to the University of Louisiana at Monroe. Read completely, the Procedures for Complaint Resolutions, posted in the Student Policy Manual, before continuing with the process. [http://www.ulm.edu/studentpolicy/](http://www.ulm.edu/studentpolicy/)

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25 Policy: 2006
Revised: 2008, 2009
Statement of Non-Discrimination

The University of Louisiana at Monroe recognizes that members of the University community represent different groups according to sex, race, color, creed, national origin, and physical or mental disability. The University further recognizes that, in a pluralistic society such as ours, these differences must be recognized and respected by all who intend to be a part of the University community.

It is not the intent of the University to dictate feelings or to mandate how individuals should personally interact with others. It is, however, the intent of the University that awareness of individual and group rights according to sex, race, color, creed, national origin, and physical or mental disability be regarded as important to the education of its students. Our ability to work in a pluralistic society demands no less.

It is with this in mind that the University does not permit any actions, including verbal or written statements that discriminate against an individual or group on the basis of sex, race, color, creed, national origin, or physical or mental disability. Any action is a violation of the Student Code of Conduct. Complaints of discrimination should be made orally and in writing to the appropriate University Administrator.

Pursuant to Section 504 of the Rehabilitation Act of 1973, the University of Louisiana at Monroe’s Department of Radiologic Technology will provide services and training, without discrimination, to any qualified person who meets the academic and technical performance standards requisite to admission and/or participation in the Radiologic Technology Program.

Source: ULM Non-Discrimination Policy

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26 Policy:2006
Sexual Harassment Policy

No employee or student in the Department of Radiologic Technology at the University of Louisiana at Monroe shall be subjected to unsolicited and/or unwelcome sexual conduct, either verbal or physical. Sexual harassment violates University policy as well as state and federal laws and is specifically prohibited. It is neither permitted nor condoned.

Members of the University community, students, staff, faculty and administrators are entitled to a professional environment free of harassment or interference for reasons unrelated to the performance of their duties. Since some members of the community hold positions of authority that may involve the legitimate exercise of power over others, it is their responsibility to be sensitive to that power to avoid actions that are abusive or unprofessional. Faculty and supervisors, in particular, in their relationships with students and fellow employees, need to be aware of potential conflicts of interest and the possible compromise of their evaluative capacity. Because there is an inherent power difference in these relationships, the potential exists for the less powerful person to perceive a coercive element in suggestions regarding activities outside those appropriate to a strictly professional relationship. It is the responsibility of faculty and students to behave in such a manner that their words or actions will not reasonably be perceived as suggestive or coercive.

All University community members are hereby apprised that sexual harassment may submit an individual not only to institutional discipline but also to personal liability. Examples of behavior which could, under certain circumstances be considered sexual harassment under these guidelines include:

- Unwelcome jokes or stories which are specifically designed to embarrass or humiliate through their sexual subject matter content.
- Unwelcome sexual communications designed to arouse another, or unwelcome sexual remarks pertaining to a person’s clothing or anatomy.
- Unwelcome sexual advances, requests for sexual favors, or other verbal or physical sexual conduct.
- Unwelcome display of sexually explicit materials in an individual’s place of work or study.
- Frequent and repeated touching which is unwelcome and undesired.
- Creating or arranging situations specifically designed to violate privacy in an unwelcome and undesired manner.

Title IX of the Education Amendment Act of 1972 prohibits discrimination on the basis of sex in all areas of education programs and activities such as admissions, financial aid, housing, facilities, scholastic, intercollegiate, club and intramural athletics. Sexual harassment, which includes acts of sexual violence and sexual assault, is a form of sex discrimination prohibited by Title IX. ULM is committed to ensuring all students feel safe and have the opportunity to benefit fully from education programs and activities.

If the university is notified of sexual harassment or violence, we will:

1. Take immediate and appropriate steps to investigate the incident
2. Take prompt action to end the harassment and resolve the situation
3. Take appropriate steps to prevent recurrence of future incidents

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27 Policy: 2006
Revised: 2012
To file a complaint, complete the online Incident Reporting Form. Students or employees without computer access to file an online complaint may file a written complaint and forward to:

- For students, contact Pamela Jackson, Student Center, Room 239, 318-342-5230
- For employees, contact Katrina Branson, Coenen Hall, Room 115, 318-342-5267

If the incident or situation is criminal in nature, immediately contact University Police Department or the local police where the incident occurred.

- University Police, Filhiol Hall, 3811 Desiard Street, 318-342-5230 or 1-911 for emergencies

Students are strongly encouraged to report incidents and share information about sexual misconduct and harassment, even if the complainant or witness has concerns about underage drinking, drug use or other prohibited activity. To encourage reporting, the university pursues a policy of offering alleged victims amnesty from policy violations and will not pursue disciplinary action related to the incident.

Retaliation is prohibited against any student or employee who files a complaint of discrimination or participates in proceedings or an investigation. Retaliatory words, actions or behavior that punish or threaten to punish any student or employee under this policy is strictly prohibited and may result in disciplinary action. Retaliation should be promptly reported to:

- For students, contact Pamela Jackson, Student Center, Room 239, 318-342-5230
- For employees, contact Katrina Branson, Coenen Hall, Room 115, 318-342-5267

Policy - [http://www.ulm.edu/titleix/](http://www.ulm.edu/titleix/)

The University of Louisiana at Monroe is committed to a campus environment free from all forms of sexual misconduct and workplace harassment. No student or employee should be subjected to unsolicited and unwelcome overtures or conduct, either verbal or physical. The health, safety and well-being of students, employees, and visitors are the university’s primary concern.

All students and employees will be held accountable for compliance with this policy and any violation may lead to disciplinary action. All members of the university community should report incidents of sexual misconduct. Any person who receives or becomes aware of sexual misconduct or other violation of this policy should report the complaint as soon as possible.

See [Sexual Misconduct Policy](http://www.ulm.edu/titleix/) (opens in PDF)

File a Complaint

To file a complaint, complete the online Incident Reporting Form. Students or employees without computer access to file an online complaint may file a written complaint and forward to:

- For students, contact Pamela Jackson, Student Center, Room 239, 318-342-5230
- For employees, contact Katrina Branson, Coenen Hall, Room 115, 318-342-5267
Complaint Options
Individuals may file an information or formal complaint.

Informal Complaint
If an informal resolution is desired and appropriate, the university will carry out the appropriate steps to resolve the complaint informally, unless determined a formal investigation is required. If an individual wishes to discuss a specific incident without filing a complaint, he or she should contact:

- For students, contact Pamela Jackson, Student Center, Room 239, 318-342-5230
- For employees, contact Katrina Branson, Coenen Hall, Room 115, 318-342-5267

Informal Resolution is not acceptable for acts of sexual violence or sexual assault.

Formal Complaint
A formal complaint involves an investigation of the complainant’s allegations. The purpose of the investigation is to establish whether a reasonable basis exists to believe the Sexual Misconduct Policy has been violated.

If the conduct is criminal in nature, immediately contact University Police Department or the Police Department of the jurisdiction where the incident occurred.

- University Police, Fhiol Hall, 3811 Desiard Street, 318-342-5230 or 1-911 for emergencies

Confidential Resources
ULM Counseling Center
Across from Madison Hall
1140 University Avenue
318-342-5220

ULM Student Health Center
Across from Madison Hall
1140 University Avenue
318-342-1651

Talking to a counselor or a nurse does not constitute reporting the incident. However, the counselor or nurse can help you report the incident if you choose to do so. Talking to a counselor or nurse or reporting the incident can be initiated at any time. Faculty and staff outside of these two areas are not confidential resources. If a student discusses the incident with faculty or staff, with the exception of the Counseling Center or Health Services, the faculty or staff member is obligated to report the incident.

In the immediate aftermath of sexual misconduct such as sexual assault or rape, medical care and the collection of physical evidence are very important. The individual should not shower, bathe, or change clothes and may be taken to the hospital emergency room or Student Health Services. See Community Resources for local hospital information.
Student Records

The Department of Radiologic Technology within the University of Louisiana at Monroe maintains accurate and confidential student records. It is the right of the students to have access to most of their educational records, and it is the duty of the University and the Department to limit access by others in accordance with existing guidelines and relevant laws. Student records, with certain exceptions, will not be released without prior consent of the student through written request.

The following student records may not be viewed by students: financial information submitted by their parents, confidential letters and recommendations associated with admissions, employment, job placement or honors to which they have waived their rights of inspection and review.

Students have the right to review and question the content of their educational records within a reasonable length of time after making a request for review. If there are any questions concerning the accuracy or appropriateness of the records that cannot be resolved informally, an opportunity to challenge a perceived inaccuracy or violation of privacy will be provided through the appeal mechanism.

The University of Louisiana at Monroe and the Department of Radiologic Technology maintains that the student records policy in compliance with the Family Educational Rights and Privacy Act (FERPA) of 1997. In accordance with the University’s Policy on Family Educational Rights and Privacy Act, information about a student generally may not be released to a third party without the student’s written permission. Exceptions under the law include state and federal educational and financial institutions, and law enforcement officials. The only records that will be released concerning students is that information that can be considered “directory” information such as: field of study, name, address, telephone number, participation in officially recognized activities and sports, attendance, and degrees and awards. The policy also permits students to review their educational records and to challenge the contents of those records.

With regard to clinical radiography course files, only the Department of Radiologic Technology Faculty may remove files to be copied. Students may not remove or copy the file themselves. Any violation of the above will result in disciplinary action by the Radiologic Technology Program Faculty.

Student Records Management Policy (College of Health Sciences)

I. Student Record Confidentiality and Release
A. The COHS adheres to all policies and procedures governing student records, their confidentiality, and their release as required by The University of Louisiana at Monroe and the Family Educational Rights and Privacy Act.
C. Faculty, staff, and administrative officers at ULM are required by FERPA to treat education records in a legally specified manner. The Act specifies the institutional penalties for violation of its stipulations, as well as procedures for providing student access to and maintaining the privacy of student records.

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28 Policy: 2006
Revised: 2009
D. The University's more detailed response to FERPA is printed yearly in the Student Policy Paper under the Student Records sections entitled Access to Records, Confidentiality of Student Records, Correction of Educational Records, Cost, Directory Information, Maintenance of Records, Notification of Rights Under FERPA, Procedures for Challenge, and Requesting a Transcript.

E. Students and members of the community may access this information at http://registrar.ulm.edu/ferpa.pdf.

II. Student Record Management and Retention

The COHS departments have accreditation requirements as to retention guidelines and these guidelines vary between departments. Generally, student records are maintained according to ULM Records Management guidelines as outlined below. Documentation of timelines and locations for retention and record management is filed with the Louisiana Secretary of State Office, Division of Archives, Records Management and History. This documentation is initiated by the department, presented to the ULM Records Office for additional completion regarding location of stored records, and then sent to the state by the ULM Records Officer. Copies of all documentation are kept in department offices.

The chart below is an example of how most departments comply; however, specific department retention examples are posted on the home page of the COHS.

http://www.ulm.edu/healthsciences

<table>
<thead>
<tr>
<th>Document</th>
<th>Held in DEPT Office</th>
<th>Held in Records Center</th>
<th>Total Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Files-Student Academic Folders</td>
<td>5 years</td>
<td>0</td>
<td>5 years</td>
</tr>
<tr>
<td>Graduate Files-Student Clinical Folders</td>
<td>5 years</td>
<td>Permanently</td>
<td>Permanently</td>
</tr>
<tr>
<td>Prospective Student Folders</td>
<td>5 years</td>
<td>0</td>
<td>5 years</td>
</tr>
<tr>
<td>Active &amp; Inactive Student Folders</td>
<td>5 years</td>
<td>0</td>
<td>5 years</td>
</tr>
<tr>
<td>Exams/Scantrons/Analyses</td>
<td>1 year</td>
<td>0</td>
<td>1 year</td>
</tr>
<tr>
<td>Course Grade Book/Grade Sheets (Electronic and Print)</td>
<td>5 years</td>
<td>0</td>
<td>5 years</td>
</tr>
</tbody>
</table>

III. Faculty and Staff Compliance

A. All COHS faculty and staff members are made aware of these policies and copies of the FERPA guidelines are available for review.
**Student Health Services**

Students admitted to the first clinical course in Radiologic Technology must submit a completed Student Health Services Immunization form prior to entering the Clinical Education Setting. All students are required to provide completed confidential health records to include physical examinations and medical history prior to entering the Clinical Education Setting. The physical examination should be conducted no earlier than 4 weeks prior to entering the Clinical Education Setting. Students will not be able to attend clinic if the form is not completed.

*Students are not employees of the Clinical Education Settings and are not covered by worker’s compensation.* Many services are offered to the student through the payment of the student health fee each semester with regular tuition. These services include but are not limited to: family health wellness or sickness visits, screening and treatment for sexually transmitted diseases, immunizations, allergy injections, physical examinations, women’s health, and complete laboratory services.

**Malpractice Liability Insurance**

The State of Louisiana’s Public Health and Safety Act 40:1299.39, Part XXI-A assumes student liability coverage by the state. This act is in the Radiologic Technology Program director’s office. This liability plan does not provide coverage for part-time employment outside of the required clinical courses and it does not include the operation of a motor vehicle.

**Medical Insurance**

Students enrolled in the professional program must maintain Medical Insurance coverage throughout clinical rotations. If a student is personally injured in the clinic setting during assigned hours, the student is NOT covered by the liability insurance and is NOT covered by the clinical education settings’ Workers Compensation.

If an injury occurs, it is the student’s responsibility to consent or deny consent to medical treatment, convey the facility desired to receive medical treatment if treatment is desired, and provide documentation of insurance or provide payment upon arrival for treatment. Again, regardless of fault, neither ULM nor the clinical education setting will be responsible for payment(s); the responsibility of payment is directed to the student, thus the need for personal medical insurance.

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29 Policy: 2000
Revised: 2006, 2009
Pregnancy Policy - Students

The National Council on Radiation Protection and Measurement (NCRP) recommends that the maximum permissible dose equivalent to the embryo-fetus from occupational exposure to the expectant mother should be limited to 0.5 REM (50 milliseiverts) for the entire gestational period (9 months). Through proper instruction in all safety precautions and personnel monitoring, and strict adherence to these precautions, it is possible to limit occupational exposure to less than 0.5 REM and prevent the fetal dose exposure limit from being exceeded.

Students enrolled in Radiologic Technology are instructed in proper safety precautions and personnel monitoring prior to being admitted to any ionizing radiation area. Students are required to abide by all safety precautions. The importance of the ALARA concept (keeping exposure as low as practical through a combination of time, distance and shielding) is stressed.

Declared Pregnant Student
A student who has voluntarily informed the RADT Department Clinical Coordinator and Radiation Safety Officer (RSO), in writing, of her pregnancy and the estimated date of conception is considered a declared pregnant student. A student has the right to declare her pregnancy and at such time, the precautions listed below must be followed.

A student also has the right to not declare their pregnancy, in which case, the student will be treated as though she were not pregnant. Once a student has declared her pregnancy, the student also has the right to undeclare her pregnancy at any time. This is in accordance with Federal and State laws as well as the most current NRC Regulations. All students will be required to sign a form stating that they are aware of this policy and realize that ULM or the affiliated medical facilities and personnel cannot be held liable for problems which may occur should a student NOT DECLARE or UN-DECLARE her pregnancy.

Due to the number and variety of courses in the curriculum and the importance of maintaining a rotation schedule through the various assigned areas without interruption, should any student suspect pregnancy, they are recommended to report it immediately to the Clinical Coordinator.

Upon declaration of pregnancy, the student will:

1. Submit a statement from her physician verifying pregnancy and expected due date. The statement should include the physician's recommendation as to which of the following options would be advisable:
   a. Immediate leave of absence (LOA)
   b. Continued full-time status with limited rotations excluding fluoroscopy, surgery, portables, special procedures and Nuclear Medicine during the declared pregnancy period.
2. Counsel with RADT Faculty and the Radiation Safety Officer regarding the nature of potential radiation injury associated with in-utero exposure, the regulations established by the NCRP, and the required preventive measures to be taken throughout the gestation period.
3. Submit in writing, within 24 hours, her decision as to remaining in the program, dependent on the above.

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30 Policy: 2000
Revised: 2006
or resigning from the program. If resignation is the choice, no other action is indicated.

4. Leave of absence will be reviewed on an individual basis by the RADT Radiation Safety Officer, Dept. Head and Clinical Coordinator, dependent on the physician's recommendation.

5. Be required to attend the regular class schedule.

6. Be required to abide by the following:
   a. Strict adherence to all safety precautions for protection purposes
   b. Submit statements from her physician as to any changes or problems in her pregnancy and advisability of continuation full time
   c. Wear two (2) personnel monitoring devices, one placed on the collar and one on the abdomen for fetal monitoring. Readings (collar-quarterly; fetal-monthly) will be monitored by the RSO and the student will be subject to an immediate leave of absence from the clinical environment if at any point the RSO deems it necessary.
   d. At any time the pregnant student feels that she is working in an unsafe area or under conditions she feels are detrimental, the student should remove herself immediately and report to the Clinical Coordinator, Clinical Instructor, Departmental Supervisor, and/or RADT Dept. Head.
   e. At no time and for no reason will the pregnant student place herself in the primary beam of radiation.

7. Be informed that, dependent on the course requirements and length of absence, she may be required to take the course(s) in their entirety.

8. Be required to complete upon her return all course requirements, if absences do not exceed the 15% limit as stated in the Student Handbook.

9. Return to full-time status as soon as possible after delivery, but only on the expressed written permission of her physician. A vacancy will be held for the student for a maximum of one (1) year following delivery. After that time, she will be considered a withdrawal from the Professional program and must reapply.

10. Realize that the student must complete, upon her return, all requirements for graduation, including required courses, clinical competencies and rotations.
Immunization Program

As a student in one of ULM’s professional programs, you are required to meet specific vaccination requirements. It is your responsibility to locate your health records, and submit proof to the Immunization Program at the Student Health Center prior to your participation in clinical rotations. Acceptable proof is a legible copy of a public health unit record, a physician’s office record, a completed university immunization compliance form, military record, or official laboratory report. Mail or fax all information to Student Health Services. Put your current name, campus wide ID number, and professional program on all forms that you submit, and keep a copy for your personal records. After you have submitted all the required immunization records, you may visit the immunization clinic for completion of registration forms and consultation on completion of your program requirements. Appointment is not required.

Newly accepted professional students will receive a listing of immunization requirements from the Radiologic Technology department with their acceptance letter. They will be required to complete all requirements prior to the start of the Fall semester in which they begin the professional phase of the program.

Continuing professional students will complete any additional requirements as needed. The annual TB skin test must be completed in July/August, before the start of their final two semesters. Failure to meet any immunization program requirement will result in the student being dismissed from clinic until the matter has been resolved (unexcused absence; professional responsibility deductions will apply).

IMMUNIZATION REQUIREMENTS FOR ALL PROFESSIONAL PROGRAMS

Evidence of the following is required:

- Two (2) MMR Measles, Mumps, and Rubella Vaccine
- One (1) TD Adult Tetanus Diphtheria Vaccine (within the last 10 years)
- 2 Varivax- All students must provide documentation of 2 varicella immunizations (at least 4 weeks apart) or documentation of history of the disease by healthcare provider.
- Three (3) doses of HEP B Hepatitis B Vaccine three part series (You must have the first 2 doses completed prior to beginning your clinical rotation)
- One (1) TB, 2 if > 1 yr. since last received Tuberculosis testing –Mantoux Method

**MMR – Measles, Mumps and Rubella Vaccine.** Proof of two (2) doses of vaccine is required.

**TD – Adult Tetanus Diphtheria Vaccine.** TD is to be kept current the entire time of enrollment in any of ULM’s Professional Programs. Acceptable proof of one (1) adult dose within the last ten years is required.

**HBV – Hepatitis B Vaccine.** The Hepatitis B three (3) part immunization series is required of all students and you must have completed the first two (2) injections prior to beginning your clinical experience. The second dose is given one month after the 1st injection. The last injection is completed 5 months after the 2nd injection. These injections are available at the Student Health Center. Acceptable proof of the Hepatitis B vaccine from an outside source is acceptable.

All information concerning the Hepatitis B vaccine MUST be provided on letterhead, or on a stamped Health Unit card with your current name, birth date, social security number, plus the brand of the vaccine, lot

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31 Policy: 2000 (formerly Hepatitis “B” Immunization)
Revised: 2006, 2009 (source: Student Health Services)
number, the dose in micrograms, the expiration date, the date of the injection, and the initials of the person
administering the dose. An HbsAB titer is required upon completion of the three (3) part series. After
completing the series, wait 4-8 weeks before getting the titer drawn. Declination for the Hepatitis B vaccine
may be signed if you have a specific medical and/or religious reason for electing not to have the Hepatitis B
vaccine. The Student Health Center will give instructions related to the risk and importance of the vaccine.

**Blood Titers** – Titers are required to determine your immunity status to specific communicable diseases. Blood
titers are available through Student Health Services.

- **Varicella titer** – titer must be drawn as evidence of immunity to the disease if documentation of 2 varicella
  vaccinations or documentation of disease history is not provided.
- **Rubella titer** – titer must be drawn as evidence of immunity to the disease if documentation of 2 MMR
  Vaccinations is not provided.
- **Mumps titer** – titer must be drawn as evidence of immunity to the disease if documentation of 2 MMR
  Vaccinations is not provided.

The cost of titers is subject to change at any time. Students who wish to have their titers drawn elsewhere will
be responsible for insuring that their health care provider orders the titers, and it is the student’s
responsibility to have the laboratory reports sent to: ULM Immunization Program, Student Health Services,
1140 University Avenue, Monroe, Louisiana 71209. FAX: 342-5239. Laboratory reports must include
interpretive ranges for each test performed at that particular laboratory. Reports not on letterhead or not on
an official laboratory report, and/or incomplete reports will not be accepted.

**Insufficient titer response** – If any of your titers indicate inadequate immunity levels, you will receive a
notification letter instructing you on further actions required. Phone calls to the immunization clinic to obtain
your lab results are discouraged.

**Tuberculosis – TB** – You will be Mantoux tested for exposure to TB annually. Consult your student handbook
or program staff to determine when your annual TB testing will be required. You will be injected with a small
dose of PPD (Tuberculin purified protein derivative), making a small wheal/bleb. The site is left uncovered and
undisturbed and is evaluated in 48 – 72 hours. If this is your first time to receive a TB Mantoux, or if it has
been over a year since the last test, the test is to be repeated in the other arm a week to ten days later. This is
the 2 step method. The Louisiana State Sanitary Code requires all students enrolled in any professional health
care curriculum to prove their non-communicable status for Tuberculosis by the PPD Mantoux Method. Tine
tests are not acceptable! Tuberculosis testing is not contraindicated in pregnancy, but if you are pregnant,
your obstetrician’s written authorization for testing is required prior to receiving a TB test through Student
Health Services. If your physician does not want you to have TB testing, he/she must provide a written
statement verifying your non communicable status for tuberculosis. Students having the Mantoux test
administered and evaluated outside the ULM Student Health Center must provide the following
documentation, on letterhead: the date administered, date evaluated, site injected, brand of vaccine, lot
number of the vaccine, and RESULTS READ IN MILLIMETERS. Evaluations that are documented as
POSITIVE/NEGATIVE OR REACTIVE/NON-REACTIVE ARE NOT ACCEPTABLE. Persons being treated or previously
treated for latent tuberculosis infections should contact the Student Health Center for further instructions,
and the required documentation.
Other - All Student Health medical and immunization records are the property of ULM Student Health Services. You will receive a copy of our Notice of Privacy Practices for Protected Health Information on your initial visit. This explains how your health information may be disclosed. We encourage you to maintain a personal copy of any documents you provide us. You will receive a salmon colored certificate of immunization upon completion of your program’s requirements. You are required to maintain your card and have it updated by Immunization clinic staff as further testing or immunizations are completed. If your card is lost, you may obtain a copy by calling medical records @ 342-1875 and following the instructions provided. Any outstanding fees owed to Student Health Services must be paid prior to receiving copies of immunization or medical records.
Communicable Disease Notification

A communicable disease is defined as any disease transmitted from one person or animal to another directly by contact with excretion or other discharges from the body; or indirectly, via substances or inanimate objects. The State of Louisiana’s Department of Health and Hospitals (DHH) has procedures regarding communicable diseases:

**La-DHH Infectious Disease Epidemiology Program**

The Infectious Disease Epidemiology section is staffed by thirty epidemiologists and support staff who act as disease detectives to track the causes and consequences of infectious diseases. The purpose of this section is to study the distribution of infectious diseases in the community and to carry out or coordinate programs that prevent the spread of communicable diseases.


A list of communicable diseases, signs and symptoms, disease information, attendance requirements, and preventative measures can be found via the following links.

- [Communicable Disease Booklet](#)
- [Communicable Disease Chart](#)
- [Communicable Disease Chart](#)

Communicable diseases vary in their virulence, duration, mode of infection, and affects. In order to fully protect students, patients, and clinical staff, the student should do the following:

- Students suspecting exposure or contraction of any of the diseases (conditions) listed as a reportable disease by the State of Louisiana must see a physician immediately.
- Students diagnosed with any diseases (conditions) stated above and as determined by their physician to be of short duration which may be transferred by air or contact, may not attend Radiologic Technology courses, depending on physician’s recommendations.
- Students diagnosed with communicable diseases that are of relatively long duration must present a written diagnosis to program officials. The student may be able to continue Radiologic Technology clinical courses with proper counsel from the infection control nurse and or the department of the Clinical Education Setting. Depending on the severity of the disease, the type of the disease and the student’s physician, the student may be required to withdraw from the Radiologic Technology course.

The student’s confidentiality will be protected.

Failure to comply with this notification policy will result in disciplinary action as determined by the radiologic technology program faculty.

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32 Policy: 2000
Revised: 2006, 2013
Substance Abuse Policy

The Department of Radiologic Technology in cooperation with the College of Health Sciences at the University of Louisiana at Monroe is committed to maintaining a drug and alcohol-free environment and identifying existing and/or prospective faculty, staff, and professional students who use and/or abuse illicit drugs, abuse prescribed medications, and abuse alcohol in compliance with applicable local, state, and federal laws. The Department of Radiologic Technology strives to:

• Insure the reputation of ULM and its students.
• Protect ULM against drug-relation litigation.
• Ensure that only drug-free faculty and staff are hired and only drug-free students are admitted to the professional programs.
• Discourage the use of drugs by faculty, staff, and students thereby reducing criminal activity in our community.
• Prevent absenteeism, tardiness, under productivity, and poor decision making.
• Promote professionalism among the College of Health Sciences students and faculty.

It is the intent of this policy to provide a safe environment in order to conduct the mission of the University, College of Health Sciences, and the Department of Radiologic Technology in the most effective manner possible. A safe environment will be attained by appropriate drug and alcohol screening, education and training, surveillance of the academic area, and the effective management of situations involving drugs and alcohol regarding individuals who fall under the purview of University authority.

The Substance Abuse Prevention Policy can be found in the ULM Student Policy Manual. Items that can be located in this policy include, but are not limited to: policy foundation, standards of conduct for students, alcohol and drug definitions, censures, and service offered.

Annual Drug Screening Procedures

The department notifies the student that a drug screen, at the student's expense, must be completed to meet I/CFS affiliation agreement criteria. Students are directed to the Dean's office to retrieve a Drug Testing Order Form and to the CertifiedBackground.com web site. They are told that they must pay for the 10 panel drug screen. All results will be available for the Associate Dean via CertifiedBackground.com website. The Dean and/or Associate Dean will inform the department head that there was or was not a positive finding. If a positive finding exists, the student will not be allowed to commence their internship or clinical facility site rotation. Appeals are submitted to the Dean.

Records will be archived by CertifiedBackground.com. The Associate Dean will have access to electronic results. Hardcopy printing of results by the Associate Dean is available but not anticipated routinely. Records will be maintained in pursuant to ULM's record retention policy.

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33 Policy: 2006
Revised: 2009, 2010
Background Investigation Policy

The Department of Radiologic Technology at the University of Louisiana at Monroe is committed to insuring public and professional trust and providing safe patient care. In order to meet this goal, background investigations of students can be authorized under this policy. The College of Health Sciences requires criminal background investigations of all students who attend clinical affiliates. Clinical affiliates have the right to accept and deny any individual admission into their facility based on the findings of a background investigation report. To comply with these requirements, students admitted to the Radiologic Technology Program must submit to a background investigation in order to ascertain the student’s suitability for clinical rotations. Background investigations may also be performed periodically throughout the professional program. All information obtained from the background investigation report will remain confidential. Students will be responsible for paying for the background investigations.

Background Check Procedures

The department notifies the student that background checks for their intended internship or clinical facility site requires criteria as listed in the affiliation agreement. The student is directed to the website for CertifiedBackground.com and told that they must pay for the background check. All results are sent to the Associate Dean by electronic web site. The Dean and/or Associate Dean will inform the department head if information of concern exists. If information of concern exists, the student will not be allowed to commence their internship or clinical facility site rotation. Appeals are submitted to the Dean.

Records will be archived by CertifiedBackground.com. The Associate Dean will have access to electronic results. Hardcopy printing of results by the Associate Dean is available but not anticipated routinely. Records will be maintained in pursuant to ULM’s record retention policy.

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34 Policy: 2006
Revised: 2007, 2009
Radiation Safety

Radiation safety is an individual attitude and reflects each student’s motivation toward protecting himself/herself. Students will be expected to practice proper radiation safety procedures at all times when present in clinical assignments and in laboratory activities. The radiation safety officer (RSO) will closely monitor and record quarterly dosimeter readings.

Radiation Monitoring
Dosimeters are provided for all radiologic technology faculty and professional students free of charge through the University of Louisiana at Monroe Radiation Safety Committee. ULM dosimeters are not to be worn during any activity other than clinical or lab assignments. Students will not wear the ULM dosimeter during any occupational exposure (work) other than during clinical assignments.

Students will always wear a dosimeter while attending clinical assignments and radiographic laboratory sessions; the student is not allowed to attend without their dosimeter. If a student arrives without the dosimeter, the student will be sent away to retrieve the dosimeter. Professional Responsibility deductions will apply. The dosimeter is the responsibility of the student.

Declared pregnant students will have collar and fetal dosimeters assigned for more thorough monitoring. All radiation monitoring records are kept on file in the RSO’s office.

Under no circumstances will a ULM student be exposed to radiation for any purpose other than routine radiographic examinations performed on patients (Occupational Exposure). No student is to allow any exposure to radiation on herself/himself by any person without a physician’s prescription for a radiographic examination for that student.

ULM students will NOT be allowed to expose any other individual to radiation during a radiographic procedure, (family member, nurse, technologist, etc., holding patient) without that individual first being allowed to don the proper protective apparel prior to exposure, and questioned regarding possible pregnancy if applicable. This is considered part of the Shielding Policy and Pregnancy Statement Policy.

Dosimeter Guidelines
• Wear dosimeter attached to the collar of the uniform when in clinic or the radiographic laboratory, or outside protective apparel at the collar when protective apparel is donned.
• Prevent dosimeter from damage.
• Prevent dosimeter from receiving excessive exposure from radiation when not worn.
• Exchange dosimeter by the date established by the RSO; failure to do so will result in a loss of 5 professional responsibility points/weekday until the dosimeter is returned. Dosimeters are to be returned at the end of each semester (retention exam date, or date designated by the RSO) or 5 professional responsibility points will be deducted from the clinical grade; or if not returned before final grade posting, a grade of Incomplete (I) will be posted.

35 Policy: 2000
• Students who arrive at their clinical education setting without their dosimeter will be asked to retrieve their dosimeter. Point deductions will occur for leaving or absence from clinic in the event of obtaining the dosimeter.
• In the event a dosimeter is lost or damaged or destroyed, it is the student’s responsibility to inform the RSO immediately so that a replacement dosimeter can be obtained. Students will be fined $50 for any unreasonable or neglectful care of the monitor badge.
• Annual dose limits recommended by the NCRP for Education and Training Exposures include:
  o Effective Dose: 1 mSv (100 mrem)
  o Equivalent Dose for tissues and organs
    ▪ Lens of the eye: 15 mSv (1500 mrem)
    ▪ Skin, hands, and feet: 50 mSv (5000 mrem)
If an excessive quarterly reading is obtained (a reading higher than the quarterly limit), the RSO will discuss the excessive reading with the student to determine the cause for excessive exposure, risks, and ways to minimize future exposure. If a student is approaching the annual exposure limit, the student’s clinic rotation may be revised as necessary to minimize additional exposure. If a student receives more than the stated limit, the student may not be allowed to attend clinic to reduce the risk of additional exposure.
• Dosimeter readings must be reviewed by each student quarterly. An assigned time will be given by the RSO to review these readings. Failure to review/sign a dosimeter reading will result in a loss of 5 professional responsibility points/weekday towards the current semester until the reading is reviewed/signed.
• Students must never hold patients for/during radiographic/fluoroscopic procedures.
• ULM students will always adhere to the ALARA (As Low As Reasonably Achievable) concept and will expect that same adherence by supervising technologists.

Shielding Policy
Shielding of patients and personnel is required as stated by the ARRT Code of Ethics. Often radiation protection focuses on gonadal shielding, but it is important to remember that radiation dose is cumulative, and that radiation protection must be applied to all persons regardless of reproductive age. Therefore, students are instructed to shield all patients, as long as shielding does not interfere with the area being imaged. Published guidelines for shielding patients, personnel, and anyone in the area of radiation exposure can be found Merrill’s Atlas of Radiographic Positions and Radiologic Procedures. These recommendations specifically are:
  • Gonad Shielding – Volume One
  • Any shielding requirement located in the positioning instructions throughout Merrill’s
In addition, regulations set forth by the ULM Department of Radiologic Technology and/or the CES must be followed. Failure to comply with the listed guidelines results in:
  1. A written warning and a loss of 20 points from the Competency section of the Clinical grade for the first offense
  2. Dismissal from the program for the second offense.

There will be no exceptions to this policy and no appeal recourse for the involved student.
Pregnancy Statement Policy
If an ULM RADT student fails to acquire history related to potential pregnancy from the patient or any person in the area of radiation exposure prior to exposure of the patient to ionizing radiation:

1. A written warning and loss of 20 points from the Competency section of the Clinical grade for the first offense.
2. Dismissal from the program for the second offense.

There will be no exceptions to this policy and no appeal recourse for the involved student.

Radiologic Procedures
Students are not allowed to have complimentary radiological procedures performed on themselves during clinical time, unless admitted as a patient. Also, students are not allowed to perform radiological procedures on staff, unless admitted as a patient. Radiologic exams are not to be performed without a physician’s order. Even though ultrasound and magnetic resonance imaging are non-ionizing radiation, these are not allowed.

Any violation of the above will result in disciplinary action by the program faculty.
Attendance Policies

The ULM Radiologic Technology Program is considered a professional degree program. Students are expected to attend class/clinic, just as they would their professional job. Students who demonstrate patterns of tardiness or absenteeism should note that these issues will be documented in all course attendance records, reported to the Dean of Health Sciences, and will be conveyed as a weakness when faculty complete letters of recommendation for potential employers.

Didactic Courses
Students are expected to attend class regularly and punctually. Failure to do so may jeopardize a student’s scholastic standing and may lead to suspension from the University. Attendance is taken at the beginning of every lecture/lab period. Students should be in the classroom and ready to begin when attendance is recorded. Students not present will be marked according to the following policy:

- Anyone arriving in class during the first quarter of the class period will be considered tardy.
- Anyone arriving in class after the first quarter of the class period has been completed will be marked absent for the entire class.
- Make-up tests must be scheduled according to the course syllabus.
- Students are responsible for all class work missed, regardless of the reason for the absence.

Students must also be familiar with all classroom attendance policies and procedures as documented in the ULM Undergraduate Catalog and the ULM Student Policy Manual.

This policy does not supersede any policy presented within a ULM Radiologic Technology professional course syllabus.

Clinical Courses
An acceptable excuse (serious illness, accident, or immediately family member death) must be presented to the assigned ULM Clinical Coordinator for any day(s) to be excused and must be presented no later than the next day on campus or in class following the absence, or it WILL NOT BE EXCUSED. Students should avoid the clinical setting when illness could potentially be communicated to clinical staff or patients. Absence(s) must be from a legitimate, serious illness; it is implied that a physician’s excuse claims your serious illness also negates your presence at other events or public locations, and that absence from clinic be used as time for recovery. When a student claims illness and presents and excuse, but instead is found to have used this method for personal time (events, vacation, etc.), the actions will be considered a violation of the code of conduct (engaging in immoral conduct) and the student will face appropriate disciplinary action. Therefore, it is not the legitimacy of being under a physician’s care that is in question, but rather the student’s intent to provide program personnel with fallacious information. Routine physician or dental appointments will NOT be excused and should be scheduled outside of assigned clinical time, unless extenuating circumstances occur and pre-approval by the Clinical Coordinator is granted.

To progress in RADT Professional Courses, the student must be in attendance for at least 85% of the total course hours scheduled for any given semester. This includes any and all absences, excused or unexcused.

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36 Policy: 2000
Clocking In/Out
Clinical attendance will be completed through the Trajecsys Reporting system. Students are required to log-in to the system and clock in/out according to the requirements published in the Clinical Assignments section of this handbook. The system will permanently record students times at Clinical Education sites *(verified by CES IP Address)*, and these times will be used to determine professional responsibility requirements, minimum attendance, etc. All time records must be approved by the Clinical Coordinator.

Students must clock in before the assigned time for arriving at clinic, and clock out at or after the assigned time for leaving clinic. Arriving to clinic at the last minute to find that a computer is unavailable due to another person using it does not constitute “internet unavailability”.

Any student found guilty of clocking in or out for another student (or having anyone else do so) will be referred to the proper University Authorities for sanctions as stated for Academic Cheating and Plagiarism in the current ULM Student Policy Paper. Clocking in/out from an unauthorized site (by cell phone, home, etc.; recognized by IP address), will constitute deliberate falsification of records, resulting disciplinary action.

Back-Up System for Clocking In/Out
*Only* in the case of Trajecsys system failure or internet unavailability, students are required to clock in/out at clinic by calling the Clinical Coordinator. Each student must say his/her first and last name, and the clinical site at which the student is present.

Absentee Reporting
If a student is to be absent from clinical assignment for any reason, the student is required to notify the clinical affiliate’s charge technologist or their assigned technologist directly *(by phone)*, followed by the ULM Clinical Coordinator *(phone or email)* no later than 30 minutes after assigned arrival time.

When calling the ULM Clinical Coordinator, the student must provide the following information:

1. Student name
2. Date
3. Technologist notified

Failure to inform the ULM Clinical Coordinator with the above information will result in points deducted from Professional Responsibility, even if the absence is an excused absence. Students must provide the appropriate information when calling the ULM Clinical Coordinator.

The Professional Responsibility portion of the clinical grade is scored in the following manner:

- An unexcused absence will result in -5 points for the first instance. An additional -2 points will be deducted for each subsequent unexcused absence (-7 for 2nd instance, -9 for third instance, and so on). Additional penalties for failure to include appropriate information when calling-in will apply.
- Arriving late and/or leaving early (within the hour of assigned arrival/departure) will result in -2 points. 1 point will be deducted for every additional hour arriving late or leaving early up to a 5-points maximum per day. Each instance of an unexcused subsequent tardy or early clock-out (within the hour of assigned arrival or departure) will result in an additional -2 points being deducted (2nd tardy = -4 points, 3rd tardy = -6 points, 4th tardy = -8pts, and so on).

Absence Non-Reporting Policy
Unexcused absences in which the student does not contact the ULM Clinical Coordinator and the supervising or assigned technologist will be limited to one (1) occurrence.
1. A written warning and loss of appropriate professional responsibility will occur for the first instance.
2. Dismissal from the program for the second offense.

There will be no exceptions to this policy and no appeal recourse for the involved student.

**Clinic Break Policy**

Students will be granted a break for lunch, which must fall between the hours of 11am and 1:30pm. Students will be allowed a maximum of 30 minutes for lunch, travel time included. Students are not allowed to eat or drink in work areas. Additional breaks for students are not entitled, but may be given at the discretion of the supervising technologist.

- No student shall be allowed more than one fifteen (15) minute break before lunch
  - Because of varying institutional policy, patient workload, etc., students are not guaranteed breaks.
  - Breaks are permitted by supervising technologists when applicable.
  - Morning breaks, if allowed, may only occur between the hours of 9-11am.
- No student shall be allowed more than one fifteen (15) minute break after lunch
  - Because of varying institutional policy, patient workload, etc., students are not guaranteed breaks.
  - Breaks are permitted by supervising technologists when applicable.
  - Afternoon breaks, if allowed, may only occur between the hours of 2-3pm.
- The Morning/Lunch or Lunch/Afternoon breaks cannot be combined.
- Students must take breaks in the designated break room/area at each CES.

The time scheduled for clinical experiences for student technologists in the ULM Radiologic Technology program is important to the completeness of the training and experiences. To ensure students receive this required training and experience, students are required to remain in their assigned areas during clinical rotations. Students are encouraged to utilize “down-time” during the off-peak hours to study, review, practice, etc.

This policy applies to students at all Clinical Education Sites. Permission from supervising technologists does not excuse students from violation of this policy. Violation of this policy will result in:

1. A written warning and loss of Professional Responsibility points for the first offense; the student will not be awarded time acquired for clinic for the day of the instance in question (unexcused absence; professional responsibility deductions apply).
2. Dismissal from the program for the second offense. There is no appeal for this action.

**Inclement Weather**

If the University of Louisiana at Monroe closes due to inclement weather, an announcement will be made as early as possible on the radio and/or television stations in the surrounding areas. If an announcement concerning closing is not made before a student must leave for the University or their Clinical Education Setting, then the student must use good judgment in making a decision as to whether or not to attend. If the student does not attend when the University Campus is open and operating normally, then the day is considered an absence. When the University Campus is closed, clinical education is also canceled. If the ULM Campus closes during the day, students will be dismissed from the ULM Campus and/or the Clinical Education Settings.
You will notice many differences between the academic environment to which you have been accustomed and the clinical environment that you are entering. Most of the differences will prove exciting and stimulating, while some will prove to be frustrating and aggravating. How successfully you function and learn in the clinical setting depends in part on how you approach and deal with these differences.

The reality of the situation is that patient care is the top priority in the Radiology Department. This means that the patient’s welfare is considered first. Usually this is consistent with the goals and needs of clinical education. Occasionally, however, this reality dictates that the scheduling and conducting of educational activities be flexible.

Compared to the learning activities conducted in the didactic courses, the learning activities in the clinical setting are frequently much less structured. You must take a more active and responsible role for integrating the academic preparation you had with the individual examinations you are observing or performing.

Generally, in the classroom setting you work independently as you pursue your academic goals. Teamwork and cooperation among the students is not a necessity in achieving academic goals. In the clinical setting, you must pursue your educational goals within the overall goals of the department to deliver quality patient services efficiently and effectively. Rather than function independently, you become part of a health care delivery team and must function cooperatively to achieve educational and departmental goals.

Undoubtedly, you will be able to add many more differences to our list. The point is that you will make a transition that will require some reorientation and adaptation on your part. Junior students are not the only ones, however, involved in this process. This is a time of transition also for senior students who are assuming a new role and responsibilities as well. The clinical staff is also involved in reorientation and adaptation. At the point when you enter the hospital, they have been working with students who in the most part require minimal supervision. The staff must cycle back and assume a direct supervisory role all over again.

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37 Policy: 2006
Professional Conduct / Behavior\textsuperscript{38}

The radiology department should be a place where patient confidence is inspired. This can be accomplished when one consistently exhibits a professional attitude. One must endeavor to treat patients with kindness and courtesy to insure preservation of the patient’s privacy. After the patient has been placed in the radiographic room, the door should always be closed and care must be exercised to keep the patient covered. Always introduce yourself and any additional people in the room, and wear your name badge.

Students are expected to maintain professional behavior at all times, in both the classroom and clinical settings. Students also must always be aware of and comply by all policies and procedures of the Clinical Education Setting (CES).

ALL STUDENTS WILL:
\begin{itemize}
  \item Report to classes and clinical assignments in an alert condition,
  \item Report to classes and clinical assignments in the proper uniform,
  \item Not be in possession of or under the influence of controlled substances (drugs, alcohol, etc), nor engage in their use while on clinical assignments or in didactic course work,
  \item Not engage in immoral conduct,
  \item Not chew gum, eat or drink in clinical areas,
  \item Not sleep in class or on clinical assignments,
  \item Not engage in theft of any articles from the Clinical Education Setting,
  \item Not leave patients unattended while undergoing diagnostic procedures,
  \item Not falsify records,
  \item Not abuse patients physically or verbally,
  \item Not smoke in areas where it is prohibited while on campus or clinical assignments,
  \item Not leave the assigned clinical areas unless instructed/ permitted to do so,
  \item Not use inappropriate language or disrespectful commentary in the clinical or didactic setting,
  \item Not receive or make personal phone calls, text messages, etc., except in emergency situations.
\end{itemize}

Failure to comply with these requirements will result in disciplinary action.

\textsuperscript{38} Policy: 2000
Revised: 2006, 2008
Telephone and Computer Use

Phone Use
Personal telephone calls/texts are not allowed during class, lab, or the clinical setting, except in an emergency. No one will make personal calls/texts in the clinical setting except on breaks or lunch hour, and then the call must be from a pay phone or personal phone outside of the clinic facility, not from department phones.

Personal phones or any other type of messaging device usage is strictly prohibited in the clinical setting and must be turned off. It is strongly advised that students leave phones in a secured area during clinic rotations. Phones are not to be used as “time” devices; students are advised to purchase a watch for keeping time. Internet access with the use of a phone or related device is strictly prohibited in the clinical setting. Photos, videos, or audio recordings with the use of personal phones or related devices are strictly prohibited in the clinical setting.

Students using phones during clinic hours for personal use (talking, texting, internet access, etc.) will not be awarded time acquired for clinic for the day of the instance in question (unexcused absence; professional responsibility deductions apply). “Breaks” will not be considered legitimate excuses for using mobile devices during clinical hours.

Computer Use - Clinic
Most Clinical Education Settings restrict student access to information contained within any of the RIS/HIS networks and/or computers. Student access to the internet is required for the Trajecsys Reporting System; however, computer/internet use is limited to this system. Laptop computers are not permitted in the clinical setting. Under no circumstances should computers be used to visit internet sites other than the Trajecsys Reporting System; accessing MyULM or Moodle is not allowed. Students accessing the internet with any electronic device will not be awarded time acquired for clinic for the day of the instance in question (unexcused absence; professional responsibility deductions apply), and are subject to dismissal from the program. In addition, designated computers must be used to access Trajecsys; this information will be decided by the CES Clinical Instructor(s).

Computer access is also allowed when access is required to “complete” or “release” the examination and the associated paperwork, or obtain information specific to the ULM Department of Radiologic Technology. Any misuse of this access is in direct violation of this policy. Disciplinary action by the Radiologic Technology Program Faculty will follow if a student fails to adhere to this policy. Criminal charges may be raised in certain cases of HIPAA/HITECH violations.

If students question the appropriateness of computer use or access, the student should contact the Clinical Coordinator or Clinical Instructor at the CES for clarification.

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39 Policy: 2006


**Electronic Communication and Media**

Everyone is expected to be respectful of the views and opinions of others in the program and University. This rule extends to interactions through forums, email, phone conversations, texting, social media, and all other methods of communication. No foul or inappropriate language will be tolerated. Students are expected to check emails daily for announcements and other program information. All correspondence with program faculty must be through use of your Warhawks email account. You are expected to use correct English and grammar when writing papers, sending emails, posting to forums, and all other forms of communication. Unprofessional correspondence will likely result in no response.

Posts to social media sites in regards to ULM, its programs, affiliates, faculty, and/or students should be carefully considered. While you are free to post in your own personal accounts, the content of your posts may negatively impact the University and/or its constituents. Students should adhere to the best practices outlined in the ULM Social Media Policy.

Acquiring personal images (pictures) at clinical sites is strictly prohibited. At no time should students take pictures in clinical sites; therefore, no pictures should be texted, posted to social media, or transmitted in any other electronic format.

Inappropriate electronic content (comments, pictures, etc.) that does not reflect the professional behavior expected of professional students may warrant disciplinary action from the program and/or University.
Professional Appearance – Dress Code

The student uniform is to be worn by all students in the Radiologic Technology program. When the assigned CES area requires something other than the student uniform (e.g. surgery), the student must still arrive and leave the CES in the student uniform. The student is expected to be neat and conservative in appearance at all times. Radical departures from conventional dress or personal grooming may be cause for disciplinary action.

Required Classroom/Lab Attire

- **Junior Year**
  - Classroom and Laboratory days (Tuesdays and Thursdays)
    - Designated scrub top and bottom
      - Matching (same color as scrubs) T-shirts are allowed to be worn under the uniform. There must not be any visible writing or logos on the t-shirts.
      - Underwear/undergarments are required and must not be exposed/visible.
    - Tennis shoes (no open toe/heel shoes); socks are required
    - Lab coats are required during scheduled labs times (including ID, dosimeter, and lead markers)
    - Hair must be conservative; clean, neat and off the collar of uniform. Students with shoulder length hair must secure hair so that it will not interfere with patient examinations or pose danger to the student. Hats are not to be worn when wearing the required classroom/lab attire.
  - Classroom only day (Fridays)
    - Same as above, with the exception of the top. The top must be a ULM or ULM organization/group shirt; can be short or long sleeve.
  - Designated fleece pullovers are available. Coveralls, blankets, etc. will not be worn over the uniform.

- **Senior Year**
  - Classroom and Laboratory day (Monday or Wednesday)
    - Designated scrub top and bottom
      - Matching (same color as scrubs) T-shirts are allowed to be worn under the uniform. There must not be any visible writing or logos on the t-shirts.
      - Underwear/undergarments are required and must not be exposed/visible.
    - Tennis shoes (no open toe/heel shoes); socks are required
    - Lab coats are required during scheduled labs times (including ID, dosimeter, and lead markers)
    - Hair must be conservative; clean, neat and off the collar of uniform. Students with shoulder length hair must secure hair so that it will not interfere with patient examinations or pose danger to the student. Hats are not to be worn when wearing the required classroom/lab attire.
  - Classroom only day (alternate of the Laboratory day)
    - Same as above, with the exception of the top. The top must be a ULM or ULM organization/group shirt; can be short or long sleeve.

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40 Policy: 2000
Reviewed: 2006, 2011
Designated fleece pullovers are available. Coveralls, blankets, etc. will not be worn over the uniform.

- Special Events or Days not included above
  - Dress code for these times will be determined by the RADT Faculty. For example, while attending the LSRT meeting, the RADT Polo w/ khakis may be required for one day, formal dress for a different day, etc.

### Required Clinical Attire

- ULM Radiologic Technology scrubs
- Official ULM Name Tag
- White lab coat (waist length only), no prints. The lab coat must be worn at all times when not in the main radiology department or examination room.
  - Official Insignia Patch - The patch must be sewn on left sleeve of the lab coats 2 inches below shoulder seam, centered to the sleeve.
- White leather shoes (no colored insignias)
- Radiation Monitoring Device (Dosimeter)
- CES Identification Badge (if applicable)
- Lead Identification Markers

The following will be observed regarding clinical attire:

- Clean and well-pressed uniform at all times.
- White T-shirts are allowed to be worn under the uniform. There must not be any visible writing or logos on the t-shirts.
- Underwear/undergarments are required and must not be exposed/visible.
- No personal clothing items (pull-over, jacket, etc) will be worn on the outside of clinical scrubs. Only the lab-coat may be worn on top of scrubs in the CES.
- White leather shoes with closed toes and closed heels (no clogs) must be worn and maintained while in the CES.
- Hair must be conservative; clean, neat and off the collar of uniform; beards and mustaches are permitted if neatly trimmed. Students with shoulder length hair must secure hair so that it will not interfere with patient examinations or pose danger to the student. If hair style or color is objectionable to the CES, then the student may be required to alter the style or color or forfeit clinic attendance (unexcused).
- Fingernails are to be clean and not to exceed the fingertip in length (light color polish only). Artificial nails are not allowed, CDC policy (10/02).
- Make-up may be worn in moderation.
- Perfume in moderation - heavy perfume may be offensive to patients.
- Plain white socks to cover the ankle/leg at all times during CES rotations.
- Tattoos or scarifications must be covered at all times during CES rotations; this may require a long sleeved t-shirt to be worn under the scrub suit; consultation with the Clinical Coordinator is required.
- Excessive jewelry is not permitted during CES rotations.
  - No visible earrings are permitted. As an alternative, a minimal clear post/stud can be worn.
  - Any visible piercing located other than the ear must be removed.
  - A wristwatch is encouraged; necklaces are discouraged.
Additional or more specific appearance/dress code regulations may be required by a CES, in which case the student must abide by the regulations of the facility.

All students will be required to follow the dress code. Any student with inappropriate appearance will be dismissed from clinic or class/lab; missed assignments will be considered unexcused. Repeated violations of the dress code will warrant disciplinary action. Professional responsibility deductions will apply for violation of both clinical and class/lab dress code.

Other
Students are NOT allowed to wear any article of uniform with the ULM Radiologic Technology insignia or a ULM radiation dosimeter except during scheduled clinical courses, in ULM labs, or during functions as required by the Department of Radiologic Technology.

Remember that when you wear ULM or Radiologic Technology insignias, you are representing the University, the College of Health Sciences, the Department of Radiologic Technology, and all personnel and students within.
Lead Identification Markers

Students entering into the professional curriculum are responsible for ordering at least two sets of right (R) and left (L) lead identification markers with their initials (three initials required) for use in the Clinical Education Settings. The lead identification markers will include the letter “U” as the first initial with the second and third initial being the first and last initial of the student’s first and last name (i.e. UJH). The “U” will represent ULM, and “JH” will represent the student’s name, Jay Hicks. These markers are to be used on every image the student produces and are not to be used by another student or radiographer.

Students will be responsible for purchasing their own markers prior to placement in the Clinical Education Setting. The style of the marker will be provided during clinical orientation of the first semester.

In the event that markers are lost, and the student has either no left or no right marker, the student will not be able to attend clinic. Lost markers must be reported immediately to the Clinical Coordinator and replacement markers should be ordered as soon as possible. It is advised to always have at least one spare marker in case your primary marker is lost.

Students who arrive at their clinical education setting without their markers will be asked to retrieve them — this will be counted as a tardy or absence and points will be deducted from the professional responsibility portion of the clinical grade.

Students who arrive to laboratory courses without their markers will not be allowed to participate in activities/assignments; tardy and absence policies apply.

Brass Button Marker (BT-002 Button Markers from Techno-Aide)*

*NOTE - markers above are shown with only 2 initials. You must have 3.

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41 Policy: 2000
**Confidential Information**42

**Clinical Information**
All hospital and patient records are confidential in nature. Requests for information concerning a patient should be referred to the Supervising Technologist or the Clinical Instructor. Students are expected to maintain the confidentiality in a professional manner.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, all patient information will be confidential. Students will maintain the privacy of protected health information by: limiting discussion of protected health information to private areas and conference rooms; not discussing health information outside the health care facility unless such discussion is with an appropriate faculty member and in private; not discussing protected health information with other students; refraining from copying any part of the medical record for use outside of the health care facility; refraining from putting any personal identifier on any paperwork associated with the Radiologic Technology Program; client initials may be used as an identifier, however, no room number or health care facility name/unit.

**Students’ Clinical Information**
In accordance with the Family Education and Rights Act (FERPA) 1997, this program maintains all students’ records as confidential and can only release certain items designated as directory information. Directory information is considered name, local and permanent address, telephone listing, major field of study, dates of attendance, etc. The student can prohibit the release of this directory information by making a written request to the Radiologic Technology Program.

Students must be aware that reviewing another student’s folder or clinical paperwork is a violation of the confidentiality of that student’s records.

Any violation of the above will result in disciplinary action by the Program Faculty.

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42 Policy: 2006
Revised: 2013
Developing Clinical Proficiency

Clinical Competency Skills can be developed by following a systematic step by step approach. The following sequence of steps will generally produce outstanding technologists:

1. Academic Preparation
2. Laboratory Skills Preparation
3. Laboratory Skills Competency
4. Clinical Observation
5. Assisting Qualified Worker
6. Performance Evaluation
7. Competency Evaluation
8. Performance Maintenance
9. Proficiency Evaluation
10. Final Clinical Competency Evaluation

1. **Academic Preparation**: You complete this step by studying radiographic physics, radiographic principles and techniques, anatomy and physiology, radiographic positioning, etc., in your didactic course work.

2. **Laboratory Skills Preparation**: Once didactic and laboratory instruction has been completed by RADT faculty, the student has the opportunity to practice and hone positioning skills in the ULM Laboratory setting in the presence of an ULM RADT faculty member. This step usually occurs in concurrence with Laboratory Skills Competency and/or Clinical Observation.

3. **Laboratory Skills Competency**: After adequate practice, you will have to perform radiographic positions/procedures for a grade in the presence of ULM RADT faculty. This process ensures your ability in assisting the radiographer in which you are assigned and are ready to for performance evaluations. *Only after completing both the academic preparation (exam) and laboratory competency (practical) can a student attempt a competency.*

4. **Clinical Observation**: Your initial activities in the clinical education setting will consist primarily of observing registered technologists at work. This step usually occurs in concurrence with Laboratory Skills Preparation and/or Laboratory Skills Competency.

5. **Assisting Registered Radiologic Technologists**: Once you feel comfortable in the radiographic exposure room, you will be given an opportunity to assist the radiologic technologist in performing radiographic procedures.

6. **Performance Evaluation**: As you develop confidence and proficiency, you will be given the opportunity to complete entire examinations under the direct supervision of a registered radiologic technologist. The technologist will observe and assist you and step in whenever the need arises. The technologist should also be able to critique your examination and make suggestions for improvement.

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43 Policy: 2006  
7. **Competency Evaluation:** When you feel certain that you are able to do a particular examination by yourself, ask the Clinical Instructor or In-Serviced Staff Technologist to do a competency evaluation when the next patient for that examination arrives. Your performance will be documented on a Clinical Competency form. If competency is achieved it will be counted toward the requirement for that semester. If competency is not achieved, the procedure must be repeated until competency is achieved.

   - All competencies may be reevaluated by the Clinical Coordinator or ULM faculty for quality and completeness. The final approval of competency/proficiency evaluations will be by the Clinical Coordinator, regardless of prior approval by the Clinical Instructor or the In-Serviced Staff Technologists.

8. **Performance Maintenance:** Once you pass the Competency Evaluation for a particular examination you need additional practice to maintain and perfect your skills. You may now perform this examination with indirect supervision. A registered technologist must be in an adjacent room or area, but not necessarily in the exposure room. However, if a repeat examination should become necessary, for any reason, a registered technologist or Clinical Instructor must be present to provide direct supervision for the repeat exposure.

9. **Proficiency Evaluation:** At any time, a ULM RADT faculty member may perform a Proficiency Evaluation for a particular examination in which competence and performance maintenance has been established. The examination and location of completion are chosen by the ULM RADT faculty member, and grading is completed by the ULM RADT faculty member.

10. **Final Clinical Competency Evaluation:** All Competencies must be completed by Mid-term of the final Spring semester of the professional program. Each student must pass final clinical competencies to complete RADT 4032, thus the Undergraduate Program. This consists of a total of three (3) successfully completed competencies selected at random from the Mandatory Category by a ULM faculty member. The examination and location of completion are chosen by the ULM RADT faculty member, and grading is completed by the ULM RADT faculty member.

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*Exceptions to these steps include certain exams which may have been covered in lecture, written test, and demonstrated in the ULM Lab but are not specifically included on lab practicals. Examples include, but are not limited to, C-Arm / Surgical Procedures, Myelography, Trauma Extremity, and Portable Exams. Once a student has gained enough clinical experience by performing these exams under supervision, they may then choose to request a Performance Evaluation. This should normally only occur after the student has an assigned rotation to a clinical area where these exams are performed.*
Clinical Supervision

During the professional curriculum, the students are under supervision of an ARRT registered technologist. Once a student has successfully performed a specific competency evaluation, the student is under indirect supervision of a radiographer.

**DIRECT SUPERVISION**

- Must occur for students before documented competency of any procedures.
- The clinical instructor or radiologic technologist will:
  - Review request in relation to the student’s achievement, evaluate the condition of the patient in relation to the student’s knowledge, be present during the examination and witness each exposure, and review and approve the radiographs.

**INDIRECT SUPERVISION**

- Must occur for students after documentation of competency for any given procedure.
- The clinical instructor or radiologic technologist will:
  - Review, evaluate, and approve the procedure as indicated above and is *immediately available* to assist students regardless of student achievement.

*Immediately available means that the supervising technologist is, at a minimum, within voice range of the student during the exam. Voice range does not include phone or intercom systems.*

**Supervision Policy**

No student shall perform an exam without being directly or indirectly supervised, as indicated above. This policy is to ensure the safety of patients and students, and it is ultimately the student’s responsibility to make sure that they are supervised during exposure(s). It is important to remember that the student has the status of learner, and may not take place of a technologist or CES employee. If it is discovered that a student has exposed a patient and is/was not being directly or indirectly supervised during the exposure, -5 points will be deducted from the Clinical Competency category toward the semester in which the infraction occurred.

**Repeat Radiograph Policy**

No student will repeat a radiograph unless a Clinical Instructor or a licensed staff technologist is present in the radiographic room. This also applies to mobile examinations. Failure to comply will result in:

- A written warning and a loss of 20% from Clinical Competency category of the clinical grade for the first offense.
- **Dismissal** from the program for the second offense.

It is the student’s responsibility to ensure the proper clinical supervision prevails before performing a specific exam. To document that a radiographer was present during repeat exposure, the student should enter the supervising technologist and number of repeats on the daily log sheet in the Trajecsys Reporting System. When doing this, the student is implying that the supervising technologist directly supervised the repeat exam. **Students will be subject to dismissal from the program if this policy is not strictly followed.**

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44 Policy: 2000
Post-Processing Policy
Digital image manipulation by students following image processing should be limited, if not avoided. The following are examples of practices that are not allowed following the processing of an image.

- Under no circumstances should students manipulate the brightness or contrast of an image.
- The act of “post-collimation”, which is collimating or cropping an area of the image after processing to give the appearance of collimation during the exposure, is an unethical and intolerable practice.
- Images are not to be re-centered to give the appearance of correct longitudinal and/or transverse centering.
- Parts of an image must not be cropped, then copied/pasted into another location.
  - Markers cannot be “cut” from an image and moved to another location.
  - Anatomy cannot be “cut” from an image and saved as another projection.
- Images may not be deleted without approval from the supervising technologist.

These practices are unethical and violate the ARRT’s Code of Ethics. Failure to comply will result in:

- A written warning and a loss of 20% from Clinical Competency category of the clinical grade for the first offense.
- Dismissal from the program for the second offense.

Venipuncture
Venipuncture is a procedure commonly performed at the Clinical Education Setting. Students enrolled in Clinical Radiography courses are permitted, under supervision*, to perform venipuncture and/or injections on patients. This practice is required as a clinical competency. Students are given the theory of venipuncture in lecture and the opportunity to practice venipuncture on patient simulators in a controlled lab situation. ULM students may perform venipuncture only in affiliates which allow students to perform this procedure. If the student is not performing the venipuncture, they should assist by setting up for the procedure and handing supplies to the qualified individual performing the injection.

*Supervision of students must be by an ARRT registered radiographer, a licensed RN, or licensed MD approved to perform venipuncture by the CES. The supervisor must be present in the room during the procedure.

Incident Reporting
All accidents or unusual occurrences in the clinical setting must be reported in writing to the Clinical Coordinator. Whether these accidents involve the student, patient, or any other person, all must be documented. The Incident Reporting form (located in the Forms section of this Handbook) can be used for documentation purposes. Students involved in the incident will be held responsible for notifying the clinical instructor or chief technologist at the site. The clinical instructor at the CES should complete an incident report and file it according to the CES policy and forward a copy to the clinical coordinator.

Fluoroscopy
The University of Louisiana at Monroe Department of Radiologic Technology students will not use fluoroscopy for the purpose of “checking the positioning” of a patient for any clinical radiography course. University of Louisiana at Monroe students may perform selected fluoroscopic procedures in keeping with the policy of the Clinical Education Setting if the student has previously demonstrated competency in the procedure and/or is under the direct supervision of the Clinical Instructor/Supervising Technologist and Licensed Physician.
The following position statement by the Louisiana State Radiologic Technology Board of Examiners is intended to serve as clarification on what actions related to the use of ionizing radiation require the license dictated by LA R.S. 37:3200-3219:

Licensed Radiologic Technologists in Radiography are permitted to assist with fluoroscopic procedures, and perform non-interpretive fluoroscopic procedures (such as spot imaging of the terminal ileum, voiding cystogram, and placement and removal of peripherally inserted central catheters) **under direct supervision of a Licensed Physician.**  *Adopted 2003, Revised 4/18/2012*

The American Society of Radiologic Technologists adopted the following position statement at the National Conference in June 2006:

**Resolution 06-3.14 - ASRT Position Statement on Fluoroscopy for Positioning**

Resolved, the ASRT adopt the position statement "Fluoroscopy for Positioning" that reads: "The American Society of Radiologic Technologists (ASRT) recognizes that the routine use of fluoroscopy to ensure proper positioning for radiography prior to making an exposure is an unethical practice that increases patient dose unnecessarily and should never be used in place of appropriate skills required of the competent radiologic technologist."

Any violation of the above policy will result in disciplinary action, which may include dismissal from the program.
CES Identification Badges

Some clinical education sites require that students possess a CES issued picture ID during clinical rotations through their facility. Arrangement to obtain the CES ID Badge will be coordinated by a CES Clinical Instructor at the beginning of a rotation at those sites which mandate this procedure. The CES ID Badge must only be worn during clinical hours, and is considered part of the Dress Code for students. Failure to properly display the CES ID Badge will result in Professional Responsibility deductions applicable to dress code violations, or deductions applicable to clinical absences for failure to possess the CES ID Badge during clinical hours.

Misplaced or damaged CES ID Badges should be reported to the CES Clinical Instructor immediately. The student may be responsible for expenses related for additional badges.

Students must submit their CES ID Badges to the CES Clinical Instructor immediately following the last day of rotations at a clinical education site, when clocking out that day. Failure to submit the CES ID Badge will result in an “I” or Incomplete grade for the clinical course. Additional professional responsibility deductions will occur for failure to meet a clinical deadline. Students will not be allowed to progress through the professional program until the “I” grade has been resolved.

Parking and Transportation

Parking
A parking permit (obtained during registration) is required to park in any ULM campus parking lot. Students must also adhere to parking policies at the assigned Clinical Education Setting. It is the student’s responsibility to know this policy. The information may be obtained by asking the Clinical Instructor at each CES.

Transportation
The University of Louisiana at Monroe Department of Radiologic Technology students will be responsible for providing their own transportation to attend all courses, clinical assignments, and professional activities/functions associated with the program.

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45 Policy: 2009
46 Policy: 2000
Revised: 2006
Clinical Rotations

Students enrolled in the professional phase courses (clinical) of the Radiologic Technology Program are assigned to area hospitals and clinics that serve as Clinical Education Settings. The Clinical Coordinator makes clinical assignments on a semester basis. Course assignments including both clinical and didactic courses shall not exceed 40 hours/week or 8 hours/day.

While assigned to the CES, the student will rotate through the various areas of the Radiology Department.

Clinical rotation assignments take place during daytime hours, Monday through Friday and evening hours during the summer semesters. Clinical rotation assignments are given to each student at the beginning of the semester and posted at each CES. There will be no change in the clinical rotation assignments without the permission of the Clinical Coordinator. Changes to clinical assignments may occur during a semester based on a clinical education setting’s workflow, student competency requirements, etc. – all changes will be made by the Clinical Coordinator.

Clinical Assignments
Each student is assigned to a specific area or technologist in the radiology department at the Clinical education setting (CES). All students are scheduled and rotated through CESs during the professional program so that they have an equal opportunity to perform all types of radiographic procedures. A composite of all clinical assignments is maintained for each student by the Clinical Coordinator to verify the equity of the assignments. Due to the complexity in scheduling, variable CES workflow, etc., every student’s schedule will be different; however, the opportunity to meet the requirements of the program will be equitable.

Clinical assignments take place during normal daytime hours with the exception of the summer term when the student is assigned to an off-hours or Trauma (Evening “E”) shift. Clinical assignments in the Junior year of the professional program are Monday and Wednesday, 8AM to 4PM.

In the summer session, clinical assignments are Monday through Thursday, 8AM to 4PM or 2PM to 10PM.

In the senior year, clinical assignments are Tuesday and Thursday, 8AM to 4PM, and Friday, 8AM to 12 noon.

It is logistically impossible to assign all students to the same clinical activities at the same time throughout the program. Thus, it is the student’s responsibility to coordinate clinical course objectives with clinical assignments. In this manner, students progress at their own rate and engage in procedures related to their specific clinical assignment.

Students are required to remain with the technologists to whom they are assigned or in the area to which they are assigned in the Clinical education setting unless permission to change is obtained from ULM Clinical Coordinator.

47 Policy: 2000
Trauma (Evening “E”) Rotation
After extensive evaluation by the ULM faculty, clinical personnel, and input from former students, the Trauma (Evening) rotation was established as a necessary component to provide the number and variety of exams to enhance clinical experience in order to graduate proficient radiographers. Additionally, since Radiology Services are generally offered 24 hours, seven days per week, this rotation exposes the student to a different work atmosphere other than the traditional daytime shift.

At present, this rotation consists of a four-day 2-10PM shift for approximately two consecutive weeks of the Summer session between the Junior and Senior years of the Professional Program. The other weeks of the Summer session will consist of a four-day 8AM-4PM shift. The increased number and variety of trauma and emergency medical exams performed during this Trauma rotation present the opportunity to achieve the following objectives:

- Experience greater total patient care involvement
- Become more proficient utilizing innovative techniques to secure diagnostic radiographs of patients unable/unwilling to cooperate
- Increase feelings of self-confidence
- Develop critical thinking skills
- Demonstrate independent judgment and discretion in the performance of procedures.
- Understand the protocol of how and when to use “Call Back” procedures and personnel (to which students are not exposed during Day shifts).
- Perform tasks involving preparation for the following day shift usually performed by off-hours personnel
- Observe/perform a wide variety of emergency/trauma examinations which tend to occur most often on off-hour shifts.
- Be exposed to a variety of shifts and ultimate work environment to enhance job placement, advancement, as well supervision or managerial abilities.
- Experience an environment in which there is less support personnel, which allows students to experience tasks not generally required of technologists during day shifts.

Clinical Course Requirements
To satisfactorily complete any clinical course, a student must:
1. Obtain at least 77% of the total points possible.
2. Must be in attendance for at least 85% of the total hours scheduled for any given semester.
3. Complete the minimum number of competencies required for the semester no later than the last assigned clinic day/time of that semester.
Students are required to utilize the Trajecsys Reporting System. Students will be required to pay the full registration fee prior to starting Clinical Rotations (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. 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 on either of the web pages above 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.

**Daily Log Sheets**
Students are required to enter all exams performed at clinic in the Daily Log Sheet section of Trajecsys. Students are encouraged to maintain an unofficial log sheet, preferably the daily log sheet form found in the Forms section of this handbook, so that entries can be made at a later time. Students are advised to complete this during “down-time” at clinic, or immediately following clinic outside of the CES. When completing these log sheets, students are also required to enter supervising technologists, number of repeats, and total time of exam. Failure to maintain daily log sheets will result in a deduction of 5 Professional Responsibility Points for each occurrence. Instances of entering false data will be considered falsification of records, resulting in disciplinary action, including possible dismissal from the professional program.

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48 Policy: 2010
# Grading Procedures for Clinical Radiography Courses

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<th>ITEMS</th>
<th>RADT 3015</th>
<th>RADT 3024</th>
<th>RADT 3027</th>
<th>RADT 4013</th>
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49 Policy: 2000  
Specialty Evaluations

Specialty areas include Computed Tomography (CT), *Fluoroscopy, **Mammography, Magnetic Resonance Imaging (MRI), Nuclear Medicine (NM), ***Radiologic Operations (MGMT), Radiation Therapy (RT), Special Procedures, Trauma, and Ultrasound (US). Students are assigned to these specialty areas for a designated period of time throughout their clinical education. Students will not rotate through specialty areas during the first semester of the professional program.

A clinical performance evaluation has been developed for each of the specialty areas. Each specialty performance evaluation is worth 10 points. These evaluations will be completed by the supervising technologist in the area. It is the student’s responsibility to inform the supervising technologist of the need to compete the evaluation on the last day of the rotation. -1 point will be deducted from the evaluation grade for each weekday late, up to -10 points. In addition to the specialty performance evaluation, a Rotation Evaluation must be completed for each rotation.

The clinical performance evaluation for each of the specialty areas is located in the Trajecsys Reporting System. Examples of specialty rotation evaluations can also be found in the Forms section of this handbook. Students are encouraged to become familiar with the objectives for the specialty area prior to their assignment so they will know what is expected of them in the specialty area. Additionally, a recommended reading list has been developed for each specialty area and is included in this handbook. Students are advised to read these materials prior to assignment to the specialty area. Further study of these materials during the rotation is needed to prepare for the required examination.

When (*Fluoro) appears on a student’s rotation, this indicates the fluoroscopy specialty rotation with accompanying test to follow. Fluoroscopy rotations without the asterisk do not require the specialty evaluation or exam.

When “E” (Evening) appears on a student’s rotation, this indicates the Trauma specialty rotation, which includes a specialty evaluation and exam.

At the completion of a specialty rotation, the student is scheduled to take an examination on the subject matter related to that area. Exam questions will be taken from the reference materials included on the reading list for that area. The examination is worth 25 points. Failure to appear and take the scheduled Specialty Exam at the assigned time will result in a loss of (-5) points from the test grade, as well as Professional Responsibility deductions (-5 from professional responsibility for failure to meet a clinical deadline). If a student completes the exam at a time other than scheduled without permission and/or supervision by an appropriate Department of Radiologic Technology faculty member, the result will be a “0” score for the exam, at minimum.

Students may elect to request a Competency on a procedure in certain Specialty Areas (excluding Fluoroscopy, Mammography, Radiologic Operations, and Trauma). The student is encouraged to practice the procedure with supervision and obtain feedback from the supervising technologist prior to requesting the evaluation.

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50 Policy: 2000
Only one attempt is allowed per rotation. To submit a competency attempt prior to the exam, the exam must be entered in the Trajecsys Reporting System, specifically in the Daily Log Sheet section. The competency attempt may then be completed by the supervising imaging professional. If the competency is successfully completed, five (5) points will be added to the Specialty Area Exam grade. There will be no grade penalty if the evaluation is failed. Completion of the competency in Trajecsys must occur during the rotation.

Once the student has completed all of the required final competencies in the final semester, the student may request to rotate through an elective specialty area of interest or any of the above mentioned clinical specialty rotations for a second time. These rotations are strictly voluntary based on the student’s interest. Second rotations are based on availability, determined by the Clinical Coordinator. Specialty exams and specialty rotation evaluations will not be required for second rotations.

**Mammography rotations are only available following completion of final competency testing; therefore only completed students will be able to request this specialty rotation.**

***Radiologic Operations rotation is only available by selective admissions. Applications should be obtained during the Fall semester, senior year. The rotation is only available following completion of final competency testing. The application can be found in the Forms section of the Handbook.***

**Specialty Rotation Directed Readings**

Suggested readings are listed to help students understand concepts and procedures that compliment instruction learned during Specialty Rotations. The readings below encompass most, **but not all**, of the aspects of a modality/rotation. Additional information should be gained through experience, along with further investigation of topics/exams/etc. contained in the suggested readings. Specific chapters regarding the specialty rotation topic can be obtain in the table of contents for each text.

**Computed Tomography (CT)**

Merrill’s Atlas of Radiographic Positions and Radiologic Procedures, 12th Ed. Phillip Ballinger

Radiologic Science for Technologists, Stewart Bushong 9th Ed.

**Fluoroscopy**

Merrill’s Atlas of Radiographic Positions and Radiologic Procedures, 12th Ed. Phillip Ballinger

Radiologic Science for Technologists, Stewart Bushong 9th Ed.

**Magnetic Resonance Imaging (MRI)**

Merrill’s Atlas of Radiographic Positions and Radiologic Procedures, 12th Ed. Phillip Ballinger
Mammography

Merrill’s Atlas of Radiographic Positions and Radiologic Procedures, 12th Ed. Phillip Ballinger

Radiologic Science for Technologists, Stewart Bushong 9th Ed.

Nuclear Medicine (NM)

Merrill’s Atlas of Radiographic Positions and Radiologic Procedures, 12th Ed. Phillip Ballinger

Radiation Therapy (RT)

Merrill’s Atlas of Radiographic Positions and Radiologic Procedures, 12th Ed. Phillip Ballinger

Special Procedures

Merrill’s Atlas of Radiographic Positions and Radiologic Procedures, 12th Ed. Phillip Ballinger

Radiologic Science for Technologists, Stewart Bushong 9th Ed.

Trauma

Merrill’s Atlas of Radiographic Positions and Radiologic Procedures, 12th Ed. Phillip Ballinger

- Also review pediatrics, geriatrics, mobile, and surgical radiography (Merrill’s).

Introduction to Radiography and Patient Care, 3rd Ed., Arlene Adler

Ultrasound (US)

Merrill’s Atlas of Radiographic Positions and Radiologic Procedures, 12th Ed. Phillip Ballinger
Professional Responsibility

Professional responsibility is determined in part by the student's attendance and dependability in the clinical area. Points are awarded to each student at the beginning of each semester based on the number of days per week the student is assigned to the clinical area throughout the semester; 2.5 points are awarded for each scheduled clinical day.

- Approximately the first 4-6 weeks of the professional program (Fall Junior Semester) are spent on campus for directed study prior to beginning clinical rotations. These are clinical days and absences or tardies on Mondays or Wednesdays will be considered a clinical absence or tardy.

Failure to meet any deadlines for any requirement/exam relating to clinical course requirements will result in -5 points from Professional Responsibility for each instance, in addition to points deducted from the actual requirement/exam. Additional criteria for Professional Responsibility are located throughout the handbook (almost every clinical component is related to Professional Responsibility). Areas of professional responsibility also encompass classroom/laboratory settings, as well as special events in which students may attend or participate (LSRT, extracurricular organizations and activities, etc). In the case of multiple policy violations in one day, where the student “will not be awarded time acquired for clinic for the day of the instance in question”, each policy violation will be considered separate and apply to more than one day. For example, if the student violates the phone use policy and clinical break policy in the same day, credit will not be awarded for 2 days of clinic. Additional clinical deadlines may be established during a semester as needed, deemed necessary and announced by the Clinical Coordinator.

Clinical Education Site (CES) Survey

Students are required to complete a CES Survey after rotating through each clinical site. The surveys must be completed prior to the first day of Final Exam testing, and are completed in the Trajecsy Reporting System. Failure to complete all required CES surveys by the deadline stated previously will result in -5 points from the Professional Responsibility portion of the clinic grade.

Students are strongly advised to be professional in their comments. Supervising technologists have access to these evaluations and any comments included. Clinical education sites use these surveys constructively to monitor technologist/student interaction and improve the overall clinical experience for students.

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51 Policy: 2000
Rotation Evaluations

Rotation Evaluations should be utilized by students to monitor progression through multiple areas during clinical rotations. An example Rotation Evaluation can be found in the Trajecsys Reporting System and in the Forms section of this handbook. Students should view evaluation selections and comments as constructive criticism, and work to improve their performance in these areas.

At the completion of each clinical assignment and each specialty area assignment, it is the student’s responsibility to advise the supervising technologist to complete a Rotation Evaluation in the Trajecsys Reporting System. Notification to the technologist should be given early on the last day of the student’s rotation to ensure time for the technologist to complete the evaluation prior to the student leaving the CES. Students are advised to check the online system to ensure that the necessary evaluation has been completed. -10 points will be deducted from the total grade for each weekday the evaluation is late, up to the maximum amount for the evaluation. A reminder form can be found in Trajecsys, printed, and given to the technologist.

The rotation evaluation must be completed by the supervising technologist that the student has worked with (or should have worked with) the majority of that rotation. No credit will be given for the evaluation if a technologist other that the one assigned completes the evaluation, with late deductions applying until the applicable supervising technologist completes the evaluation.

If a student completes the evaluation or aides in completing the evaluation with the technologist, the evaluation will be given no credit (“0” score).

Following submission of an evaluation, the Clinical Coordinator will review the evaluation and validate it within the system. Students are strongly advised to review each evaluation for the purpose of identifying strengths and weaknesses, to improve clinical performance.

Each rotation evaluation will be a total of 150 points (MRI and US =140 points each). Rotation Evaluations will total to 75% of the Rotation Evaluation portion of the clinic grade.

Collective Clinical Evaluations

Collective Clinical Evaluations will be completed by the ULM Faculty, with one evaluation at mid-term and one evaluation and the end of the semester at a minimum. The purpose of the Collective Clinical Evaluation is to inform students of their overall clinical progress, whereas Rotation Evaluations completed by technologists only evaluate one rotation during the semester’s clinical schedule. Information obtained for this evaluation will be from dialogue with CES personnel, faculty observations, rotation evaluations, etc.

Each collective clinical evaluation will be a total of 150 points. Collective Clinical Evaluations will total to 25% of the Rotation Evaluation portion of the clinic grade. The collective clinical evaluation rubric can be found in the Forms section of this handbook.

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52 Policy: 2000
Clinical Retention Assessment

Each semester students will perform a clinical retention assessment in an effort to judge the retained knowledge from previous courses. The assessment will be comprehensive in nature, reflect the content specifications of the national registry (in relation to completed didactic courses at the time of the exam), and prepare the students for the rigors of the national certification exam (ARRT national registry).

The Clinical Retention Assessment will be completed during the week of final exams. If a student completes the exam at a time other than scheduled without permission and/or supervision by an appropriate Department of Radiologic Technology faculty member, the result will be a “0” score for the exam, at minimum.

Exit Exam

Exit exams are incorporated into RADT 4050 course during the final semester of the program. The student will be offered three (3) opportunities to be successful on the Exit Examination. This Exam consists of 200 items and is a comprehensive exam covering all areas of radiography. Items are similar to those seen on the ARRT Registry Exam, and therefore this exam is a useful tool for assessing a student’s readiness to take the ARRT Registry. Exams will be delivered in electronic format and must be completed in a supervised setting. The passing benchmark score is 75%. Earning a benchmark score or above on the Exit Exam is a requirement for passing RADT 4032, Advanced Clinical Radiography.

If a student scores below the 75% benchmark on the initial attempt, he/she will work with program faculty members to develop a remediation plan. If the student scores below the 75% benchmark for the 3rd time, the student will receive an incomplete (I) grade in RADT 4032, resulting in postponement of graduation. The deficiency must be met within the first two weeks of the summer term of attendance for the “I” grade to be changed. “I” grades are computed as “F” grades, unless changed to a final passing grade in the specified time-frame.

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53 Policy: 2005
54 Policy: 2013
Clinical Portfolios

Foundation
According to the Joint Review Committee of Education in Radiologic Technology’s *Standards for an Accredited Educational Program*, educational programs must develop an assessment plan and measure students’ clinical competence, critical thinking skills, problem-solving skills, communication skills, and professional development. (JRCERT, 2001). One method of correlating didactic education and clinical education is through the usage of clinical portfolios.

The definitions for clinical portfolios are broad and various depending on the source. There is not any substantial literature to define or support clinical portfolios within the radiologic sciences; however, many other educational disciplines have defined portfolios. Price (1994) defines a portfolio as “a dynamic record of growth and professional change” (p.35). A nursing educator, Karlowicz (2000) has defined a portfolio as “a purposeful collection of assorted work that represents a student’s efforts, progress, and overall achievements in a course or program of study” (p.82). However, perhaps the most applicable definition for portfolios to be used in radiologic science programs is from Brown (1995), whose definition reads “a private collection of evidence, which demonstrates the continuing acquisition of skills, knowledge, attitudes, understanding, and achievements. It is both retrospective and prospective, as well as reflecting the current stage of development and activity of an individual” (p.3).

Format / Content
The contents or materials compiled in the Clinical Portfolio are designed so that each student can demonstrate completion of established objectives along with evidence of other activities in which the student was involved. For this each clinical course, all materials should be composed in Microsoft Word® and submitted electronically to the assigned ULM Clinical Instructor. All images must be inserted into the Word document as well, in .jpeg format. Formatting must include Times New Roman font style, 12 pt font (content text), and 1 inch margins. The portfolio includes:

*Title Page*
The title page must include the student’s name, Clinical Education Setting, ULM Clinical Instructor, and semester.

*Table of Contents*
It is advised to utilize the “Styles” feature in Microsoft Word for all of the document’s headings. This will allow students to utilize the “Table of Contents” feature, which automatically creates a table of contents for your document. There should be one Table of Contents at the beginning of the portfolio. The order of semesters should be chronological, with the most recent semester at the end of the document.

*Introduction Statement/Goals/Strengths and Weaknesses*
This is arranged in paragraph style so long as it lists the student’s professional goals regarding the clinical experience. Each student will list three (3) goals per semester, as well as the reasoning for choosing each goal. Goals should not include minimum requirements, but rather higher standards of achievement. As the student
progresses through the program, goals should reflect the student’s progress and also become more challenging. Each goal must be measurable (proven by documentation included in the appendix of the portfolio) and obtainable for the semester of interest, prior to the portfolio submission. In addition to the professional goals (objectives) the student should list at least two (2) of their individual strengths and at least two (2) weaknesses and how these can be utilized or adapted to add more value to their individual clinical experience. For example, if a personal strength is communication, then the student should be able to list examples of how their ability to communicate with a patient has helped ease any angst the patient was feeling. On the other hand, if a particular student has trouble effectively or confidently communicating with patients, then that student should list an example of how/why a better communication plan could have helped a troublesome patient situation. Identifying weaknesses is also a good way to set goals. In each subsequent semester, and newly identified strength and weakness must be included; it is not acceptable to include the same strengths and weaknesses each semester.

Revision of goals may be required by the assigned ULM Clinical Instructor when submitted. Finalized goals, strengths, and weaknesses must be electronically submitted to the assigned ULM Clinical Instructor no later than 8am on the first Friday of each Jr. Spring, Summer, Sr. Fall, and Sr. Spring semester. The deadline for the Jr. Fall semester will be no later than 8am of the Friday prior to the first day of clinical rotations. Failure to submit finalized goals by the deadline will result in a deduction of 5 points portfolio rubric “due date” section; an additional 5 points will be deducted from professional responsibility for failure to meet a clinical deadline. Students not completing revisions will not be allowed to attend clinic on the 10th day following the deadline until the assignment is completed.

Examples of Clinical Work
Each semester you will be required to select examinations completed during that semester to be included in your Clinical Portfolio. This is a cumulative portfolio; meaning, do not omit any material between semesters, including instructor comments. Your portfolio should build upon itself, and the instructor comments should be reviewed and utilized to avoid the same mistakes in subsequent semesters. Follow the Semester Content Specifications to meet the specific guidelines for a particular semester. The exams/images selected will be examples of your best work, and should meet all evaluation criteria for the exam. For each exam selected, use the Portfolio Exam Information Guide to identify and critique your image(s). In evaluating your exam, be comprehensive and critique your images honestly and thoroughly. The information from the Portfolio Exam Information Guide will be placed in your document for each position/projection, and exams with multiple projections should have a Portfolio Exam Information guide for each different projection. All images and corresponding Portfolio Exam Information forms should be labeled in a manner so that anyone can relate each form with the correct image. All patient identification must be removed from the images.

Reflection of Learning Experiences
This should include discussion and documentation of achievement or failure to achieve your professional goals. If goals were not achieved, list why, and list what you learned about that particular goal and/or what remediation you have done or will do to meet the goal. Additional supportive documentation will include a reflection of the personal strengths and weaknesses you listed in the beginning of the semester. Identification of new/recurrent weaknesses encountered in the given semester and expected in following semesters should be identified. Discussion concerning your perception of the clinical semester and your individual performance should also be included.

Appendix
You must include documentation of your stated goals when possible. To do this, scan and insert the appropriate forms and include them in the appendix of your portfolio. The appendix should be the last part of
your portfolio. Each section of the appendix should have an appropriate heading, and should be in the same order as listed in your portfolio.

**Submitting Your Portfolio**

**Portfolio Maintenance Requirements**

To ensure students obtain images and information throughout the semester that will be included in the portfolio, exam images and information will be submitted periodically throughout the semester. Due dates for submission of images will be posted in Moodle at the beginning of each semester; early submissions are encouraged. Each submission must include the exam image(s) and the general exam information, and should be submitted in a Microsoft Word® format. In order to use the exam in your portfolio, it must be approved by your ULM Clinical Instructor. If an exam is approved, you must use the exam in your portfolio. Failure to submit an acceptable exam prior to the portfolio maintenance deadline will result in 5 points deducted from the “Due Date” category of the portfolio grading rubric, as well as 5 points deducted from professional responsibility for failure to meet a clinical deadline.

**Submission of Portfolio Document**

The Word document portion of your portfolio must be submitted to your assigned ULM Clinical Instructor prior to the Portfolio Presentation. The file must be named “yourlastname,yourfirstname – Portfolio”. In addition, and as noted in the following section, the PowerPoint presentation must be submitted at the same time as the Portfolio (Word document). Failure to submit the presentation by the assigned time will result in a deduction of -5 points from the portfolio rubric “due date” section; an additional 5 points will be deducted from professional responsibility for failure to meet a clinical deadline.

**Presentation of the Clinical Portfolio**

At the end of the semester, the student will be required to present their Clinical Portfolio before the RADT faculty/students. Be prepared to present and “DEFEND” all aspects of the portfolio. “Defend” in this assignment means to provide all information, without reading from notes/slides, and without requiring the instructors ask questions to determine if the material has been learned. Due to scheduling constraints, the grading faculty may choose which exams to present upon the start of your presentation. Failure to arrive at the assigned time will result in -5 points deducted from the presentation grade; an additional -5 points will be deducted from Professional Responsibility for failure to meet a clinical deadline.

Students should treat this presentation as a professional presentation. Professional attire should be worn. Appropriate use of medical terminology is required. Thorough explanations of all aspects of the portfolio are expected; be advised that grading faculty will grade the presentation on the material presented and will not attempt to extract information from the student.

**Submitting Your Presentation**

Each presentation must have an accompanying PowerPoint®. All images for each exam must be inserted into the PowerPoint for viewing (please compress all images in the document before saving to minimize file size). Images should not be distorted, should be as large as possible on the slide, and there should be only one image per slide. No wording should be included on slides with exam images, and the background color must be dark. It is strongly advised that you prepare your presentation and evaluate its performance on the computer in which it is to be presented prior to your oral presentation. This PowerPoint must also be
submitted to clinical instructor at the same time the Portfolio (Word document) is submitted. The file must be named “yourlastname,yourfirstname – Portfolio Presentation”. Failure to submit the presentation by the assigned time will result in a deduction of -5 points from the portfolio rubric “due date” section; an additional 5 points will be deducted from professional responsibility for failure to meet a clinical deadline.

Returned/Graded Portfolios
Upon submission of final grades each semester, the faculty member who grades the portfolio will return the graded portfolio document and rubric to each student through Moodle. Students must retrieve the graded portfolio from Moodle within 1 week of the last day of each semester. If the student fails to retrieve the necessary document before the Moodle course is deleted, the student will receive “0” points for the “Appearance” category of the Portfolio rubric on the next submitted portfolio, due to instructor comments/grading not being available.

Remedial Writing
Professional writing is a form of communication that is highly sought after in all professions, and is expected from all graduates of higher education. In an effort to ensure that all future graduates possess necessary writing skills, remedial writing may be required if indicated by the grading instructor for the portfolio assignment; this will be indicated on the Clinical Portfolio Rubric. The remedial writing program will contain assignments throughout the semester, including but not limited to, grammar exercises, peer review and revision(s) of the previously submitted portfolio, and peer review and revision of the current semester’s portfolio.

References


Portfolio Semester Content Specifications

Follow the guidelines below to ensure your portfolio is complete. Due to the breadth of this assignment, do not wait until the end of the semester to compile your portfolio. Do it throughout the semester, otherwise you will be overwhelmed!! Know what exams you will need to save so that they can be saved at the time the exam is completed.

**Semester 1: 2 total**
- 1 Chest or Abdomen exam
- 1 Upper Extremity exam

**Semester 2: 3 total**
- 1 Lower Extremity Exam
- 1 Portable exam or 1 Pediatric exam
- 1 Contrast Study (If at a CES in which a contrast study cannot be obtained, include a Spine/Craniofacial exam in its place. Clinical Coordinator approval is required*.)

**Semester 3: 2 total**
- 1 Spine/Craniofacial exam – (*If this exam was substituted for a contrast study the previous semester, you must include a contrast study in Semester 3 in place of the spine/craniofacial exam.)
- 1 “Interesting” exam (use your discretion and justify “Interesting”)

**Semester 4: 4 total**
- 1 Extremity exam
- 1 exam with a pathologic condition demonstrated
- 1 Portable exam or 1 Pediatric exam
- 1 Contrast Study or 1 Spine/Craniofacial exam

**Semester 5: 4 total**
- 1 Extremity exam
- 1 exam with a pathologic condition demonstrated (cannot be same as previous pathology)
- 1 Portable exam or 1 Pediatric exam
- 1 Contrast Study or 1 Spine/Craniofacial exam

A specific exam can only be used once in your cumulative portfolio. For example, if you use a Portable Chest in semester one, you may not use Portable Chest again in your portfolio. *The exception is the exam with a pathologic condition. An exam with a pathologic condition may be used if it was used for a different semester. For example, you used a Portable Chest in semester one, and you can use Portable Chest again for your exam with a pathologic condition.*

The number of projections for exams included in the portfolio must be the minimum views required for a competency of the same exam.

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Revised: 2008, 2011
Portfolio Exam Information Guide

In completing the “Examples of Work” portion of your clinical portfolio, adhere to the following guidelines and their order to ensure all information is included:

- General Exam Information – Include the exam name and list the routine projections completed. Also include the patient history, patient prep, and any other items that are relevant to the entire procedure.
  - Image - Insert the image to be critiqued.
  - Exam – list the specific position/projection to be critiqued.
  - Include the patient positioning/instructions used for the exam, and critique* your exam for accuracy.
  - Include the central ray degree and direction used for the position/projection, and critique* your exam for accuracy.
  - Explain the technical factors used for the position/projection (include exposure indices for CR/DR). An explanation of why various technical factors were selected and their significance is required; do not just list the technical factors. Critique* your exam for accuracy.
  - Include a description of anatomy best demonstrated for the position/projection, and critique* your exam for accuracy.

*Critique – Compare your work to criteria listed in the text(s), and determine whether or not it meets the evaluation criteria or not. If not, explain what could be done to correct any errors that resulted in the evaluation criteria not being met.

Following the general exam information, the guidelines above must be used for each different position/projection in an exam. Each additional position/projection must be started on a new page; the General Exam Information should not be repeated for subsequent positions/projections.

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57 Revised: 2008, 2009
## Clinical Portfolio Rubric

<table>
<thead>
<tr>
<th>Area</th>
<th>Criteria</th>
<th>Points Possible</th>
<th>Points Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due Date</td>
<td>All components were submitted by the stated due dates.</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>One or more of the components of the project were late.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spelling and Grammar</td>
<td>Correct spelling, grammar, and punctuation were demonstrated.</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Some errors (&lt;5) in spelling, grammar, and/or punctuation.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Many (&gt;5) spelling, grammar, and/or punctuation errors.</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td>The portfolio was neat and well organized. Format correct. Instructor comments from previous semesters included.</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>The portfolio was not well organized and difficult to read, and/or incorrect format was used, and/or instructor comments from previous semesters not included.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selection of Radiographs</td>
<td>Selected exceptional quality radiographs that were in the defined content specification categories.</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Selected good quality radiographs in the defined content specification categories.</td>
<td>13-14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>An exam was not included or not defined in the content specification categories. Exams were of average quality.</td>
<td>10-12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>More than one exam was not selected from the content specification categories. Exams were of poor quality.</td>
<td>0-9</td>
<td></td>
</tr>
<tr>
<td>Critiques (General Exam Info and Position / Projection Info)</td>
<td>The student honestly critiqued the exams using relevant language while analyzing and evaluating the radiographs.</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The critiques were relevant; however, incorrect language was used or the critique was not complete for some exams.</td>
<td>13-14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>An attempt to critique some exams was made, but with major error and/or omission of appropriate content.</td>
<td>10-12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The critiques were irrelevant and/or incomplete.</td>
<td>0-9</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Patient Positioning &amp; Instructions</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student thoroughly described the patient positioning and/or instructions for all exams.</td>
<td>5</td>
</tr>
<tr>
<td>The student marginally described the patient positioning and/or instructions for exams, or some exams were incomplete.</td>
<td>3</td>
</tr>
<tr>
<td>The student insufficiently described the patient positioning and/or instructions for most or all exams.</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anatomy Demonstrated</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A thorough explanation of anatomy best demonstrated was included for each exam.</td>
<td>10</td>
</tr>
<tr>
<td>An explanation of anatomy best demonstrated was not included in detail for some of the exams.</td>
<td>8-9</td>
</tr>
<tr>
<td>An explanation of anatomy best demonstrated was not included in detail for most of the exams.</td>
<td>6-7</td>
</tr>
<tr>
<td>An explanation of anatomy best demonstrated was irrelevant or absent for most or all exams.</td>
<td>0-5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Technical Factors</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A thorough understanding of imaging principles was demonstrated through the interpretation of technical factors used and how they relate to the final image. (including exposure indices for CR/DR)</td>
<td>10</td>
</tr>
<tr>
<td>The student identified technical factors correctly, but did not sufficiently elaborate on them. (including exposure indices for CR/DR.)</td>
<td>8-9</td>
</tr>
<tr>
<td>The student identified few technical factors, and did not sufficiently elaborate on them. (including exposure indices for CR/DR.)</td>
<td>6-7</td>
</tr>
<tr>
<td>The student did not identify correct technical factors (including exposure indices for CR/DR).</td>
<td>0-5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The use of proper terminology led to an impression of professionalism.</td>
<td>10</td>
</tr>
<tr>
<td>Most terminology was used appropriately, with little effect on the overall impression of the project.</td>
<td>8-9</td>
</tr>
<tr>
<td>Use of correct terminology was random and led to a diminished impression of professionalism.</td>
<td>6-7</td>
</tr>
<tr>
<td>Terminology was used incorrectly and sounded unprofessional.</td>
<td>0-5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Central Ray</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The correct central ray and position was described for each projection identified.</td>
<td>5</td>
</tr>
<tr>
<td>The correct central ray and position was described for most projections identified.</td>
<td>3</td>
</tr>
<tr>
<td>The correct central ray and position was not described for multiple projections identified.</td>
<td>0</td>
</tr>
<tr>
<td>Goals/Strengths and Weaknesses (Goals = 5pts each) (Reflection = 5pts)</td>
<td>Total</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Student met 3 goals and reflected strengths/weaknesses cohesively, honestly, and adequately.</td>
<td>20</td>
</tr>
<tr>
<td>Student met 2 goals and reflected strengths/weaknesses cohesively, honestly, and adequately to some extent.</td>
<td>15</td>
</tr>
<tr>
<td>Student met 1 goal and reflected strengths/weaknesses cohesively, honestly, and adequately to some extent.</td>
<td>10</td>
</tr>
<tr>
<td>Student met no goals but reflected strengths/weaknesses to some degree</td>
<td>5</td>
</tr>
<tr>
<td>Student met no goals and did not reflect strengths/weaknesses.</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Impression</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>20</td>
</tr>
<tr>
<td>Above Average</td>
<td>17-19</td>
</tr>
<tr>
<td>Average</td>
<td>15-16</td>
</tr>
<tr>
<td>Below Average</td>
<td>10-15</td>
</tr>
<tr>
<td>Poor</td>
<td>0-9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presentation Score</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceptional</td>
<td>24-25</td>
</tr>
<tr>
<td>Above Average</td>
<td>21-23</td>
</tr>
<tr>
<td>Marginal</td>
<td>16-20</td>
</tr>
<tr>
<td>Below Average</td>
<td>10-15</td>
</tr>
<tr>
<td>Poor</td>
<td>5-9</td>
</tr>
<tr>
<td>Student did not present</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Score</th>
<th>Total</th>
</tr>
</thead>
</table>

Comments:
## Clinical Portfolio Presentation Rubric

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student did a superb job defending their portfolio, including</td>
<td>23-25</td>
<td></td>
</tr>
<tr>
<td>analyzing radiographs using proper terminology, theories, principles,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>laws, etc... and was able to identify anatomical structures on the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>radiographs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student was able to defend their portfolio using proper terminology,</td>
<td>20-22</td>
<td></td>
</tr>
<tr>
<td>theories, principles, laws, etc... and was able to identify anatomical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>structures on the radiographs for the most part.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student marginally defended his/her portfolio using proper</td>
<td>15-19</td>
<td></td>
</tr>
<tr>
<td>terminology, theories, principles, laws, etc... and was not able to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>identify most anatomical structures on the radiographs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student did not defend his/her portfolio using proper terminology,</td>
<td>10-14</td>
<td></td>
</tr>
<tr>
<td>theories, principles, laws, etc., and was not able to identify most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>anatomical structures on the radiographs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student presented, but was not prepared to defend his/her portfolio.</td>
<td>5-9</td>
<td></td>
</tr>
<tr>
<td>The student did not present.</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
The Competency Evaluation System\textsuperscript{60}

Clinical courses in radiologic technology are competency-based. To insure that a student is adequately prepared to do a competency, the student is encouraged to perform the procedure a number of times before attempting any competency for a grade. The student should request an instructor/technologist to observe and give feedback regarding performance. Additionally, the student is encouraged to practice the competency by role playing with other students. Students should be aware that due to the decreased amount of some competencies, students may have to perform competencies with minimal or no clinical practice.

Once the student feels totally prepared to complete the competency successfully, the student must submit a competency attempt in the Trajecsys Reporting System prior to attempting the competency. The grading technologist must have been in-serviced by the ULM Faculty to grade competencies. The instructor/technologist must be present throughout the procedure when the competency is graded if it is to be accepted. Competencies must be graded in a reasonable time frame (1-2 days), preferably the same day the competency is attempted. Competencies graded at a later time will not be counted.

**Mandatory Competencies**
Each of the 38 examinations in the Mandatory list must be performed and mastered on patients. Mandatory exams must be completed on actual patients and cannot be simulated unless prior approval (notice) has been given by the ULM Clinical Coordinator.

**Elective Competencies**
The Elective examinations are performed less frequently in the Radiology Department. Each student must complete any 8 of the 28 Elective exams on patients or in simulation. Performing these exams on actual patients, when possible, provides the optimal learning experience. The Clinical Coordinator will determine the need for clinical simulation as opposed to examining a live patient.

Students should not submit more than 8 elective competencies. Each elective competency submitted over the maximum of 8 will be treated as a duplicate competency. Students are encouraged to perform all exams in the Elective category, but only submit 8 successful competencies.

All competencies must be completed during assigned clinical hours in the Clinical Education Setting or during assigned simulations.

All radiographs must include the proper anatomy, positioning, and image identification according to the evaluation criteria found in the latest edition of Merrill’s Atlas of Radiographic Positions and Radiographic Procedures.

Any examination for a competency must be the routine positions required by the CES in which the competency is performed. If fewer views are ordered, then the examination must consist of at least the views required in this Handbook.

\textsuperscript{60} Policy: 2000
No more than one (1) student may attempt competencies on a patient when multiple exams are ordered on that patient. No more than one student may attempt a competency on a patient when more than one of the same exam is done repeatedly on a patient during the time the patient is under examination (during that visit to the radiology department, or for the same order requisition). A failed competency cannot be repeated on the same patient on the same day. It must be repeated on a different patient or if the exam is reordered on the original patient for a later date, it may be attempted on the original patient.

Clinical Competencies – Mandatory/Elective Exams and Minimum Views Required

<table>
<thead>
<tr>
<th>Examination</th>
<th>MANDATORY (38)</th>
<th>ELECTIVES (8 of 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CXR routine (2v)</td>
<td>PA/AP, Lat</td>
<td>CXR, Decubitus</td>
</tr>
<tr>
<td>Pediatric CXR (36, 2v)</td>
<td>PA/AP, Lat</td>
<td>Sternum (2v)</td>
</tr>
<tr>
<td>Chest (W/C or Stretcher)</td>
<td>1v</td>
<td>Soft-tissue Neck (1v)</td>
</tr>
<tr>
<td>Portable CXR</td>
<td>1v</td>
<td>Clavicle (2v)</td>
</tr>
<tr>
<td>Ribs (3v)</td>
<td>AP(2), Obl</td>
<td>Scapula (2v)</td>
</tr>
<tr>
<td>Abdomen, KUB (1v)</td>
<td>1v</td>
<td>AC Joints (2v)</td>
</tr>
<tr>
<td>Abdomen, Flat/erect (2v)</td>
<td>Flat, Upright</td>
<td>Patella (3v)</td>
</tr>
<tr>
<td>Abdomen, Decubitus</td>
<td>1v</td>
<td>Calcaneus (2v)</td>
</tr>
<tr>
<td>Portable Abdomen</td>
<td>1v</td>
<td>Toes (3v)</td>
</tr>
<tr>
<td>Finger or Thumb (3v)</td>
<td>AP/AP, Lat, Obl</td>
<td>Facial Bones (3v)</td>
</tr>
<tr>
<td>Hand (3v)</td>
<td>PA, Obl, Lat</td>
<td>Nasal Bones (3v)</td>
</tr>
<tr>
<td>Wrist (3v)</td>
<td>PA, Obl, Lat</td>
<td>Orbits (2v)</td>
</tr>
<tr>
<td>Forearm (2v)</td>
<td>AP, Lat</td>
<td>Zygomatic Arches (2v)</td>
</tr>
<tr>
<td>Elbow (3v)</td>
<td>AP, Lat, Obl</td>
<td>Mandible (3v or panorex)</td>
</tr>
<tr>
<td>Humerus (2v)</td>
<td>AP, Lat</td>
<td>Sacrum &amp;/or Coccyx (2v)</td>
</tr>
<tr>
<td>Shoulder (2v)</td>
<td>AP (Int, Ext)</td>
<td>Scoliosis Series (2v)</td>
</tr>
<tr>
<td>Foot (3v)</td>
<td>AP, Obl, Lat</td>
<td>SI Joints(2v)</td>
</tr>
<tr>
<td>Ankle (3v)</td>
<td>AP, Obl, Lat</td>
<td>Small Bowel Series (2v)</td>
</tr>
<tr>
<td>Knee (2v)</td>
<td>AP, Lat</td>
<td>Esophagus</td>
</tr>
<tr>
<td>Tibia/Fibula (2v)</td>
<td>AP, Lat</td>
<td>Cystography</td>
</tr>
<tr>
<td>Femur (2v)</td>
<td>AP, Lat</td>
<td>ERCP</td>
</tr>
<tr>
<td>Portable Orthopedic (2v)</td>
<td>AP, Lat</td>
<td>Myelography (C,T, or L)</td>
</tr>
<tr>
<td>C-Spine (3v)</td>
<td>AP Axial, Dens, Lat</td>
<td>Arthrography</td>
</tr>
<tr>
<td>T-Spine (2v)</td>
<td>AP, Lat</td>
<td>C-Arm – Non-Orthopedic</td>
</tr>
<tr>
<td>L-Spine (1v)</td>
<td>AP, Lat, Spot</td>
<td>Pediatric Upper Extremity (2v)</td>
</tr>
<tr>
<td>Pelvis (1v)</td>
<td>1v</td>
<td>Pediatric Lower Extremity (2v)</td>
</tr>
<tr>
<td>Hip (2v)</td>
<td>AP, Lat</td>
<td>Pediatric Abdomen</td>
</tr>
<tr>
<td>Skull (3v)</td>
<td>Any 3 views</td>
<td>Pediatric Portable exam</td>
</tr>
<tr>
<td>Paranasal Sinuses (3v)</td>
<td>Caldwell, Waters, Lat</td>
<td></td>
</tr>
<tr>
<td>UGI Series</td>
<td>CES or Md’s Routine</td>
<td></td>
</tr>
<tr>
<td>Barium Enema</td>
<td>CES or Md’s Routine</td>
<td>Semester Requirements</td>
</tr>
<tr>
<td>IVU</td>
<td>CES or Md’s Routine</td>
<td>RADT 3015</td>
</tr>
<tr>
<td>C-Arm - Orthopedic</td>
<td>Set-up, Fluoro, etc.</td>
<td>RADT 3024</td>
</tr>
<tr>
<td>Trauma Shoulder*</td>
<td>&quot;see below&quot;</td>
<td>RADT 3027</td>
</tr>
<tr>
<td>Trauma Upper Extremity**</td>
<td>&quot;see below&quot;</td>
<td>RADT 4013</td>
</tr>
<tr>
<td>Trauma Lower Extremity**</td>
<td>&quot;see below&quot;</td>
<td>RADT 4032</td>
</tr>
<tr>
<td>Trauma C-Spine***</td>
<td>&quot;see below&quot;</td>
<td>Total 46 + 3F.C.</td>
</tr>
<tr>
<td>Trauma Hip****</td>
<td>&quot;see below&quot;</td>
<td></td>
</tr>
</tbody>
</table>

For all exams, students must complete the CES or Physician’s routine; competency can only be granted if the minimum views above are met. If additional views are part of the CES/Md.’s routine, these views are also included in the competency.

*Trauma Shoulder – the routine must include a Y-scapula, transthoracic lateral, or axial view

**Trauma Extremity – “trauma” is a serious injury or shock to the body; CES/Md.’s routine applies. A trauma shoulder may not be used for the trauma upper extremity competency.

***Trauma C-spine – at a minimum, a Cross-Table Lateral must be done; additional views may apply

****Trauma Hip – at a minimum, a Cross-Table Lateral must be done; additional views may apply
Competency Grading

Failure to submit a “Competency Attempt” in the Trajecsys Reporting System prior to the actual competency attempt will result in an automatic failure of the competency.

A student must complete the attempted competency without assistance; therefore, the student must be knowledgeable of all requirements for a specific exam at a specific clinical education setting. The student is responsible for the technical factors set on the examination for competency regardless of the availability of technique charts. Therefore, the student should be familiar with the current technical functioning of the radiographic equipment prior to the time when the competency is attempted.

During the procedure, at any time prior to rotation of the anode for the first exposure*, the student may request to terminate the competency without penalty. If this is done, the student must notify the Clinical Coordinator so the “Competency Attempt” can be cleared in the Trajecsys system.

At any time during the competency (prior to the first exposure or after the first exposure), if the grading technologist realizes that a repeat radiograph is inevitable, the technologist may terminate the competency and give the student -5 for a “repeated image”. All images must be identified with the correct information and the student’s individual marker(s).

*For fluoroscopy exams, the first exposure constitutes any exposure including fluoroscopy done by any professional or student or any scout exposures.

If you exceed the amount of reasonable time it takes to complete projections during a competency attempt, which will be deemed by the grading technologist, then you are subject to failing the competency attempt. If the technologist takes over the competency attempt and you do not get to finish because of this reason, the result will be a failed competency attempt. The time it takes to complete projections differs for each patient, with factors ranging from patient condition to other factors beyond your control. You are not being timed with a stopwatch, but be aware that there are reasonable time limits for completing exams. These times will be similar, if not consistent, with the expected times for exam completion that will be required of you as a technologist.

A completed competency will result in +10 points toward the requirements for a given semester. A “failed” or unsuccessful competency will result in -5 points for a given semester. Students are advised to check the Trajecsys Reporting System to verify the technologists has completed the competency evaluation. Competencies not entered in the system may not be entered during later, subsequent semesters; the student will be required to re-attempt the competency. All competencies for a given semester must be completed during the assigned times for that semester, and all required mandatory and elective competencies must be completed prior to graduation. Successful competencies are scored in the order they are attempted. For example, each successfully completed competency over the required number will be carried over to the next semester. If the student is working into a “future semester” and fails a competency, the unsuccessful competency will be counted toward current semester (the actual semester is which the competency is attempted). Failed competencies will not be carried over to future semesters.

Final determination of a successful clinical competency is determined by the Clinical Coordinator following review of completed evaluations, as well as possible review of the examination for accuracy. Competencies that have been approved by the Clinical Coordinator will be marked as “Validated” in the Trajecsys Reporting System.
**Competency Grading Rubric**

The following information is found on the Trajecsys Reporting System and is what technologists use to evaluate a competency. Students should be familiar with grading criteria prior to a competency attempt.

<table>
<thead>
<tr>
<th>Exam Preparation</th>
<th>Excellent</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room / Equipment Set-Up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Communication</th>
<th>Excellent</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeting/Identification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explanation of Procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Gowning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exposure Factors</th>
<th>Excellent</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photocells (AEC), Density(+/-)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mAs, kVp, Focal Spot</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table-top / Bucky Selection</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure Indices</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Positioning</th>
<th>Excellent</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Position</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Transverse Centering</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Longitudinal Centering</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obliquity / Part Angulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breathing Instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment Manipulation</th>
<th>Excellent</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>SID</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube Angulation / Direction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube - IR / Bucky Alignment</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Marker Placement</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Radiation Protection</th>
<th>Excellent</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Shielding</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate Collimation</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Image Critique</th>
<th>Excellent</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets Merrill's Evaluation Criteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Image / Data Processing</th>
<th>Excellent</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Image Processed</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Image / Data Submitted</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Release</th>
<th>Excellent</th>
<th>Adequate</th>
<th>Inadequate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper Instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency Failure Criteria</th>
</tr>
</thead>
</table>

**Repeated Image(s)**

- No Lead Marker on Image
- Marked Wrong Side (Right vs. Left)
- Incorrect Exam
- Incorrect Patient
- No Pregnancy Status
- >3 Inadequate Competency Criteria
Simulations

Students will be allowed to simulate once the Clinical Coordinator has set a range of dates for simulations to begin. Students are allowed to simulate a total of eight exams, only as deemed necessary by the Clinical Coordinator.

Students are only allowed to simulate the number of examinations that is required to meet the minimum number of required competencies for the semester. Neither simulations nor proficiencies can be carried over from semester to semester. For example, if a student needs two mandatory competencies to finish the required 11 competencies for the semester, that student will only be allowed to simulate two examinations.

Simulated examinations involve all necessary components of an actual examination, including exposure to ionizing radiation. When performing the positioning portion of the procedure, the student is responsible for following the same procedure for the simulation as is required on an actual patient or during a lab practical. This means another student will be positioned as would the actual patient. Simulations will be performed on phantoms and will employ ionizing radiation. Simulations can only be performed under the direct supervision of a ULM faculty member.

Simulations are evaluated using the same criteria for regular PE's. Simulations are scored more stringently than non-simulated objectives in that each error made during the positioning portion and imaging portion results in a -5 from the Competency section of the course grade. Students will be advised of errors that have the potential to be repeated, to provide the opportunity for correction on subsequent portions of the simulation when applicable.

The simulation may be repeated until grading instructor deems the student competent. This may necessitate rescheduling of the simulation. If a student loses -15 points on a scheduled simulation, the instructor may choose to reschedule to allow the student more study/practice before the next attempt.

Thirty minutes are allowed for each simulation. Both the positioning and the imaging portions of the simulation must be completed in the allotted time. Failure to appear and perform the simulation or practice at the assigned time will result in a deduction of -5 points from the Competency section of the course grade.

For simulations in the ULM lab or at any CES, practice time is available for students prior to the simulated procedure. A student may practice positioning any number of times prior to the simulation day but may make only one set of practice images on the phantom. Students scheduled to perform simulations will not be allowed additional practice on the same day they are to perform the simulation.

Students are responsible for having their simulation practice images reviewed by the faculty for accuracy. Students may not have open lab time to practice that simulation the same day of the simulation they are scheduled to perform.

The ULM Clinical Coordinator is responsible for declaring a need to simulate any procedures.
Proficiency Evaluations
At any time, a ULM RADT faculty member may perform a Proficiency Evaluation for a particular examination in which competence and performance maintenance has been established. The examination, patient, exam room, and scoring are all performed by the ULM RADT faculty member. Proficiency Evaluations are scored in the same manner as a “regular” competency. The scoring for a proficiency competency is applicable toward the semester in which it is attempted. A completed proficiency competency will result in +10 points toward the requirements for a given semester. A “failed” or unsuccessful competency will result in -5 points for a given semester.

Minimum Competency Requirements by Course
The clinical education of the students in the Radiologic Technology Program is distributed over the professional curriculum. There are six semesters in which clinical experience is a part of the curriculum.

- **RADT 3010** - Patient Care competencies, including:
  - Vital Signs
  - CPR (BLS certification upon professional program admission)
  - Sterile and aseptic technique
  - Transfer of patient
  - Care of patient medical equipment (e.g. oxygen tank, IV tubing)
  - Venipuncture

- **RADT 3015**
  - 5 competency evaluations

- **RADT 3024**
  - 10 competency evaluations

- **RADT 3027**
  - 13 competency evaluations

- **RADT 4013**
  - 10 competency evaluations

- **RADT 4032**
  - 8 competency evaluations
  - 3 final competency evaluations

These minimum requirements are necessary for establishing a grading system and are not meant to be restrictive. Students should request evaluation on any examination they feel prepared to perform, even if they have completed their requirements for the semester. Competency evaluations completed over the minimum requirements will be counted toward the next semester. Any student not meeting the minimum requirements for a clinical radiography course will receive a “zero” for each competency not completed. If the student does not meet the minimum competency requirements for a semester, the student will meet with the clinical coordinator and/or program director. The consequence for not completing the minimal competency requirements includes failure of the clinical course, thus not progressing in the proper curriculum sequence.

It is important to emphasize that this is a competency based system and the pace or rate of the student’s progress is dependent on the student’s ability to comprehend and perform the various examinations. The
student’s progress in clinical courses is self-paced in conjunction with the didactic anatomy and positioning courses over the entire professional curriculum, however the minimum requirements must always be met to ensure progression to the next clinical phase.

The American Registry of Radiologic Technologists (ARRT) requires that, in addition to graduating from an accredited radiography program, applicants for certification examinations must document successful completion of all mandatory and a portion of the elective competencies. To meet this requirement, the ULM RADT program requires all required competency evaluations to be completed by the last day of clinical. Students must complete all 31 Mandatory competencies and 15 Elective competencies.

**Final Competency Testing**

Each student must complete all required mandatory and elective competencies by mid-term of the Spring Semester of the Senior Year. Failure to complete all competencies by the specific date set by the Clinical Coordinator will result in -5 points from the competency portion of the clinic grade. During the final semester, each student must successfully pass final competency testing to complete the clinical course. This consists of a total of three successfully completed competencies selected at random by a ULM Instructor. The ULM Instructor chooses the exam, patient, and the exam room and grades the entire procedure. Final competencies are graded more stringently than traditional competencies, and must be completed without error. Failure to complete a final competency exam without error will result in a failed competency attempt.

When possible, one final competency will be obtained from the following categories:

- Category I – Chest, Abdomen, Extremities
- Category II – Contrast Study
- Category III – Craniofacial, Spine

Successful completion of a competency is based on evaluation criteria found in the most current edition of Merrill’s Atlas of Radiographic Procedures.
Forms

This section includes the following:

- Clinical Record Forms – The Absence Reporting form, Patient Log-Sheet, and Repeat forms are not required to be printed/submitted by students. These forms are for informational purposes only, and students may elect to print and keep these forms for personal records.
- Clinical Evaluation Forms – Examples of evaluation forms can be found in this section. Actual evaluations are located in the Trajecsys Reporting System.
- Reporting Forms
- Policy and Acknowledgment Forms

Many forms to be submitted for clinical evaluation are included on the Trajecsys Reporting System. Only items not included in the Trajecsys Reporting System should be completed/submitted in print form.
Absence / Tardiness Documentation Form
UNIVERSITY OF LOUISIANA AT MONROE
DEPARTMENT OF RADIOLOGIC TECHNOLOGY

To report an absence, call the Clinical Coordinator and report the following information. This form is completed by the Clinical Coordinator based on the information provided by the student, and is available for students to ensure all information is conveyed. Students should not complete/print this form. It is made available for students to see what information is required when reporting a clinic absence, as well as point deductions from Professional Responsibility when applicable.

Date: _____
Student: _____

☐ Late Clock In Time: _____ (-2 points for 1st hour, -1 every hour after 1st hour up to -5 points) _____
☐ Early Clock Out Time: _____

University Called: ☐ Yes / No ☐ (-2 points for no call) _____

Time ULM Called: _____ (-1 point if no call after 30 min.) _____

Technologist Notified: _____ (-2 points if not notified) _____

Excused Absence: ☐ Yes / No ☐ (-5 points if unexcused) _____

Miscellaneous: _____

Total Points Deducted: _____

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Policy: 2004
Revised: 2008, 2011
Daily Log Sheet

University of Louisiana at Monroe – Department of Radiologic Technology

Daily Log Sheets must be entered in the Trajecsys Reporting System on a daily basis; however, it is not recommended to enter each exam upon its completion. Students should enter exams in the Trajecsys Reporting System during “down time” at clinic or at another location (home, school, etc.). Therefore, this form can be used to record information to be input into the system at a later time. This form is also recommended to record the patient ID, in the case that you have to look-up a specific exam; patient information (ID, etc.) is not recorded in the Trajecsys Reporting System.

<table>
<thead>
<tr>
<th>NAME:</th>
<th>SEMESTER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Patient ID</td>
</tr>
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</tbody>
</table>

O = Observed  A = Assisted  UA = Unassisted

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62 Policy (Form): 2006
Revised: 2010
Repeat Radiographic Form
University of Louisiana at Monroe – Department of Radiologic Technology

Every repeat radiograph must be documented in the Trajecsys Reporting System during Daily Log Sheet entry. When entering a supervising technologist for an exam in which a repeat occurred, you are implying that the repeat exam was directly supervised by that technologist. This form can be used by students to record repeats and the reasons of repeats; recording reasons for repeats will help students identify areas of weakness.

<table>
<thead>
<tr>
<th>Date</th>
<th>Exam</th>
<th># of Repeats</th>
<th>Reason(s)</th>
<th>Supervised by:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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63 Policy: 2004
Revised: 2010
Rotation Evaluation

Rotation Evaluations are completed by technologists in the Trajecsys Reporting System. Students are strongly advised to review each evaluation for the purpose of identifying strengths and weaknesses, to improve clinical performance. The following represents the evaluation.*

<table>
<thead>
<tr>
<th>ORGANIZATION OF WORK</th>
<th>PLANS TIME AND WORKS WELL</th>
<th>UNSATISFACTORY</th>
<th>ABOVE AVERAGE</th>
<th>CONSISTENT TOP PERFORMER</th>
<th>FAIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALITY OF WORK</td>
<td>CONSISTENTLY ACCURATE</td>
<td>MAKES REPEATED MISTAKES</td>
<td>Seldom makes mistakes</td>
<td>Seldom accurate</td>
<td>WORK GENERALLY ACCEPTABLE</td>
</tr>
<tr>
<td>APPLICATION OF KNOWLEDGE</td>
<td>GOOD</td>
<td>FAIR</td>
<td>EXCELLENT</td>
<td>INADEQUATE</td>
<td>POOR</td>
</tr>
<tr>
<td>CONCERN FOR PATIENT</td>
<td>UNCONCERNED FOR PATIENT</td>
<td>USUALLY CONCERNED FOR PATIENT</td>
<td>ABOVE AVERAGE CONCERN</td>
<td>INDIFFERENT, COOL TO THE PATIENT</td>
<td>JUSTIFIES COMPLETE CONFIDENCE</td>
</tr>
<tr>
<td>PERSEVERENCE</td>
<td>FOLLOWS THROUGH ON MOST TASKS</td>
<td>DEDICATED</td>
<td>FOLLOWS DIRECTIONS W/O ERROR</td>
<td>CONSISTENT</td>
<td>INCONSISTENT</td>
</tr>
<tr>
<td>ABILITY TO FOLLOW DIRECTIONS</td>
<td>GOOD; RARELY MAKES MISTAKES</td>
<td>MAKES MISTAKES, BUT IS ABLE TO CORRECT ERRORS</td>
<td>FOLLOWS DIRECTIONS W/O ERROR</td>
<td>DOES NOT FOLLOW DIRECTIONS</td>
<td>MAKES OCCASIONAL MISTAKES</td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td>EXCELLENT RAPPORT WITH STAFF AND PATIENTS</td>
<td>COMMUNICATES WELL WITH STAFF AND PATIENTS</td>
<td>ADEQUATE COMMUNICATION SKILLS</td>
<td>UNABLE TO COMMUNICATE EFFECTIVELY</td>
<td>LITTLE TO NO COMMUNICATION</td>
</tr>
<tr>
<td>INDUSTRY AND ENERGY</td>
<td>LAZY</td>
<td>EXCEPTIONAL WORKER</td>
<td>STAYS BUSY MOST OF THE TIME</td>
<td>INDIFFERENT</td>
<td>HARD WORKER</td>
</tr>
<tr>
<td>INITIATIVE</td>
<td>RESOURCEFUL</td>
<td>TAKES NO INITIATIVE</td>
<td>DOES ONLY ASSIGNED WORK</td>
<td>LOAFS, REFUSES TO OFFER ASSISTANCE</td>
<td>SEeks added responsibility</td>
</tr>
<tr>
<td>DEPENDABILITY / AVAILABILITY</td>
<td>SOMETIMES IN ASSIGNED AREA AND AVAILABLE</td>
<td>ALWAYS IN ASSIGNED AREA AND AVAILABLE</td>
<td>CONSISTENTLY OUT OF ASSIGNED AREA, Seldom available</td>
<td>Usually in assigned area or AVAILABLE</td>
<td>NEVER CAN BE FOUND, OUT OF AREA</td>
</tr>
<tr>
<td>APPEARANCE</td>
<td>MEETS PUBLISHED DRESS CODE</td>
<td>DOESN’T MEET PUBLISHED DRESS CODE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTITUDE</td>
<td>ACCEPTS RESPONSIBILITY</td>
<td>HIGHLY COOPERATIVE</td>
<td>SOMETIMES TROUBLESOME AND SURLY</td>
<td>WORKS WELL WITH OTHERS</td>
<td>RESISTS INSTRUCTION</td>
</tr>
<tr>
<td>ATTITUDE TOWARD CRITICISM</td>
<td>SHOWS INTEREST</td>
<td>HOSTILE</td>
<td>BENEFITS FROM CRITICISM</td>
<td>INDIFFERENT</td>
<td>ACCEPTS WELL</td>
</tr>
<tr>
<td>RADIATION PROTECTION</td>
<td>DEMONSTRATES EXCEPTIONAL RADIATION PROTECTION SKILLS</td>
<td>MEETS MINIMUM STANDARDS</td>
<td>CONSCIENTIOUS ABOUT RADIATION PROTECTION</td>
<td>NEEDS CONSTANT REMINDERS</td>
<td>UNCONCERNED ABOUT RADIATION SAFETY</td>
</tr>
<tr>
<td>(n/a for US and MRI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRITICAL THINKING AND PROBLEM SOLVING SKILLS</td>
<td>ABLE TO ORGANIZE AND MODIFY EXAMS AS NEEDED</td>
<td>UNORGANIZED, CONFUSED</td>
<td>ORGANIZED, ABLE TO DO ROUTINE EXAMS</td>
<td>LEARS FROM MISTAKES AND BY EXAMPLE</td>
<td>LACK OF ORGANIZATION, NEEDS INSTRUCTION</td>
</tr>
<tr>
<td>RADIOGRAPHIC AND/OR FLUOROSCOPIC EQUIPMENT MANIPULATION</td>
<td>CONSTANTLY NEEDS INSTRUCTION ON EQUIPMENT FUNCTION</td>
<td>UNSURE OF SOME EQUIPMENT FUNCTIONS</td>
<td>ABLE TO MANIPULATE EQUIPMENT WITH LITTLE OR NO ERROR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Order of items in the Trajecsys Reporting System may vary.

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64 Form: 2000  
<table>
<thead>
<tr>
<th>Responsibility</th>
<th>SCORING</th>
<th>EXCELLENT</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE – NEEDS COUNSELING</th>
<th>UNACCEPTABLE – NEEDS COUNSELING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNICATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctuality (Clinical/Didactic)</td>
<td></td>
<td>No Tardiness</td>
<td>Late 1-2 times</td>
<td>Late 3 times</td>
<td>Late 4-5 times</td>
<td>Late more than 5 times</td>
</tr>
<tr>
<td>Attendance (Clinical/Didactic)</td>
<td></td>
<td>No absences</td>
<td>1 absence</td>
<td>2 absences</td>
<td>3 absences</td>
<td>More than 3 absences</td>
</tr>
<tr>
<td>Time Management (Clinical/Didactic)</td>
<td></td>
<td>Organized; No issues</td>
<td>Most often utilizes time effectively</td>
<td>Maintains RADT requirements; able to balance responsibilities</td>
<td>Difficulty managing RADT requirements; does not utilize time effectively</td>
<td>Has little to no time management skills</td>
</tr>
<tr>
<td><strong>STUDENT/PATIENT</strong></td>
<td></td>
<td>EXCELLENT</td>
<td>COMMUNICATES WELL; FEW CONCERNS</td>
<td>COMMUNICATION SKILLS; NEEDS IMPROVEMENT</td>
<td>HAS DIFFICULTY COMMUNICATING EFFECTIVELY AND CONFIDENTLY</td>
<td>UNABLE TO COMMUNICATE EFFECTIVELY OR CONFIDENTLY</td>
</tr>
<tr>
<td><strong>STUDENT/PEER</strong></td>
<td></td>
<td>EXCELLENT</td>
<td>COMMUNICATES WELL; FEW CONCERNS</td>
<td>COMMUNICATION SKILLS; NEEDS IMPROVEMENT</td>
<td>HAS DIFFICULTY COMMUNICATING EFFECTIVELY AND CONFIDENTLY</td>
<td>UNABLE TO COMMUNICATE EFFECTIVELY OR CONFIDENTLY</td>
</tr>
<tr>
<td>Constructive Criticism</td>
<td></td>
<td>WELCOMES CRITICISMS, MAKES IMPROVEMENTS AS NEEDED</td>
<td>TAKES CRITICISM WELL, BUT NEEDS TO IMPROVE ON ACTIONS</td>
<td>SOMETIMES TAKES FEEDBACK WELL, SOMETIMES REALIZES ACTION NEEDED</td>
<td>RESISTANT /NEGATIVE TOWARDS CRITICISM, OR RESISTS THE NEED FOR IMPROVEMENT</td>
<td>UNACCEPTABLE ATTITUDE</td>
</tr>
<tr>
<td><strong>INITIATIVE</strong></td>
<td></td>
<td>SEeks added responsibility</td>
<td>Hard Worker; Resourceful</td>
<td>Does mostly assigned work</td>
<td>Work only completed to meet min. requirements</td>
<td>Lazy, Needs constant prodding</td>
</tr>
<tr>
<td><strong>PERSEVERANCE</strong></td>
<td></td>
<td>COMMITTED TO TASKS; COMPLETES TASKS WITHOUT ASSISTANCE</td>
<td>DEPENDABLE; Completes most tasks without assistance</td>
<td>Follows through on most tasks; requires some assistance though capable</td>
<td>Is easily distracted or always needs assistance</td>
<td>INCONSISTENT AND UNRELIABLE</td>
</tr>
<tr>
<td><strong>EQUIPMENT MANIPULATION</strong></td>
<td></td>
<td>OPERATES EQUIPMENT KNOWLEDGABLY WITHOUT ERROR</td>
<td>ABLE TO OPERATE MOST EQUIPMENT WITH LITTLE ASSISTANCE</td>
<td>ABLE TO OPERATE BASIC EQUIPMENT, BUT INCONSISTENT WITH OTHER EQUIPMENT</td>
<td>HAS DIFFICULTY OPERATING EQUIPMENT OR UNABLE TO IDENTIFY SOME EQUIPMENT</td>
<td>UNABLE TO OPERATE AND/OR IDENTIFY SOME EQUIPMENT ADEQUATELY</td>
</tr>
<tr>
<td>Technical Factors</td>
<td></td>
<td>UNDERSTANDS SIGNIFICANCE OF FACTORS AND IS ABLE TO SET APPROPRIATELY</td>
<td>UNDERSTANDS AND SETS MOST FACTORS APPROPRIATELY</td>
<td>ABLE TO SET FACTORS, BUT DOES NOT UNDERSTAND THE SIGNIFICANCE</td>
<td>HAS DIFFICULTY SETTING FACTORS AND/OR UNDERSTANDING THE SIGNIFICANCE</td>
<td>UNNOWLEDGEABLE OF FACTORS AND/OR THEIR SIGNIFICANCE</td>
</tr>
<tr>
<td>Image Processing</td>
<td></td>
<td>ABLE TO OPERATE IMAGE PROCESSING SYSTEMS W/O ERROR</td>
<td>ABLE TO OPERATE IMAGING SYSTEMS WITH LITTLE ASSISTANCE</td>
<td>ABLE TO OPERATE BASIC SYSTEM FUNCTIONS, BUT NEEDS ASSISTANCE WITH SOME COMPONENTS</td>
<td>HAS DIFFICULTY OPERATING DIFFERENT SYSTEMS, AND/OR DOES NOT UNDERSTAND SOME FUNCTIONS</td>
<td>UNABLE TO OPERATE SYSTEMS WITHOUT ASSISTANCE, OR OPERATES INCORRECTLY OR INCONSISTENTLY</td>
</tr>
<tr>
<td><strong>POSITIONING</strong></td>
<td></td>
<td>ABLE TO RETAIN INFO AND APPLY POSITIONING CRITERIA WITH LITTLE OR NO ERROR</td>
<td>RETAINS MOST INFO AND APPLIES POSITIONING TECHNIQUES WELL</td>
<td>RETAINS SOME INFO AND/OR APPLIES TECHNIQUES CORRECTLY FOR ROUTINE PROCEDURES</td>
<td>LITTLE KNOWLEDGE AND/OR ABILITY TO POSITION CORRECTLY; UNABLE TO MODIFY EXAMS AS NEEDED</td>
<td>UNABLE TO RETAIN INFO AND/OR POSITION ROUTINE EXAMS W/O REPEATED ERRORS</td>
</tr>
<tr>
<td>Radiographic Procedures</td>
<td></td>
<td>PROVIDES QUALITY PATIENT CARE FOR ALL PATIENTS</td>
<td>ABLE TO PROVIDE ADEQUATE CARE FOR MOST TYPES OF PATIENTS</td>
<td>ABLE TO PROVIDE CARE WITH ASSISTANCE, BUT HAS DIFFICULTY INDEPENDENTLY</td>
<td>SOMETIMES INDIFFERENT IN CONCERN FOR THE PATIENT; Focuses more on the exam</td>
<td>Jeopardizes patient care and safety by lack of concern or knowledge</td>
</tr>
<tr>
<td>Radiation Protection</td>
<td></td>
<td>COMPLETES ALL EXAMS WITH APPROPRIATE RADIATION PROTECTION PRACTICES</td>
<td>MOST EXAMS FOLLOW STANDARDS; OCCASIONALLY FORGETS</td>
<td>EXHIBITS RADIATION PROTECTIONS WHEN SUPERVISED, BUT NOT INDEPENDENTLY</td>
<td>Completes many exams with little or no radiation protection</td>
<td>Resists radiation protection practices</td>
</tr>
<tr>
<td><strong>OVERALL PERFORMANCE</strong></td>
<td></td>
<td>LEVEL DEPENDENT</td>
<td>EXCELLENT</td>
<td>ABOVE AVERAGE</td>
<td>AVERAGE</td>
<td>BELOW AVERAGE</td>
</tr>
</tbody>
</table>

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65 Policy: 2011  
Reviewed: 2012, 2013
I. Patient Care
   A. Evaluate and interpret request, check chart order
   B. Record pertinent history from patient & compare chart
   C. Prepare room prior to patient's arrival
   D. Identify patient correctly: verbally and wristband
   E. Recognize needs of patient
   F. Identify patient distress symptoms
   G. Identify correct procedure for patient distress
   H. Locate emergency cart
   I. Maintain, clean, stock area
   J. Select and prepare/observe preparation of contrast media
   K. Assist with intravenous injection

II. Scanning
   A. Operation - Supervised performance of the following:
      1. select patient information from system
      2. set appropriate exam protocol
      3. manipulate gantry when necessary
      4. utilize correct patient immobilization devices
      5. utilize operator console to begin patient scan
      6. interpret indexing on table & perform table movement
      7. initiate and complete scan (under direct supervision)
      8. demonstrate radiation protection during scans (technologist &
         patient)
      9. access images for manipulation following scans
      10. transfer image from operator’s console to PACS
   B. Procedures
      1. Position and immobilize the patient for these exams*:
         a. Head
         b. Chest
         c. Abdomen
         d. Spine
      2. Perform the following examinations*:
         a. Head
         b. Chest
         c. Abdomen

*exams not available during the student’s rotation may be marked “N/A”

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66 Revised: 2004, 2009
# Fluoroscopy Clinical Performance Evaluation

University of Louisiana at Monroe – Department of Radiologic Technology

## I. Patient Care

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</tbody>
</table>

A. Evaluate and interpret request, check chart order
B. Record pertinent history from patient & compare chart
C. Prepare room prior to patient's arrival
D. Identify patient correctly: verbally and wristband
E. Recognize needs of patient
F. Identify patient distress symptoms
G. Identify correct procedure for patient distress
H. Locate emergency cart
I. Maintain, clean, stock area
J. Select, prepare, and administer contrast media
K. Introduce Radiologist to patient prior to examination
L. Apply appropriate methods of radiation protection
M. Monitor and assist patient at all times
N. Provide proper post-contrast study instructions to patient

## II. Mechanical Operations

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
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</tbody>
</table>

A. Properly warm-up the tube
B. Prepare patient identification for images
C. Set appropriate technical factors on control panel
D. Manipulate control panel setting from fluoro to overhead, and overhead to fluoro
E. Reset fluoro timer when applicable
F. Transmit images to PACS following exam

## III. Procedures: The student should be able to set-up and assist in the performance of the following exams*, including positioning for any overhead images:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
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</tbody>
</table>

A. Esophagus
B. UGI
C. Small Bowel Series
D. Barium Enema
E. Myelogram
F. Arthrogram

*exams not available during the student’s rotation may be marked “N/A”

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Revised: 2004, 2009
# Magnetic Resonance Imaging (MRI) Performance Evaluation

University of Louisiana at Monroe – Department of Radiologic Technology

## I. Patient Care

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Evaluate and interpret request, check chart order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Record pertinent history from patient &amp; compare chart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Prepare room prior to patient's arrival</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Identify patient correctly: verbally and wristband</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Recognize needs of patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Identify patient distress symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Identify correct procedure for patient distress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Locate emergency cart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Maintain, clean, stock area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Select and prepare/observe preparation of contrast media</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Assist with intravenous injection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## II. Scanning

### A. Operation - Supervised performance of the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. select patient information from system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. set appropriate exam protocol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. utilize correct patient immobilization devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. utilize operator console to begin patient scan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. initiate and complete scan (under direct supervision)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. provide proper patient instructions during the scan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. demonstrate magnet safety before, during, and after scans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. access images for manipulation following scans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. transfer image from operator’s console to PACS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Procedures

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Position and immobilize the patient for these exams*:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Head</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Spine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Extremity</td>
<td></td>
</tr>
<tr>
<td>2. Perform the following examinations*:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Head</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Spine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Extremity</td>
<td></td>
</tr>
</tbody>
</table>

*exams not available during the student’s rotation may be marked “N/A”
Nuclear Medicine (NM) Clinical Performance Evaluation
University of Louisiana at Monroe – Department of Radiologic Technology

I. Patient Care
   A. Evaluate and interpret request, check chart order
   B. Record pertinent history from patient & compare chart
   C. Prepare room prior to patient's arrival
   D. Identify patient correctly: verbally and wristband
   E. Recognize needs of patient
   F. Identify patient distress symptoms
   G. Identify correct procedure for patient distress
   H. Locate emergency cart
   I. Maintain, clean, stock area

II. Radiopharmaceuticals
   A. Identify radioactive agents commonly used, including:
      1. properties
      2. half-life
      3. exam-specific agents
      4. preparation
      5. doses
   B. Safety
      1. Recognize the importance for sterile technique
      2. Identify protocol for radioactive spills
      3. Identify appropriate methods of radiation protection
   C. Procedures
      1. Equipment
         a. Identify methods and devices for scanning/detection
      2. Perform the following examinations, to include patient positioning, equipment manipulation, and scanning*:
         a. Bone Scan
         b. Cardiac Scan
         c. Lung Scan
         d. Liver Scan or HIDA Scan
         e. Thyroid Scan

*exams not available during the student’s rotation may be marked “N/A”
### Radiation Therapy (RT) Clinical Performance Evaluation

University of Louisiana at Monroe – Department of Radiologic Technology

<table>
<thead>
<tr>
<th>I. Patient Care</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Prepare the treatment room prior to patient's arrival</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Identify patient correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Prepare patient for weekly examination by Radiation Oncologist and/or nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Demonstrate attentiveness to patient needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Identify emotional characteristics of patients who are terminally ill</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Keep room stocked with supplies/laundry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Prepare treatment room for patient's arrival</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Identify patient distress symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Identify correct procedure for patient distress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Locate emergency cart</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Equipment and Procedures</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Assist patient on and off treatment table</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Operate table controls to raise and lower patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Operate/manipulate linear accelerator gantry, collimator, and field size</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Observe television monitor for viewing patient treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Identify components of a radiation prescription</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Observe and assist in preparation or a cerrobend block</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Observe and assist in treatment simulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Observe treatment planning on computer by physicist</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Radiation Therapy Concepts - following the rotation, the student should be able to discuss/identify the following concepts:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Cite principle reason for use of ionizing radiation in Radiation Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Define and explain curative intent vs. palliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Define and differentiate between therapy and brachytherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Differentiate between the types of therapy units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Explain principle reason of electron vs. photon treatment energies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Explain fractionation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Define bolus and explain use in radiation therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Define isodose curve and importance in treatment planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Explain importance of cerrobend shielding, multileaf collimators, and field size</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Explain principle reason for wedges in treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. State variables important in radiation dose calculation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. Evaluate components of a patient treatment plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. Identify potential side effects of radiation therapy and associated symptoms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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70 Revised: 2004, 2009  
I. Patient Care

| A. Evaluate and interpret request, check chart order | Yes | No |
| B. Correlate type of examination with patient history | | |
| C. Prepare room prior to patient’s arrival | | |
| D. Identify patient correctly: verbally and wristband | | |
| E. Recognize needs of patient | | |
| F. Identify patient distress symptoms | | |
| G. Identify correct procedure for patient distress | | |
| H. Locate emergency cart | | |
| I. Maintain, clean, stock area | | |
| J. Select and prepare/observe preparation of contrast media | | |
| K. Evaluate preparation of the puncture site | | |
| L. Adhere to practices of sterile techniques and sterile fields | | |
| M. Assist in post-exam patient recovery | | |

II. Examinations

<table>
<thead>
<tr>
<th>A. Equipment Operation - Supervised performance of the following:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. select patient information from system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. set appropriate exam protocol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. manipulate C-arm and table movement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. utilize correct patient immobilization devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. identify/operate components of automatic injectors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. identify exam-specific catheterization equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. demonstrate radiation protection during scans (personnel &amp; patient)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. access images for manipulation following scans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. apply subtraction techniques to images when appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. transfer images from operator’s console to PACS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Procedures - Perform duties of the cardiovascular/interventional technologist or assist in the performance during the following exams, as well as demonstration knowledge of evaluation criteria for each*:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cardiac Catheterization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cerebral Angiography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Thoracic Angiography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Abdominal Angiography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Upper and/or Lower Limb Angiography</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*exams not available during the student’s rotation may be marked “N/A”

---

71 Revised: 2004, 2009
# Trauma (Evening) Clinical Performance Evaluation

University of Louisiana at Monroe – Department of Radiologic Technology

## I. Patient Care

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Evaluate and interpret request, check chart order</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Record pertinent history from patient &amp; compare chart</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Prepare room prior to patient's arrival</td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>Transport trauma patients following student supervision guidelines</td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td>Identify patient correctly: verbally and wristband</td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td>Recognize needs of patient</td>
<td></td>
</tr>
<tr>
<td>G.</td>
<td>Identify patient distress symptoms</td>
<td></td>
</tr>
<tr>
<td>H.</td>
<td>Identify correct procedure for patient distress</td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td>Locate emergency cart</td>
<td></td>
</tr>
<tr>
<td>J.</td>
<td>Maintain, clean, stock area</td>
<td></td>
</tr>
<tr>
<td>K.</td>
<td>Assist with intravenous injection</td>
<td></td>
</tr>
</tbody>
</table>

## II. Trauma Examinations

### A. Operation - Supervised performance of the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>select patient information from system</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>apply appropriate trauma exam protocol</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>utilize correct patient immobilization devices</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>utilize proper patient transfer techniques</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>modify routine exams appropriate to patients’ conditions</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>provide proper patient instructions during the scan</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>demonstrate radiation protection during exams</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>access images for manipulation following exams</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>transfer images from operator’s console to PACS</td>
<td></td>
</tr>
</tbody>
</table>

### B. Procedures

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Position, immobilize, and perform the following exams*:</td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Trauma Spine Imaging</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Craniofacial Imaging</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Chest/Abdomen Imaging</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Extremity Imaging</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Pediatric Imaging</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Portable Radiography</td>
<td></td>
</tr>
</tbody>
</table>

*exams not available during the student’s rotation may be marked “N/A”

---

72 Revised: 2004, 2009
Ultrasound (US) Clinical Performance Evaluation

University of Louisiana at Monroe – Department of Radiologic Technology

I. Patient Care
   A. Evaluate and interpret request, check chart order
   B. Record pertinent history from patient & compare chart
   C. Prepare room prior to patient's arrival
   D. Identify patient correctly: verbally and wristband
   E. Evaluate for exam-specific patient preparation
   F. Recognize needs of patient
   G. Identify patient distress symptoms
   H. Identify correct procedure for patient distress
   I. Locate emergency cart
   J. Maintain, clean, stock area

II. Examinations
   A. Operation - Supervised performance of the following:
      1. select patient information from system
      2. identify and select appropriate scan protocol
      3. utilize correct patient positioning and immobilization devices
      4. manipulate transducer to identify and image anatomy of interest
      5. provide proper patient instructions during the scan
      6. access images for manipulation following scans
      7. transfer images from operator’s console to PACS
   B. Procedures
      1. Perform or assist in the performance of the following exams, as
         well as demonstration knowledge of anatomy demonstrated and
         evaluation criteria for each*
            a. Abdominal US (liver, gallbladder, spleen, etc.)
            b. Obstetric and Gynecologic US (fetus, uterus, etc.)
            c. Doppler US

*exams not available during the student’s rotation may be marked “N/A”

---

73 Revised: 2004, 2009
Specialty Area Performance Evaluation Bonus Form
University of Louisiana at Monroe – Department of Radiologic Technology

Patient Evaluation
Sufficient Evaluation of Requisition
Adequate Physical Facilities Readiness
Appropriate patient communication utilized

Exam Evaluation
Student adequately explained exam and gathered clinical history
Student properly positioned patient for procedure
Student properly used required imaging equipment
Student provided proper patient instructions throughout the exam
Student used appropriate: Radiation safety measures (CT, NM, RT, SP)
Magnet safety measures (MRI)

Image Evaluation
Anatomy readily identified
Proper technique / protocol utilized
Exam evaluation criteria met

---

74 Policy: 2000
Radiologic Operations (MGMT) Specialty Area Application
University of Louisiana at Monroe – Department of Radiologic Technology

The Radiologic Operations rotation is a specialty rotation that is a stringent, 3 week rotation in which the student will participate in a variety of management situations and responsibilities. The rotation is designed to give students the opportunity to experience the day to day operations of a radiology department, outside the responsibilities of the clinically practicing diagnostic radiologic technologist. During the rotation, the student will shadow various administrative personnel to study assorted aspects of radiology management.

A limited number of rotations are available, and students must meet certain criteria to be selected for this rotation. Applications are due by December 1\textsuperscript{st} each year; application does not guarantee acceptance. Applications will be reviewed for consideration by the Clinical Coordinator and CES Administrative Supervisor.

Criteria include:
- Senior standing in the professional program;
- Cumulative GPA of 3.0 or higher
- Completed application and supporting documentation\* submitted by December 1\textsuperscript{st};
  1. Also include a Personal Goal Statement\* (reason for desiring this rotation)
  2. Also include 2 letters of recommendation\* from clinical personnel
- Completion of all competency and final competency requirements by midterm, Spring semester;

Preferred criteria include:
- Previous leaderships skills
- Exemplary rotation evaluations from previous clinical experience
- Participation in extra-curricular activities
- Strong academic standing

By signing below, I am indicating my desire to be selected for the Radiologic Operations rotation. I understand that during this rotation, my duties as a student technologist will be to participate in administrative tasks associated with the radiology department.

__________________________  __________________________  ___________
Student (print)              Student Signature          Date

Submit completed application and supporting documentation to the Clinical Coordinator by Dec. 1\textsuperscript{st}.

For Departmental Use Only

<table>
<thead>
<tr>
<th>Date Application Received:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation Granted:</td>
</tr>
<tr>
<td>CES / Primary Supervisor</td>
</tr>
</tbody>
</table>

\textsuperscript{75} Policy: 2011
Reviewed: 2012, 2013
# Radiologic Operations (MGMT) Clinical Performance Evaluation

University of Louisiana at Monroe – Department of Radiologic Technology

## III. Department Organization

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Daily communication (interpersonal communication, phone, correspondence, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Identify and delegate employee assignments/areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Patient Scheduling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Identification of exam scheduling protocol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Inpatient Exams (transport, arrival, return)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Employee Scheduling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Recognize various employee ranks and classifications (FTE, PRN, etc)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Identify institutional rules regarding employee hours, ATO, sick leave, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Create a sample employee schedule (monthly schedule)</td>
<td></td>
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</tr>
</tbody>
</table>

## IV. Administrative Policy and Procedure

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Review radiology department policies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Evaluate policy compliance of OSHA, CDC, Employee Health, etc.</td>
<td></td>
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<tr>
<td>C. Evaluate Accreditation procedure, documentation, and compliance</td>
<td></td>
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<tr>
<td>D. Review radiology job descriptions and hiring policies</td>
<td></td>
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<tr>
<td>E. Review equipment licensing and documentation</td>
<td></td>
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<tr>
<td>F. Review technologist licensure requirements (ARRT, State, etc.)</td>
<td></td>
<td></td>
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<tr>
<td>G. Review and discuss sample Annual Employee Evaluations</td>
<td></td>
<td></td>
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<tr>
<td>H. Review and discuss Patient Surveys/Evaluations, reports, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Review and discuss disciplinary action policy and procedure</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## V. Administrative Tasks

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. PACS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Verify billing / exam charges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Perform image storage, retrieval, and distribution</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Perform post processing image manipulation</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Perform Image Quality analysis and Repeat Image analysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Dosimeter policy and documentation (reports)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. X-ray machine monitoring, reporting problems, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Lead Apron and radiation protection accessories monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Supplies, stocking areas/rooms, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Crash cart monitoring and documentation</td>
<td></td>
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</tbody>
</table>

## VI. Other (list additional duties/responsibilities review or performed by the student)


## VII. Comments


* exams not available during the student’s rotation may be marked “N/A”

---

76 Policy: 2011
Reviewed: 2012, 2013
Incident Reporting Form

University of Louisiana at Monroe – Department of Radiologic Technology

Student Name: ________________________________  Date: ____________________

Nature of Incident: _________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Program Official’s Comments / Suggested Areas of Improvement: ____________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Student Acknowledgement: By signing below, I acknowledge that I have been informed of the incident, suggestions for improvement, and any resulting Disciplinary Action (form to be attached) follow based on the incident stated above.

______________________________________________________________________

Student (print)  Student Signature  Date

______________________________________________________________________

Program Official (print)  Program Official’s Signature  Date

77 Revised: 2009 (formerly Anecdotal Reporting Form)
Disciplinary Action Form

University of Louisiana at Monroe – Department of Radiologic Technology

Student Name: _______________________________ Date: _______________________

When a violation of policy warrants disciplinary action by the Radiologic Technology Program Faculty, the following actions will be taken. A meeting will be held by the Radiologic Technology program faculty and based upon the severity of the findings, appropriate disciplinary action will be taken, including, but not limited to, academic probation, failure of the course, or dismissal from the Radiologic Technology Professional Program, including potential dismissal from the University.

Nature of Incident: ____________________________________________________________________________________________
____________________________________________________________________________________________________________

Program Official’s Comments / Suggested Areas of Improvement: ________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

As a result of the incident stated above, the student has received a:

☐ Verbal Warning  and/or  ☐ Written Warning*,

...resulting in the following:

☐ Probation of (specify time period)

☐ Failure of the Course (specify course)

☐ Dismissal from the Professional Program

Student Acknowledgement: By signing below, I acknowledge that I have been informed of the incident, suggestions for improvement, and resulting Disciplinary Action of the incident stated above.

_________________________________________  ___________________________________________  __________
Student (print)*  Student Signature*  Date

_________________________________________  ___________________________________________  __________
Program Official (print)  Program Official’s Signature  Date

_________________________________________  ___________________________________________  __________
Program Director (print)  Program Director’s Signature  Date

Policy: 2006
Revised: 2009
Please print or type all information.

Name of Complainant:_________________________________________________________

Address: ____________________________________________________________________

City: __________________ State: ______________ Zip Code: _________________

Signature: __________________ Date: __________________

Institution sponsoring the program:

Name: ______________________________________________________________________

City: __________________ State: __________

Type of Program (Check one):

☐ Radiography ☐ Radiation Therapy ☐ Magnetic Resonance ☐ Medical Dosimetry

The following materials must be submitted:

1. Attach a copy of the program’s publication that includes the due process or grievance procedure.

2. Attach a narrative that identifies what you did at each step of the due process or grievance procedure and copies of materials you submitted as part of your appeal and copies of correspondence you received in response to your appeal.

3. Attach the specific objective(s) from the accreditation standards (available at http://www.jrcert.org/programs-faculty/) and indicate what the program is alleged to have done that is not in compliance with the cited objective(s).

Example

Objective ___________________ Allegation ________________________________

8.4 direct supervision pre-competency Students often do patient exams without supervision before they have completed a competency check-off.

For Departmental Use Only

Date Complaint Received: __________________

Date Response Returned: __________________

79 Policy: 2004
Revised: 2009
Declaration of Pregnancy Form
University of Louisiana at Monroe – Department of Radiologic Technology

In accordance with the NRC’s regulations at 10 CFR 20.1208, “Dose to an Embryo/Fetus,” I am declaring that I am pregnant.

The estimated date of conception is ____________________________ (month and year only).

• I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (500mr or 5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this form).

• I understand that meeting the lower dose limit may require a change in clinical assignment or assignment responsibilities during my pregnancy.

• I understand the responsibilities as stated in the “Pregnancy Policy – Students” of this handbook.

• I have been advised of radiation protection measures, and have received a copy of the most recent NRC regulatory guide 8.13 (Instruction Concerning Prenatal Radiation Exposure) and regulatory guide 8.36 (Radiation Dose to the Embryo/Fetus).

• I agree to abide by the regulations and policy set forth concerning pregnancy and radiation safety.

• I also understand that I may undeclared pregnancy at anytime, and must notify the appropriate personnel in writing.

_________________________  ___________________________  ___________
Student (print)  Student Signature  Date

_________________________  ___________________________  ___________
Clinical Coordinator (print)  Clinical Coordinator Signature  Date

_________________________  ___________________________  ___________
Radiation Safety Officer (print)  RSO Signature  Date

_________________________  ___________________________  ___________
Program Director (print)  Program Director’s Signature  Date

80 Policy: 2004
Revised: 2009 (formerly Declaration of Pregnancy and Pregnancy Policy Form)
Petition for Reinstatement
University of Louisiana at Monroe – Department of Radiologic Technology

Name: ________________________________        CWID: __________

Mailing Address: __________________________________________________________

City: ____________________        State: ______        Zip Code: ______

Telephone:  Home: ________________        Cell/Work: __________________

This is to request that I be allowed to repeat/re-enroll/re-enter the following Radiologic Technology course(s):

RADT ________________

Semester/Year ________________

RADT ________________

I understand that completion and submission of this form does not guarantee that I will be allowed to enroll in the Radiologic Technology course(s). I also understand that priority for enrollment in the Radiologic Technology course(s) will be given to students who are not repeating or re-entering Radiologic Technology courses.

_____________________________        Student Signature        __________

Submit completed form to:
ULM Department of Radiologic Technology
Attn: Department Head
700 University Ave.
Monroe, La. 71209-0450

For Departmental Use Only
Date Received: _______________________
Petition -   Accepted [ ]   Denied [ ]
Date Response Returned: _______________________

81 Policy: 2004
Consent for Release of Information

University of Louisiana at Monroe – Department of Radiologic Technology

I agree to allow the University of Louisiana at Monroe to release my health information, criminal background investigation and/or relevant education information to clinical education settings, as requested. I understand this information is confidential, will be kept secure at all times, and is shared with faculty and clinical administration only as appropriate. I further understand that refusal to sign this consent will result in my inability to participate in clinical courses.

_________________________  ______________________  _______________
Student (print)                     Student Signature   Date

82 Policy: 2000
Revised: 2004, 2006
My signature below indicates that:

- I have been notified of the location, read, and understand the Student Handbook for the Radiologic Technology Program at the University of Louisiana at Monroe.

- I have listened to the presentation and explanation of policies and procedures given by the ULM Radiologic Technology Program Faculty.

- I agree to review and abide by the policies and procedures outlined in the handbook.

- I understand I am responsible for reviewing and adhering to the policies and procedures outlined in the handbook as it is updated throughout sequence of the professional program.

- I understand that some policies, such as, but not limited to, the Repeat Radiograph Policy, Shielding Policy, Pregnancy Statement Policy (applicable to patients), Pregnancy Policy (applicable to students), and violations of the ULM Student Code of Conduct may result in actions or consequences other than routine deduction of clinical points, including dismissal from the professional program and/or University.

__________________________  ____________________________  ______
Student (print)               Student Signature           Date