

## 2019 LACC Clinical Obligations & Grading System

### Attendance Requirement

The Radiology program has a Monday through Friday schedule during the fall, winter, spring and summer semesters from 5:00am to 7:00pm. Students are required to be in class and submit all required assignments during the semester. As part of their clinical training students may be assigned weekend and evening shifts to provide a complete clinical education.

A student who becomes ill or injured while in the radiology program must submit documentation in the form of a doctor's release that states they are able to meet the physical and mental requirements of the radiology program. At the discretion of the program director and clinical instructor(s) the students may be allowed to make-up the missed time or assignments.

All attendance policies including tardies will be in effect during the clinical training. Any student who reports to their clinical training site after their scheduled start time (including breaks and lunches) will be considered tardy. Three tardies will be considered the equivalent of one hour of absence. A tardy is defined as coming in to class after the class/clinical rotation officially begins. Whenever absences in hours exceed the number of hours the class meets per week, the student may be excluded from class by the instructor.

All RT students in clinical training will be required to complete daily clock in and clock out phone calls for their attendance. Please see the Students Clock In and Out Attendance Policy.

A student who misses a clinical rotation must complete the Absence from [Clinical Absence Notification Survey](#) In addition, student must call the department they are assigned to work at to notify the lead technologist of their absence.

Failure to comply with these requirements will result in progressive discipline by the RT Program (Please see Progressive Discipline) which may lead to dismissal from the radiology program.

### Makeup Time Policy/ Clinical Make Up Hours

Please refer to the Student's Clinical Make Up Hours policy for more details.

- JRCERT defines the operational hours of traditional programs as:  
Monday – Friday 5:00am (0500 HRS) – 7:00pm (1900 HRS)
- JRCERT limits clinical assignments for students to NOT be more than 10 hours per day
- JRCERT limits the total didactic and clinical involvement to no more than 40 hours per week

It is understood, that you are aware that this is **voluntary** to do **more than the 40 hours**.

**No makeup time will be permitted during holidays or when LACC is closed due to liability constraints and JRCERT policy.**

## Competency Forms and Sign-off Procedure

1. All competency forms must be signed off by a qualified Radiologic Technologist. A **qualified Radiologic Technologist/Clinical Instructor**: has ARRT & CRT credentials, a minimum of two years full time work experience, and must be a staff employee of the clinical site. No Registry Technologists can sign students off on their competencies.
2. Prior to requesting a “Competency Examination Sign-off” the **student must** complete the 3 levels of competency. Student’s progress through each of the levels at different time intervals, but all students must participate in the three levels prior to requesting a competency sign off.
3. Students are unable to have “Competency Examination Sign Offs” until the Summer 2019 semester. Students enrolled in RT 260 are not permitted to have “Competency Examination Sign Offs” rather this time should be dedicated to observing and assisting at the clinical internship sites.

### **How Do I know if I am ready to request a Competency Examination?**

Three proficiency levels occur prior to requesting a competency sign off.

### **Three Proficiency Levels**

**Level 1 (Observation with limited hands on):** The students must take part in the completion of the procedure. If the clinical instructor feels that the student did nothing more than “stand around”, the clinical instructor shall ask that student to participate in more procedures. In this level the students must review the hospital procedure manual, help setup the equipment, and assist in the completion of the examination.

**Level 2 (Hands on with assistance):** The student must actively take part in the completion of the procedure. The clinical instructor may offer advice, supplement patient interaction (verbal & non-verbal), and assist with repositioning when necessary, but the setup, the handling of the patient, the initial positioning, the execution of the procedure, the completion of paperwork, and the annotation and distribution of the images must be done by the student. If the clinical instructor feels that they had to provide more assistance than necessary, and that the study would have been compromised without much of their input, the clinical instructor should ask the student to participate in more procedures.

**Level 3 (Hands on without assistance):** The student must complete the procedure with observational supervision only. The clinical instructor should not provide assistance to the student with the exception of critically ill patients who may need assistance moving. If the clinical instructor feels the need to step in to avert a compromised study, the supervisor will do so and the procedure needs to be repeated.

After a student has mastered level 3 (for a certain examination) **they may** ask a qualified clinical instructor to observe and complete the competency form for that examination.

For examinations that are uncommon such as: Sternums, Scapula’s etc... a student can simulate the examination (at the end of their clinical training) with the supervision of a qualified clinical instructor. According to the ARRT guidelines, a maximum of 8 procedures can be simulated.

No student will be asked to perform at a proficiency level in which they do not feel comfortable with.

Semester	Mandatory Competencies Required  (Includes 10 ARRT General Patient Care Procedures due at the end of the spring 2019 semester )	Elective Competencies Required	Total Required Competencies Per Semester
Summer 2019	7	3	10
Fall 2019	13	5	18
Winter 2019	5	2	7
Spring 2019	12	5	17
<b>End of Spring 2020</b>	<b>37 Mandatory</b>	<b>15 Electives</b>	<b>52</b>

A total of **52 competencies** are required to satisfy the Los Angeles City College Clinical Internship guidelines. (**37 mandatory** including the 10 mandatory general patient care activities and **15 electives**).

Students who do not complete the minimum number of competencies or do not perform them at an **85%** competency level will be counseled and reassigned to the same area until the desired competency level is achieved or it is determined by the hospital staff, clinical instructor and program director that the student has failed this aspect of their training and is not capable of working in a hospital environment. The student will be terminated from the program upon mutual agreement of the clinical coordinator and program director. All evaluations will be discussed with the student and signed by the student and the clinical coordinator or clinical instructor.

The following criteria will be utilized to correctly complete a competency form:

The student must begin and complete the examination from start to finish without any intervention from the clinical instructor. The student must correctly complete all of the guidelines set forth by the competency form under the observation of a **qualified Radiologic Technologist** (clinical instructor).

<b>Overall Clinical Grading System for 1<sup>st</sup> and 2<sup>nd</sup> year students</b>
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RT 260 Students (1<sup>st</sup> year students from February to June)

Students must maintain a minimum grade of “C” (75%) in this course. The final grade will be based on the following criteria.

RT 260 Clinical Performance: <b>RT 260 Competency Evaluation Forms</b>
Participation “Monthly Participation and Evaluation Forms”

Assignments, Homework, Surveys (Career Technical Education Surveys {CTE Surveys, Spring 2019 Semester}, Evaluation of Clinical Instructor Survey, Evaluation of Didactic Instructor Survey,

**RT 260 Competency Evaluation Forms**

1. RT 260 Digital Competency Radiology Equipment Form
2. 30423 Radiologic Technologist Fluoroscopy Equipment Orientation Check-Off Form  
(This form is needed for every stationary and portable Fluoroscopy equipment at the hospital you are assigned to).
3. Completion of 2019 Procedure Tracking Log Booklet and [electronic procedure log](#)
4. Clinical Instructor Evaluation Survey

**RT 260 Assignments, Homework, Surveys**

Students will be required to complete all assignments specifically, homework and program evaluation surveys. Other assignments will be discussed accordingly. **Students will be required to complete daily logs of work activity. The Program Faculty will review logs during hospital visits.**

**Instadose Badge Readings (Requirement: 1<sup>st</sup> of every month upload Instadose Badge to read exposure results)**

**RT 260-280, 281, 282, 283 Radiation Exposure Policy**

**RADIATION SAFETY RULES FOR CAMPUS LABORATORY CLASSES  
AND CLINICAL EDUCATION CENTERS**

The following rules have been established for your protection against ionizing radiation during Campus Laboratory Classes and at the Clinical Education Centers. These rules are mandatory and must be followed without exception.

1. A Radiation Dosimeter OSL and Instadose USB Badge, properly oriented and placed, must be worn at all times. If protective aprons are used, the OSL badge and Instadose USB Badge must be worn outside the apron so that any radiation reaching any part of the body will be recorded.
2. Except for three specific situations, you may not remain in a radiographic room any time during activation of the tube (when x-rays are being generated). The **three exceptions are surgery, portables, and fluoroscopic work**, discussed below.
3. You must not hold or support a patient during exposure, nor will you hold or support a cassette during exposure, except in an emergency. If such an emergency arises, you must wear a protective apron and gloves.
4. During activation of the tube, you must not be in a direct line with either tube or patient. You must not observe the patient during exposure from an adjacent room or hall unless through a protective window. You must not “peek” around a door nor through a crack between door and wall.
5. During an exposure, do not place yourself in direct line with the central ray, even though you are wearing a lead apron...and even though a lead shield is interposed between the tube and yourself. The tube must in all cases be pointing away from your body.

6. <b>Under no circumstances will you permit yourself or your fellow students (or any other human being) to serve as “patients” for test exposures or experimentation.</b>
7. If during fluoroscopic procedures you remain in the radiographic room the following will prevail: <ol style="list-style-type: none"> <li>A lead apron must be worn at all times or you must remain behind a lead protective screen.</li> <li>The OSL badge will be worn as noted above.</li> <li>You must stand as far from the patient and tube as possible, consistent with the conduct of the examination.</li> </ol>
8. Do not, during the observation period ( <b>R.T. 260</b> ), actually make exposures on patients. You may assist in helping patients onto tables, etc., but only under direct supervision of a staff technologist.
9. With permission of the technologist, you may make test exposures on inanimate objects. In so doing, all radiation safety rules must be followed.
10. When assisting and/or performing radiographic procedures in surgery and/or at the bedside the following will prevail: <ol style="list-style-type: none"> <li>A lead apron will be worn.</li> <li>A OSL badge will be worn (see #1 above).</li> <li>Stand as far from the patient and tube as possible.</li> <li>Stand so that the central ray is pointing away from your body.</li> <li>Observe all regulations, which apply to work in surgery, such as preserving sterile fields, wearing surgical garments, etc. (The technologist will provide details).</li> </ol>
11. <b>All students must perform all medical imaging procedures under the direct supervision of a qualified practitioner until a radiography student achieves competency.</b> The JRCERT defines direct supervision as student supervision by a qualified practitioner who: reviews the procedure in relation to the student’s achievement; evaluates the condition of the patient in relation to the student’s knowledge; is present during the conduct of the procedure; and reviews and approves the procedure and/or image.
12. <b>All students must perform all medical imaging procedures under the indirect supervision of a qualified practitioner after a radiography student achieves competency.</b> The JRCERT defines <b>indirect supervision</b> as that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.
13. Repeat radiographic examinations: All radiologic technology students, regardless of the student’s level of competency and in support of professional responsibility for provision of quality patient care and radiation protection, <b>NON-DIAGNOSTIC RADIOGRAPHS SHALL BE REPEATED ONLY IN THE PRESENCE OF A QUALIFIED RADIOGRAPHER.</b>
14. <b>FAILURE TO COMPLY WITH THIS POLICY WILL BE GROUNDS FOR DISCIPLINARY ACTION. CONTINUED ABUSE WILL RESULT IN TERMINATION FROM THE PROGRAM.</b>

- The ALARA concept imposes lower operational dose limits that are even more restrictive than the maximum Legal dose limits shown in Table I above.
- This ensures an enhanced safety factor for what are already considered to be safe annual doses for radiation workers.
- **What are the ALARA Investigation Levels?**  
 -There are two types of ALARA investigation levels for external occupational radiation exposure as indicated by a dosimeter. If a worker’s dose for any calendar month (30 days), calendar quarter (3 months) or calendar year (12 months) exceeded these values, an investigation is conducted by the RSO to determine if there are reasonable ways to reduce the dose levels.

## Addendum to Radiation Safety Policies and Procedures: IF/RS/JW 2018

### **Radiation Protection Program – Policies and Procedures**

#### **A. Procedure**

The following safety rules have been established for the protection of the patient, other personnel and you from ionizing radiation during your hospital observation, clinical education and laboratory experience. These rules are a combination of international, state and federal regulations and/or laws learned from human experience with ionizing radiation. These rules are mandatory and any exception must be reported to the Department Manager/Clinical Instructor and/or Clinical Coordinator/Program Director as soon as possible.

#### **B. Policy**

1. Regarding dosimetry badges and reports while enrolled in the program:
  - a. An OSL dosimetry badge, properly placed, must be worn at ALL times during laboratory or clinical practice, including anytime you are completing your laboratory experiments. In other words, any time you are in a designated radiation area.
  - b. When protective aprons are used, the dosimetry badge must be placed above the apron, at collar level.
  - c. It is the student's responsibility to exchange their monthly dosimeter badge at the hospital by the 1<sup>st</sup> week of each new month and also upload their exposure results to the Instadose website. The student's clinical grade may be affected if he/she does not comply with this timeframe. Points will be deducted for late submissions.
  - d. The dosimetry pick-up/drop-off container and the dosimetry readings reported notebook are located in the Program Director Secretary's Office.
  - e. The most current dosimetry report will be available at the hospital and Instadose website on a monthly basis.
  - f. A copy of the dosimetry monthly report is available with the Clinical Instructor at each affiliate.
  - g. Each monitored individual is responsible for reviewing his/her dosimetry report reading and documenting they have reviewed their reading by entering and initialing their reported dosimetry reading.
  - h. Immediately inform the Program Director/RSO if you should wash accidentally expose, or otherwise damage your dosimetry badge. In addition, a "Radiation Dosimetry Questionnaire" must be complete and submitted to the Program Director. Copies of this questionnaire are located in the classroom.

If a dosimetry report reading exceeds the dose limits, the student will be required to complete a "Radiation Exposure Report Questionnaire" and "LA Community College District Supervisor's report of Injury" to the program director to ascertain what factors might have attributed to the excessive exposure. You will receive a letter of concern and a copy of the letter will be placed in your file.

If the "Questionnaire" does not identify any accidental radiation explanation for your excessive reading, a letter of concern will be forwarded to your Clinical Instructor/Department Manager. The student's subsequent dosimetry report will be closely monitored to ensure that the problem has been resolved. If questions arise, a full investigation will ensue.

- i. Past dosimetry badge reports are filed indefinitely in the RSO/program director's office.

- j. Upon graduation, students will receive one free copy of his/her termination dosimetry report. Copy and file this final dosimetry report for future reference.
  - k. Instadose is the schools dosimetry provider. Student radiation exposures are monitored monthly throughout the program and are maintained by the College as part of student's permanent file.
2. When an X-ray exposure is about to be made, you MUST:
    - a. Leave the room, or
    - b. Get behind the lead shield, or
    - c. Be otherwise suitably protected for surgery, portable and fluoroscopic work.
  3. Specifically, you must not hold or support a patient or test phantom, nor hold or support an imaging receptor during an exposure.
  4. You may not observe the patient during exposure from an adjacent room or hall unless through a lead-glass protective window. You must NOT "peek" around a door nor through a crack between door and wall.
  5. When sitting to rest in the hall do not sit in direct line with the tube or radiographic table even if it is not being used.
  6. During an exposure or procedure do not place yourself in direct line to the primary beam, even though you are wearing a lead apron.
  7. Under no circumstances will you permit yourself or any other human being to serve as "patients" for test exposures or experimentation.
  8. If, during fluoroscopic procedures, you remain in the radiographic room the following will prevail:
    - a. A lead apron (preferably 0.5 mm lead equivalent) must be worn at all times or you must remain behind an adequate lead protective screen and not in visible line with either tube, patient or the x-ray phantom
    - b. The badges must be worn above lead apron at collar level.
  9. **Do not, during the observation periods, actually make exposures** on patients. You may assist by helping patients onto tables, etc., but only under direct supervision of a staff technologist.

The RADIATION EXPOSURE REPORT / QUESTIONNAIRE is available on page 23 of the LACC Radiology student manual.

There are **four main areas** that **require Direct Supervision regardless** if the student has achieved competency:

1. Fluoroscopy
2. Operating Room
3. Portables
4. Any Repeat Examination

**2019 Addendum for High Exposure Page 18-23**

<b>Annual Radiation Exposure Limits</b>	
Whole Body (Annual) Dose for Occupational Workers	<b>5,000mrem (50 mSv) / year</b> <b>Stochastic Effects</b>
Lens of the Eye	<b>15,000mrem (150 mSv) / year</b> <b>Non-Stochastic Effects</b>
Extremities and Skin	<b>50,000mrem (500 mSv) / year</b> <b>Non-Stochastic Effects</b>
Fetal Entire Gestation	<b>500mrem (5 mSv) / year</b>
Fetal Monthly Dose Limit	<b>50mrem (0.5 mSv) / year</b>
General Population	<b>100mrem (1 mSv) / year</b>

<b>Dosimeter</b>	<b>ALARA Level I</b>	<b>ALARA Level II</b>	<b>ALARA Level III</b>
Whole Body (Monthly)	<b>100mrem (1 mSv)</b>	<b>300mrem (3 mSv)</b>	<b>500mrem (5 mSv)</b>
Whole Body (Quarterly)	<b>300mrem (3 mSv)</b>	<b>900mrem (9 mSv)</b>	<b>1,500mrem (15 mSv)</b>
Extremity (Monthly)	<b>1,000mrem (10 mSv)</b>	<b>1,000mrem (10 mSv)</b>	<b>5,000mrem (50 mSv)</b>
Extremity(Quarterly)	<b>300mrem (3 mSv)</b>	<b>3,000mrem (30 mSv)</b>	<b>15,000mrem (15 mSv)</b>
Declared Pregnant Worker (Monthly)	<b>20mrem (0.2 mSv)</b>	<b>40mrem (0.4 mSv)</b>	<b>50mrem (0.5 mSv)</b>
<b>ALARA I</b>	<b>Radiation Safety Officer Notified. Report Kept on File.</b>		
<b>ALARA II</b>	<b>Badged Radiation Employee/ Student receives a Report of Unusual Radiation Exposure (RURE)</b>		
<b>ALARA III</b>	<b>Badged Radiation Employee/ Student receives a Report of Unusual Radiation Exposure (RURE)</b>		
	<b>RSO performs a Review of a Worker Exposure Conditions and Procedures</b>		



<b>LACC Full Time Clinical RT Students (Second year students from June to June)</b>
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To continue in the LACC Radiologic Technology program each semester students must have a cumulative score of at least 75% based on the following criteria.

Competency Binder Forms
Daily Examination Procedure Tracking Logs
Instadose Badge Readings (June, July)
Fluoroscopy Procedure Logs, In Person Procedure Critique
Paper Assignments and Evaluations
Orientation to Equipment Forms (Radiography and Fluoroscopy)

To demonstrate satisfactory progression in the LACC RT program students must complete a minimum amount of competencies each semester. A breakdown of the minimum requirements is below:

A total of **52 competencies** are required to satisfy the Los Angeles City College Clinical Internship guidelines. (**37 mandatory** including Mandatory ARRT Patient Care and **15 electives**)

<b>Semester</b>	<b>Mandatory Competencies Required (Not including 10 ARRT Patient Care due at the end of the spring)</b>	<b>Elective Competencies Required</b>	<b>Total Required Competencies Per Semester</b>
Summer 2019	7	3	10
Fall 2019	13	5	18
Winter 2019	5	2	7
Spring 2019	12	5	17
<b>End of Spring 2020</b>	<b>37 Mandatory</b>	<b>15 Electives</b>	<b>52</b>

#	<b>10 ARRT Mandatory General Patient Care Requirements</b>
1	CPR Certified
2-5	Vital signs (Blood Pressure, Temperature, Pulse, Respiration, Pulse Oximetry)
6-7	Sterile and Medical Aseptic Technique
8	Venipuncture
9	Transfer of patient
10	Care of patient medical equipment (e.g., oxygen tank, IV tubing)

RT full time clinical students must perform each competency with an **85%** competency level. Those who do not will be counseled and reassigned to the area until the desired competency level is achieved or it is determined by the hospital staff, clinical instructor and program director that the student has failed this aspect of their training and is not capable of working in a hospital environment.

The student will be terminated from the program upon mutual agreement of the clinical coordinator and program director. All evaluations will be discussed with the student and signed by the student and the clinical coordinator or clinical instructor.

The **RT 280, 281, 282, 283** Competency Evaluation Forms must be completed in a timely fashion (each semester). The student will be oriented with the competency forms prior to the Summer 2019 semester.

### **Didactic Requirements while in Clinical Training:**

There will be scheduled weekly review quizzes that students must pass with a cumulative score of 75%.

### **Assignments, Homework, Surveys**

Students will be required to complete all assignments, specifically, homework, CTE surveys and program evaluation surveys.

### **Instadose Badge Readings (Requirement: 1<sup>st</sup> of every month upload Instadose Badge to read exposure results)**

Completion of 2019-2020 Procedure Tracking Log Booklet and 2019-2020 [Electronic Procedure log](#):

### **Clocking In & Out of Clinic**

All full time clinical students (280, 281, 282, and 283) will be required to Clock In/Out for Clinical Hours. Students will undergo an orientation on how to properly clock in and out each day. (Please see Clocking In/Out Policy in Section 4 Timekeeping). Any falsification of clocking in/out shall lead to immediate dismissal from the Radiologic Technology program.

**Competency Procedure: How to have competency forms signed off**  
**{85% Minimum Score must be achieved}**

1. All competencies forms must be signed off by a qualified Radiologic Technologist. A **qualified Radiologic Technologist**: has an ARRT & CRT credentials, a minimum of two years full time work experience, and must be a staff employee of the clinical site.
2. Prior to requesting a “Competency Examination Sign off” the student must complete the 3 levels of competency. Student’s progress through each of the levels at different time intervals, but all students must participate in the three levels prior to requesting a competency sign off.

**Three Proficiency Levels**

**Level 1 (Observation with limited hands on):** The students must take part in the completion of the procedure. If the clinical instructor feels that the student did nothing more than “stand around”, the clinical instructor shall ask that student to participate in more procedures. In this level, the students must review the hospital procedure manual, help setup the equipment, and assist in the completion of the examination.

**Level 2 (Hands on with assistance):** The student must actively take part in the completion of the procedure. The clinical instructor may offer advice, supplement patient interaction (verbal & non-verbal), and assist with repositioning when necessary, but the setup, the handling of the patient, the initial positioning, the execution of the procedure, the completion of paperwork, and the annotation and distribution of the images must be done by the student. If the clinical instructor feels that they had to provide more assistance than necessary, and that the study would have been compromised without much of their input, the clinical instructor should ask the student to participate in more procedures.

**Level 3 (Hands on without assistance):** The student must complete the procedure with observational supervision only. The clinical instructor should not provide assistance to the student with the exception of critically ill patients who may need assistance moving. If the clinical instructor feels the need to step in to avert a compromised study, the supervisor will do so and the procedure needs to be repeated.

After a student has mastered level 3 (for a certain examination) **they may** ask a qualified clinical instructor to observe and complete the competency form for that examination.

For examinations that are uncommon such as: Sternums, Scapula’s etc... a student can simulate the examination (at the end of their clinical training) with the supervision of a qualified clinical instructor. According to the ARRT guidelines, a maximum of 8 procedures can be simulated.

No student will be asked to perform at a proficiency level in which they do not feel comfortable with.

**My Signature** below indicates that I have been oriented to the 2019 LACC RT clinical training requirements. The Communicable Disease, Electronic Device and Social Media Policies from the Radiology Student Manual were also reviewed and discussed. I also acknowledge that failure to comply with these requirements will lead to discipline which may include exclusion from my participation in the Radiologic Technology Program.

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

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

LACC Radiologic Technology Faculty Signature: \_\_\_\_\_

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

LACC Radiologic Technology Clinical Coordinator Signature: \_\_\_\_\_

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

LACC Radiologic Technology Program Director Signature: \_\_\_\_\_

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