



# Southwest University

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## Radiography Program Clinical Education Handbook

Students, Clinical Instructors, and Clinical Coordinators

2016-2017



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# Section 1

## Introduction

### Introduction

To assure effective clinical education in the Radiography Program at Southwest University, each student, Clinical Instructor, and Clinical Coordinator participating in clinical education must have a full understanding of his/her responsibilities and the considerations involved.

This handbook is designed to provide students, Clinical Instructors, and Clinical Coordinators with information regarding the expectations and policies and procedures relevant to clinical education. It is meant to assist all of these individuals as they work together to provide/receive appropriate, effective clinical experience to assure students make progress toward the goal of becoming competent radiographers.

This Handbook may not be considered a complete statement of all policies at Southwest University or the Radiography Program. Additional information is provided in the Southwest University Catalog and the Student Program Handbook.

This Handbook may be amended at the discretion of the Radiography Program or Southwest University. Students will be provided with written notification of any changes. You are encouraged to keep any notifications of change with the Handbook.

### Mission

**The mission of Southwest University at El Paso is to provide exceptional career and technical training, promote intellectual growth, critical examination and informed understanding through general education and a commitment to educational excellence strengthened by quality instruction, a positive learning environment and the integration of emerging technologies to enable students to achieve their potential, participate in new employment opportunities and continue to be lifelong learners.**

Consistent with the mission of the faculty of Southwest University, the RAD program is committed to providing quality instruction by preparing the student to be employable at an entry level in the radiologic sciences.

## Goals

The goals of the Southwest University Radiography program are:

- Goal #1:** Graduates will be clinically competent.
- Goal #2:** Graduates will be effective problem solvers.
- Goal #3:** Graduates will communicate effectively.
- Goal #4:** Graduates will be professional.
- Goal #5:** The program will be effective in its instructional efforts.

## Clinical Education

Clinical education is an integral part of the professional education of a radiographer. The Program's mission could not be achieved without it. During clinical education, students will apply the knowledge and skills acquired through classroom and laboratory study on campus in medical settings where they have the opportunity to work with actual patients under the supervision of qualified professionals. Through this well supervised "hands-on" experience, students develop competence and prepare to assume professional responsibility.

During clinical assignments it is important for students to remember that a Radiology Department is a service department. It exists to provide service to patients, medical staff, and the community. When students participate in clinical education in any of the Program's recognized facilities, they assume all of the responsibilities of a health care professional. Practicing procedure and patient care skills to gain competence and proficiency is important, but students will also be providing service to patients. Improving knowledge and skill are important components of clinical education, but significant attention will also be given to demonstration of professional attitude, professional conduct, appropriate and effective interpersonal skills, and responsibility and dependability.

While at an assigned facility, students are first students of Southwest University and secondly guests of that particular clinical education setting. Students are expected to follow the rules and protocols of Southwest University and of the assigned facility unless they conflict with Southwest University or Program policy.

## Faculty and Administration

The faculty and administration are here to support students' efforts to become competent radiographers and to help them achieve high levels of success.

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President	Ben Arriola
School President	Marisol Gutierrez
Academic Dean	Jeremy Burciaga
Associate Dean	Javier A Gutierrez MD
Program Director	Wilbur L. Reddinger, Jr., MSRT, RT(R) (CT)
Clinical Coordinators	Diane A Ledezma AASRT (R)
	George Rodriguez AASRT (R) (MR)

## **Clinical Education Settings**

Southwest University maintains affiliations with hospitals and clinics in the greater El Paso, Texas. These affiliates serve as Clinical Education Settings where students gain clinical experience under the supervision of qualified professionals. Southwest University may consider student and facility preferences in the assignment of students to clinical education settings, but Southwest University does not guarantee that these preferences will be met. Enrollment in the Program signifies the student's agreement that he or she will attend the clinical education settings assigned by Southwest University for the hours and times assigned.

Clinical Education Settings affiliated with Southwest University's Radiography Program are subject to change. At the time of this publication, the following settings were recognized Clinical Education Settings.

- Del Sol Medical Center
- Del Sol Outpatient Diagnostic Center
- Las Palmas Medical Center
- Las Palmas Outpatient Diagnostic Center
- Hospitals of Providence East Medical Center
- Hospitals of Providence Imaging Center (West)
- Hospitals of Providence Imaging Center (Central)
- Hospitals of Providence Imaging Center (East)
- Southwest X-Ray (All 4 Locations)
- UMC
- UMC NE



# Section 2

## Clinical Information

### Introduction

At Southwest University, clinical education follows successful completion of 11 terms of instruction in radiography classrooms and labs on campus. The student has mastered considerable knowledge of the field prior to clinical education. Clinical education focuses on the new challenge of applying this knowledge in actual practice. The student begins by observing and assisting a radiographer in the performance of duties. As the student gains experience, he or she moves from passive observation to assisting the radiographer in radiographic examinations. As additional experience is acquired, the student begins to perform examinations under direct supervision. The student next progresses to documentation of competency on certain procedures, which can then be performed under indirect supervision. The rate at which the student progresses is dependent upon the ability of the student to comprehend and perform the various assigned tasks and the support and encouragement provided by the Clinical Instructor and affiliate staff.

### Clinical Plan

Students are assigned to clinical education settings in a manner that assures that students of average or better accomplishment, initiative, and confidence will be able to achieve all of the required competencies and all clinical program requirements within the hours that comprise clinical education courses. All students **MUST** complete any specific clinical site modules prior to entering into the clinical setting. Students will be assigned to at least two different sites with different patient populations, procedures, equipment, and working environments. To be successful, the student must adapt to the type of environment to which he/she has been assigned. **(Translation: The site will not be adapting its procedures and expectations to accommodate the student.)**

It is the student's responsibility to become familiar with and abide by all the rules and regulations set forth by the clinical sites

The Clinical Coordinator is responsible for monitoring each student's competency achievement to assure that each student is assigned to clinical education settings that together will give the student the opportunity to achieve all needed competencies. Each term the Clinical Coordinator will assign individual students to specific clinical education settings based on matching the students' remaining educational needs with the settings' opportunities. Achievement of competencies by each student is monitored throughout each term and if it becomes apparent that a student is unexpectedly not being provided appropriate opportunities (e.g., due to a lower than expected procedure volume) at a given setting the student will be reassigned, unless adjustments at the setting can remedy the problem.

**By enrolling in the Program, students have agreed that they will accept assignment to any clinical site made by the program. While student considerations are taken into account, there is no guarantee students will be placed at a site or sites of their choice. Students may have to drive up to 100 miles or more to their respective clinical site each day.**

The student will not be placed at a clinical site that they have any affiliation this includes being employed by the facility in any way shape or form. This includes any employment or volunteering duties of immediate family or any relatives regardless of relationship. Clinical faculty will rule on all situations that arise from the above circumstances. All faculty rulings are final.

The student will not be placed at a clinical site that they have any affiliation this includes being employed by the facility in any way shape or form. This includes any employment or volunteering duties of immediate family or any relatives regardless of relationship. Clinical faculty will rule on all situations that arise from the above circumstances. All faculty rulings are final.

The student can be removed from a clinical site if they are not performing, meeting goals, any academic misconduct, and unprofessional behavior or meeting any standards set forth by the site.

If a student is removed from a clinical site for any reason, the student will receive a failing grade and be removed from the program.

Every student must complete a required 1050 hours of scheduled clinical education to qualify for graduation from the Radiography Program.

Students are responsible for their own transportation to and from clinical sites. To be prompt, students must have reliable transportation and knowledge of how to reach the clinical site and the assigned area within each particular clinical site.

Every effort is made to inform students of their assigned site at least two weeks in advance of the beginning of the term; whenever possible students will receive their assignments four weeks in advance. However, because unforeseen changes in personnel or other changes at clinical education settings are beyond the control of the Program, this is not always possible.

Students who achieve all required and elective competencies in the fifth term may, upon request, be assigned to observe one or more post-primary modalities such as computed tomography, nuclear medicine, magnetic resonance imaging, ultrasound, radiation oncology, or cardiovascular interventional radiography. These assignments are made by the Clinical Coordinators. Students may not rotate through these areas at other times during their clinical experience.

## Clinical Education Schedules

Each student assigned to a clinical education setting will have a weekly schedule approved in advance by the Clinical Coordinator and the Clinical instructor. This schedule will provide starting and ending times for each day of the week and will total not more than forty hours per week. All assignments will be Monday through Friday, will end not later than 7:00 p.m., and will exclude any Southwest University-recognized holidays.

Students are given the same amount of time for coffee and lunch breaks as staff radiographers at the institution. All students must take regular lunch breaks.

Any deviation from the approved schedule must be approved in advance. This includes any change in starting or ending times and change in days of the week. Assigned clinical hours may not exceed 40 hours per week in a term. Students will be credited with only actual hours of attendance that are pre-approved. **If a student attends hours that are not pre-approved, those hours will not be recorded toward satisfying course requirements. It is also important to note that a student who attends hours that are not pre-approved is not covered by professional liability insurance.**

Every effort will be made to give students advance notice of changes in required schedules occasioned by changes in staffing or circumstances at the clinical education setting. Clinical schedules will not be changed to accommodate student work schedules or to accommodate other personal situations of the student.

## Radiation Safety

Students in the Radiography Program at all times shall practice appropriate radiation safety procedures in protecting patients, themselves, and others from unnecessary exposure. ALARA (as low as reasonably achievable) principles will be followed at all times.

## Exposure Monitoring

Students are issued personnel monitoring devices (dosimeters) by the Radiography Program, beginning in the third term. Each student is responsible for his or her own device.

Students must wear the device when using ionizing radiation during all energized laboratory procedures and clinical education. The device shall be worn on the collar. During fluoroscopy, it should be worn outside the lead apron. If a thyroid collar is worn, the device should be worn outside the collar.

The monitoring devices are to be changed every three months by the student to whom the device is assigned. Failure to change promptly may result in corrective action. The monitoring devices will be distributed by the radiation safety officer

The monitoring devices should never be left in the car, in luggage that will undergo screening at an airport, or in a radiographic room. Loss or accidental exposure of a device shall be reported to the Program Director immediately. A written report of the incident must be submitted as soon as possible. If the device is lost or damaged, the student will not be allowed to continue clinical education until a new one is issued.

Dosimeter reports will be posted in the laboratory for on-campus students to review. Students are encouraged to check the reports monthly to assure their radiation safety practices are resulting in minimal exposure. Clinical students will be shown dosimeter reports by the Clinical Coordinator; students are asked to sign these reports to assure they have been reviewed.

## **Overexposure**

The Program Director and Clinical Coordinator reviews all monthly radiation dosimeter reports. If any reading exceeds maximum dose of 1 mSv in a three month period, the Program Director or Clinical Coordinator will meet with the student to determine the reason for the exposure and, when appropriate, provide guidance regarding good radiation safety hygiene.

## **Clinical Observation and Assistance**

As the student begins clinical education, active participation is limited until the student has had the opportunity to observe some of these procedures. At that point the rate of progress is dependent upon the student's ability to perform the tasks assigned by the instructor or staff technologist in that area.

## **Supervision**

**ALL** radiographic work performed by students must be done under the appropriate supervision of a qualified practitioner, i.e., an individual who holds certification and current registration as a radiographer from the American Registry of Radiologic Technologists (ARRT) or a full, unrestricted license from the state of Texas. The following levels of supervision are required.

### **Direct Supervision**

Prior to documentation of competency, direct supervision is required.

Direct supervision means that the qualified radiographer:

1. reviews the request for the examination in relation to the student's achievement,
2. evaluates the condition of the patient in relation to the student's achievement,
3. is present during the performance of the examination, and
4. reviews and approves the radiographs.

## Indirect Supervision

After *documenting* competence in the performance of a specific radiographic procedure, the student may perform that exam under indirect supervision.

Indirect supervision means that the qualified radiographer:

1. reviews, evaluates and approves the examination, and
2. Is immediately available to assist the student.

Immediately available means the radiographer could hear the student ask/shout for help (electronic communication is not acceptable) and could interrupt his/her own work to go immediately to the aid of the student.

## Repeat Radiography Exposures

All repeat exposures, regardless of the level of student achievement, must be performed under direct supervision.

Supervision requirements are important from a number of perspectives. First and foremost, they assure patient safety in procedures performed by students. Secondly, they are policy requirements of the program. Thirdly, they are required by the Program accreditor. Accordingly, any student who violates a supervision policy is subject to disciplinary action.

If students are requested by supervising personnel and/or a Clinical Instructor to perform a procedure contrary to the supervision policies, they should immediately report the situation to the appropriate Clinical Coordinator.

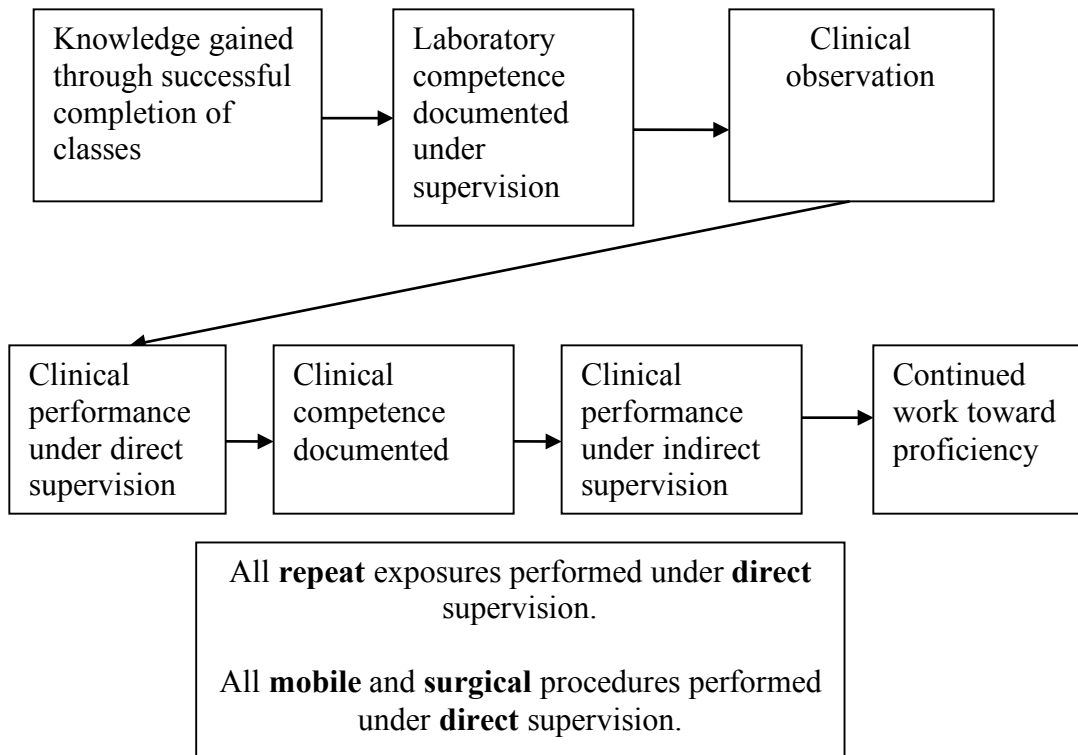
## Holding Patient's

Students are prohibited from holding patients during radiographic examinations. Students are advised to use mechanical restraining devices whenever possible. If mechanical devices are not available, have parents or friends of the patient or other hospital employees (non-radiation workers) help hold the patient. No employee or student should be “routinely” used for holding patients during exposures.

## Mammography

No student male or female in the Southwest University Radiography Program will be allowed to observe or participate in any Mammography procedures while enrolled in the program.

## Clinical Educational Flow Chart



## Key Personnel

### Program Director

The Program Director is ultimately responsible for assuring that clinical education is appropriate and effective. Although you will not see the Program Director regularly at clinical sites, she works closely with the Clinical Coordinators to monitor clinical activities and student progress. Students should not hesitate to contact the Program Director if they believe there are issues not being addressed appropriately by the Clinical Coordinator.

### Clinical Coordinator

The Clinical Coordinators are full-time faculty members who are responsible for overseeing the day to day effectiveness of clinical education. The three Clinical Coordinators work together to assure that students receive similar experiences at the wide variety of clinical education settings and to confirm that appropriate Southwest University policies and procedures are consistently observed.

The Clinical Coordinator has assigned clinical education settings, which he or she visits on a weekly basis. During this visit, the Coordinator will meet with both the site's Clinical Instructor(s) and the assigned students to review student progress. At sites considerably distant

from the campus, the Clinical Coordinator makes bi-weekly visits and otherwise monitors student progress by way of telephone calls and/or e-mail.

The Clinical Coordinator considers the weekly reports on the student's progress from the Clinical Instructor and combines that information with the Clinical Coordinator's own observation to provide the student with ongoing guidance and direction. At the term mid-term the Clinical Coordinator summarizes student progress to that point. In instances where the student's progress is below expectations, the Clinical Coordinator will provide written notice to the student of the area(s) requiring attention and improvement by the end of the term for the student to pass the course.

At the end of the term, the Clinical Coordinator evaluates the student's overall progress and assigns a grade for the course. The grade derivation is provided in the syllabus for the particular clinical course.

Any student who encounters difficulties during his/her clinical education experiences is encouraged to contact the Clinical Coordinator as soon as possible for advice and assistance. Clinical Coordinators are not able to address issues/concerns that have not been brought to their attention.

## Clinical Instructor

In each recognized clinical education setting, one or more individuals is assigned to serve as the Clinical Instructor. This individual is a radiographer employed by the clinical education setting and is responsible for *general* supervision of the student during the assignment at that clinical education setting. Generally, these individuals are volunteers who are not compensated for the extra time and effort required of them as clinical instructors.

The Clinical Instructor monitors the student's assignments to specific responsibilities and tasks at the clinical education setting and provides evaluation of the performance of those tasks and responsibilities. The Clinical Instructor provides the Clinical Coordinator a weekly evaluation of the student's progress.

The Clinical Instructor signs the student's weekly time sheet, verifying that the sheet accurately reflects the student's hours of attendance. The Clinical Instructor documents any significant incidents involving the student so that Southwest University may respond appropriately, particularly where the student's conduct raises disciplinary questions or brings into question the student's suitability to continue in the clinical education setting or in the profession.

The Clinical Instructor may attend periodic meetings, training sessions, or workshops to assure that Southwest University benefits from the Clinical Instructor's feedback about the clinical education of students and to assure that the Clinical Instructor maintains an accurate understanding of the Program's mission, goals, and policies and procedures regarding clinical education.

## Staff Radiographer

At many facilities, students will work directly with staff radiographers and not necessarily with the Clinical Instructor for the facility. The staff radiographer may be responsible for providing supervision and instruction and may be involved in assessment of competency and student evaluation.

# Section 3

## Clinical Evaluation

### Competency Based Education

The intent of competency-based education is to assure that students are able to perform specific radiographic procedures competently. Instead of global evaluations of ability, each student is required to perform radiographic procedures competently under the direct supervision of a qualified practitioner. Upon documentation of competency, the student is allowed to perform those procedures under indirect supervision and is expected to work toward increased proficiency with that exam.

### General Patient Care

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

#### General Patient Care Procedures

- CPR certified
- Vital Signs – Blood Pressure;
- Vital Signs – Temperature;
- Vital Signs – Pulse;
- Vital Signs – Respiration;
- Vital Signs – Pulse Oximetry;
- Sterile and Medical Aseptic Technique;
- Venipuncture;
- Transfer of patient; and
- Care of Patient Medical Equipment (e.g. Oxygen tank, IV tubing)

### Competency Evaluation

Each student must demonstrate competence in all 37 procedures identify as mandatory. Procedures should be performed on patients whenever possible. A maximum of eight mandatory procedures may be simulated if demonstration on patients is not feasible.



Each student must demonstrate competence in 15 of the 34 elective procedures. Candidates must select at least one from the 15 elective procedures from the head section. Students must select either upper GI or contrast enema plus one other elective from the fluoroscopy section as part of the 15 electives. Elective procedures should be performed on patients whenever possible. If demonstration on patients is not feasible, electives may be simulated.

Students are responsible for arranging for a qualified evaluator to be present during the competency evaluation. Clinical Instructors, Clinical Coordinators, or registered staff radiographers may observe the procedure and complete the evaluation of the student's procedural skills during the examination.

No more than one competency will be granted for any one procedure. For example, a mobile wrist exam will count either as a wrist exam or a mobile orthopedic exam, not both. ARRT competency requirements are listed below.

Demonstration of competence must include:

- Patient identification verification;
- Examination order verification;
- Patient assessment;
- Room preparation;
- Patient management;
- Equipment operation;
- Technique selection;
- Patient positioning;
- Radiation safety;
- Imaging processing; and
- Image evaluation.

## Radiography Clinical Competency Requirements

<b>Radiologic Procedure</b>	<b>Mandatory or Elective</b>
<b>Chest and Thorax</b>	
Routine Chest	M
Chest AP (wheelchair or stretcher)	M
Ribs	M
Lateral Decubitus Chest	E
Sternum	E
Upper Airway (Soft Tissue Neck)	E
<b>Upper Extremity</b>	
Thumb or Finger	M

Hand	M
Wrist	M
Forearm	M
Elbow	M
Humerus	M
Shoulder	M
Trauma Shoulder (Scapular Y, Transthoracic or Axillary)	M
Clavicle	M
Scapula	E
AC Joints	E
Trauma Upper Extremity (Non-shoulder)	M
<b>Lower Extremity</b>	
Toes	E
Foot	M
Ankle	M
Knee	M
Tibia-Fibula	M
Femur	M
Trauma Lower Extremity	M
Patella	E
Calcaneus (Os Calcis)	E
<b>Head</b> (Candidates must select at least one elective procedure from this section)	
Skull	M
Paranasal Sinuses	M
Facial Bones	E
Orbits	E
Zygomatic Arches	E
Nasal Bones	E
Mandible	E
Temporomandibular Joints	E
<b>Spine and Pelvis</b>	
Cervical Spine	M
Thoracic Spine	M
Lumbar Spine	M
Cross-Table (Horizontal Beam) Lateral Spine	M
Pelvis	M
Hip	M
Cross-table (Horizontal Beam) Lateral Hip	M
Sacrum and/or Coccyx	E
Scoliosis Series	E
Sacroiliac Joints	E

<b>Abdomen</b>	
Abdomen Supine (KUB)	M
Abdomen Upright	M
Abdomen Decubitos	E
Intravenous Urography	E
<b>Fluoroscopy Studies</b> (Candidates must select either upper GI or contrast enema plus one other elective procedure from this section).	
Upper GI series (Single or Double Contrast)	E
Contrast Enema (Single or Double Contrast)	E
Small Bowel Series	E
Esophagus	E
Cystography/Cystourethrography	E
ERCP	E
Myelography	E
Arthrography	E
Hysterosalpingography	E
<b>Mobile C-arm Studies</b>	
C-arm Procedure (Requiring manipulation to obtain more than one projection)	M
Surgical C-arm procedure (Requiring manipulation around a sterile field)	E
<b>Mobile Radiographic Studies</b>	
Chest	M
Abdomen	M
Orthopedic	M
<b>Pediatrics (age 6 or younger)</b>	
Routine Chest	M
Upper Extremity	E
Lower Extremity	E
Abdomen	E
Mobile Study	E
<b>Geriatric patient</b> (At least 65 years old and physically or cognitively impaired as a result of aging)	
Chest Routine	M
Upper Extremity	M
Lower Extremity	M

To qualify for the certification examination administered by the ARRT, students must demonstrate competence in all 31 procedures identified as mandatory (M).

Procedures should be performed on patients; however, up to eight mandatory and certain elective procedures may be simulated if demonstration on patients is not feasible. Simulation of infrequent or limited volume examinations is at the discretion of the Clinical Coordinator after reviewing current radiography practice at the assigned clinical education setting.

## **Revoked Procedures**

If during a term, a student does not demonstrate continued competency in performing any of the examinations for which the student has documented competency, the competency will be revoked for that procedure. If the competency was completed in that term, the grade for that competency will no longer be used in calculating the grade for the term. A student is expected to attempt to retest on a revoked competency at the earliest opportunity.

## **Affective Skills Evaluation**

The competency based evaluation described above focuses primarily on the student's demonstration of the knowledge (cognitive) and skills (psychomotor) required of radiographers. The third critically important area of development in the education of a radiographer is professional behavior or affective skills.

The Radiography Program emphasizes and evaluates the following affective skills throughout the student's education:

- Attendance/punctuality – reporting to the assigned clinical site on time and being present for all assigned hours
- Responsibility – being accountable for one's actions
- Respect – being respectful to patients, peers, supervisors, faculty, and others
- Communication - communicating clearly and appropriately
- Initiative – seeing appropriate potential activities without prodding
- Cooperation – being a team player who works well with others and carries out directives from supervisors
- Judgment – seeking supervision when appropriate
- Attitude – having a positive attitude, expecting and seeking good outcomes

The Clinical Coordinator, using personal observation and reports from the Clinical Instructor and other professionals at the clinical education setting, evaluates each student as either “satisfactory” or “unsatisfactory” at the mid-point and the end of each term. Unsatisfactory ratings at the mid-point will result in a written warning to the student as to the deficiencies that must be corrected. Unsatisfactory ratings at the end of a term will result in the student failing the term.

## **Clinical Course Syllabi**

The specific objectives and requirements for each clinical course are included in the course syllabus.

## **Grading**

Southwest University at El Paso (SU) has established minimum standards of “satisfactory progress” for enrolled students. All students must meet SU Satisfactory Academic Progress requirements. The standards for determining progress at SU are described in the University Catalog.

## **Clinical Advisement**

### **Weekly Progress Reports**

These forms are used by the Clinical Coordinator to obtain information from both the Clinical Instructor and the student regarding student progress. The Clinical Coordinator discusses the contents of the report weekly with the student.

### **Mid-term Evaluation**

The Clinical Instructor completes a mid-term evaluation of each student. This evaluation is then used by the Clinical Coordinator as the basis of discussion with the student regarding strengths and areas for improvement. If the student is marked unsatisfactory in any area, an action plan will be developed to remedy the deficiency.

### **Final term Evaluation**

At the end of each term, the Clinical Instructor will complete an end-of-term evaluation. The Clinical Coordinator prepares a summary report of the student’s progress and assigns the grade for the term.

## **Section 4 Clinical Protocols**

### **Clinical Time/Records**

Completion of the scheduled 1050 clinical hours is a requirement for graduation from the Southwest University Radiography program. Regular attendance is an essential expectation. Students are expected to report promptly for clinical education on all scheduled clinical days. Failure to do so is included in evaluating the student’s progress in the affective domain (professionalism). Additionally, repeated absences, even if made up, can result in failure of the clinical course. No student should be absent from clinical education except in cases of illness and/or emergency.

All students are required to be present in their assigned areas for clinical education during the hours established by the Clinical Coordinator and Clinical Instructor. Students may not leave the radiology department or clinical education setting without notifying the Clinical Instructor or the Clinical Instructor's designee.

The student must accurately record time of arrival and departure and actual hours of attendance on a time sheet provided by Southwest University. The student must sign this time record and obtain the signature of the Clinical Instructor verifying the time sheet. The student is responsible for assuring that the properly completed and signed time sheet is submitted by FAX to the campus each week. It must be submitted every Friday afternoon at the completion of the week's assigned hours. Time sheets that are improperly completed or turned in late will not be counted toward the clinical hours required. Students should keep a copy of all time sheets for all three terms.

**Any student who falsifies time records by reporting inaccurate hours or by forging signatures will be subject to discipline up to and including dismissal from the program, even for a first offense.**

## **Absence from Clinical Education**

In the event a student cannot attend clinical education, the student must call in to the Clinical Education Setting and speak to the Clinical Instructor or the Clinical Instructor's designee. The student must also call the Clinical Coordinator. These calls must be made not later than 30 minutes after the designated start time. The reason for every absence from clinical education must be documented and will be considered by Southwest University in determining any action based on the absence. It is the student's responsibility to provide documentation for any absence. In the absence of documentation Southwest University will assume the absence was unnecessary and treat it as such in any disciplinary or grade actions. The Student will be allotted 2 days for personal/sick time. These days still must be made up due to the state requirements for completed clinical hours. If the student misses a 3<sup>rd</sup> day, the student will be removed from the clinical course and receive an F grade and have to sit out the remainder term.

With proper documentation, the following circumstances may be considered by Southwest University as mitigation for an absence:

- Funeral
- Jury duty
- Military duty
- Professional meetings
- Southwest University student activities
- Illness documented by a physician

## Unmitigated Absences and Discipline

If a student is absent from a clinical assignment and does not provide proof of one of the mitigating circumstances set forth above, Southwest University will initiate the following corrective actions:

If the student misses a 3<sup>rd</sup> day, the student will be removed from the clinical course and receive an F grade and have to sit out the remainder term. The Clinical Coordinator will document and student will be required to meet with the Program Director.

## No Call – No Show Absence and Discipline

In the event that a student is absent from a clinical assignment and does not call the clinical site and the clinical coordinator, Southwest University will initiate the following corrective action due to the seriousness of the offense:

1. **First No Call – No Show**    **Written warning. Clinical Coordinator will document the event.**
2. **Second No Call – No Show**    **Dismissal from the Radiography Program.**

## Tardiness

Punctuality is important, three tardies constitute an absence. Tardiness is defined as more than 10 minutes late or leaving more than 10 minutes early. Tardiness of 15 minutes or more is considered an unmitigated absence. Excessive or unwarranted tardiness will be noted by the Clinical Instructor in evaluating the student's progress in the course and may result in the student failing the course regardless of the student's achievement otherwise.

## Time

The registrar only recognizes and records time in 15 minute intervals. Please round your time to the nearest quarter hour.

## Make-up Time

All absences from clinical education must be made up by the completion of the student's final term. If the student chooses to make up absences within the time allotted for the term by arranging approved hours during term breaks, then the student can progress normally to the next term or to graduation. If the student does not make up absences within the time frame of the term, the student may not be able to advance to the next term or to graduation. Southwest University will not "hold" a clinical education spot for a student whose absences have placed him or her off the anticipated schedule, and the opportunity to make up missed days and to move forward will be based on availability of an appropriate clinical placement without disruption to other students. Make-up time must be scheduled with the Clinical Coordinator and Clinical

Instructor in advance, in writing, and may not be done without such approvals. As noted previously, **students attending the clinical education setting at times other than those approved by the Clinical Coordinator are not covered by professional liability insurance, and the time completed will not be counted. The student may face disciplinary action if he or she attempts to make-up time at a non-assigned clinical facility.**

## Appearance

Students are expected to maintain a neat and professional appearance at all times. The image a student presents has a direct impact on how he/she is perceived as a student and as a professional. If the student's appearance is unacceptable at any time, the student will be directed to leave the clinical setting to correct the problem. Any time missed must be made up.

### Uniform

When engaged in clinical education the student may wear the Southwest University or appropriate, approved scrub suits that meet the dress code of the facility. They must be clean and wrinkle-free. Footwear consists of shoes with nonskid soles and closed-toe leather or vinyl uppers. Students are not allowed to wear anything other than the approved scrubs, even if the employees of a site are allowed to observe events like casual Fridays.

### Hygiene/Grooming

Good personal hygiene will be maintained at all times. Cosmetics, perfumes, hair and other hygiene products must be moderate and not offensive to patients or staff. Long fingernails and artificial fingernails are prohibited. Not allowed at all! Long hair, dreadlocks, afros, hair extensions, weaves etc. must be off the collar and pulled back. If this is not possible, the student will wear a surgical cap, no exceptions. Hair must be natural color or close proximity. Extreme non-natural artificial colors are prohibited. Not allowed at all! Beards and mustaches must be kept neat and trimmed, no more than ¼ quarter inch in length. No exceptions.

**Jewelry must be kept to a minimum for safety and to be consistent with professional appearance. Body piercing is prohibited for safety. Long and/or artificial fingernails are prohibited. Visible body piercing is prohibited only 1 pair of earrings is acceptable. Hoop or dangling earrings are not acceptable. Tattoos are not consistent with professional appearance and must be removed and/or covered at all times during clinical education courses.**

### Identification

The student must wear Southwest University name badge and radiation dosimeter at all times in the clinical setting. Students who do not have these will be sent home to get them and must make up any time missed.



## Lead Markers

All radiographic images taken must be identified with the student's personal marker. The student is reminded that radiographs that must be repeated due to non-visualization of markers results in unnecessary added radiation exposure to the patient. Students who do not have their markers will be sent home to get them and must make up any time missed.

## Conduct

Students are expected to conduct themselves in a professional manner at all times during clinical education. As indicated in the introduction, students participating in clinical education experiences assume all of the responsibilities of a health care professional.

## Language

Students are expected to use professional language at all times. Profane and/or abusive language or body language to any faculty or clinical staff will not be tolerated.

## Substance Abuse and Drug Testing

Some clinical sites require drug testing prior to the beginning of the externship. Either the site requiring drug testing or Southwest University does not cover the cost of such testing. Refusing or failing a drug testing, resulting in denial of the beginning of an externship at a site, is treated as a dismissal from a clinical site.

As indicated in Southwest University catalog, students may be required to submit to random drug screening, based on reasonable suspicion that the student is in violation of Southwest University Code of Conduct. Accordingly, random drug testing during clinical terms may be requested. Refusing or failing a drug test is treated as a dismissal from a clinical site.

The use of illicit drugs or intoxicants on campus or at any clinical education setting or entering Southwest University or clinical education setting while under the influence of such is prohibited by the *Student Code of Conduct* contained in Southwest University Catalog and the student handbook. All problems should be reported to the Clinical Coordinator or Program Director. Any student in violation of this policy is subject to immediate disciplinary action, up to and including dismissal from the Program.

## **Background Screening**

Southwest University requires background screening prior to entering the Radiology program. A student may be responsible for the cost of such testing. Students may not request placement at a site that does not require such screening. Failing a background screening test, resulting in denial of the beginning of an externship at a site, is treated as a dismissal from a clinical site. Clinical placement cannot be guaranteed following a failed background screening. Please visit the following web site for further information.  
<http://www.swuniversitybackground.com>

## **Health Insurance Portability and Privacy Act**

Students are reminded of the critical importance of the confidentiality of all patient information. No patient or any aspect of his/her care should be discussed outside of the clinical setting. Even a first offense related to violation of patient confidentiality will result in disciplinary action and can result in dismissal from the program.

## **Cell Phones**

**Students may not have cell phones in their possession in the Radiology Department.** Students may use cell phones only when on breaks outside the radiology department. Emergency calls for a student should be directed to the radiology department.

## **Smoking**

Smoking and or using smokeless tobacco products by students is not permitted in any of the clinical education settings. These sites are considered smoke-free environments. If the hospital tests for nicotine you may be subject to a laboratory test for nicotine. If it is the hospital policy and you break it, you will be dismissed from clinical and from the program. This is to include all smokeless tobacco as well.

## **Patient Visitation**

Students may not visit friends or family who are patients during clinical hours. Visitation is restricted to non-clinical hours.

# **Section 5**

## **Student Safety, Health, and Welfare**

### **Introduction**

The Program takes seriously the safety and welfare of its students. Considerable classroom time is devoted to learning about safe practices as it relates to radiation safety, infection control, patient care, and personal protection. Students are strongly encouraged to put this knowledge to effective use in the clinical setting, for the benefit of themselves, their patients, and the clinical education setting. The following policies and procedures are part of the Program's efforts to assure student safety.

### **Pregnancy**

Declaration of pregnancy is voluntary. However, no student will be considered pregnant and be offered continuation options unless the pregnancy has been declared using the Program's Declaration of Pregnancy form.

To declare pregnancy, the student must complete a Declaration of Pregnancy form and submit it to the Program Director. The declaration must be in writing and may be withdrawn at any time. If the declaration is not withdrawn, it is considered expired one year after submission.

The student will provide written notice of her choice of the following options with regard to program continuation:

#### ***Option 1***

There will be no restrictions whatsoever as a result of declaring the pregnancy. The student will be expected to complete all academic and clinical requirements without modification.

#### ***Option 2***

The student will continue in both classroom and/or clinical work as scheduled. However, the student will not participate in fluoroscopic, mobile, or surgical procedures. Pregnant students choosing this option are also restricted from procedures involving radium-implant patients.

Substitute clinical rotations will not be provided. All clinical rotations missed by the student must be made up at the end of the program. This may result in delayed program completion.

### ***Option 3***

The pregnant student may request a leave of absence not to exceed one year and either withdraw from or attempt to complete the courses in which she is currently enrolled. A place in the next class would be reserved for the student; the student would not be required to submit another application for admission.

### ***Option 4***

The pregnant student may request to withdraw from the Program for an indefinite period of time. If she wishes to re-enroll, she must submit an application for admission and compete for admission to the Program. Any previous course work would be reevaluated at the time of readmission to assure competency has been maintained.



## Pregnancy Declaration Form

I \_\_\_\_\_ declare my pregnancy and elect the following option (circle one):

- Option 1      I request no modification whatsoever in my Program.
  
- Option 2      I request to not participate in fluoroscopic, mobile, and surgical procedures. I understand that I must complete the required competencies prior to graduation and that may include making up rotations in these areas.
  
- Option 3      I request a leave of absence (maternity leave). I intend to complete the course(s) in which I am currently enrolled.
  
- Option 4      I will withdraw from the course(s) in which I am currently enrolled.

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

Today's Date: \_\_\_\_\_

Estimated Date of Delivery: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

## **Withdrawal of Declaration of Pregnancy**

If at any time the student decides to revoke her declaration of pregnancy, she may do so. This action requires written notification by filling out The Withdrawal of Declaration of Pregnancy Form provided below. Submit the form to the Radiation Safety Officer or the Program Director.

Reduced occupational dose limits end upon notification of change in declaration status. Withdrawal of declaration of pregnancy can be made at any time and for any reason, including changes in work or pregnancy status. Standard occupational dose limits established for adult radiation workers will be reinstated upon withdrawal of the declaration.

Radiation exposure of pregnant employees must be limited in accordance with the following:

The dose to an embryo/fetus during pregnancy, due to occupational exposure of a declared pregnant woman, shall not exceed 500mrem, 0.5rem (5mSv) or 50mrem 0.05 rem (0.5mSv)

Note: Fetal monitoring badges will continue to be provided until the pregnant radiation worker has withdrawn of declaration of pregnancy.

The following Documentation reflects that the Withdrawing of Pregnancy Declaration Policy and Form has been explained to me. By signing, I acknowledge the policy and form and fully understand the contents.



## WITHDRAWING A PREGNANCY DECLARATION FORM

### Part 1 – To be completed by student

I am withdrawing my previous declaration of pregnancy in writing. I understand that by submitting this form I agree to the lifting of any previous restrictions imposed on me as a result of my pregnancy, and to the removal of all additional dosimeters.

I also understand that it is my sole responsibility to give this written notification to the Radiography Program Director and to also separately notify the Radiation Safety Officer of my decision to withdraw my declaration of pregnancy.

Student's name (*please print*) \_\_\_\_\_ Date \_\_\_\_\_

Students signature \_\_\_\_\_ Student ID# \_\_\_\_\_

### Part 2 – To be completed by Medical Department staff

Date dosimetry Program Director notified \_\_\_\_\_

Date Radiation Safety Officer notified \_\_\_\_\_

Date copy sent to student \_\_\_\_\_

Program Director (*please print*) \_\_\_\_\_

Date and signature \_\_\_\_\_

Radiation Safety Officer (*please print*) \_\_\_\_\_

Date and signature \_\_\_\_\_

## Personal Injury

If a student suffers a personal injury such as a fall or needle stick while at a clinical education setting, he/she should seek immediate treatment for the injury. After treatment the student should fill out an incident report from both the clinical site and the Program and submit it to the Clinical Coordinator as soon as possible. The student is responsible for payment of any costs incurred.

## Health Services and Insurance

It is recommended that students enrolled in the Radiography Program obtain health insurance coverage prior to attendance. No formal student health services are provided at the University. When deemed necessary by Program or University officials, paramedics are called. Students are personally responsible for the cost of such care.

## Professional Liability Insurance

Southwest University at El Paso provides professional liability insurance for all students while engaged in scheduled clinical experience. There is no additional cost to the student for this insurance. The University policy does not cover students who are employed in institutions outside of scheduled clinical education nor will it cover students who participate in clinical education outside regularly scheduled clinical hours unless such hours have been approved in advance by the appropriate Clinical Coordinator.

## Infection Control

Infectious disease continues to be a source of unnecessary morbidity in many clinical settings. Students are strongly advised to practice the skills learned in the classroom regarding infection control, particularly as it relates to handwashing. Students must also comply with the requirements of the assigned clinical site regarding infection control practices.

### Immunizations

Before beginning clinical education, all students are responsible for showing proof of MMR and varicella immunity and Tdap immunity (during the last 10 years). A yearly **negative** tuberculosis skin test or, if appropriate, follow-up care. If the student cannot provide assurance of immunity, the student must document MMR, varicella and Tdap immunizations or appropriate blood titers. Hepatitis B vaccination is strongly encouraged but not required. Any student who elects to not receive Hepatitis B vaccination must sign a form indicating this declination. However, a Clinical affiliate may require Hepatitis B titers/immunization prior to any rotation.



## Infectious Disease

Students with infectious disease, other than a common cold, may not attend clinical education. The student should inform the Clinical Coordinator and the Clinical Instructor immediately upon diagnosis.

## Freedom from Harassment

The Program strives to provide an educational environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. This includes all clinical education settings. It expects all faculty and students to treat others with dignity, respect, courtesy, and honesty.

If a student believes he or she is being subjected to comments or conduct of a sexual nature, where the behavior tends to threaten, offend, or create a hostile environment, the student should immediately report such conduct to the Clinical Coordinator or Program Director. If the offense is perceived to be on the part of the Program Director or Clinical Coordinator, then the conduct should be reported to that individual's immediate supervisor.

## Professional Liability Insurance

Southwest University provides professional liability insurance for students while engaged in pre-approved clinical learning activities. The cost of this insurance is covered in clinical education course fees. This insurance does not cover students who participate in clinical education without a pre-approved schedule or those who work in clinical settings outside of scheduled clinical education time.

## Orientation

Each student will receive an orientation to the clinical site upon initial assignment. It is important for both the student and the site that this occurs as soon as possible.

## Incident Reporting

In the case of any unusual incident, it is important for the student to submit an incident report. Both the clinical setting's incident report form and Southwest University incident report form must be completed and appropriately submitted. Failure to complete and submit appropriate reporting forms is grounds for discipline, up to and including dismissal from the Program

# Section 6

## Student Discipline

### Introduction

Students are subject to the same disciplinary procedures during clinical education courses as during classroom instruction on campus. Students are referred to the Student Handbook for a full discussion of disciplinary procedures and appeals.

### Dismissal from a Clinical Site

Although clinical affiliates or affiliate personnel cannot dismiss students from the Program, they do have the right to ask for removal from the site of a student if, in their opinion, the student is not performing up to his or her level of education, fails to act professionally, or is not reliably attending clinical education. If a student is asked to leave a clinical site prior to the end of a term, the Program cannot guarantee another placement that allows the student to successfully complete the term. The student may or may not receive another placement. The out-of-sequence student will be lowest in priority for clinical assignment. The student may receive an F for the clinical term, and the hours accumulated during the term will not count toward the graduation requirement. ***If a student is asked to leave more than one clinical site, the student will be dismissed from the Program.*** The student can be removed from a clinical site if they are not performing, meeting goals, any academic misconduct, unprofessional behavior or meeting any standards set forth by the site as stated above and on page 8 of this document.

If a student is removed from a clinical site for any reason, the student will have to wait a minimum of one term or more depending upon availability of a clinical site.

Being removed from a clinical site does not lead to automatic replacement it may lead to expulsion from the program.

# Appendix A

## Scope of Practice

The scope of practice of radiography includes:

1. Performing diagnostic radiographic procedures.
2. Corroborating patient's clinical history with procedure, ensuring information is documented and available for use by a licensed independent practitioner.
3. Maintaining confidentiality of the patient's protected health information in accordance with the Health Insurance Portability and Accountability Act.
4. Preparing the patient for procedures, providing instructions to obtain desired results, gaining cooperation, and minimizing anxiety.
5. Selecting and operating imaging equipment, and/or associated accessories to successfully perform procedures.
6. Positioning patient to best demonstrate anatomic area of interest, respecting patient ability and comfort.
7. Immobilizing patients as required for appropriate examination.
8. Determining radiographic technique exposure factors.
9. Applying principles of radiation protection to minimize exposure to patient, self, and others.
10. Evaluating radiographs or images for technical quality, ensuring proper identification is recorded.
11. Assuming responsibility for provision of physical and psychological needs of patients during procedures.
12. Performing venipunctures where state statute(s) and/or institutional policy permits.
13. Preparing, identifying, and/or administering contrast media and/or medications as prescribed by a licensed independent practitioner, where state statute(s) and/or institutional policy permits.
14. Verifying informed consent for, and assisting a licensed independent practitioner with, interventional procedures.

15. Assisting licensed independent practitioner with fluoroscopic and specialized interventional radiography procedures.
16. Performing noninterpretive fluoroscopic procedures as appropriate and consistent with applicable state statutes.
17. Initiating basic life support action when necessary.
18. Providing patient education.
19. Providing input for equipment purchase and supply decisions.
20. Providing practical instruction for students and/or other health care professionals.
21. Participating in the department's quality assessment and improvement plan.
22. Maintaining control of inventory and purchase of supplies for the assigned area.
23. Observing universal precautions.
24. Performing peripherally inserted central catheter placement where state statute(s) and/or institutional policy permits.
25. Applying the principles of patient safety during all aspects of radiographic procedures, including assisting and transporting patients.
26. Administering medications at the physician's request according to policy.
27. Starting and maintaining intravenous (IV) access per orders when applicable.

### Comprehensive Practice

Radiographic procedures are performed on any or all body organs, systems, or structures. Individuals demonstrate competency to meet state licensure, permit, or certification requirements defined by law for radiography; or maintain appropriate credentials.

The student is referred to the complete Scope of Practice document found on the web page of the American Society of Radiologic Technologists ([www.asrt.org](http://www.asrt.org)).

# Appendix B

## Code of Ethics

Students are expected to follow the Code of Ethics of the American Registry of Radiologic Technologists.

- 1.** The Radiologic Technologist conducts himself or herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
- 2.** The Radiologic Technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.
- 3.** The Radiologic Technologist delivers patient care and services unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination regardless of sex, race, creed, religion, or socioeconomic status.
- 4.** The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purposes for which they have been designed, and employs procedures and techniques appropriately.
- 5.** The Radiologic Technologist assesses situations, exercises care, discretion and judgment, assumes responsibility for professional decisions, and acts in the best interest of the patient.
- 6.** 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 management of the patient, and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
- 7.** The Radiologic Technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in limiting the radiation exposure to the patient, self, and other members of the health care team.
- 8.** The Radiologic Technologist practices ethical conduct appropriate to the profession, and protects the patient's right to quality medical radiography care.
- 9.** The Radiologic Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual of the community.
- 10.** The Radiologic Technologist continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues, and investing new and innovative aspects of professional practice. One means available to improve knowledge and skill is through professional continuing education.

# Appendix C

## Patient Bill of Rights

Students are expected to respect patients' rights as articulated by the American Hospital Association.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can reasonably be expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his behalf. He has the right to know, by name, the physician responsible for his care.
3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.
5. The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have permission of the patient to be present.
6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.
7. The patient has the right to expect that within its capacity, a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, which is treating him.
9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
10. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.
11. The patient has the right to examine and receive an explanation of his bill, regardless of source of payment.
12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

## Appendix D

### Board of Directors

Name	Name of Organization	Address	Phone Number
John Runkles	Del Sol Medical Center	10301 Gateway Blvd W. El Paso, TX 79925	Cel (915) 727-7066
Julie Eberting	The Hospitals of Providence – East Campus	3280 Joe Battle Blvd El Paso TX 79938	Office (915) 832-2882
William Quitmeyer	Del Sol Medical Center	10301 Gateway Blvd W. El Paso, TX 79925	Cel (575) 494-7167
David Mata	University Medical Center	Alameda Ave. El Paso, TX 79905	Hospital (915) 521-2255
Gerardo Ortiz	Southwest X Ray	140 N. Cotton El Paso, TX 79901	Cel (915) 892-1129

# Acceptance of Responsibility

(Effective 2014)

I have received an electronic copy of the Southwest University Clinical Education Handbook.

I accept responsibility for *understanding* the policies and procedures set forth and for *complying* with them throughout my enrollment in the Program.

(Failure to return this sheet will delay clinical placement.)

Student Name: (Please print) \_\_\_\_\_

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

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

Provides