Clinical Education Handbook

2023-2024

Associate of Science Associate of Science in Radiologic Science Program

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MISSION STATEMENT

The Radiologic Science Program of Holy Family University is committed to the formation of integrated persons who possess knowledge and awareness of their responsibilities to God, humanity, and self. The Program seeks to cultivate professional competence in graduates who are actively responsible for service to the human family. The Program is designed to provide the radiologic science profession with a member who uses ionizing radiation in a diagnostic function to create images of the human body that are used to diagnose disease and injury.

OVERVIEW OF CLINICAL EDUCATION

Holy Family University is committed to providing a comprehensive clinical education experience essential to preparing a student for entry into the radiologic science profession. The clinical curriculum is composed of five sequentially linked competency-based clinical education courses that increase in complexity and requirements. Details outlining clinical education requirements are published in individual course syllabi.

Compliance with *University Policy Manual Student Handbook Radiologic Science* policies and procedures is required while participating in all clinical education assignments. Specific policies outlining the lowering of clinical grades due to policy noncompliance are described in individual clinical course syllabi and/or *2023 ASRS Radiologic Science Clinical Education Handbook*.

COURSE SEQUENCE FOR CLASS OF 2023-2024

Clinical Education I (RADS 120) – The first clinical education course is designed to incorporate orientation to patient care skills, ethics, and an introduction to Radiologic Science as an allied health profession. During the initial three weeks, orientation topics are presented on campus; concurrently, introduction to positioning and radiographic terminology is covered in Radiographic Procedures I. Following this, the student is assigned to a designated clinical agency where the student is expected to transition from observation to active participation under the direct supervision of clinical preceptors. Following laboratory simulation, (in Radiographic Procedures I) and clinical practice, the student requests competency evaluation during which the student will demonstrate skill and competency level performing radiographic procedures. Minimum competency requirements are listed in the course syllabus. twelve hours per week. Prerequisite: Admission to Program and eligibility for clinical placement. Corequisites: RADS 102, RADS 104/104L, 106/106L.

Clinical Education II (RADS 122) – Observation, participation, and performance at assigned clinical site supervised by clinical preceptors. Concurrent classroom and laboratory instruction including basic contrast procedures of the alimentary canal, urinary and biliary systems and axial skeleton. Minimum competency requirements are listed in the course syllabus. Twelve hours per week. Prerequisite: RADS 120. Corequisites: RADS 108/108L, RADS 204/204L, RADS 215.

Clinical Education III (RADS 200) – Rotation to new clinical site affords opportunities for students to perfect competency skills demonstrated previously and develop additional competency skills completing new procedures. Concurrent classroom and laboratory instruction including cranium and facial bones, trauma and mobile radiography. Participation and performance applying radiographic and patient care principles with appropriate supervision by clinical preceptors. Minimum competency requirements are listed in the course syllabus. Eighteen hours per week. Prerequisite: RADS 122, Corequisite: RADS 114/114L.

Clinical Education IV (RADS 222) – Rotation to new clinical site again affords opportunities for students to perfect skills in which competence has been demonstrated and develop additional skills completing new competency procedures, focusing on fulfilling competency requirements necessary to satisfy graduation requirements. Minimum competency requirements are listed in the course syllabus. Eighteen hours per week. Prerequisite: RADS 200, Corequisites: RADS 206, RADS 207, 218.

Clinical Education V (RADS 232) – Students continue perfecting skills in which competence has been demonstrated and finish competency requirements necessary to satisfy graduation requirements. Elective rotations in CT, MRI, cardiovascular-interventional, ultrasound, nuclear medicine, and radiation therapy are available after completing all graduation competency requirements. Minimum competency requirements are listed in the course syllabus. Eighteen hours per week. Prerequisites: RADS 222. Corequisites: RADS 205, RADS 216, RADS 217.

OBJECTIVES OF CLINICAL EDUCATION

Students will observe, practice and actively demonstrate professional skills required of a radiographer by:

1. Completing the required number of competency examinations established for each clinical course (as defined in clinical course syllabi);

2. Integrating patient assessment and management focusing on procedural analysis, performance and evaluation required in daily clinical practice.

3. Executing imaging procedures only under the appropriate level of supervision (direct or indirect).

4. Adhering to concepts of team practice focusing on organizational theories, roles of team members and conflict resolution.

5. Adapting to varying clinical environments by rotating to a minimum of three clinical education settings.

6. Supporting patient-centered, clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.

7. Respecting patients regardless of race, age, color, gender, religious affiliation, sexual orientation, national and ethnic origin, and radiologic examination prescribed that influence patient compliance with radiologic procedures.

8. Adapting procedures/protocols to meet age-specific, disease-specific and cultural-specific needs of patients.

9. Integrating the use of appropriate and effective oral, written and nonverbal communication with patients and family, the public and members of the health care team (peers, physicians, nurses, administration, etc.) into the clinical environment.

10. Demonstrating competence in patient assessment skills by accurately evaluating the patient's status and condition before, during, and after the radiologic procedure.

11. Evaluating the examination request and comparing to patient history for accuracy, and initiating verification procedures as necessary.

12. Assessing and documenting patient history prior to beginning the radiologic procedure.

13. Identifying and responding to adverse patient reactions to contrast agent administration and following appropriate clinical protocol.

14. Documenting procedure completion in patient's record following facility protocol.

15. Applying *standard precautions* during all radiologic procedures in support of infection control practices.

16. Applying appropriate medical and surgical aseptic techniques while completing radiologic procedures.

17. Preparing equipment and accessories (including contrast agents) as necessary to perform radiologic procedures.

18. Reporting equipment malfunctions to appropriate clinical personnel.

19. Demonstrating the principles of radiation protection standards to include time, distance, shielding and radiation monitoring.

20. Complying with safe, ethical and legal practices pertaining to the completion of radiologic procedures.

21. Integrating the ASRT's *Scope of Practice and Practice Standards for Radiography* into clinical practice setting.

22. Demonstrating principles of transferring, positioning, immobilizing, and restraining of patients to effectively complete radiographic procedures.

23. Complying with departmental and institutional procedures when responding to emergencies, disasters and accidents.

24. Differentiating between emergency and non-emergency radiologic procedures.

25. Evaluating diagnostic medical images for appropriate clinical information, image quality, and patient demographics.

26. Evaluating diagnostic medical images to determine corrective measures to improve non-diagnostic images.

27. Demonstrating accurate documentation and utilization of computer skills related to HIS, RIS and PACS systems.

28. Maintaining HIPAA compliance while completing all didactic and clinical education activities.

The student will observe, practice and demonstrate application and synthesis of professional behaviors by:

1. Demonstrating an ability to interact with others;
2. Communicating a caring (empathetic) attitude toward patients;
3. Accepting (and applying) constructive feedback, including self-evaluation, needed to foster growth and development of appropriate affective behaviors;
4. Demonstrating effective use of time management completing assignments systematically and efficiently;
5. Adhering to program (and clinical agency) policies and procedures;
6. Demonstrating ethical conduct, respecting the patient's rights, values, and confidentiality;
7. Demonstrating self-motivation necessary to complete clinical education requirements;
8. Demonstrating dependability and responsibility while fulfilling clinical education requirements;
9. Presenting an appearance and demeanor that communicates professionalism and competence;
10. Demonstrating interest in the profession of Radiologic Science as required by joining the American Society of Radiologic Technologists (ASRT) professional organization; and
11. Performing community service by attending health fairs; visiting local schools; participating in Lambda Nu Honor Society activities, bimonthly program Information Sessions, and other Radiologic Science program events.

CLINICAL PRACTICE COMPETENCIES

Clinical practice experiences shall be designed to include sequential development, application, critical analysis, integration, synthesis and evaluation of concepts and theories in the performance of radiographic procedures. Using structured, sequential, competency-based assignments in the clinical setting, concepts of team practice, patient-centered clinical practice and professional behaviors shall be effectively communicated, observed, demonstrated, and evaluated.

Clinical practice shall be designed to provide experiences in patient care and assessment, competent performance of radiographic imaging procedures and image assessment. Progressive increases in the level of student competency enable the student to:

1. Incorporate patient assessment and management with procedural performance and evaluation required in daily clinical practice.

2. Execute imaging procedures under the appropriate level of clinical supervision.

3. Adhere to concepts of team practice, focusing on organizational theories, team member roles and conflict resolution.

4. Adapt to varying clinical environments by rotating to a minimum of three (3) clinical education settings and a minimum of one (1) two-week rotation at the Children's Hospital of Philadelphia. Outpatient sites could also be used on a rotational basis.

5. Perform patient-centered care under direct or indirect supervision for all patients regardless of race, age, color, gender, religious affiliation, sexual orientation, national and ethnic origin, and radiologic examination prescribed.

6. Respect gender, culture, religion, age and socioeconomic factors that influence patient compliance with procedures.

7. Adapt procedures/protocols to meet age-specific, disease-specific and culture-specific needs of patients.

8. Integrate the use of appropriate and effective oral, written and nonverbal communication with patients and family, members of the health care team (peers, physicians, nurses, administration, etc.) and the public into the clinical environment.

9. Demonstrate competence in patient assessment skills by accurately evaluating the patient's status and condition before, during, and after the radiologic procedure.

10. Evaluate the examination request and correlate to patient history for accuracy, and initiate verification procedure(s) as necessary.

11. Assess and document patient history prior (per clinical protocol) to beginning the radiologic procedure.

12. Identify contrast administration routes and appropriately respond to patient adverse reactions to contrast agents following facility protocol.

13. Submit imaging procedure to PACS (per clinical protocol). Document procedure completion in patient's record following established facility policy.

14. Apply *standard precautions* during all radiologic procedures in support of infection control practices.

15. Apply appropriate medical and surgical aseptic techniques while completing radiologic procedures.

16. Prepare equipment and accessories (including contrast agents) (per clinical protocol) as necessary to perform radiologic procedures.

17. Report equipment malfunctions to appropriate clinical personnel (per clinical protocol).

18. Demonstrate principles of radiation protection standards to include time, distance, shielding and radiation monitoring.

19. Comply with safe, ethical and legal practices pertaining to the completion of radiologic procedures.

20. Integrate the ASRT's *Scope of Practice and Practice Standards for Radiography* into clinical practice.

21. Demonstrate principles of patient transferring, positioning, and immobilization to effectively complete radiographic procedures.

22. Comply with institutional and departmental procedures when responding to emergencies, disasters and accidents.

23. Differentiate between emergency and non-emergency radiologic procedures.

24. Critique/evaluate diagnostic medical images for appropriate clinical information, image quality, and patient demographics.

25. Critique/evaluate diagnostic medical images to determine corrective measures to improve non-diagnostic images.

26. Demonstrate accurate documentation and utilization of computer skills related to HIS, RIS and PACS systems.

27. Honor HIPAA compliance while completing all didactic and clinical education activities.

Simulation of Clinical Procedure/Competency Policy

The Radiologic Science Program permits 200-level students to perform the following two (2) simulated clinical procedures in their final fall or spring semester:

- Cross-table lateral spine
- Cross-table lateral hip

All other mandatory and elective clinical procedures required by the ARRT must be completed on a patient in the clinical setting, no exceptions. While the Program recognizes that the ARRT allows for more than 2 examinations to be simulated, students are provided with ample opportunity throughout their clinical education experience to complete all requirements in the clinical setting.

CLINICAL CONDUCT POLICY

At the core of Nursing and Allied Health Professions are professional and ethical standards including the ANA Code of Ethics for Nurses, ASRT Code of Ethics, and ARRT Standards of Ethics that outline appropriate professional conduct. Professional and ethical standards define the core of professional conduct so vital to clinical success – promoting the protection, safety, and comfort of the general public. Nursing and Allied Health Professions students should be committed to learning and accepting the ethical standards of conduct of their respective professions.

The objective of the Clinical Conduct Policy is to ensure optimum patient care during the completion of clinical assignments by promoting a safe, cooperative, and professional healthcare environment, and to prevent or eliminate (to the extent possible) conduct that:

- disrupts and/or obstructs routine operation of the clinical education setting;
- affects the ability of others to perform job responsibilities competently;
- creates an unfriendly clinical environment for clinical education setting's employees, Program faculty, and/or other students; and
- adversely affects or impacts community confidence in the clinical education setting's ability to provide quality patient care.

Below is a partial list of improper professional conduct that will result in a student's removal from a clinical education setting, failure of the course, and/or dismissal from the Program.

1. Dishonesty, falsification, misrepresentation, or providing misleading or incorrect information in connection with any university, hospital or agency requirement and record.
2. Stealing or sabotage of equipment, tools or supplies belonging to a faculty, patient, visitor, or employee.
3. Damage, abuse or destruction of hospital or agency property.
4. Possession, sale or use of intoxicating beverages or drugs on hospital or agency property.
5. Unauthorized use, possession, conveyance or storage of any firearms, explosive or other dangerous weapons on hospital or agency premises.
6. The use of profane, threatening or inappropriate language toward faculty, employees, patients or visitors or other students.
7. Fighting, bodily injury, unsafe negligent behavior, directed toward faculty, employees, patients, visitors or other students.
8. Disclosure of confidential patient, clinical agency, or program information.
    a. Deliberately gaining unauthorized access to restricted information.
9. Unauthorized entry into or use of clinical agency facilities.
10. Display of unprofessional demeanor when responding to constructive feedback; verbally hostile, abusive, dismissive or inappropriately angry.
11. Violation of the University's (or clinical agency's) sexual harassment policy.
12. Violation of the University's (or clinical agency's) HIPAA policy.

A student's action(s) may be reviewed for continuation in the Program if he or she has displayed a lack of professionalism with respect to patients, clinical agency and staff, faculty, students, or any member of the public. The Program reserves the right to dismiss a student when actions/behavior does not justify continuation in the Program.

CLINICAL GROUNDS/CLINICAL SUSPENSION

Students must complete all clinical education courses in sequence with a minimum grade of "C+" to progress forward in the Program. Students earning a grade "<C+" in a clinical education course are dismissed from the Program.

Clinical misconduct may result in a student's immediate clinical suspension and possible dismissal from the Program. Holy Family University will not tolerate any act that violates acceptable standards of professional conduct at a clinical setting. Students are directed to review Clinical Conduct Policy (see Appendix 8C.2.4.2.1 in the *University Policy Manual Vol. VIIIC Student Handbook Radiologic Science).* Clinical suspension may result from any act that violates a clinical education setting's standards of conduct; or for any act that, in the opinion of faculty, places a patient and/or clinical personnel at risk.

A student may, for any of these offenses (but not limited to), be told to leave a clinical facility at any time, and must comply immediately. Any student requested to leave a clinical facility must immediately report to the Radiologic Science Program Office and meet with the Clinical Director (or if unavailable, a clinical instructor or another Radiologic Science faculty member) to provide their account of events leading up to their clinical suspension and to receive procedural instructions.

A student suspended from clinical education activities may not attend clinical assignments pending a decision by the Radiologic Science program faculty members, typically consisting of a minimum of two, within one week of clinical suspension. Students under clinical suspension are strictly prohibited from contacting any staff member of the clinical site until the full review is completed. Any contact made by the student can impact the outcome of the decision and/or extent of the clinical suspension.

The faculty's decision regarding review of the student's clinical suspension will be forwarded to the Program Director. The Director will forward a written response to the student within one week of the clinical suspension. This review may result in: dismissal from the University and/or Radiologic Science Program or clinical reinstatement to the same (or different) clinical education setting (pending clinical space availability). If reinstated, the student will be responsible for all clinical course requirements and a decision regarding the impact of clinical absence(s) on course grade will be determined prior to the student's reinstatement.

A student dismissed from the Radiologic Science Program for clinical misconduct is not eligible for Program readmission.

USE OF CONTROLLED SUBSTANCES

Use of (and/or suspected to be under the influence of) alcohol and/or drugs at clinical education settings is prohibited. Such influence/use is also in violation of University student policies and will result in immediate clinical suspension and/or dismissal from the program/University.

SMOKING AT CLINICAL EDUCATION SETTINGS

Clinical education settings are smoke-free environments. Smoking is discouraged and is permitted only in restricted areas officially designated by each clinical education setting.

CLINICAL EDUCATION SETTINGS

Nazareth Hospital
Jefferson-Torresdale Campus († 2:00-8:00pm rotation)
Jefferson - Frankford Campus(† 2:00-8:00pm rotation)
Jeanes Hospital († 7:30-1:30 OR Rotation & 1:00-7:00pm rotation)
Saint Mary Medical Center
Holy Redeemer Hospital & Medical Center († 2:00-8:00pm rotation)
Roxborough Memorial Hospital
Lower Bucks Hospital (†7:15 am – 1:15 pm OR rotation)
Episcopal Hospital
†Northeastern Ambulatory Care Center
Penn Medicine – U. Penn Medical Center († 2:00-8:00pm rotation)
Children's Hospital of Philadelphia†
Corporal Michael J. Crescenz Department of Veteran Affairs Medical Center
Penn Radiology: Bucks
Penn Radiology: Valley Forge
Penn Radiology: Radnor
Vybe Urgent Care: Bensalem
Vybe Urgent Care: Roxborough
Concentra Urgent Care
Rothman Orthopaedic Institute

† Minimum one (1) two-week rotation may be required at designated settings

CLINICAL EDUCATION ASSIGNMENT

The program's Clinical Director determines clinical education assignments. These assignments provide students with the volume and variety of clinical experiences necessary to successfully progress through the program. Students are expected to assume responsibility for personal transportation to all clinical education settings. Students are required to rotate to a minimum of three clinical education Settings. Assignments to clinical education settings will be based on educationally valid reasons, not proximity to students' current residence. Notifications of new clinical assignments are posted two weeks prior to the end of the student's current assignment and are considered final.
Clinical assignments follow the summary chart below:

Semester	*No. Days/Week*	*Day of Week*
100-level		
Fall	2	T, TH
Spring	2	T, TH
Summer	3	T, TH, F
200-level		
Fall	3	M, W, F
Spring	3	M, W, F

Clinical education assignment times are published on all clinical education schedules. Note: Paid clinical employment or other activity by the student has no influence on the structured clinical experience and is not accepted as a rationale for any change in clinical education requirements.

GENERAL CLINICAL EDUCATION INFORMATION

Recognized clinical preceptors are on-site in all clinical education settings. Normal clinical education assignment hours are 8 am to 2 pm and/or 2 pm to 8pm. Specific clinical education assignment hours are outlined in individual course syllabi as some clinical assignment times may vary Weekly didactic and clinical education hours will not exceed 40 hours. Clinical assignment for any one day will not exceed 6 hours; however, a student should complete any radiologic procedure currently in progress prior to leaving. This includes having images checked for accuracy, decisions on the need for additional images (if necessary), and assurance that the patient is properly dismissed following completion of the radiologic procedure.

Student clinical education assignments are developed in accordance with published University semester calendars. Clinical rotation schedules for each semester provide detailed clinical assignments for each student and are published on Canvas prior to each semester.

Students are permitted one day (not to be subdivided) of personal time per clinical course without incurring a grade penalty. This day is available for sickness, doctor visits, bereavement, and emergency situations. (See clinical attendance factor policy published in all clinical course syllabi.)

For additional information pertaining to clinical education experiences, students are directed to the *2023 ASRS Clinical Education Handbook* and individual clinical course syllabi.

ATTENDANCE

Students are expected to attend all scheduled clinical assignments. Attendance during all scheduled clinical assignments is necessary to ensure successful completion of clinical course requirements. The Clinical Director keeps a record of each student's attendance, absence, and lateness for every clinical course. If a student is unable to attend a clinical assignment, (s)he must notify the Radiologic Science Program Office using the "call-out extension" (267-341- 3561) and current clinical education setting by 7:45 am on that day for regularly scheduled rotations (Note: 15 minutes prior to start time for rotations starting at alternate times). Students are encouraged to notify the Program Office and clinical education setting the evening before in the event of an anticipated absence (be sure to obtain the name of the person you speak to if voicemail is not available at the clinical site). If a student fails to notify either the program office or clinical education setting of an absence or notifies either of these settings after 7:45am (or as noted above), the student is in violation of the attendance policy. (Exceptional circumstances may be reviewed by the Clinical Director on an individual basis.)

Penalties incurred for attendance policy violations are cumulative throughout the five clinical education courses. Violation of the attendance policy results in the following:

1st offense: written warning

2nd offense: student's clinical grade is lowered one whole letter grade

3rd offense: student's clinical grade is lowered two whole letter grades
4 th offense: dismissal from the Radiologic Science program

Students are permitted one absence per clinical course without grade penalty. Accrual of additional absences in a clinical course may result in clinical failure. Details describing grade calculations for each clinical course are included in individual syllabi.

Lateness reflects unprofessional and irresponsible behavior. If a student is unable to arrive at a clinical assignment and be present in their assigned rotation at their scheduled start time, (s)he must follow the Attendance policy as outlined above. Failure to comply is considered a violation of the Attendance Policy. **Three late (or leaving early) occurrences per semester will be counted as one absence in the clinical attendance factor.** Any student who arrives more than two hours late for a clinical assignment will be considered absent for that day. All lateness (or leaving early) time will be calculated in the clinical attendance factor.

It is possible to accrue and use a permitted clinical absence day as a "vacation day" under the following conditions:

• A whole absence day (not to be subdivided) permitted for RADS-120 Clinical Education I and/or RADS-122 Clinical Education II was not used.

• A student may request to use a vacation day(s) only during RADS-200 Clinical Education III and the day(s) must be approved by the Clinical Director (see Appendix 3.5.1: Vacation Day Request).

• The absence day permitted for RADS-200 Clinical Education III can be used in conjunction with the use of a vacation day(s).

Students are expected to be in their scheduled rotation according to their scheduled start time and to complete the entire assignment. If a student arrives late or needs to leave a clinical assignment early, (s)he must notify a Holy Family Radiologic Science faculty (e.g., Clinical Director, Program Director, or Clinical Instructor). Arriving late to the site/assigned rotation or leaving a clinical site/assignment early without notifying Radiologic Science faculty is considered an attendance policy violation. In addition, time missed will be calculated into the student's clinical attendance factor as absence time.

Clinical preceptors (or others employed by clinical agencies) do not have authorization to dismiss students early from clinical assignments.

Record of student attendance will be kept through Trajecsys All students will be provided unique user names and passwords to sign-in and out of Trajecsys. Students are to keep their user names/passwords confidential and are not to sign in/out for other students. Signing in/out for other students is considered a violation of the Attendance policy for any/all students involved. Using designated computers at each clinical site only (IP addresses will be verified), students are responsible for signing-in at the time of their arrival and signing-out prior to leaving for the day. If computer access is not available at an assigned clinical education setting, students must sign-in and out by leaving a message on the "call-out extension," 267- 341-3561. (Using personal devices to sign-in/out is a violation of Clinical Education Attendance policy.) Unless the Program Office and clinical setting are notified of the student's lateness beforehand, any student signing-in after their designated start time will be considered absent for the day.

EMERGENCY UNIVERSITY CLOSING

In the event of inclement weather or other emergencies, University closings will be posted on the Holy Family University website. Students are not expected to attend class or clinic in the event of University closing, **but should notify the clinical site by 8 am that the University is closed**. There is no need to notify the Program Office, as the office will already have this information.

The University has implemented an emergency alert system. This voluntary system is designed to immediately notify the campus community, via text message or email, when an emergency situation occurs on campus. In addition to emergency situations, this system will alert registered members when the University is closed due to snow or other weather-related events. To register, visit: https://www.holyfamily.edu/about/administrative-services/campus-safety-security

DRESS CODE

Students are required to present a professional appearance during all scheduled clinical assignments.
It is the patient's right to be treated with dignity and care by individuals who practice appropriate personal hygiene. Therefore, each student is required to practice appropriate personal hygiene when participating in clinical education assignments.
The dress code for students attending clinical assignments includes:

1. Cleanliness and neatness without offensive odor are required. This includes perfume/cologne.
2. Solid navy-blue scrub pants correctly sized and fitting at waist, and white scrub top, clean, neat, pressed, and unstained. All-white socks. Uniforms must be purchased through the University's Book Store.
3. A plain white turtleneck or crew neck long sleeve shirt (non-thermal type) under scrub top is also acceptable. Performance/athletic material is not permitted.
4. Clean white uniform shoes, or entirely white sneakers (used only for clinical education purposes). Sneakers with mesh or canvas materials are not permitted.
5. Lab jackets/coats are recommended if clinical assignment area necessitates additional clothing for warmth.
6. Holy Family student identification patch (purchased through the Bookstore) must be sewn onto the upper left sleeve of each scrub top and lab coat (or jacket).
7. Holy Family issued radiation monitor at waist or collar level (collar if lead apron is worn). If a clinical education setting issues a second radiation monitor, students should follow institutional guidelines regarding how to wear the monitor.
8. Simple *post* earrings (two maximum in earlobe only), one flat ring/band and a watch (no smart watches) are acceptable. Any exposed body jewelry (including tongue), other than that worn in the ear or on the finger is prohibited.
9. Identification (ID) badges issued by clinical education settings must be visibly displayed. If no clinical agency ID is issued, the student's Holy Family ID must be visibly displayed.
10. Hair must be neat in appearance, worn up or secured off the face (a ponytail if chin length or longer) and of a natural color. A single solid white, navy, tan or black headband may be worn.
11. Beards should be neat, clean and well groomed, not of extreme length and should not interfere with the performance of clinical education assignments. Mustaches are permitted otherwise facial hair should be shaven daily.
12. All tattoos must be completely covered by a secured means at all times.
13. Lead markers: "R" and "L" with student initials must be on the student's person during all scheduled clinical assignments. Students not having a both a left & right side marker during clinical assignments will be dismissed from clinical. Time missed due to lack of side markers will be included in the clinical attendance factor for that semester.
14. Fingernails must be short and neatly trimmed. Artificial nails, nail tips, dips, or gel manicures are not permitted. Nail polish, if worn, must be clear or light in color. Hand washing, following contact with each patient is required.
15. O.R. scrubs issued by clinical education settings are only to be worn in the O.R. Students are expected to follow clinical education settings' policies on attire in between O.R. cases. Students are expected to wear regular uniform clothing to clinical, change into O.R. scrubs when completing O.R. assignments and change back into regular uniform when O.R. cases are completed. At no time is it acceptable for O.R. scrubs issued by clinical agencies to be in the student's possession outside of the clinical agency.

16. False eyelashes/eyelash extensions are not permitted in the clinical setting. Students with false eyelashes/eyelash extensions will be sent home and not permitted to return until the eyelashes are removed.

Any student not in uniform as described above will have the violation documented (in writing) and may be sent home and considered absent for that day. Dress code violations are cumulative throughout the five clinical education courses. Violation of dress code policy results in the following:

1st offense: written warning
2nd offense: student's clinical course grade is lowered one whole letter grade
3rd offense: student's clinical course grade is lowered two whole letter grades
4th offense: **dismissal** from the Radiologic Science Program.
In the event of unexpected uniform soiling during the day, a Holy Family faculty (e.g., Clinical Instructor, Clinical Director) will provide guidance.

RADIATION PROTECTION PRACTICES

It is every student's personal responsibility to employ radiation hygiene practices whenever and wherever ionizing radiation is being employed. This practice includes employing **time, distance** (Inverse Square Law), **shielding**, and **beam restriction** (collimation) to reduce overall radiation exposure to patients, self and others. Leaded apparel *shall* be worn by students when performing fluoroscopic and portable (mobile) radiographic examinations.

Under no circumstances will a student be allowed to hold a patient or image receptor (IR) during a radiographic exposure, as stated in current radiation safety guidelines (NCRP Report No. 105 pp.48). If a patient is in need of support to maintain a specific radiographic position, mechanical immobilization should be employed. Only when mechanical immobilization fails should a human be used as a means of patient support/immobilization during a radiographic exposure. In the event that a human is employed for patient support/immobilization, the person should be a non-pregnant relative, guardian, or friend of the patient. Anyone present in the radiographic room with a patient during a radiographic exposure should be provided with a lead apron and positioned to avoid exposure by the "primary" radiation beam.

Penalties incurred for protection practice policy violations are cumulative throughout the five clinical education courses. Violation of protection practice policy results in the following:

1st offense: written warning
2nd offense: student's clinical course grade is lowered one whole letter grade
3rd offense: student's clinical course grade is lowered two whole letter grades
4th offense: dismissal from the Radiologic Science program

Patient Protection

Protection of the patient is the student's responsibility when performing all radiologic procedures. Students must be aware of and enforce the policies and procedures pertaining to beam limitation (collimation) and patient shielding at each clinical education setting.

In support of appropriate patient radiation protection practices, it is imperative that the correct patient and/or body part be examined. To this end, if any patient (or body part) is wrongfully exposed, the following steps must be followed:

1. Report occurrence immediately to an assigned technologist and supervisor;
2. Fill out an Incident Report at the clinical education setting, describing the accident or injury;
3. Notify the Radiologic Science Program Office on the day of this event; and
4. Meet with the Clinical Director for conferencing.

Additionally, this situation is treated as a severe violation of the patient protection policy, resulting in the following:

1st offense: student's clinical grade is lowered one whole letter grade
2nd offense: student's clinical grade is lowered two whole letter grades
3rd offense: **dismissal** from the Radiologic Science Program

Penalties incurred for patient protection policy violations are cumulative throughout the five (5) clinical education courses.

SUPERVISION OF STUDENTS – DIRECT/INDIRECT

In accordance with the Joint Review Committee on Education in Radiologic Technology "STANDARDS," the policy for Direct and Indirect Supervision is as follows and is to be followed without exception by every student:

Direct Supervision-

Occurs when a student is directly observed by a supervising technologist while performing a radiologic procedure. Direct observation of the student **must** occur both in the radiographic room and at the operator's control panel.

Direct student supervision is required *with no exceptions*:

- whenever the student is *repeating* an unsuccessful radiologic image(s);
- during *all* mobile radiographic/fluoroscopic procedures, regardless of the student's level of progression or competency; and
- if the student has *not* previously demonstrated successful competency on the radiologic procedure being performed.

Indirect Supervision-

Occurs when the student performing a radiologic procedure has a supervising technologist within "normal voice call" distance away from the radiographic room where the radiologic procedure is being performed.

Indirect supervision of a student may be practiced *with no exceptions*:

- when a student is performing non-mobile radiographic/fluoroscopic procedures that (s)he has *previously* demonstrated to be competent to perform.

Repeating Radiographs

Due to many influencing factors, repeating a patient's radiographic image(s) has the potential to compromise the safety and welfare of that patient, the student and other health care workers. At no time is a student permitted to accept or reject any image without a technologist's explicit instruction. Therefore, it is this program's policy that any student repeating radiographic image(s), for any reason, must perform the repeat(s) under the Direct Supervision of a registered technologist/clinical preceptor/program faculty, *with no exceptions*.

Mobile/portable radiography/fluoroscopy (c-arm)

The performance of mobile radiographic/fluoroscopic procedures has the potential to compromise the safety and welfare of the patient, student, and other health care workers. Therefore, it is this Program's policy that any student

performing mobile radiographic/fluoroscopic procedures *must* perform the procedures under the Direct Supervision of a registered technologist/preceptor/faculty.

- A student may begin to observe, assist and perform mobile bedside radiologic procedures (including ER) at *mid-semester* of RADS - 120 Clinical Education I.

- A student may begin to observe, assist and perform mobile operating room (O.R.) radiographic/fluoroscopic procedures in RADS - 122 Clinical Education II.

It is required that all students practice appropriate self-protection by wearing a lead apron during all mobile/portable radiologic procedures.

Penalties incurred for *Supervision of Students*, *Repeating Radiographs*, or *Mobile/Portable Radiography/Fluoroscopy* policy violations are cumulative throughout the five clinical education courses. Violation of any of these policies results in the following:

1st offense: written warning
2nd offense: student's clinical grade is lowered one whole letter grade
3rd offense: student's clinical grade is lowered two whole letter grades
4th offense: **dismissal** from the Radiologic Science Program

PERSONAL RADIATION MONITORING AND REPORT

It is the student's personal responsibility to employ sensible radiation hygiene practices whenever and wherever ionizing radiation is being employed. This practice includes employing **time**, **distance** (Inverse Square Law), **shielding** and **beam restriction** (collimation) to reduce overall radiation exposure to patients, self, and others. Leaded apparel *shall* be worn when performing all mobile/portable radiographic/fluoroscopic procedures.

PERSONAL RADIATION MONITORING POLICY

A radiation monitor (Luxel®) will be issued to each student and *must* be worn at all times during clinical education and RADS laboratory assignments. The monitor is to be worn either at the collar or at waist level when no lead (Pb) shielding is worn and at the collar level (outside the lead apron) when lead (Pb) shielding is worn.
A lost or damaged Luxel® monitor must be reported to the Program Office immediately. The student must write a brief letter, addressed to the Holy Family University Radiologic Science Program's Radiation Safety Officer (RSO) stating when the monitor was lost or damaged. The Program will order a replacement Luxel® monitor for the student. The student is responsible for all costs associated with replacing a monitor. The student will not be permitted to resume clinical education and/or laboratory assignments until a replacement monitor is obtained. Any clinical education time missed due to loss of or damage to a Luxel® monitor will be considered as absence time and deducted from the student's permitted absent time. The Clinical Attendance Factor will also reflect any missed time due to radiation monitor policy violation. Students are referred to didactic course syllabi to determine how laboratory absences may impact those course grades.

Luxel® monitors will be exchanged for new monitors in the Radiologic Science Office (HFH room 114) *every other month*. Notification for radiation monitors to be exchanged will be *announced* on Canvas in clinical education courses. Students will also receive email notification from the Program. Any monitor exchanged late will be considered a violation of the Personal Radiation Monitoring Policy. A $15 co-pay will be charged to ship a late monitor back to Landauer. Loss of (or damage to) a Luxel® monitor will require the student to pay a $50 co-pay to replace the monitor. Penalties incurred for the loss of or damage to a Luxel® monitor violates the Program's

Radiation Monitoring Policy. Policy violations are cumulative throughout the five clinical education courses.
Violation of the Radiation Monitoring Policy results in the following:
1st offense: written warning
2nd offense: student's clinical grade is lowered one whole letter grade
3rd offense: student's clinical grade is lowered two whole letter grades
4th offense: **dismissal** from the Radiologic Science Program
Any student violating the Personal Radiation Monitoring Policy is required to meet with the RSO to develop a plan of action to ensure this policy is not violated in the future.
Radiation monitor reports are reviewed and maintained by the Program. Each student is required to initial a copy of the current radiation monitor report, indicating (s)he has reviewed the report of his or her radiation exposure incurred during the past two months. The RSO will notify the student in the event that her/his radiation monitor reading exceeds 50 mrem. The RSO will investigate with the student to determine how (and why) her/his radiation exposure exceeded 50 mrem. A plan of action will then be developed and presented to the student (a copy to be placed in the student's RADS file) to ensure the student's radiation monitor exposure for a bimonthly time period does not exceed 50 mrem in the future.

PREGNANCY POLICY

A student enrolled in our Radiologic Science program will be required to participate in clinical education activities, that include performing radiographic examinations that require the use of *ionizing radiation*. The curriculum will include courses in *radiation protection and biology*; however, all clinical education activities include the potential for students to receive "occupational exposure" to *ionizing radiation* when participating in the performance of radiographic examinations. Occupational exposure is unavoidable when participating in the completion of radiographic examinations. Occupational exposure will be monitored on a bimonthly (or monthly) basis and federal laws place limits on the amount of bimonthly (monthly for fetal) occupational exposure an individual can receive. Federal regulations further regulate the amount of "occupational exposure" a pregnant student can receive throughout her pregnancy. Therefore, all educational programs, as well as the profession of Radiologic Sciences, have been required to adopt "pregnancy policies" for female students (and employees). The Pregnancy Policy of the Radiologic Science program of Holy Family University is described below.

A pregnant student has the option to "declare" and "retract" her pregnancy (in writing) to the Program Director. The declaration of "pregnancy" will allow a student to receive counseling regarding fetal radiation protection practices. If a student declares her pregnancy, she is required to meet with the Radiologic Science Program's Radiation Safety Officer (RSO) for counseling on fetal risk factors associated with radiation exposure incurred while she is completing her clinical education (and radiographic exposure laboratory) assignments. Following counseling, she will be issued a second "fetal" radiation monitor. The fetal monitor will be issued and collected monthly during the entire gestational time period and the effective dose equivalent to the fetus, from radiation exposure received during educationally-related activities, shall be monitored to inhibit exceeding a 500 mrem gestational dose. The fetal monitor will be worn at waist level and under lead apparel when lead apparel is required to be worn. When the student is scheduled for clinical education assignments including fluoroscopy and/or mobile radiography, she is required to wear a lead apron containing a minimum lead equivalency of 0.25 mm and wear her fetal monitor under the lead apron. If at any time during gestation, her cumulative fetal monitor exposure value exceeds 500 mrem or a fetal monitor's monthly exposure value exceeds 50 mrem, she will be prohibited from completing any further educationally-related activities until she has given birth.

The "declared" pregnant student will also be required to meet with the Program Director to discuss the didactic and clinical education implications of her pregnancy. She will be informed that her clinical education assignments and activities <u>will not</u> be restricted in an effort to control her fetal exposure level. She will also be informed that her didactic and clinical education responsibilities <u>cannot</u> be waived during her pregnancy. Also, if she declares pregnancy, the Program will notify individuals at her current clinical education setting (and any future setting(s) assigned to during pregnancy) it deems should be informed regarding her pregnancy, in an effort to ensure her safety and the safety of her fetus. She will then elect one of the following two options:

1. Continue her progression through the Program, fulfilling all didactic and clinical education responsibilities as scheduled for the duration of her pregnancy

OR

2. Completely withdraw from the Program in good standing for the duration of her pregnancy.† She will have the option to follow the Program's Readmission Policy after pregnancy. Graduation will take place following fulfillment of all didactic and clinical education course requirements.

†This option will delay her date of graduation, due to the interruption in academic progression.

INJURY/ILLNESS AT CLINICAL EDUCATION SETTINGS

1. Students must provide documentation of current (and continuous) health insurance coverage. Any changes in coverage must be reported immediately to the Radiologic Science Program Office.

2. If a student is injured or becomes ill at a clinical education setting the student must:

   a. Report immediately to the supervisor or go directly to the Emergency Room if necessary;
   b. Notify Holy Family University Radiologic Science Program Office as soon as possible; and
   c. Fill out an Incident Report at the clinical education setting, describing the accident or injury;
   d. Report to the supervisor concerning the outcome of the Emergency Room visit;
   e. Present a note to the Program Office from the Emergency Room physician (or family physician) stating when the student may resume normal clinical activities.

   The student, or student's healthcare insurance provider, will be billed for any medical treatment received in the clinical education setting as a result of accident/injury/illness.

3. If a patient under a student's care, is injured in any way, the following steps must be followed:

   a. Report occurrence immediately to a supervisor and/or supervising preceptor/technologist;
   b. Fill out an Incident Report at the clinical education setting, describing the accident or injury; and
   c. Notify the Radiologic Science Program Office on the day of the event.

4. Students sustaining injuries/illnesses outside clinical education assignments that compromise completion of clinical education activities and/or jeopardize safe patient care must schedule a meeting with the Clinical Coordinator prior to attending any further clinical assignments. The Clinical Coordinator will determine if/when a student is permitted to resume clinical education activities. A note (or other documentation) provided by the student's physician approving the student's return to unrestricted clinical activities is necessary.

EXPOSURE TO INFECTIOUS DISEASE AT THE CLINICAL EDUCATION SETTING

During clinical education, students may be exposed to infectious diseases prior to the institution's awareness that an infectious disease situation exists in a patient, employee, or visitor.

The student will be treated according to the clinical education setting's infection control policy. To determine if clinical attendance should be interrupted, the Clinical Director will discuss the student's situation with the clinical education setting's office of infection control. Following contraction of an infectious disease, the student must be cleared (in writing) by her/his family physician and/or the clinical education setting to resume clinical education assignments. Clinical absences incurred as a result of exposure to an infectious disease occurring during completion of clinical assignments will be reviewed on an individual basis.

3.16.1 Hepatitis B

It is strongly recommended that students complete the Hepatitis B immunization series prior to beginning clinical education. Those students who elect not to be immunized against Hepatitis B will be required to sign a waiver form.

3.16.2 Tuberculosis

It is the student's responsibility to have tuberculosis screening (i.e., PPD or chest x-ray) completed and documented by the student's family physician prior to entering the fall semester. An additional PPD test is also required during the summer preceding fall 200-level courses. Documentation of the second PPD test must be provided to the Radiologic Science Program Office prior to beginning RADS-222 Clinical Education IV assignments. Students are not permitted to attend clinical education assignments if tuberculosis screening is incomplete and/or documentation has not been provided to the Radiologic Science Program Office

ELECTRONIC COMMUNICATION DEVICES

Policies regarding electronic communication devices in the classroom are addressed in individual course syllabi. The devices include but are not limited to smart watches, cell phones, and tablets.
Students are not permitted to carry or use electronic communication devices during clinical assignments. The device must be turned off (or placed on mute) and left in a remote location away from patient care areas (e.g., car or locker). Students are not permitted to make, or receive personal calls while completing clinical education assignments except in cases of emergency. Students are only permitted to use personal electronic communication devices during lunch.
Penalties incurred for electronic communication devices policy violations are cumulative throughout the five clinical education courses. Violation of protection practice policy results in the following:
1st offense: written warning
2nd offense: student's clinical course grade is lowered one whole letter grade
3rd offense: student's clinical course grade is lowered two whole letter grades
4th offense: **dismissal** from the Radiologic Science program

POLICY ON EMPLOYMENT AS A STUDENT RADIOGRAPHER

Radiologic Science faculty do not condone the practice of students being employed as radiographers since students have not completed entry-level educational requirements to practice competently; nor do they qualify for ARRT Certification as radiographers.
The University and its faculty are not liable for any incident that occurs during the course of a student's employment. Students' clinical education must be kept separate from employment responsibilities. Competency examinations may only be performed during program-scheduled clinical education assignments. The Clinical Director may choose to assign a student to a clinical education setting that does not currently employ the student. The University's liability insurance only covers students during program-scheduled clinical education activities. Therefore, it is the responsibility of the student to investigate the availability of liability insurance during the course of employment. Any insignia or badge that represents Holy Family University may not be worn during student employment. A University issued radiation monitor may not be worn during the course of a student's employment. The student's employer is responsible for providing the employee with a radiation monitor in accordance with institutional policies.

Failure to abide by the above policies will result in and possible dismissal from the Radiologic Science program.

DRUG TESTING POLICY FOR CLINICAL EDUCATION VALIDATION

A student will not be validated to enter the first clinical education course (nursing & radiologic science) unless a drug screen is performed with negative results. The sample for screening will be obtained and tested by a certified laboratory approved by the School of Nursing and Allied Health Professions. Medical review and/or retesting of the previously submitted sample will be conducted according to the policy of the approved laboratory.