Course Information

Course Date: Spring 2014
Course Meeting Times: Monday, Tuesday, and Wednesday of each week
Course Location: Assigned clinical sites
Course Type: Clinical
Instructor: Matthew Dunn, MEd, RT (R)(CT)

Office Hours
- Monday – 8 – 9 am; 4 – 6:30 pm
- Tuesday – 4 – 6:30 pm
- Thursday – 1 – 5 pm
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Course Description: Provides students with continued hospital setting work experience. Students demonstrate increased proficiency levels in skills introduced in all of the radiographic procedures courses and practiced in previous clinical radiography courses. Topics include: patient care; behavioral and social competency; advanced radiographic anatomy; equipment utilization; sterile techniques; integration of procedures and/or observation of angiographic, interventional, minor special procedures; integration of procedures and/or observation of special equipment use; integration of procedures and/or observation of routine and special radiographic procedures; an final completion of all required clinical competencies. Execution of radiographic procedures will be conducted under direct and indirect supervision.

Credit/Contact Hours: 9 credit hours / 405 contact hours
Prerequisite: RADT 2350 – Clinical Radiography IV
Corequisite: RADT 2260 – Radiologic Technology Review

Competency Areas:

1. Patient Care
2. Behavioral and Social Competency
3. Advanced Radiographic Anatomy
4. Equipment Utilization
5. Exposure Techniques
6. Sterile Technique
7. Integration of Procedures and/or Observation of Angiographic, Interventional, Minor Special Procedure
8. Integration of Procedures and/or Observation of Special Equipment Use
9. Integration of Procedures and/or Observation of Routine and Special Radiographic Procedures
10. Final Completion of All Required Clinical Competencies

Objectives:

Patient Care
1. Observe and/or integrate procedures to manage interactions with the patient and family in a manner that provides the desired psychosocial support.
2. Observe and/or integrate procedures to evaluate the patient’s status and condition before, during and following the radiologic procedure to demonstrate competence in assessment skills.
3. Demonstrate skills in assessment and evaluation of psychological and physical changes in the patient’s condition and carry out appropriate actions.
4. Observe and/or integrate procedure to assess the patient and record patient histories.
5. Assess the patient and record patient histories.
6. Observe and/or participate in documenting care in the patient’s record.
7. Perform principles of transferring, positioning, immobilizing and restraining of patient.
8. Observe and/or integrate procedures in assessing patient using the ABC’s of CPR and demonstrate basic life support procedures.
9. Observe and/or participate in differentiating between emergency and non-emergency procedures and respond appropriately.
10. Observe and/or participate in differentiating between normal ECG rhythms and abnormal ECG tracings.
11. Examine procedure orders for accuracy and follow-up to make corrective changes when applicable.
12. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
13. Observe and/or participate in integration of the radiographer’s scope of practice and practice standards into clinical practice settings.
14. Observe and/or participate in adhering to natural, institutional and/or department standards, policies and procedures regarding care of patients, provision of radiologic procedures and the reduction of medical errors.

Behavioral and Social Competency
1. Consider gender, cultural, age and socioeconomic factors that influence patient compliance with procedures, diagnosis, treatment and follow-up patients.
2. Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
3. Demonstrate and support safe, ethical and legal practices.
4. Demonstrate and integrate the use of appropriate and effective written, oral and nonverbal communication with the patients, the public and members of the health care team (peers, physicians, nurses, administration, etc.) in the clinical setting.
5. Observe and/or participate in choosing patient and family education strategies appropriate to the comprehension level of the patient/family.
6. Act consistently to maintain patient confidentiality standards.

Advanced Radiographic Anatomy
1. Identify the anatomical structures revealed in radiographs of minor radiographic procedures such as angiograms, CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangio-pancreatograms (ERCPs), myelograms, sialograms, and venograms.
2. Identify the anatomical structures revealed in radiographs of interventional procedures.

Equipment Utilization
1. Perform safety checks of radiographic equipment and accessories (e.g., lead aprons and gloves, collimator accuracy).
2. Recognize malfunctions in the radiographic unit (including table, tube, and accessories).
3. Note difficulties experienced which might assist in locating the cause of the malfunction.
4. Report malfunctions in the radiographic unit (including table, tube, and accessories).
5. Inspect and clean screens and cassettes regularly to identify and remove causes of artifacts.
6. Perform “start up” and/or “shutdown” procedures on the automatic processor (e.g., adjust water, removal and cleaning of “cross-over” bars).
7. Recognize malfunctions in the automatic processor.
8. Note difficulties experienced which might assist in locating the cause of the malfunction.
10. Monitor the performance of the automatic processor using sensitometry.
11. Clean, wash, disinfect, and/or sterilize facilities and equipment (e.g., cassettes, tabletops) and dispose of contaminated items in preparation for the next examination.
12. Warm-up the x-ray tube to achieve proper operating conditions by following the manufacturer’s prescribed sequence of steps.
Exposure Techniques
1. Store film/cassette in a manner which will reduce the possibility of accidentally exposing or re-exposing the film.
2. Imprint proper identification information onto the film using either the radiographic, photographic, or light imprinter method.
3. Process exposed film by unloading the cassette and feeding it into the automatic processor.
4. Reload cassettes by selecting film of proper size and type.
5. Record required information on the request form following performance of examination (may include technologist identification, patient data, billing codes, number and size of films, technique, or other information as required by department protocol).
6. Combine radiographic requisition and radiographs for interpretation and filing.
7. Evaluate radiographs using a view box to make certain that radiographs contain proper identification and are of diagnostic quality.
8. Determine approximate exposure factors using calipers, technique charts, and tube rating charts for guidance.
9. Modify exposure factors for circumstances such as voluntary and involuntary motion, plaster casts, pathological conditions, and/or patient’s inability to cooperate.
10. Restrict beam to limit exposure to area of interest and to improve image quality.
11. Determine approximate exposure factors using calipers, technique charts, and tube rating charts for guidance.
12. Modify exposure factors for circumstances such as voluntary and involuntary motion, plaster casts, pathological conditions, and/or patient’s inability to cooperate.
13. Restrict beam to limit exposure to area of interest and to improve image quality.
14. Set kVp, mA, and time or automated exposure system to achieve optimum image quality, safe operating conditions, and to minimize radiation exposure.
15. Evaluate radiographs using a view box to make certain that radiographs contain proper identification and are of diagnostic quality.
16. Determine corrective measures if the radiograph is not of diagnostic quality.

Sterile Technique
1. Observe and/or participate in methods of sterilizing radiographic equipment and examination rooms.
2. Observe and/or participate in the sterilization process preparatory to catheterization.

3. Observe and/or participate in the use of “open” and “closed” gowning and gloving methods.

4. Observe and/or participate in applying the standard and transmission-based precautions.

5. Observe and/or participate in applying the appropriate medical asepsis and sterile technique.

6. Identify the sterile techniques required for specific minor and interventional radiographic/fluoroscopic procedures.

7. Observe and/or participate in applying the appropriate medical asepsis and sterile technique.

8. Observe and/or participate in “scrubbing in” a patient.

9. Observe and/or participate in creating a sterile field, gowning and gloving oneself, and assisting a radiologist and/or physician.

Integration of Procedures and/or Observation of Angiographic, Interventional, Minor Special Procedures

1. Observe and/or participate in special radiographic procedures such as cerebral, visceral, peripheral, and digital subtraction angiograms.

2. Observe catheterization techniques.

3. Observe the Seldinger technique.

4. Observe and/or participate in interventional techniques such as infusion therapy, extractions, embolizations, PTA/PTLAs, and percutaneous needle studies.

5. Observe and/or participate in angiographic, interventional, minor special, and special genitourinary system procedures.

6. Observe and/or participate in special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangio-pancreatograms (ERCPs), myelograms, sialograms, and venograms.

7. Observe and/or participate in the preparation for use, operation, and maintenance of equipment used to perform special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangiopancreatograms (ERCPs), myelograms, sialograms, and venograms.

8. Observe and/or participate in the use and maintenance of special radiographic equipment such as image intensifiers, magnification radiographic equipment, biplane equipment, recording equipment, rapid film changers, injectors, program selectors, and other miscellaneous radiographic equipment.

9. Observe and/or participate in the preparation of patients undergoing special minor radiographic procedures such as CT
of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangiopancreatograms (ERCPs), myelograms, sialograms, and venograms.

10. Observe and/or participate in the post-procedural care of patients who have undergone special minor radiographic procedures.

11. Observe and/or participate in the evaluation of special minor procedure radiographs in terms of anatomy visualized and pathologies revealed.

12. Observe and/or participate in the selection and administration of contrast media used for special radiographic procedures.

13. Observe and/or participate in the diagnosis of and treatment for adverse reactions to contrast media.

14. Participate in and/or observe patient preparation procedures for radiographic/fluoroscopic examinations of the genitourinary system.

15. Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the genitourinary system.

16. Observe and/or participate in routine radiographic/fluoroscopic procedures involving the genitourinary system.

17. Evaluate the quality of radiographs and photospots of the genitourinary system in terms of positioning accuracy, image quality, and anatomical structures revealed.

18. Identify the special considerations for genitourinary procedures relating to the avoidance of repeated procedures.

Integration of Procedures and/or Observation of Special Equipment Use

1. Observe and/or participate in special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangiopancreatograms (ERCPs), myelograms, sialograms, and venograms.

2. Observe and/or participate in the preparation for use, operation, and maintenance of equipment used to perform special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangiopancreatograms (ERCPs), myelograms, sialograms, and venograms.

3. Observe and/or participate in the use and maintenance of special radiographic equipment such as image intensifiers, magnification radiographic equipment, bi-plane equipment, recording equipment, rapid film changers, injectors, program selectors, and other miscellaneous radiographic equipment.

4. Observe and/or participate in the preparation of patients
undergoing special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangiopancreatograms (ERCPs), myelograms, sialograms, and venograms.

5. Observe and/or participate in the post-procedural care of patients who have undergone special minor radiographic procedures.

6. Observe and/or participate in the evaluation of special minor procedure radiographs in terms of anatomy visualized and pathologies revealed.

7. Observe and/or participate in the selection and administration of contrast media used for special radiographic procedures.

8. Observe and/or participate in the diagnosis of and treatment for adverse reactions to contrast media.

9. Observe and/or participate in special radiographic procedures such as cerebral, visceral, peripheral, and digital subtraction angiograms.

10. Observe catheterization techniques.

11. Observe the Seldinger technique.

12. Observe and/or participate in interventional techniques such as infusion therapy, extractions, embolizations, PTA/PTLAs, and percutaneous needle studies.

13. Participate in and/or observe patient preparation procedures for radiographic/fluoroscopic examinations of the genitourinary system.

14. Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the genitourinary system.

15. Observe and/or participate in routine radiographic/fluoroscopic procedures involving the genitourinary system.

16. Evaluate the quality of radiographs and photospots of the genitourinary system in terms of positioning accuracy, image quality, and anatomical structures revealed.

17. Identify the special considerations for genitourinary procedures relating to the avoidance of repeated procedures.

18. Observe and/or participate in the identification of and care for acute reactions to contrast media.

19. Evaluate the number, types, and degree to which clinical competencies have been completed and mastered.

20. Develop a plan in conjunction with on-site clinical supervisors and technical institute faculty to outline future completion and mastery of clinical competencies contained in this course.

21. Identify an area of concern or interest related to the content of this clinical experience, and research, review a publication, or otherwise explore this topic to personal satisfaction.
Integration of Procedures and/or Observation of Routine and Special Radiographic Procedures

1. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the thoracic cavity.
2. Observe and/or participate in routine radiographic procedures involving the thoracic cavity.
3. Observe and/or participate in the evaluation of thoracic cavity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.
4. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the abdominal cavity.
5. Observe and/or participate in routine radiographic procedures involving the abdominal cavity.
6. Observe and/or participate in the evaluation of abdominal cavity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.
7. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the upper extremities.
8. Observe and/or participate in routine radiographic procedures involving the upper extremities.
9. Observe and/or participate in the evaluation of upper extremity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.
10. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the shoulder girdle.
11. Observe and/or participate in routine radiographic procedures involving the shoulder girdle.
12. Observe and/or participate in the evaluation of shoulder girdle radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.
13. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the lower extremities.
14. Observe and/or participate in routine radiographic procedures involving the lower extremities.
15. Observe and/or participate in the evaluation of lower extremity radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.
16. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the pelvic girdle.
17. Observe and/or participate in routine radiographic procedures involving the pelvic girdle.
18. Observe and/or participate in the evaluation of pelvic girdle radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

19. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the spine.

20. Observe and/or participate in routine radiographic procedures involving the spine.

21. Observe and/or participate in the evaluation of spinal radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

22. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the bony thorax.

23. Observe and/or participate in routine radiographic procedures involving the bony thorax.

24. Observe and/or participate in the evaluation of bony thorax radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

25. Observe and/or participate in patient preparation procedures for radiographic/fluoroscopic examinations of the gastrointestinal system.

26. Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the gastrointestinal system.

27. Observe and/or participate in routine radiographic/fluoroscopic procedures involving the gastrointestinal system.

28. Evaluate the quality of radiographs and photospots of the gastrointestinal system in terms of positioning accuracy, image quality, and anatomical structures visualized.

29. Identify the special considerations for gastrointestinal procedures relating to the avoidance of repeated procedures.

30. Observe and/or participate in the identification of and care for acute reactions to contrast media.

31. Observe and/or participate in patient preparation procedures for radiographic/fluoroscopic examinations of the genitourinary system.

32. Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the genitourinary system.

33. Observe and/or participate in routine radiographic/fluoroscopic procedures involving the genitourinary system.

34. Evaluate the quality of radiographs and photospots of the genitourinary system in terms of positioning accuracy, image quality, and anatomical structures revealed.
35. Identify the special considerations for genitourinary procedures relating to the avoidance of repeated procedures.

36. Observe and/or participate in the identification of and care for acute reactions to contrast media.

37. Observe and/or participate in patient preparation procedures for radiographic/fluoroscopic examinations of the biliary system.

38. Observe and/or participate in the positioning of patients undergoing radiographic/fluoroscopic procedures involving the biliary system.

39. Observe and/or participate in routine radiographic/fluoroscopic procedures involving the biliary system.

40. Evaluate the quality of radiographs and photospots of the biliary system in terms of positioning accuracy, image quality, and anatomical structures revealed.

41. Identify the special considerations for biliary system procedures relating to the avoidance of repeated procedures.

42. Observe and/or participate in the identification of and care for acute reactions to contrast media.

43. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving the cranium.

44. Observe and/or participate in routine radiographic procedures involving cranial procedures.

45. Observe and/or participate in the evaluation of cranial radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

46. Observe and/or participate in the positioning of patients undergoing routine radiographic procedures involving facial structures.

47. Observe and/or participate in routine radiographic procedures involving facial structures.

48. Observe and/or participate in the evaluation of facial radiographs in terms of positioning accuracy, image quality, and anatomical structures visualized.

49. Observe and/or participate in special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangio-pancreatograms (ERCPs), myelograms, sialograms, and venograms.

50. Observe and/or participate in the preparation for use, operation, and maintenance of equipment used to perform special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrograms, endoscopic retrograde cholangio-pancreatograms (ERCPs), myelograms, sialograms, and venograms.
51. Observe and/or participate in the use and maintenance of special radiographic equipment such as image intensifiers, magnification radiographic equipment, bi-plane equipment, recording equipment, rapid film changers, injectors, program selectors, and other miscellaneous radiographic equipment.

52. Observe and/or participate in the preparation of patients undergoing special minor radiographic procedures such as CT of head, thorax, abdomen and pelvis, arthrogram, endoscopic retrograde cholangio-pancreatograms (ERCPs), myelograms, sialograms, and venograms.

53. Observe and/or participate in the post-procedural care of patients who have undergone special minor radiographic procedures.

54. Observe and/or participate in the evaluation of special minor procedure radiographs in terms of positioning accuracy, image quality, anatomy visualized, and pathologies revealed.

55. Observe and/or participate in the selection and administration of contrast media used for special radiographic procedures.

56. Observe and/or participate in the diagnosis of and treatment for adverse reactions to contrast media.

57. Observe and/or participate in special radiographic procedures such as cerebral, visceral, peripheral, and digital subtraction angiograms.

58. Observe catherization techniques.

59. Observe the Seldinger technique.

60. Observe and/or participate in interventional techniques such as infusion therapy, extractions, embolizations, PTA/PTLAs, and percutaneous needle studies.

Final Completion of All Required Clinical Competencies

1. Evaluate the number, types, and degree to which clinical competencies have been completed and mastered.

2. Develop a plan in conjunction with on-site clinical supervisors and technical institute faculty to outline future completion and mastery of clinical competencies contained in this course.

3. Identify the benefits associated with participation in continuing education for radiographers.

4. Identify an area of concern or interest related to the content of this clinical experience, and research, review a publication, or otherwise explore this topic to personal satisfaction.

5. Develop a tentative plan for participation in continuing education for student radiographers.

Textbook & Materials

Required: Radiologic Technology Academic and Clinical Manual

Textbook Title: Pocket Guide – Merrill’s, Bontrager, or Rad Notes
**Materials:**

1. Clean clinical uniform
2. Lead initialed markers
3. Dosimeter(s) (worn in proper location)
4. Student ID (displayed on student uniform)
5. Pocket calculator
6. Watch with second hand/indicator
7. A pen
8. Clinical notebook and clinical manual
9. A good attitude and smile

**Assessment**

**Distribution of Grades:**

- Continued Competency Evaluations: 10%
- Article / Chapter Reviews: 10%
- Clinical Evaluations: 10%
- Film Critique Evaluation: 10%
- Random Competencies: 15%
- Competency Evaluations: 45%

*It is the responsibility of the student to turn in weekly student performance evaluations. The clinical instructor/staff radiographer will not ask for your paperwork, nor is it their place to do so. Weekly performance evaluations turned in more than 1 week late will be given a grade of zero for the evaluation. Multiple late evaluations will result in a lowering of the work ethics grade as well.*

**Grading Scale:**

- **A** 90-100
- **B** 80-89
- **C** 70-79
- **D** 60-69
- **F** 59 and below

**Final Exam:**

There is no final examination for this course.

**Work Ethics Information:**

The Technical College System of Georgia instructs and evaluates students on work ethics in all programs of study. Ten work ethics traits have been identified and defined as essential for student success: appearance, attendance, attitude, character, communication, cooperation, organizational skills, productivity, respect, and teamwork. As a student in this Ogeechee Technical College course, you will be expected to adhere to the highest standards of these 10 character traits in your behavior as well as your coursework.
Classroom Policies

Attendance: Attendance is required. Three tardies equals 1 absence. A tardy includes being late to class or leaving clinic early.

Students are expected to be present and on time for all clinical assignments. Any absences from the clinical area will affect the student's clinical education and may affect their grade. Absences and tardies include not being in your assigned area while in clinic.

In case of illness or other emergency, the student must personally notify the clinical instructor, clinical coordinator, and/or program director prior to the scheduled clinical period. More than two unexcused absences will result in disciplinary action and may result in termination.

Students will be required to make-up missed clinical time. Make-up time is scheduled by program faculty. Your make-up time will be scheduled on Fridays, beginning on March 28. Remember: missed clinical time could result in missing graded exams the student needs in an effort to complete the course. All make up time must be completed before the end of the semester.

All clinical paperwork MUST be turned in on the last day of clinic. If the student does not complete their clinical coursework by the last clinical day, they must turn in what they have completed and grades will be assessed on what was finished. Zeros will be given for any incomplete clinical work. Your clinical packet is due to me no later than Thursday, May 8th.

The student is required to be in the clinical area at least 5 minutes prior to the starting time. A student who is more than 5 minutes late should contact the clinical coordinator and clinical site prior to the tardy. Otherwise, the student will be counted absent and may not be allowed to stay in the clinical area. The student should refer to the Radiologic Technology Academic and Clinical Manual for a more specific clinical attendance policy.

To receive credit for this course a student must attend 90% of the scheduled instructional time. Any student attending less than 90% of the scheduled instructional time will receive a "W" for the course if removed from the course before completing at least 60% of the course. After completing 60% of the course, any student who has maintained a passing grade within a course will receive a 'WP' for the course when attending less than 90% of the scheduled instructional time. If, however, the student has not maintained a passing grade, he or she will receive a 'WF' for the
course. Attendance is counted from the first scheduled class meeting of each semester.

Tardy means arriving after the scheduled time for instruction to begin. Early departure means leaving before the end of the scheduled time. Three (3) tardies or early departures equal one (1) absence for the course involved. There is no attendance appeal.

All personal appointments, i.e. doctors, lawyers, vacations should be made on your time, not clinical time! Students are given ample notice of clinical assignments and therefore appointments should be made accordingly.

For further explanation, please see the Radiologic Technology Academic and Clinical Manual.

Course Withdrawal: Students who withdraw from a course and have attended 60% or less of the course will be issued a W (Withdraw). Students who withdraw from a course and have attended more than 60% of the course will be issued a WF (Withdraw Failing) if the student was failing and a WP (Withdraw Passing) if the student was passing upon withdrawal or upon being dropped from the course. The 60% attendance date is posted on the campus calendar online at www.ogeecheetech.edu.

Students may withdraw from a maximum of three (3) courses while enrolled at the college. Once a student has accumulated three W grades, he/she may elect to receive a withdrawal failing grade (WF) for the course or remain in the course. Please note WF is calculated as an F (Failing) for GPA purposes.

Some exceptions may apply in the event a student withdraws for an acceptable hardship, medical and/or military reason. Documentation will be required. Procedures to apply for an exception are available in the 2013-2014 Catalog and Student Handbook.

Additionally, there is a one-time reinstatement limitation per course each semester. Students are allowed to drop/add courses during the first three days of each term without requesting reinstatement. Beginning on day 4 of the semester, students are required to request a reinstatement from the instructor. The procedure for requesting reinstatement can be found in the 2013-2014 Catalog and Student Handbook.

Late Work: Late submission of weekly forms will incur a 10 point per day late penalty. Documents 1 week late will be issued a zero for the grade.

Missed Exams: N/A

Absences: See attendance

Extra Credit: None
Cheating/Plagiarism: Academic honesty is expected at all times. Any student found to have engaged in academic misconduct such as cheating, plagiarism, or collusion is subject to disciplinary sanctions as outlined in the Student Code of Conduct detailed in the OTC Catalog and Student Handbook. The term “plagiarism” includes, but is not limited to, the use, by paraphrase or direct quotation, of the published or unpublished work of another person without full and clear acknowledgment. The term “collusion” includes, but is not limited to, the unauthorized collaboration with any other person in preparing work offered for academic credit. Students are advised that faculty routinely use turnitin.com both to prevent plagiarism and to assist in verifying when/if it has occurred.

Safety: Refer to your Academic and Clinical Manual for safety policy and procedure. In case of emergency while on campus, please refer to the Emergency Operations and Safety Plan and the Blood Borne Pathogen Exposure Control Plan found by the door of all classrooms and labs on the OTC campus. A copy of the OTC Safety Plan can be found online at: http://www.ogeecheetech.edu/student_services/campus_safety.html.

The Director of Campus Safety & Security contact information is as follows: Stan York, 912.681.5667, syork@ogeecheetech.edu.

Disability Statement: Students with disabilities who believe that they may need accommodations in this class based on the impact of the disability are encouraged to contact Penny Hendrix, Disability and Student Support Services Coordinator, Office 171E, Kennedy Bldg., 912.486.7211, to coordinate reasonable accommodations.

Special Populations Assistance Program: Students who may qualify for services on campus depending on the special needs they have and if they qualify as a special population should contact Kelli Waters, Student Activities & Special Populations Coordinator, Office 143D, Kennedy Bldg., 912.871.1885 for assistance.

Warranty Statement: The Technical College System of Georgia guarantees employers that graduates of State Technical Colleges shall possess skills and knowledge as prescribed by State Curriculum Standards. Should any graduate employee within two years of graduation be deemed lacking in said skills, that student shall be retrained in any State Technical College at no charge for instructional costs to either the student or the employer.

Communication: Important communication about this course will be transmitted through the Ogeechee Tech student e-mail system. Students should check their student e-mail accounts before each class in
order to receive the most up-to-the-minute information about classes and assignments.

Ogeechee Tech sends vital information about financial aid, registration, and college news through the student e-mail system. Students should check their student e-mail accounts periodically for this information.

Student e-mail may be accessed through the college website, www.ogeecheetech.edu, under the Current Students tab.

**OTC Alert**

Students are encouraged to sign up for OTC Alert, a system designed to notify students of any emergency on campus. Alerts are sent by text messaging and/or by e-mail. To subscribe to OTC Alert, a student can go to www.ogeecheetech.edu and click on Current Students → Banner Web → OTC Alert Information.

**Library Resources**

The Ogeechee Technical College Library provides students access to books, periodicals, ebooks, GALILEO, and other electronic resources. Students are encouraged to use the Library for class research projects. Help with research and projects is available within the Library. Computers are available for student use. A student ID is required in order to check out any materials from the Library or to use a computer. A self-service, black and white copier is also available. Hours of operation are Monday-Thursday from 7am until 9:30pm.

**CAAP/NOCTI Statement**  N/A

**Direct / Indirect Supervision and Repeat Policy:**

Supervision of Students

Students may not perform examinations on patients unless supervised. Students who have not mastered a particular examination, as demonstrated by a successful competency evaluation, must have direct supervision by qualified radiographers.

A qualified radiographer is defined as: A radiographer possessing American Registry of Radiologic Technologists certification and active registration in the pertinent discipline with practice responsibilities in areas such as patient care, quality assurance or administration. Such practice responsibilities take place primarily in clinical education settings.

In accordance with the Joint Review Commission on Education in Radiologic Technology Standards for an Accredited Program in
Radiologic Sciences, the policies for direct and indirect supervision and their relation to film repeats is as follows:

**Direct Supervision:** exists when a technologist is working with a student in the radiographic room or is observing the student as they perform a radiographic exam from the control panel area. A qualified radiographer reviews the procedure, evaluates the condition of the patient, is present during the performance of the procedure, and reviews and approves the procedure in relation to the student’s knowledge and achievement. Direct supervision is utilized whenever (a) the student has not yet successfully passed competency testing on that particular exam; (b) the student is repeating the radiograph.

**Indirect Supervision:** is that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is used.

In support of professional responsibility for provision of quality patient care and radiation protection, unsatisfactory radiographs shall be repeated ONLY in the presence of a qualified radiographer, regardless of the student’s level of competency!

Due to patient safety, students should not confirm or send images to the Picture Archiving and Communication System (PACS) unless supervised by a registered radiographer.

**Repeat Policy**
Any radiographic procedure attempted by the student radiographer that requires an additional exposure to correct a deficiency must be recorded (see repeat radiograph documentation form). All radiographs performed will be checked and evaluated by a Registered Radiographer. The Registered Radiographer will evaluate the student’s finished radiographs as satisfactory or unsatisfactory. The Registered Radiographer will discuss the reason causing the unsatisfactory radiograph and the corrective measures – which will be taken to obtain good film quality. The repeat radiograph must be done under direct supervision of a Registered Radiographer to assure the corrective measures are performed accurately.

All repeated exams MUST be dutifully logged and acknowledged on the students Repeat Analysis Form. The clinical coordinator will periodically review this form with the student during the
quarter. During the review, the student and clinical coordinator will discuss methods of improvement to prevent the same type(s) of occurrence in the future. Students failing to complete this form will be counseled accordingly. A deduction in the students’ final grade and work ethics will be assessed each time this occurs.

**Cell Phone/ Electronic Device Policy:**

This course does not require the use of the World Wide Web during clinical hours. Therefore, students found to be using the computer for personal reasons during clinical time will be dismissed from clinic. If any operational or personal problems arise, the clinical instructor or OTC faculty should be contacted. The use of pagers, cell phones, smart phones, PDAs, etc. during clinical assignments is strictly prohibited!!! If you are found to be using such devices while on clinical assignment you will be sent home for the reminder of the scheduled day. Any time missed will be made up at the discretion of program faculty. For emergencies, the clinical site phone number is provided on your schedule as well as in your clinical manual.

**Student Parking**

Students must adhere to the Clinical Education Setting at parking policies. Students found parking in prohibited area could lose their privileges at their assigned clinical site.

**Radiation Safety**

Radiation monitoring dosimeters will be worn at all times during clinical hours. Dosimeters will be changed on the first (1st) day of each month. It is the student’s responsibility to change the dosimeter. Failure to do so may result in suspension from the clinical area until the student is in compliance. This is important for an accurate recording of radiation dosage. The program director will review the monthly report. If there is a discrepancy, the program director will meet with the student to discuss safety measures while in the clinical education setting.

**Remedial Process**

Failure of any required clinical performance/procedure evaluations will result in the student being evaluated through Observation, Participation and then Competency. The program faculty will complete the second Competency Evaluation. If the student fails the second evaluation, this will result in the student returning to the classroom/lab for remedial instruction on the deficient procedures. The student must pass the remedial check off before performing the procedure again in the clinical setting.

**Critical Thinking**

Today, employers often rate critical thinking as one of the most important requirements for employment. Technical skills alone are not sufficient to do the job now required in a high tech work
place. The employee who possesses the combination of technical occupational skills and critical thinking skills is a valued asset to any organization. Healthcare professionals must analyze various situations that arise in a clinical setting and select the most appropriate response to each individual situation. To assist the student in developing skills in critical thinking and problem solving, various situations will be analyzed in the classroom and appropriate responses reinforced in the laboratory and clinical setting. Written examinations will also include situations in which the most appropriate solution must be selected from a choice of answers.
Four (4) article reviews are required for RADT 2360. The papers must identify an area of concern or interest related to the clinical experience. The papers should be approximately one to two pages in length and must be typed. You should email your paper as an attachment to mdunn@ogeecheetech.edu. You should save your file as demonstrated with your last name and the title of the assignment. (Ex: Dunn_Article Review 1 or Dunn – Article Review 1)

Article review due dates: These reviews are due whether you are still in clinic or you have completed all requirements for Early Out!

1: 8:00 am, February 3rd
2: 8:00 am, March 10th
3: 8:00 am, April 7th
4: 8:00 am, May 5th

- An article review is just a review; you read the article and review it!
- The article you read must be from a scholarly journal (peer reviewed) and be at least one page in length. If you have questions about what this means, please see me before you assume.
- Do not simply rewrite the article.
- Write YOUR interpretation of the information you read.
- Minimum of 3 pages in length, this includes the title page and reference page.
- Late article reviews will not be accepted! Do them early and get them out of your way!
- You must type your review in Microsoft Word or a similar application (Open Office, Google Docs, etc.) and email to me, as an attachment, by the due date/time.
- Please include your name in the title of the document when you save your file: Article 1 – Your Last Name; Article 1_Your Last Name (See the example above)
- The document must have a title page, be double spaced, use Times New Roman 12 font, and contain a reference page. Please do not type your review in the body of an email.
### RADT 2360 - CLINICAL RADIOGRAPHY V

**CLINICAL COMPETENCY EVALUATION REQUIREMENTS**

At least fifteen (15) of the following examinations must be challenged for Clinical Competency Evaluation (CCE) during the semester (This is a minimum number). The starred examinations are mandatory for graduation. The ARRT is requiring mandatory as well as elective examinations for the ARRT exam eligibility. Please refer to your Student Competency Checklist for mandatory and elective requirements. (A total number of 53 CCEs are required for graduation.)

(Mandatory competencies are **bolded**)

<table>
<thead>
<tr>
<th>Examination</th>
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<tbody>
<tr>
<td>Chest Routine</td>
<td>Patella</td>
<td>Upper GI Series</td>
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<tr>
<td>Chest AP (Wheelchair or Stretcher)</td>
<td>Calcaneus (Os Calcis)</td>
<td>(Single or Double Contrast)</td>
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<tr>
<td>Ribs</td>
<td>Toe</td>
<td>Barium Enema</td>
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<tr>
<td>Chest Lateral</td>
<td>Skull</td>
<td>(Single or Double Contrast)</td>
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<tr>
<td>Decubitus</td>
<td>Paranasal Sinuses</td>
<td>Small Bowel Series</td>
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<td>Sternum</td>
<td>Facial Bones</td>
<td>Esophagus</td>
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<tr>
<td>Upper Airway (Soft-Tissue Neck)</td>
<td>Orbits</td>
<td>Cystography/Cystourethrography</td>
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<td>Thumb or Finger</td>
<td>Zygomatic Arches</td>
<td>ERCP</td>
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<tr>
<td>Hand</td>
<td>Nasal Bones</td>
<td>Myelography</td>
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<td>Wrist</td>
<td>Mandible (Panorex acceptable)</td>
<td>Arthrography</td>
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<td>Elbow</td>
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<td>Humerus</td>
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<td>Shoulder</td>
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<td>Trauma: Shoulder (Scapular Y, Transthoracic, or Axillary)</td>
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<td>Clavicle</td>
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<td>AC Joints</td>
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<td>Trauma: Upper Extremity (Nonshoulder) *</td>
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<td>Trauma: Lower Extremity *</td>
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<td>Trauma: Lower Extremity *</td>
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<td>Upper GI Series (Single or Double Contrast)</td>
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<td>Barium Enema (Single or Double Contrast)</td>
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<td>Cystography/Cystourethrography</td>
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<td>Arthrography</td>
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<td>C-Arm Procedure (Orthopedic)</td>
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<td>C-Arm Procedure (Non-Orthopedic)</td>
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<td>Pediatric Chest Routine</td>
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<td>Pediatric Upper Extremity</td>
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<td>Pediatric Lower Extremity</td>
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<td>Pediatric Mobile Study</td>
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* Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the part, etc.

**CLINICAL COURSE REQUIREMENTS**

15 Competency Evaluations
5 Random Competency Evaluations *(To be completed by me when I visit)*
5 Film Critiques
25 Continued Competency Evaluations
4 Article Reviews

NOTE: Failure to complete the required number of CCEs by the end of the program will result in a grade of “zero” for each exam missed. Students that do not complete the minimum number of competency exams will not complete the program.
### Competency Evaluations - 15 competency evaluations are required

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### Random Competency Evaluations – 5 competency evaluations are required

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Continued Competency Evaluations – 25 Continued Competency evaluations are required

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