PSU Radiologic Science Program

Schuylkill Campus

RAD Rules for Clinical

This document will provide you with information regarding the policies for clinical in the PSU Schuylkill Radiologic Science (RADSC) Program

Updated October 2025

RAD Rules describes information and policies for Radiologic Science (RADSC) students while at clinical and serves as a guide for students' clinical responsibilities.

The policies outlined have been developed specifically for students to reference and to reinforce the clinical requirements of the program. Some of these policies are similar to and some differ from the personnel policies for radiology staff employees.

Material in this manual is subject to change. Students will be informed of changes prior to implementation and will acknowledge changes in writing. RAD Rules will be reviewed and updated at the start of each academic year. RADSC students, program faculty, and clinical instructors are encouraged to suggest any modification of this manual that would be designed to improve any aspect of the RADSC Program.

Content is divided into 6 sections with pertinent information included under each:

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Section #1- Introduction to Clinical Information

Current Clinical Education Sites with off-sites

Penn State Health Milton S. Hershey Medical Center – Hershey

- PSH Hampden Medical Center – Enola
- PSH Medical Group - Middletown

Lehigh Valley Hospital Schuylkill – Pottsville

- Lehigh Valley Health Schuylkill Medical Plaza – Pottsville
- Lehigh Valley Health - Health and Wellness Center - Hazleton

WellSpan Good Samaritan Hospital - Lebanon

- WellSpan Imaging Services Helen Drive – Lebanon
- WellSpan Ambulatory Services Center – Palmyra

Penn State Health St. Joseph Medical Center – Reading

- PSH St. Joseph Exter Ridge – Reading
- PSH Urgent Care Muhlenberg – Temple

St. Luke's Miners Campus – Coaldale

- St. Luke's Tamaqua Medical Center - Tamaqua

Geisinger St. Luke's Hospital – Orwigsburg

St. Luke's Carbon Campus – Lehighton

Penn State Health Lancaster Medical Center – Lancaster

- PSH Lime Spring Outpatient Center – Lancaster

Assignment of Clinical Education Affiliates

All clinical education site assignments are made by the clinical coordinator in consultation with the program director.

Clinical education assignments are based on the following:

1. Student/clinical education site compatibility
2. Clinical education site student capacity
3. Student's affiliate choice

Once a student is assigned to a particular site, the student will remain at that site during semesters I-III. Students will switch to a different clinical site for semesters IV - VI. All students spend one year (I-III or IV-VI) at Hershey Medical Center

Each clinical education site shall provide:

1. A general orientation to include: the philosophy, purpose, and service of the clinical site; policies and procedures regarding safety at the clinical site.
2. Adequate supervision of the students by the clinical instructor.
3. Emergency medical care for injury or illness of students, at the student's own expense, in the clinical site until provisions can be made for continued care.
4. Access to the dining facilities of the clinical site. Students shall be individually responsible for the cost of meals.
5. Locker space for students.
6. Available parking, though student is responsible for any required fee.
7. Private area for consultation with students as needed.
8. Secure area for storage of current student clinical files.

Prerequisites for Clinical Education

Prior to starting clinical, the following requirements must be met:

- Successful completion of basic medical terminology, vital signs, CPR certification, review of program policies and procedures, and basic radiation protection.
- Proof of professional liability insurance coverage.

- Required information uploaded to CastleBranch.
- Completion of hospital and/or radiology department orientation programs.

Clinical Rotation Schedule

The clinical education rotation schedule is developed by the clinical coordinator each semester and is posted on CANVAS and at each clinical site. Schedules are created to offer an equitable (not necessarily equal) experience for students in completing clinical objectives for the semester. Rotations may be adjusted by the clinical coordinator to provide the student with a more varied and pertinent learning experience.

Mammography Rotation and Opposite Gender Exams

All students, male and female, will be offered the opportunity to participate in mammography clinical rotations. Male students will not be routinely scheduled in mammography, though an effort will be made to place a male student in a mammography clinical rotation if requested. Program faculty are not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students; therefore, male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate. Female students will be allowed to rotate in mammography regardless of a site's policy on male participation. Additionally, this policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient (ex: hysterosalpingograms). Didactically, information for mammography and gender specific exams is required for all students.

This policy is based on the sound rationale presented in a position statement on student breast imaging clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting and updated 10/21. The JRCERT position statement is available at

https://www.jrcert.org/wp-content/uploads/2024/03/Updated_FINAL_Mammography_Statement.pdf

Health Insurance Portability and Accountability Act (HIPAA)

Under HIPAA, measures have been taken to protect the identity and confidentiality of individuals receiving health care. Not only are health care providers held more accountable for the storage and transmission of confidential information, but they also may face heavy penalties for failure to abide by specific ethical and legal standards. As a student radiographer, you must understand and abide by the standards set forth under HIPAA. Violating HIPAA is cause for immediate dismissal from the Program.

HIPAA is covered during the initial five-week period prior to the start of clinical rotations.

Right to Privacy

Under the Federal Family Educational Rights and Privacy Act of 1974, (Buckley Amendment), students have the right to inspect and review any and all records. The program will not permit access to or the release of education records without the student's signature. All student records are kept secure & confidential. During semesters, clinical records are kept secure at each clinical education site. Additional information is available in the University's policy AD11 on confidentiality of student records (https://policy.psu.edu/policies/ad11)

Section #2 – Grading

RADSC Course Grading

Course grading is consistent throughout all RADSC courses. A percentage breakdown is available in the syllabus for each course. Students must achieve a letter grade of "C" in all components of the RADSC curriculum to pass and continue in the Program.

Clinical competency clearance is a top priority for RADSC Students! The number of competencies will vary with each semester and applies to both preliminary and final competencies. A grade of 85 must be attained to pass final competency. A grade of 85 is required to pass all RADSC 295 clinical courses.

Letter Grade	Grade Point Value	Didactic Scale	Clinical Scale
A	4.00	96-100	96-100
A-	3.67	92-95	94-95
B+	3.33	89-91	92-93
B	3.00	85-88	90-91
B-	2.67	81-84	88-89
C+	2.33	78-80	86-87
C	2.00	75-77	85
D	1.00	70-74	80-84
F	0.00	0-69	0-79

Deferred Grade Policy

Due to the physical aspect of clinical education courses (RADSC 295), if, for reasons beyond the student's control, the student is prevented from completing a course within the prescribed time, the clinical coordinator may agree to defer submission of the student's final course grade. The clinical coordinator indicates this approval by recording the deferred grade symbol (DF). Since clinical education objectives dictate each RADSC 295 grade, the student must make up all clinical education hours in excess of the allotted annual days and complete all required clinical objectives for stated RADSC 295 course.

Clinical makeup hours must be scheduled in advance with the clinical coordinator so that proper clinical supervision and opportunity to complete clinical objectives and preliminary/final competency clearances are available for the student.

A student may also elect to postpone clinical education due to health reasons. In this situation, the student may be permitted to continue attending didactic RADSC courses and return to clinical education (RADSC 295) in a subsequent semester. Returning students need to review Returning Student Information in the Program Handbook 1 and contact the clinical coordinator to complete returning student objectives for clinical (below).

Any time a student has an extended illness or an injury, prior to returning to clinical education (RADSC 295), the student must submit to the clinical coordinator a physician's written permission note indicating 'no restrictions'.

Policy for Returning RADSC Student

In the event that a student withdrew from the RADSC curriculum and later decided to return, the following objectives must be completed in their entirety prior to the student's re-enrollment in clinical internship (RADSC 295).

The returning student is responsible for contacting the clinical coordinator to determine a schedule for successful completion of the objectives.

The returning student must:

1. participate in clinical for a minimum of 10 days. The clinical instructor will complete observation sheets concerning the student's clinical performance and will conference the student a minimum of twice during the clinical experience.

2. maintain a log sheet during the clinical experience.

3. review clinical policies and student status with clinical coordinator.

4. successfully test out on all exams previously tested out on.

5. complete the clinical education area objectives for semesters prior to returning semester.

Guidelines and information:

1. The student will adhere to all policies of the program during the re-entry clinical experience.

2. Though the student is allowed to participate in exams, the student may not acquire prelims or competencies during this period. The only exception would be if the student were lacking the minimum requirements.

3. Once the schedule is determined, the student will adhere to the schedule. Excessive absences may result in the student not being allowed to return to the Program.

A student who has been away from the Program for one year could re-enroll at the level of departure, provided their cumulative GPA is at least a 2.0 and clinical placement is available. Prior RADSC courses in which a grade below ‘C’ was earned would need to be repeated. Due to continual advances in technology and the quantity of technical material mastered during the Program, a student who has been away from the Program for more than one year would need to re-apply to the Program and audit all the procedures and clinical courses, regardless of the level of experience attained previously while in the Program. If a student left the program during the first semester, (s)he would need to re-apply to the program.

RADSC 295 Clinical Grading System

Clinical grades are based on the satisfactory completion of clinical objectives each semester. Below is an example of the Clinical Objective Worksheet (COW) for the first semester. The student starts with a grade of 100, and if all objectives are completed successfully, the grade remains at 100. Points will be deducted for evaluations that are graded as 'need improvement', unsuccessful image critique or comps, incomplete prelims, comps, or image evaluations, acquired demerits, and failure to maintain dosimetry information. The focus at clinical is on learning and developing good professional work habits and work ethic, so individual items are not assigned a percentage grade. Since a passing grade for all clinical courses is 85, if more than 15 points are acquired in a semester, the students would be unsuccessful for that semester and would be removed from clinical. If the student would choose to return to clinical in the future, the policy for returning RADSC students would be followed. This student would need to wait a year and return to the clinical course that was unsuccessful.

RADSC 295-01 Clinical Objective Worksheet

CI Eval #1 blue S / NI	NI= 5	-pts:
Self eval late? Y / N	Late=3, incomplete=5	-pts:
Chest Image Evaluation S / U / RS	U=3, incomplete=5	-pts:
Journal entries Y / N	N=3, no format=1	-pts:
Area objectives C / I # I	Each I=1	-pts:
Prelims #incomplete	Each incomplete=3	-pts:
Comps #unsuccessful	Each unsuccessful=2	-pts:
Comps (4) #incomplete	Each incomplete=3	-pts:
Image evaluation # late	Each set of reviews later than 2 weeks=1	-pts:
Demerits	Each demerit=1	-pts:
Dosimetry badge # late # no show	Each late=1, Each no show=3	-pts:
EOS review of dosimetry report Y / N	N=1	-pts:

Section #3 - Safety

Pregnancy Policy

In accordance with NRC Regulatory Guide 8.13, (https://www.nrc.gov/docs/ML0037/ML003739505.pdf) a pregnant student has the option of declaring her pregnancy or remaining undeclared. An undeclared pregnant student would continue in the program with no special consideration. The declared pregnant student, after consulting with program officials, would choose one of the options listed below. To declare a pregnancy, the student must inform the program director in writing of her status. ***Declared status may be revoked by the student at any time and must be undeclared in writing.*** Depending on level of education, the pregnant student may not be in a position to make an informed decision concerning declaration and non-declaration of pregnancy; therefore, NRC Regulatory Guide 8.13 offers the pregnant student information to review. The appendix contains questions and answers concerning prenatal radiation exposure and a form letter to use for declaring pregnancy. The pregnant student is encouraged to seek further consultation and information from program officials. Any consultation between an undeclared pregnant student and program officials would be educational and informative, not punitive, in nature.

The following options are available to the declared pregnant student to remain enrolled in RADSC 295 courses:

OPTION I

The declared pregnant student may continue in the RADSC curriculum with no special considerations or restrictions.

OPTION II

The declared pregnant student may continue in the RADSC curriculum with the following restrictions concerning clinical rotations.

The pregnant student will not participate in:

1) Fluoroscopic procedures (unless procedures are performed with remote control fluoroscopic equipment).

2) Portable and surgical procedures.

Substitute clinical rotations will not be provided. All clinical rotations missed by the student will be made up at the end of the program (which will result in a delay in program completion) or during semester breaks (by advance arrangement with the clinical coordinator). The declared pregnant student will complete all didactic course requirements prior to enrolling in the next semester RADSC course. This is necessary since the RADSC courses are sequential and prerequisite courses must be successfully completed prior to the start of the next course.

**If the declared pregnant student chooses options I or II, an additional dosimetry badge will be provided to monitor fetal exposure.

Other options are available for a pregnant student that does not wish to continue in clinical during her pregnancy:

OPTION III

A pregnant student may drop (https://senate.psu.edu/policies-and-rules-for-undergraduate-students/34-00-course-scheduling/#34-89) the RADSC courses in which she is currently enrolled, yet continue and complete all non-RADSC Courses for that semester. (Note: a course may not be dropped after the last day of the 12th week of classes). For the following semester,

the student may (1) continue enrollment in non-RADSC Courses only or (2) request a Leave of Absence from the University (https://undergrad.psu.edu/aappm/J-2-leave-of-absence.html) Students take no courses during a Leave of Absence. If the student would chose to return to clinical in the future, the policy for returning RADSC students would be followed.

OPTION IV

A pregnant student may immediately withdraw from the University (https://senate.psu.edu/policies-and-rules-for-undergraduate-students/56-00-withdrawal-and-leave-of-absence/). This is a withdrawal from all currently enrolled courses. A W symbol will be recorded for each course of that semester. If the student would chose to return to clinical in the future, the policy for returning RADSC students would be followed. All previous clinical coursework will be re-evaluated by the Program clinical coordinator to assure clinical competency.

Supervision Policy

Radiography students are subject to direct supervision as defined by the JRCERT Standards. The parameters of direct supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student's achievement.

2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.

3. A qualified radiographer is present during the performance of the examination.

4. A qualified radiographer reviews and approves the radiographs.

Radiography students are directly supervised for their clinical education until they have proven competency in radiographic procedures and then function under indirect supervision for those exams in which they have proven competency (**exceptions below).

**Students must be directly supervised during all OR, C-arm, and portable exams regardless of competency level.

Indirect supervision is defined as "that supervision provided by a qualified radiographer immediately available to assist student 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 applies to all areas where ionizing radiation equipment is in use."

Clinical instructors may utilize indirect supervision for each student on an exam by exam basis if that student has successfully completed the Clinical Competency Evaluation Form for the specific exam.

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.

*** Disciplinary action will result if student does not comply with the supervision policy.**

Student Radiation Safety Policy / Dosimetry Monitoring

In accordance with 10CFR19, 'all individuals who in the course of their employment are likely to receive a dose of more than 100 mrem (1 mSv) in a year, must receive adequate training to protect themselves against radiation. Also, these individuals have the right to know the amount of radiation to which they have been exposed'. Since radiography students are considered occupationally exposed, an effective dose (EfD) limit for whole body of 5 rem (50 mSv) is applicable. All students will wear a personnel dosimeter provided by the Program to monitor radiation exposure while assigned to the clinical education sites. Student radiation dosimetry records will be maintained on the Landauer secure website and in program records. Readings will be available within 30 days of dosimeter submission.

Students will have access to their individual radiation dosimetry record at myLDR.com and will bring a summary of their record for review to the end of semester clinical conference conducted by the clinical coordinator and clinical instructor. Information for accessing myLDR.com is available on each RADSC 295 Canvas site linked below.

Each student will be responsible for:

1. Wearing their radiation dosimetry badge as designated (at collar level), at all times while in clinical, and will notify their clinical instructor if the radiation dosimetry badge is not in their possession while in the clinical setting.
2. Exchanging their radiation dosimetry badge within one week of the end of the bi-monthly badging period.
3. Storing their radiation dosimetry badge in a secure location at their assigned clinical site, away from water, excessive heat, ionizing radiation, or other environmental factors that may impact the dosimetry badge.
4. Immediately reporting the loss of a radiation dosimetry badge to the clinical coordinator, clinical facilitator, or clinical instructor to obtain a replacement radiation dosimetry badge.
5. Becoming familiar with reading each of their bi-monthly radiation dosimetry reports at myLDR - LANDAUER Client Portal.

6. Return radiation dosimetry badge to program director upon completing or withdrawing from the program.

In addition, a **program action dose** of 50 mrem (.5mSv) per 2-month period is identified. If the action dose would be reached, the program director will meet with the student to discuss the significance of the reading, to review radiation safety procedures, and any follow-up activities.

Holding Patients or Image Receptors

A student shall not hold or restrain patients or support an image receptor during radiographic exposures. The student is encouraged to employ positioning devices such as tape, sandbags, sheets, etc.

Accidents

All student-related accidents that occur during clinical education and result in patient, personnel, or personal injury, and/or equipment damage must be reported immediately to the clinical instructor and/or radiology management.

Depending on the student's health care plan, the clinical education site may be requested to provide emergency medical care at the student's own expense. In a life-threatening emergency, the student should be taken directly to the emergency department.

A copy of the clinical education site's accident report will be maintained in the student's file.

Needle sticks are processed according to the clinical site policy.

Clinical Orientation Safety Policy Review

Students are made aware of many restrictions/procedures concerning safety during clinical orientation and prior to any patient contact. Orientation material includes isolation procedures, infection control measures, standard precautions, and medical emergency preparedness. Hazard safety for fire, disaster, electrical, and chemicals are reviewed. Students adhere to the current clinical education center policy on blood and body fluid precautions. The clinical education centers have policies based on the guidelines recommended by the Communicable Disease Center (CDC).

MRI Safety Policy

Students will rotate through MRI as part of their educational process and need to be aware of the potential workplace hazards associated with magnetic fields. Students should be aware of the potential dangers of entering the MRI area if they have implants or foreign bodies in them. The following safety screening protocol for all students assures that students are appropriately screened for magnetic wave or radiofrequency hazards:

During the first five-week period as part of the Intro course:

1. A video entitled “Basic MRI Safety” is viewed by the students.
2. At the end of the presentation, students complete the MRI Student Safety Clearance Checklist and indicate they have watched the video. A copy of the checklist is maintained in the student’s clinical folder.
3. Any positive replies to the checklist will be further investigated with the MRI supervisor to determine student eligibility to participate in an MRI rotation.

Since students are not scheduled to rotate in MRI until the 5th and 6th semesters, a review of MRI safety will occur again at the beginning of the 5th semester during the RADSC 206 class.

**At any time after completing the initial MRI Student Safety Clearance Checklist, if a student’s status in regard to magnetic field and radiofrequency hazards changes, the student must disclose this information immediately to the clinical coordinator.

Section #4 – Clinical Policies

Clinical Education Requirements

Clinical education requirements are designed to help the student learn to adjust to the requirements of the professional work force.

While in clinical the student will:

1. maintain prompt attendance in all clinical assignments
2. utilize proper call-in policy
3. rotate through all clinical assignments and demonstrate working knowledge of the equipment and procedures done
4. adhere to the attendance policy
5. complete all clinical assignments before the start of the next semester
6. demonstrate compassion and professional conduct at all times while working with patients
7. provide age-appropriate patient care
8. be able to communicate properly with patients
9. be able to communicate and work with fellow students, radiographers, and physicians
10. exhibit professional conduct and adhere to dress code at all times while assigned to the clinical area
11. be able to cope and function during stressful situations
12. exercise independent judgment and discretion in the technical performance of medical imaging procedures
13. take initiative to participate in exams
14. adequately apply critical thinking skills in the performance of medical imaging procedures
15. maintain cleanliness and stocking of assigned clinical area
16. report any abnormal incident to clinical instructor pertaining to equipment, patients, and self
17. function as a team member and be respectful of others in a professional manner
18. minimize radiation exposure to self (ALARA) and others

Professional Conduct and Ethics

All students are expected to conduct themselves in accordance with the Standards of Ethics adopted by the American Registry of Radiologic Technologists (https://www.arrt.org/docs/default-source/governing-documents/arrt-standards-of-ethics.pdf?sfvrsn=c79e02fc_16).

The primary goal of a radiology department is quality patient care. Medical skills and specialized diagnostic and treatment equipment are key elements in the delivery of good health care. Quality care is strongly influenced by the attitude and manner of the radiologic technologist who greets the patient and carries out the procedure or examination either individually, with peers, or by assisting the radiologist.

It is important for the patient's well-being that your manner is always calm, friendly, mature, respectful, and helpful. There is no place in a good patient/ technologist relationship for personal conversations or joking with co-workers, indifference, or inappropriate language. It is important to maintain a courteous, professional attitude at all times in department work areas, which are in sight or hearing of patients and guests. Patients take their health problems seriously, and so must students and technologists.

Patients who are ill or injured can be anxious and afraid. They need reassurance and confidence. Some people act hostile, irritable, or angry when they are afraid. It is important not to personalize the remarks of such patients and to keep calm and do your best to communicate in simple, helpful terms. Respect the patient's dignity with your words, tone of voice, and actions. Never let your irritation show in response to an irritable patient, work pressures, or personal problems.

Professional conduct is most difficult to define and measure, but it's immediately and painfully obvious when it's lacking. It is ultimately the technologist's manner and attitude that provide the basis for patients to judge professional ability. Your courtesy and concern are the human elements that assure quality patient care. Please be sure to always double I.D. the patient for proper patient identification.

In addition, students must:

1. Follow the University's Code of Conduct (https://studentaffairs.psu.edu/support-safety-conduct/student-conduct/code-conduct).

2. Abide by all the pertinent policies and procedures of the respective clinical education site. This information shall be provided by the clinical instructor. Policies at one clinical site will apply at all clinical sites for consistency.

Unacceptable Conduct

Certain actions may cause immediate dismissal from the program. They are:

1. Negligence, disorderly conduct, or inconsiderate treatment of patient, visitor, or hospital personnel.
2. Falsifying any records, reports, or information regarding patients or hospital operations.
3. Divulging confidential information regarding patients, hospital operations or program issues.
4. Interfering with the work performance of another student or employee, threatening, intimidating, or coercing another employee or student.
5. Theft, misappropriation, unauthorized possession, or use of property belonging to the hospital, or to any patient, visitor, fellow student, or staff member.
6. Willful / careless destruction, mishandling or defacing of hospital equipment or property.
7. Use or possession of intoxicating beverages on the hospital premises, or reporting to class or clinical areas under the influence of such beverages.
8. Illegal use or possession of narcotics or drugs.
9. Unauthorized possession or use of a dangerous weapon on hospital property.
10. Gambling or possession of gambling devices on hospital property.
11. Willful or repeated violation of hospital safety, fire, disaster, and security regulations.
12. Unauthorized selling or soliciting on hospital property.
13. Soliciting or accepting tips, gifts, or gratuities from patients, relatives, or visitors.
14. Insubordination. Throughout the clinical period, students are supervised by the following: staff technologists, radiologists, clinical coordinator, clinical facilitator, and clinical instructor. Failure to complete an assigned task or refusal to do the task is viewed as defiant and disobedient. Neither

one of these actions is tolerable in the health care field, where the well-being of the patient always comes first.
15. Failure to demonstrate genuine interest in the patient's well-being. Part of the clinical education experience centers on patient evaluation and staff response. Patients entering the Radiology Department have some apprehension, uncertainty, and fear. They are also concerned about their modesty. Preserving the patient's well-being is a task incumbent to any allied health vocation.

Zero Tolerance Policy (Demerit System)

In addition to proving clinical competency, students will be evaluated on demonstrating affective, cognitive, and psychomotor skills in the clinical education environment. Positive, professional behaviors and attitudes are as important as clinical competency, particularly attendance, integrity, judgment, reliability, dependability, personal presentation, communication skills, professional conduct, initiative, adherence to dress code, ability to function during stressful situations, and the ability to complete requirements in a specified time frame. Developing and maintaining professional behaviors will reward the student in future employment opportunities. Policies and procedures concerning these behaviors and attitudes are clearly outlined in RAD Rules. Therefore, any infraction of the rules will result in disciplinary actions.

Demerits – defined as a numerical documentation of unsatisfactory performance, which will affect a student's clinical grade. Demerits are assigned by program faculty. The number of demerits assigned will depend on the seriousness and frequency of the infraction. Demerits will be subtracted from the clinical grade as follows:

This list is not inclusive. Demerits may be assigned for other violation of policies not individually listed below. This list should be used as a guide to aid in maintaining consistency among clinical sites. Ultimately, the number of demerits earned will depend on the seriousness of the infraction and will be determined by the clinical coordinator.

Infraction	Number of demerits earned
Failure to complete and submit required clinical paperwork in appropriate time frame (ex. objectives, evaluations, etc.).	See COW
Failure to follow proper call-in policy when absent from clinical	3 (consistent)
Tardiness	See tardy policy
Unexcused absences in excess of allowed annual days	3 plus make up amount of time missed (consistent)
Any violation of the dress code	1
Failure to have markers, dosimetry badge or hospital ID	1
On the computer inappropriately	5
Cell phone usage, including talking and texting, clinical site phone usage for personnel use, or smart device usage	3
Taking part in non-educational activities while in clinical (ex: knitting or sleeping)	1
Violation of clinical site smoking/vaping policy	3
Leaving assigned clinical rotation area without permission of supervisor or clinical instructor	1
Failure to effectively communicate	Determined on individual basis

Using inappropriate language in the clinical environment	3
Failure to take initiative	Determined on individual basis
Failure to successfully complete entire exam (ex. have images checked, release patient, finish paperwork, reschedule patient)	1
Failure to maintain cleanliness and stocking of assigned clinical area	2
Using someone else's markers or letting someone else use your markers	1
Mislabeling images	3
Failure to properly double ID patient	3
Failure to properly double ID patient that results in radiographing the wrong patient	5 plus paper
Radiographing the wrong body part	3 plus paper
Unsupervised repeat	5 plus paper
Indirect supervision when direct would be required	5 plus paper
Failure to employee good radiation protection practices (ex: determine pregnancy or LMP status, proper shielding for patient, self, others as required)	3

Holding the patient or the image receptor during an exposure	5 plus paper
Failure to function in stressful situations	Determined on individual basis
Failure to report any abnormal incident to supervisor pertaining to equipment, patient or self	3
Intolerance of others	5 plus paper
Inability to function as a team member	Determined on individual basis
Failure to act in a professional manner	Determined on individual basis
Failure to thrive in clinical setting	Determined on individual basis
Inconsistent performance in clinical setting	1
Showing no concern for patient well being	3
Failure to follow Standards of Ethics	Determined on individual basis
Circumventing the chain of command	3
Violation of program privacy policy	3
Violation of patient privacy or HIPAA	5 with possible clinical suspension/expulsion
Falsification of records	5 with possible clinical suspension/expulsion Submission of report to DAA

Insubordination	5 with possible clinical suspension/expulsion
Lying either outright or by omission	5 with possible clinical suspension/expulsion Submission of report to DAA
Suspension	5

The number of demerits listed above will be given for an initial infraction of policy or procedure. Subsequent infractions of the same policy will increase the demerit given by one unless indicated consistent.

A master list of demerits will be maintained for each student. Demerits in future semesters for subsequent infractions of the same policy will result in an additional demerit per infraction unless noted as consistent in the list. Each demerit will lower the clinical grade by one percentage (1%) point. In addition, a clinical instructor may send the student away from clinical until the infraction is remedied. Any time used while the student is away from clinical will be deducted from annual time or made up as straight time by the end of the semester or during semester break before proceeding to the next semester. If the time amount is less than 1 hour, the tardy policy will apply, and tardy points will be recorded.

Failure of the clinical component will result in failure of the RADSC 295 course, and the student will not be allowed to progress to the next semester of the Program.

Program Privacy Policy

Information relating to student disciplinary actions and conferences are considered confidential and are not to be discussed outside the Program. Students who discuss program issues with clinical department staff other than clinical instructors are subject to disciplinary action to include demerits and possible suspension.

Grievance Policy

The procedure outlined may be followed by a student who believes that there is information contained in his/her academic or clinical record that is inaccurate, misleading, or violates the privacy or other rights of the student.

1. If the questionable information concerns an academic grade received in a RADSC course, the student should first talk with the instructor to discuss the grade in question within 7 days of receiving the grade.
2. If the questionable information pertains to a clinical evaluation, the student should first discuss the evaluation with the member of the clinical education staff who evaluated the student or the clinical instructor within 2 days of receiving the evaluation. If the student is not satisfied with the outcome of that discussion, the clinical coordinator should be notified within 7 days of receiving the evaluation. If after the student has discussed the questionable information, and there is still a dissatisfaction on the student's part, the student should make arrangements to discuss the matter with the program director within 7 days after receiving feedback. The program director will investigate the situation and meet with the student within 4 days of the student's request.
3. If after the student has discussed the questionable information, as indicated in steps 1 or 2, and there is still a dissatisfaction on the student's part, the student can make arrangements to discuss the matter with the Director of Academic Affairs within 4 days. Once the student accesses the DAA, the University grievance policy and timelines are utilized. Documentation of grievance will be maintained and placed in the student's file.

   Below are links to pertinent University Grievance Procedures for a student involved in a grievance:

Grades and Grading
http://undergrad.psu.edu/aappm/G-10-grade-mediation-adjudication.html

Academic Integrity
http://undergrad.psu.edu/aappm/G-9-academic-integrity.html

University Policy or Action
https://senate.psu.edu/students/petitions/

JRCERT Complaint Resolution Policy

Any student with a complaint related to the accreditation standards has the right to contact the Joint Review Committee on Education in Radiologic Technology (JRCERT)(http://www.jrcert.org/).

Student Clinical Dress Code Policy

The purpose of the student dress code is to ensure that students maintain an acceptable standard of appearance at all times that is consistent with that of a clean, neat, and well-groomed professional. This policy is intended to be inclusive; any needed revisions will be determined by the program faculty. The program faculty will be the sole judge of what is or is not consistent with the dress code.

General Statements:

1. All clothing pieces will be loose fitting, neat, clean, pressed and wrinkle-free.
2. Appropriate undergarments will be worn. Undergarments that show through the clothing or uniform are inappropriate.
3. Make-up should be subdued and kept to a minimum.
4. Patients may be sensitive to scents so students should be mindful in selecting grooming products that are scent-free or lightly scented.
5. Gum chewing is prohibited at all times.
6. Breath and body should be free of any offensive odors.

Uniform**

Top: Uniform top with RADSC Program logo. Tops must be purchased through the campus bookstore. A long-sleeved shirt may be worn underneath for warmth or to conceal tattoos. The long-sleeved shirt must be all white and free of logos or insignia.

Pants: Scrub pants may be purchased through the campus bookstore or elsewhere. They must be navy, and the jogger style type is not permitted.

Warm-up jacket: Wearing sweaters and sweatshirts is not allowed at clinical, so a warm-up jacket is available. This is an option and is not a mandatory part of the uniform. The jacket is ceil blue or navy and has the RADSC Program logo on it. It is available in the campus bookstore and is the only jacket that can be worn over the uniform.

Footwear: Shoes can be professional shoes or athletic shoes though they must be all white and all leather or leather-like material. Clog type shoes are acceptable if they have a full back on them. Socks should be white or black. Shoes should be clean and polished at all times.

Hospital scrubs: Scrubs are worn for OR, cath lab, and CVIR rotations only. Students in these areas will report to clinical in their uniforms and change into scrubs upon arrival. At the end of the day, these students will change back into their uniforms prior to leaving the department and deposit the scrubs into the appropriate receptacle. If a shirt is worn under the scrub top, it must be all white with no insignia or logos.

Personal appearance:

Hair: Clean and neat; hair longer than collar length must be pinned or restricted at the base of the neck; hair color must be a natural tone; no “trendy” hairstyles, including spikes and sculpting. Headbands and barrettes / fasteners used to restrict hair can be blue, white, or darker colored.

Hands: Clean; fingernails will be trimmed to below the length of the finger; nail polish of any type (clear included) is not permitted.

Jewelry: kept to a minimum

1. Rings: a total of two rings allowed (wedding sets count as one)

2. Bracelets: not allowed
3. Earrings: Dangle earrings and hoops are prohibited; only post earrings are permitted
4. Necklace: one single thin chain, no longer than 22", with one small pendant
5. Watch: Smart watches are allowed but should not be used for texting or other personal uses.
6. Other body jewelry that would be visible, including eyebrow, nose, and tongue piercings, is unacceptable. Plastic spacers may be worn.
7. Tattoos: May be visible but free of offensive content. Offensive content needs to be covered.

Badges: Students must wear a hospital ID badge and radiation-dosimetry device at all times.

*RADSC Program dress code is based on dress code policies from all clinical sites.

Communicable Diseases

Students should not be in the clinical environment if they are ill, should refer to the annual time and the call in polices, and should stay home! Evaluation by their personal physicians may be recommended. If illness arises while at clinical, a student may request early dismissal by verbal request of the clinical coordinator, clinical facilitator, or clinical instructor. Likewise, a student may be dismissed by the aforementioned people for ill health. This arrangement is deemed necessary in order to provide protection for patients who are already in a state of debilitated health. A communicable disease is defined as a disease that may be transmitted directly or indirectly from one individual to another, such as the flu and conjunctivitis (pink eye). If a student is exposed to a communicable disease, such as tuberculosis, while at clinical, the clinical site communicable disease exposure policy will be followed.

COVID Impact for Clinical

No students are allowed to have direct contact with known COVID patients or patients under investigation. A student can participate in an exam while not having direct contact. Students will be provided appropriate PPE (personal protective equipment) by the clinical sites and will be expected to abide by clinical sites policies, including daily screening and mandatory use of face masks. Failure to do so may result in the student's permanent removal from the clinical site and possible dismissal from the Program. A student exhibiting any COVID symptoms should not attend clinical and should contact the campus nurse.

Annual time

Annual days are designed primarily for sick time; however, students may use annual days for personal reasons. Students will "call in" to the clinical instructor at the clinical site. Tardiness is not applicable for annual days; a separate policy exists. The annual days form and the program attendance form are maintained by the RADSC program faculty and will be the official documents determining number of days used. A total of eight (8) annual days are allowed as follows: RADSC 295 (01-03) four days, RADSC 295 (04-06) four days, for a total of 8 days in 24 months.

A need for increased use of annual days due to extenuating circumstances will be examined on an individual basis by the clinical coordinator. Any excess of annual days will be made up before the end of the program. If clinical objectives and competencies are not completed, make up time will be scheduled earlier in the program as deemed appropriate by the clinical coordinator.

Use of annual days is not permitted during evening and midnight assignments. Absences during these assignments will be rescheduled during the time frame missed and before the end of the semester in which they occur.

When time is used other than as sick days, prior notification by the student is preferred. Each time a student uses an annual day, it is documented on the annual day form and attendance form. Both these forms are reviewed with the student during the end of semester conference. Naturally, students have access to their file at any time upon request to review attendance status.

Annual days are based on a total of clinical time reflecting (8) hours or one clinical day. Students may use annual days as whole days or half days. No other arrangement of hours is permitted. No make up time is arranged until after the number of annual days has been exceeded except in extenuating circumstances. Scheduled make up time will be completed by the end of classes in the last semester. Lunch periods are not taken into consideration where 0.5 days are used.

Students should be aware that the use of sick time and attendance are items frequently asked about for personal references. Students should use annual days with prudence and good judgment. It is the student's responsibility to complete didactic and clinical activities missed before the end of each semester.

*It is the student's responsibility to complete the proper form “Clinical Education Change Request” prior to or following any annual time use and submit it to clinical instructor within 24-48 hours of time taken.

Any time a student has an extended illness or an injury, prior to returning to clinical education (RADSC 295), the student must submit to the clinical coordinator a physician's written permission note indicating ‘no restrictions’.

Call In Policy

Any event which causes a student to be late or absent should be reported to the clinical instructor prior to starting time. If unable to speak to the clinical instructor directly, leave a message and be sure to document the time you called and the person you spoke with; then call back between 8 and 8:15 and speak with your clinical instructor; if unable to reach clinical instructor, the student should contact the clinical coordinator or clinical facilitator. This is important so your RADSC Clinical Attendance Record will be accurate. If a student is absent for three consecutive clinical education days, a doctor's release form must be presented to the clinical coordinator before the student reports to the clinical area. This procedure is necessary in order to protect the health of other students, staff and patients.

Tardy Policy

A radiographer should be ready to perform duties at the scheduled start time. This tardy policy will aid the student radiographer in the development of good attendance habits, reliability, and team work. With this system, the

student will acquire demerits and tardy points for each episode of tardiness according to the schedule below. Once 4 tardy points are documented, an automatic deduction of ½ annual day will occur. Tardy point collection will be ongoing for the entire 24 months meaning the count does not reset at the start of each semester. A tardy tracking sheet will be utilized and will be maintained in the student's clinical file. After the accumulation of 4 tardy points, a conference form will be completed to document the ½ day of annual time deduction. If no annual time is available from which to deduct the ½ annual day, the time will be made up straight time prior to the start of the next semester with no more deductions for unexcused absence or no annual time. As always, make up time is at the discretion of the clinical instructor. Demerits will be applied to the semester in which the tardy occurred.

Amount of time tardy	Demerits earned	Tardy points earned
Up to 15 minutes late	1	1
15-30 minutes late	2	2
30-60 minutes late	3	3
>60 minutes late	4	4

*These numbers apply for each occurrence so there isn't an increase for each subsequent event.

*The amount of time the student is tardy would not have to be made up because eventually a ½ annual day will be deducted.

*At four points, the ½ day deduction is made and the count returns to zero. If accumulated points are greater than 4, the ½ day annual time deduction is applied and 4 points is subtracted from the tardy point total.

Examples:

1. Student has 2 tardy points and is 25 minutes late, resulting in 2 demerits earned and 2 tardy points added to the current 2 for a total of 4 which triggers a conference form and the ½ day annual time deduction. Counter resets to zero points.

2. Student has 2 tardy points and is 45 minutes late, resulting in 3 demerits earned and 3 tardy points added to the current 2 for a total of 5, which triggers a conference form and the ½ day annual time

deduction. In this example, the 4 points representing the ½ day annual time deduction are subtracted from the total of 5, which resets the counter to 1.

Inclement Weather Policy

The guideline for students to follow on clinical education days will be that of Penn State Schuylkill Campus. If Schuylkill Campus cancels classes for a partial or full day due to inclement weather, RADSC didactic classes will not be held and no clinical hours in RADSC 295 will be observed. Clinical hours missed due to inclement weather require no makeup. Missed didactic classes will be rescheduled on an as needed basis.

Students should sign up for the PSU text alert system to receive campus alerts. Students may also refer to the Penn State Schuylkill website for campus weather delays/closings. Delays/cancellations are determined by the campus chancellor in accordance with the campus Inclement Weather Policy (https://schuylkill.psu.edu/faculty-staff-0/office-human-resources/business-services/inclement-weather-policy) not the Radiologic Science Program.

Do not call the clinical site.

Students are reminded to make their own decision with regards to their own safety when no campus delays/cancellations have been called, utilizing annual day time when appropriate.

The University Administration determines any early dismissals. The clinical coordinator will be informed of this and subsequently the RADSC students will be dismissed from the clinical settings. No makeup hours are necessary for early campus dismissals.

Smoking

All the clinical settings associated with the Program are smoke free institutions. Vaping or use of e-cigarettes is also not allowed.

Section #5 - Clinical Competency and Semester Objectives

Competency Based Education

Competency based evaluation enables both the program faculty and the individual student to identify the student's strengths and weaknesses. Clinical instructor and staff technologist evaluations also allow us to determine the progression rate of students during their clinical education as to whether they are able to meet specified predefined clinical performance objectives.

Student psychomotor skills are evaluated not only by their clinical rotation experience but also through simulated laboratory conditions and individual image critique sessions and random rechecks.

The student begins his/her clinical participation by first observing a qualified radiographer in the execution of his/her duties. This participation then moves from the passive mode of observation to a more active mode of assisting the radiographer with radiographic procedures. The rate of student progress is dependent upon the ability of the student to comprehend and perform the various tasks assigned to him/her.

The student progresses in the clinical setting from a passive mode of observation / assistance to a student radiographer capable of performing radiographic studies independently while developing efficiency and proficiency.

Clinical rotation assignments allow the student to perform with direct & indirect supervision to gain independence and self-confidence. Gradually, with proper supervision the student develops efficiency and judgmental decision making. Ultimately, the end result is a student who possesses the

entry level competency of a staff radiographer, thereby prepared to assume the responsibilities of employment.

Clinical Competency Evaluation

Competency

When a student has satisfactorily completed all preliminaries of an exam, she/he may request competency evaluation in that exam. Upon successful completion, the student may function with indirect supervision (except for OR, C-arm, and portable studies). Competency objectives for each semester must be met for the student to continue to the next semester. All examinations will be performed according to the clinical evaluation guide, which is derived from the radiology department routine projection listings.

Administration of Competencies

Preliminaries may be administered by a qualified (ARRT) radiographer. The radiographer initials the appropriate area on the competency evaluation record. Competency evaluation may be administered only by the clinical instructor or clinical evaluator utilizing the clinical competency evaluation form and the clinical education guide.

Core Competencies

To determine that the student has achieved a minimum level of competency, specific competencies will be required each semester and must be completed prior to advancing to the next semester. The student will be given the list of core competencies prior to the semester. The list of core competencies is based on the American Registry of Radiologic Technologists' (ARRT) competency requirement list. The majority of comps must be performed on patients while a number may be simulated in 295-05.

Competency Evaluation Process

1. The exam is covered in the didactic setting. This includes lecture and lab demonstration.
2. The student practices the exam in lab. They practice based on what they learned in class and how the exam is performed at clinical.
3. After practicing in lab, the student may perform the exam on patients and acquire prelims under the direct supervision of a qualified radiographer. A prelim means the student performs 85% or more of the exam; the supervising technologist initials the prelim sheet.
4. After practicing in lab, the student tests out on the exam with program faculty, using a classmate as a patient. The students are evaluated to be sure they understand theory and procedure before obtaining competency. This bridges the classroom and clinical components of the RADSC courses.
5. After the student successfully completes test out on the exam and receives the required number of prelims, he/she can request a competency examination.

*If a student is unsuccessful on a competency evaluation, the unsuccessful competency form is completed, and the student will be required to demonstrate additional clinical participation in the problem area before requesting a second competency. The number of preliminary competencies needed before requesting a second competency will be determined by the clinical instructor and clinical coordinator based on the student's performance in the problem area.

RADSC 295-06 Evening and Midnight Assignments

In keeping with the educational goals of the program, students are assigned to evening & midnight assignments/hours in RADSC 295-06. The evening & midnight rotations allow the student to gain additional radiographic confidence while also allowing the student to have valuable emergency, trauma, portable, and operating room learning experiences.

The goals of evening & midnight assignments are to:

1. Offer the student radiographic experience he/she cannot obtain during daytime clinical education.
2. Offer the student a feel for evening & midnight RT responsibilities.
3. Learn how to function with a reduced radiology staff.
4. Be aware of evening & midnight limitations of the radiology department (i.e. on call procedures).
5. Acquaint the student with any additional responsibilities the RT assumes during evening & midnight hours.
6. Learn to work more independently in a new environment, which is the focus of RADSC 295-06.
7. Appreciate the interaction with hospital staff members outside the radiology department. (i.e. ER physicians viewing images, ambulance personnel).
8. Learn to improvise and use non-traditional positioning methods to obtain quality radiographs when working with emergency type patients (i.e. cross-table laterals).

Guidelines

1. Evening & midnight assignment hours are 4-12 PM and 12-8 AM and will take place at Hershey Medical Center.

2. Students receive one (30) minute dinner break. The charge staff RT will designate the students' dinner break time.

3. Two students are assigned at a time

4. All "absences" taken during PM Hours will be made up during PM hours at a later date.

5. RADSC 295-06 competency evaluations may only be completed by designated clinical evaluators.

6. All program policies are in effect during evening and midnight rotations.

7. Each student will receive a 3-day evening and a 3-day midnight rotation assignment.

8. The charge staff RT assumes responsibility for student supervision, guidance, and direction. All students should be under the indirect supervision of a staff radiographer who is "immediately available" to the student.

9. Exceptions to the indirect supervision policy are repeats, OR, and portables. All repeat exposures must be performed under the direct supervision of a registered staff radiographer. Students need direct supervision in the OR and on portables.

10. Didactic class is scheduled for Friday - no clinical hours.

11. Complete journal entries for each rotation. Student's narrative of the evening & midnight experience should include observations, comparisons, contrasts, new/different encounters, and what was learned from the experience.

12. One of the staff technologist evaluations for this semester will be completed for each evening and midnight rotations.

13. The clinical coordinator / clinical instructor will meet with the evening & midnight staff prior to the 295-06 semester to review the Rules and Regulations pertinent to students.

Random Recheck

Random recheck competencies will be administered to ensure continued competency and aid in developing critical thinking skills.

- One clinical recheck will be required in each semester from 295-02 through 295-06.
- The exam will be chosen randomly from the list that corresponds to level of education.
- The clinical coordinator will monitor the recheck.

- Successful completion of the clinical recheck is an objective for the semester. (See corresponding semester COW for grading).
- The student will randomly choose a study and a patient profile.
- The student will perform the study as though it were a real procedure, minus the actual exposure.
- The patient will be another student, instructor, or technologist. Any unauthorized assistance from the patient will result in an unsuccessful attempt at completing the recheck.
- The student will have five minutes to prepare the room and review his/her notebook prior to the procedure.
- No exam or patient profile will be used more than once nor will an exam used for image critique in prior semesters be allowed.

Most preliminary and final competencies are performed during routine examinations; the "patient" for random rechecks will be "non-routine". A certain amount of stress is incumbent in the radiologic science field; this role play / simulation will help the student radiographer deal with such situations. It is not the intent of this exercise to catch or trap a student. A staff radiographer must be prepared to perform any type of radiologic examination at a moment's notice and while dealing with the patient's questions, complaints, and condition.

Procedure

1. Random rechecks will be performed throughout the semester; no specific day is designated.
2. The student will randomly select an examination and patient profile. A patient request and history will be provided. The student should role play/simulate the exam just as if a real patient were involved (i.e. greet patient, previous history, discharge patient).
3. The clinical recheck evaluation form will be used to evaluate student performance.
4. Successful completion of the random recheck is based on procedure evaluation and performance evaluation.

Image Critique

Throughout the program, the student will participate in regular, formal sessions for radiographic image evaluation. Sessions are conducted under the supervision of the clinical and program faculty. As the student progresses through the curriculum, the complexity of images evaluated, and level of critique should increase.

Objectives

The student will:

1. Discuss the elements of a diagnostic image as related to image critique.
2. Evaluate the alignment of the tube with the part of interest and the IR.
3. Describe the proper positioning for this study and apply knowledge to these images.
4. Explain the process for evaluating radiographic images for adequate density/brightness level and contrast/window.
5. Describe the method for assessing proper collimation and post processing.
6. Determine if images are marked correctly.
7. List the parameters for evaluating visibility of detail on radiographic images.
8. Determine if the images are free from motion.
9. Explain possible causes for image distortion.
10. Discuss if distortion is present on images.
11. Identify all anatomy on images.
12. Describe how properly preparing a patient affects the quality of the image.
13. Correctly identify cause of any artifacts or noise on images.
14. Evaluate radiologist interpretation.
15. Identify pathologies on images.
16. Apply knowledge to images presented for evaluation and acceptance or rejection.

Procedure

1) Each student will select (1) case for presentation on a specified date with no duplication of anatomy among presenters.
2) A student may not present an exam similar to ones s/he presented in prior semesters or used during any prior random recheck.
3) All cases MUST be checked with the clinical instructor at least one week prior to scheduled image critique date.
4) Students are responsible for case availability. Utilize interesting case log to index cases.
5) Utilize the image critique evaluation form and the image critique review information that is posted on clinical Canvas sites when preparing presentations.
6) If using notes, the student is limited to one page of notes. No labeled diagrams are allowed. Bonus on COW for using no notes = 1% bonus in 02-05, no notes mandatory in 06.
7) Exams need to be at least two projections. Exams chosen in 06 should be more challenging and useful in studying for the ARRT exam. Therefore, finger, thumb, and toe, will not be accepted.

Section #6 – Feedback and Conferences

Conference Sessions

Throughout the program, the clinical coordinator and clinical instructor conduct conference sessions with all students at the end of each semester at each clinical site.

Students are notified in advance of each conference session. Clinical progress, grades, evaluations, dosimetry reports, and any weaknesses or strengths are reviewed.

In addition to the regularly scheduled sessions, any student desiring an opportunity to discuss academic or clinical problems affecting progress in clinical education may arrange an appointment with the clinical coordinator or clinical instructor.

Clinical staff and CI evaluation conferences are scheduled several times each semester, during which student goals and progress are reviewed.

Documentation for both these scheduled conferences and any arranged conferences is maintained in the student's clinical education file.

Anecdotal Form

The anecdotal form has been developed to document student behavior. The form may be used by clinical personnel, faculty, or other students to record incidents that may be either positive or negative about student behavior that is extraordinary. All anecdotal forms will be kept in the student's file. Positive records will be used in writing letters of reference. Negative records may be used to substantiate behavior before taking disciplinary action.

Self-Evaluation Conferences

Students are constantly evaluated by instructors to monitor progress during clinical education. It is very important that instructors know how the student perceives his / her own experience and ability. The self-evaluation allows you to candidly discuss your progress. Each semester the student will complete a self-evaluation form. At a later date, the student and clinical instructor will have a conference to discuss the student's goals and progress. No grade is attached to this assessment / conference but each student must complete this exercise as part of the course objectives.

Clinical Site Evaluations

Students will complete clinical site evaluations at the end of each semester. This evaluation will give the student the opportunity to rate the clinical site, staff technologists, clinical instructor, and make additional comments. This will help program faculty identify any issues at the clinical site. If issues are identified the program will work with the clinical site to remediate the problem for a better student experience.