

Student Handbook



Reviewed and or Revised **July 9, 2024**

A handwritten signature in black ink, appearing to read "AH", followed by a long horizontal line.

Ashley Hammonds, MPAS, PA-R, ARRT(R)
Program Director

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Our Mission

The mission of Hendrick Health System is to deliver high quality healthcare emphasizing excellence and compassion consistent with the healing ministry of Jesus Christ.

The mission of Hendrick Medical Center School of Radiography is to provide our community and region with radiography graduates who professionally deliver high quality health services with competence, excellence, and compassion.

Program Goals and Student Learning Outcomes (SLO)

1. Goal: Students will be clinically competent.
SLO: Students will demonstrate knowledge of radiographic positioning skills
SLO: Students will demonstrate knowledge of radiation protection.
2. Goal: Students will develop effective communication skills appropriate to the health care setting.
SLO: Students will demonstrate effective oral communication skills.
SLO: Students will demonstrate effective written communication skills.
3. Goal: Students will use critical thinking and problem solving skills.
SLO: Students will adapt to changing needs of the patient and administer age appropriate patient care.
SLO: Students will be able to describe how to perform non-routine radiographic procedures.
4. Goal: Students will develop and grow professionally
SLO: Students will demonstrate appropriate work ethics.
5. Goal: The program will maintain quality improvement by evaluating program effectiveness through implementing changes or improvements in policies and procedures based on the results of the assessment process.

15440.01: Admission Requirements

POLICY: Students for Hendrick Medical Center School of Radiography are selected twice a year. All candidates are selected based on a point system. Application steps and points are listed below.

RULES:

1. Watch seminar video prior to the application deadline.
2. Complete application, pay the \$25 application fee, and return by January 1 deadline for the summer class or June 1 deadline for the fall class.
3. Submit official college transcripts documenting Associate degree or higher with transferable college credit in:
Written/oral communication (English 6 hrs.)
Mathematical/logical reasoning (Math 3 hrs.)

Applicants must have a "C" or better in required classes. Remedial/Developmental classes are not accepted.

Transcripts must be submitted no later than the March 1 deadline for the summer class or the June 30 deadline for the fall class.

* Non-credit courses in Anatomy & Physiology and Medical Terminology must be taken through the program, in partnership with Caduceus at an additional cost.

Anatomy & Physiology- \$99.95 Medical Terminology - \$99.95

These classes must be taken and passed 2 weeks prior to matriculation, student will not be able to start the program until courses are completed.

4. The test and application scores are averaged and the applicants with the highest scores are interviewed by the program selection committee.
5. Scores from the application, references, and interview are averaged and the applicants with the top scores are selected for admission to the program.
6. Acceptance into the program is contingent upon successful completion of a criminal history and drug screening.
7. Full – time students complete 22 hours per week. The program does not enroll part – time students. The program does not accept transfer or advanced placement students.

15440.02: Cost, Payment and Refund Policy

POLICY: Tuition payments are due on the 1st day of each semester. Semesters are 16 weeks in length.

RULES:

Typical costs are as follows:

Application Fee	\$ 25
Tuition/Fees	\$ 4,600
Caduceus	\$ 200
Books (approx.)	\$ 650
Uniforms, (5 at approx. \$50 each)	\$ 250
Criminal background check (approx.)	\$ 50
7 panel Urine Drug Testing	\$ 25
AHA Healthcare Provider CPR @HMC	\$ 50
Required immunizations (approx.) (TB, MMR, Tetanus, TDaP, Hepatitis B series Flu, COVID-19, and Respirator Mask Fitting)	\$ 475
ARRT exam fee	\$ 225
MRT application fee	<u>\$ 82</u>
Approximate Total	\$ 6,632*

*All costs are subject to change.

1. Tuition may be paid in installments of \$920 per semester. Monthly payments are also accepted.
2. Fees for drug screening, mask fitting, and vaccinations provided by Hendrick Employee Wellness are listed on the student account but are paid to Employee Wellness.
3. Students will make payments directly to Hendrick Medical Center's 4th floor cashier. "School of Radiography tuition payment" must be noted on the receipt as well as the cost center number 15440 and account number 380000.

Employee Wellness fees should include the cost center number 17715, and account number 380,000.

It is the student's responsibility to furnish a copy of the receipt to the school office. Ask the cashier to please print two receipts.

4. Students may make payments in advance of the due date. Such payments are only refundable if the student withdraws.
5. Tuition is refunded at the following rate for each 16 week semester.
 - a. Withdraw in 1st- 4th week - full refund of paid tuition for the current semester
 - b. Withdrawal after the 4th week but before the 8th week – refund \$450.00.
 - c. After the 8th week - no refund.
6. At the end of the program, the student must pay the American Registry of Radiologic Technologists approximately \$225.00 to take the Registry Examination.
7. Texas requires Medical Radiologic Technologists to have license to practice. A fee of \$82 must be paid to the Texas Medical Board for a MRT license.
8. Repeated semester \$920.00 if applicable.

15440.03: Program Hours

POLICY: Students are required to attend classes and clinical experience according to an organized plan of attendance.

RULES:

1. **Hours:** 8:00 am – 2:00 pm Monday – Friday. Didactic instruction 1 day per week, clinical instruction four days per week.

Total Didactic hours – 480, Total Lab hours – 128, Total clinical hours – 1,632

2. **Late hours:** During the fourth semester of the program students are required to complete 88 clinical hours on off shifts. Evening hours will be assigned by the clinical coordinator. Students failing to complete the required hours during the fourth semester may be required to repeat the semester.
3. **Lunch:** The lunch break is 30 minutes.
 - a. The time of the lunch break is at the discretion of the student's assigned supervisor.
 - b. Students leaving the campus for lunch must clock or sign out when they leave and in when they return.
4. **Breaks:** Any other breaks are not guaranteed and are permitted at the discretion of the student's assigned supervisor.
 - a. Students are not to take a breakfast break upon arrival. Breakfast should be eaten prior to clocking in for the clinical rotation.

15440.04: Attendance Policy

POLICY: A permanent record of attendance and absences will be maintained.

RULES:

Time Clock:

1. All students will clock in upon arrival and out upon departure for all clinical assignments. If the clinical site does not have access to a time clock, students are required to sign in and out for attendance records. Failure to clock or sign in or out will result in loss of time unless verified by an instructor.
 - a. All students will use the department clock to clock or sign in upon arrival and out upon departure. Students are encouraged to clock in beginning at 7:45 am in order to be at their clinical assignment by 8:00 am. This means that the student will be in the assigned location within 5 minutes of start time (8:00 a.m.)
 - b. Students leaving the campus for any reason must clock or sign out when they leave and must clock or sign back in when they return.
 - c. Failure to clock or sign in or out for any shift will result in a "No Punch." Three (3) No Punches in a clinical rotations will result in a 10% reduction of your Professionalism grade for that rotation.
 - d. If the student forgets their badge they must verify their attendance with a clinical instructor upon arriving and leaving the clinical assignment.
 - e. Clocking or signing in or out for anyone other than yourself will result in a one (1) day automatic suspension for the first offense and automatic termination for the second offense.
 - f. Students clocking out early must notify a clinical instructor unless the early out has been previously scheduled.
 - g. Upon arrival students are to report to assigned clinical area. If the supervisor is unavailable, **the student is to check with the Clinical Coordinator for reassignment.**

Tardiness:

2. Tardiness is failure to report at the scheduled starting time. The normal clinical day attendance requirement is from 8:00am until 2:00pm. Evening shift (late hour) attendance begins at 5:00pm.

- a. 8:01 a.m. for day shifts and 5:01 p.m. for evening shifts is considered tardy.
Extraordinary circumstances such as inclement weather days or emergencies may be excluded as determined by the clinical instructor or coordinator.
- b. Three incidences of tardiness will equal one incident of absence.

Absences:

- 3. Students are allowed 8 incidents of absence during the program.
 - a. Students unable to attend class or clinical must contact the clinical coordinator at (325) 670-2418. Outreach students must contact their site's clinical instructor prior to the assigned starting time on each day of absence unless hospitalized.
 - a. A voice mail message is acceptable notice.
 - b. Failure to call in will result in a written warning of potential dismissal.
 - c. Absence without notification for 3 days will result in a potential immediate dismissal.
 - d. A medical certificate may be requested if extended periods of absence occur.
 - e. Consecutive days of absence are considered one incident of absence.
 - f. Discipline for excessive absences will begin once a student has accrued the maximum number of acceptable incidents of absences (8).
 - g. Pattern absence, i.e. every Friday, may result in disciplinary action.

Extended Illness:

- 5. Students will have 36 days in an Extended Illness Bank (EIB) that may be used as follows:
 - a. EIB may be used starting the third day of an illness.
 - b. EIB may be used from the first day of hospitalization or as an outpatient for a surgical procedure.
 - c. All time missed beyond the 36 days of EIB must be made up during spring break, vacation break, fall break or holiday break. Any additional time owed will be made up at the end of the program.

Owing Clinical Time:

- 6. Twenty-two (22) hours are spent in clinical rotations each week. Expected clinical hours may be reduced for holidays, vacations, early releases, and 8 incidents of absence.

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7. Students who owe clinical time at the end of a rotation period will have 2 weeks to make up the time. Failure to have the time made up by the end of the next clinical rotation period will result in a zero (0) for the rotation period where the time was missed.
 - a. Make up time must be scheduled with the clinical coordinator or instructor.
 - b. Students owing clinical time may schedule make up time between 7:00-8:00 am and/or 2:00-3:30 pm Monday through Friday.
 - c. Students who accumulate more than thirty (30) hours of clinical time owed and have not been granted a leave of absence will be considered for dismissal.
 - d. Students will not be required to exceed 40 hours in one week to make up time.

Leave of Absence:

8. Students requiring an extended period of absence, i.e. medical emergency, may be granted a leave of absence.
 - a. Any student that exceeds thirty (30) hours of make-up time must apply for and receive an official leave of absence. Failure to be granted a leave of absence will result in termination of the student.
 - b. A request for leave of absence must be made to the program director.
The following criteria will be considered in determining the legitimacy of the request.
 1. The student has passing grades in all subjects.
 2. The student has satisfactory performance in all areas of the program.
 3. The student has an unavoidable emergency need for extended leave.
 4. The student has made up other time missed at the first opportunity.
 - c. Classes and clinical time missed during leave must be made up prior to the end of the semester of leave

Disciplinary Action:

9. A Policy Reminder will be issued with the 8th incident of absence.
 - a. The Policy Reminder will serve as a written reminder of the consequences of the student's poor attendance record.
 - b. The student will be required to use their days off to replace each

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additional day of absence.

c. Make up days must be scheduled with the clinical coordinator.

10. The student will be issued a Notice of Potential Dismissal with the 9th incident of absence.

a. The Potential Dismissal will serve as the second written warning of the consequences of the student's poor attendance record.

b. The student will be required to use their days off to replace each additional day of absence.

c. Make up days must be scheduled with the clinical coordinator.

d. Failure to comply will result in the student being placed on probation.

11. The student will be issued a Notice of Probation with the 10th incident of absence. While on probation, an 11th incident of absence will result in:

a. Decision Making Leave – Student will have to indicate in writing whether they want to continue in the program or withdrawal within three days from the notice. A decision to stay does not mean the student will be able to continue as the final decision is at the sole discretion of the Program Director. It only serves to indicate the student's willingness to continue in the program. Any further violates of school policy, after Decision Making Leave, will result in an Student Probation Dismissal board meeting -- composed of the Program Director, Faculty and Staff, in which the members will review the student's academic, clinical, and disciplinary records to decide whether the student may continue in the program or be immediate dismissed from the program.

b. The student will be required to make up each additional day of absence after their scheduled graduation date.

c. Make up days must be scheduled with the clinical coordinator

d. Failure to comply will result in termination.

e. Students will remain on probation until graduation.

12. The student may be terminated from the program for any incident of absence following a Decision Making Leave.

15440.05: Ethics

POLICY: Students must demonstrate and maintain ethical standards appropriate to the profession of radiography.

RULES:

1. Students are expected to be courteous at all times. They are to be tolerant of patients and their families, who, because of pain or anxiety may seem suspicious or rude.
2. The student is expected to comply with Hendrick Medical Center policies regarding Corporate Compliance, Performance Expectations and HIPAA's rules governing disclosures of PHI. Hendrick policies regarding Privacy and PHI Uses and Disclosures may be found on the Hendrick Intranet by accessing Elsevier Policy Navigator.
3. Never disclose to the patient or his family the results of the radiological examination or the reason it is being done. Always refer them to their physician.
4. The student is expected to adhere to the Code of Ethics established by the American Registry of Radiologic Technologists.

<https://www.arrt.org/pdfs/governing-documents/standards-of-ethics.pdf>

15440.06: Grading Policy

POLICY: A high level of academic performance is expected. Grading will be done according to an organized plan.

RULES:

- Most grades are assigned according to the following scale:
 - 90 - 100 = A
 - 80 - 89 = B
 - 70 - 79 = C *
 - 69 or less = F

* Radiographic Seminar requires a minimum of 75 for a passing grade of C.
- A grade point system based on the following scale:
 - A = 4.0
 - B = 3.0
 - C = 2.0
 - F = 0.0

Practicum Class Grade Book

Assignment	Score	Comment
1/31 Clinical Evaluation 1	100%	Pass Jan 20 - 31
2/14 Clinical Evaluation 2	100%	Pass Feb 3 - 14
2/28 Clinical Evaluation 3	100%	Pass Feb 17 - 28
3/20 Clinical Evaluation 4	100%	Pass Mar 2 - 6 / Mar 16 - 20
4/3 Clinical Evaluation 5	100 / 100	Pass Mar 23 - Apr 3
4/17 Clinical Evaluation 6	/ 100	Apr 6 - 17 Restricted from clinicals due to COVID-19
5/1 Clinical Evaluation 7	/ 100	Apr 20 - May 1 Restricted from clinicals due to COVID-19
5/15 Clinical Evaluation 8	/ 100	May 4 - 15 Restricted from clinicals due to COVID-19
ROCE/Obj 1	R / 100 ?	
ROCE/Obj 2	R / 100 ?	
ROCE/Obj 3	R / 100 ?	
ROCE/Obj 4	R / 100 ?	ARMC
ROCE/Obj 5	R / 100 ?	
ROCE/Obj 6	R / 100 ?	Simulations
ROCE/Obj 7	R / 100 ?	Simulations
ROCE/Obj 8	R / 100 ?	Simulations
Rotation Evaluation 1	R ?	A. Weaver
Rotation Evaluation 2	R ?	Plaza
Rotation Evaluation 3	R ?	R. Dean
Rotation Evaluation 4	R ?	Melissa
Rotation Evaluation 5	R ?	S. Jones
Rotation Evaluation 6	N/A ?	
Rotation Evaluation 7	N/A ?	
Rotation Evaluation 8	N/A ?	
Diagnostic Rotation Plan 1	R ?	Jan 20 - 31
Diagnostic Rotation Plan 2	R ?	Feb 3 - 14
Diagnostic Rotation Plan 3	R ?	Feb 17 - 28
Diagnostic Rotation Plan 4	R ?	Mar 2 - 6 / Mar 16 - 20
Diagnostic Rotation Plan 5	R ?	Mar 23 - Apr 3
Diagnostic Rotation Plan 6	N/A ?	Apr 6 - 17
Diagnostic Rotation Plan 7	N/A ?	Apr 20 - May 1
Diagnostic Rotation Plan 8	N/A ?	May 4 - 15

"It is the student's responsibility to make sure all academic and clinical paperwork (excluding preceptor clinical evaluation of student) from each clinical rotation is complete and turned in by the end of said rotation. The student's overall rotation grade will be reduced by 8% for failure to turn in each the ROCE/Objectives sheet, Rotation Evaluation, and DRP (respectively) by the first didactic class day following the rotation, e.g. 8% reduction for one sheet missing, 16% reduction for two, and 24% reduction for all three. If the paperwork is still not turned in by the end of the student's subsequent rotation, the student will be placed on an administrative leave of absence until paperwork is complete. The student will be responsible to make up all clinical time and examinations missed during this leave of absence."

3. An automatic probation period begins if a student has an average in any course or clinical rotation below 2.0. If the student fails to bring his grade up to 2.0 by the end of the course may result in dismissal from the program.
4. Students should review their course grades frequently. A formal discussion of progress is conducted at the end of each 16-week practicum. Any contest of a grade must be made prior to the end of the practicum.
5. A passing grade is required in all courses. Failure to obtain successful completion in all course units' results in an "I" (incomplete) for the course. If the incomplete is not removed within four weeks following the course end date it is changed to an F and the entire course must be repeated. It is the **student's responsibility** to make arrangements to take the exam or complete the assignment.
6. A passing grade on both didactic and laboratory instruction is required for Basic and Intermediate Procedures before students can begin performing "check off" procedures. Failed exams require remedial instruction and retesting. It is expected that failed exams will be repeated by the next unit test date. The repeat grade will be noted in the grade book, however, the original test score remain as the score for the exam.
8. Students failing to attend two-thirds (2/3) of classroom hours in any course may be dismissed from the program.
9. Clinical Practicum scores are given for every two-week period. Scores are based on:
 - a. Clinical Evaluation by assigned technologist.
 - b. Documentation of clinical procedures observed or performed during the two-week period in a diagnostic rotation (ROCE) or completion of the Objectives for a Secondary or Elective Rotation Area.
 - c. Attendance
10. Students must have a passing score of 70% on course final exams. Students will be allowed one additional opportunity to pass a failed final exam. Students failing for the second time will fail the course and may be terminated.
11. Failure to check to see that clinical paperwork is complete can result in **termination**.
12. All classroom activities are subject to video proctoring to maintain evaluation security as well as for review to improve the overall didactic experience.
13. Professionalism is the cornerstone of every healthcare career. Professional performance and behavior in both clinical and didactic arenas will represent 10% of students' grades. The Hendrick School of Radiography Honor Code, section 15440.08 (Professional Appearance and Clinical Behavior), and section 15440.09 (Behavior and Performance Expectations) provide the broad outlines of anticipated professional conduct through the duration of the program.

15440.08: Professional Appearance and Clinical Behavior

POLICY: Students must demonstrate a professional appearance and behavior while in class or clinical assignments. Hendrick policies regarding Professional Appearance in the Workplace may be found on the Hendrick Intranet by accessing Elsevier Policy Navigator.

RULES:

1. Students will follow the uniform policy of the clinical site to which they are assigned for both clinical and class days.

Abilene students wear maroon or wine colored scrub tops and black scrub bottoms.

Brownwood students wear black colored scrubs.

Comanche students wear maroon or wine colored scrub tops and black scrub bottoms.

Eastland students wear black colored scrubs.

San Angelo students wear green colored scrubs.

Snyder students wear gray colored scrubs.

Sweetwater students wear maroon or wine colored scrub tops and black scrub bottoms.

- a. Uniforms must to be clean, neat, and worn on all clinical and class days.

b. Students may not wear hospital owned scrubs to or from the clinical setting.

- c. Identification and radiation monitoring badges must be worn while in uniform

- d. Radiology departments are typically cooler than other areas in the hospital.

Undershirts must be **black or white**, A lab jacket matching your scrub tops may be worn while in clinical areas. Other jackets are not permitted in the clinical area.

2. Clinical Behavior:

- a. Anatomical side markers are to be used on all images.

- b. Students are to have their Right and Left markers with them on clinical days.

- c. The supervising technologist will bring to the attention of the program director sub-optimal images, work ethic, and performance concerns for review with the student.

1. After the discussion the student will be placed on one (1) month Clinical probation with review of work at the end of probation. If the clinical issue has not been resolved, the student may be dismissed from the program at the director's discretion.

- d. The student is expected to view his or her technologist in the radiology department as their supervisor.

1. As supervisors, the technologists may instruct and direct the clinical actions of the students.

2. Students are expected to follow the instructions and directions of the technologists in the radiology department unless those actions are

contradictory to the school policy. Failure to do so will be considered insubordination.

3. Inappropriate remarks or requests from staff, fellow classmates, or physicians should be reported to the Program Director immediately.

3. Professional communication: In accordance with JCERT directives, all communication should be sent in the form of an e-mail to establish and maintain proper documentation and tracking of information. In order to preserve continual contact between the faculty and students of the School of Radiography, all parties involved are expected to check for new e-mails at least once each day. If any member of the faculty contacts a student via e-mail, students must respond within 24 hours. Students are responsible for communicating any deviations from assigned clinical rotations (e.g. preceptor unavailability and change in expected location), as well as didactic matters (e.g. test assignment, attendance, and individual test questions).
 - a. If the communication involves clinical rotations, contact Ms. Debbie Wood at dwood@hendrickhealth.org.
 - b. If the communication involves didactic issues, contact Mr. Ashley Hammonds at ahammonds@hendrickhealth.org or Mr. Fred Graham at fgraham@hendrickhealth.org.
4. Parking: Students must adhere to all signs and rules of the hospital regarding parking. Parking violations, i.e. parking in visitors parking, may result in immediate suspension or dismissal from the program.
5. Smoking: Hendrick Medical Center is a **Tobacco Free** campus. Use of tobacco products is forbidden on the campus, including the parking lots. Students must follow the clinical site policy regarding tobacco use.
6. Food and drinks: Food and drinks are confined to designated areas, i.e. classroom, cafeteria or break room. No food or drinks are allowed in patient care areas.
7. Gum: Chewing gum is not permitted in clinical areas.
8. Off Duty Visitation:
 1. Students should observe approved hospital visiting hours.
 2. Students not on duty must not be in the clinical area except for preparing assignments or with special visiting permission.
 3. No clinical procedures are to be performed when not on duty.

15440.09: Behavior and Performance Expectations

POLICY: Hendrick Medical Center School of Radiography as an affiliate of Hendrick Medical Center is committed to providing an environment in which patients, visitors and employees are treated in a courteous, respectful and dignified manner, in order to foster efficient operation of the Hospital and the delivery of quality care, and to prevent behaviors which undermine a culture of safety at the hospital.

Students will be expected to follow the same policies as the employees. Students may access the policies of Hendrick Medical Center concerning; Behavior and Performance Expectations, Workplace Harassment, Drug Free Workplace, Professional Appearance in the Workplace, and Electronic Communication through the hospital's intranet by accessing the Elsevier Policy Navigator.

15440.10: Communications, cell phones and other electronic devices.

POLICY: Communication between the staff and students will be conducted through the use of bulletin board posting as well as electronic communication through email and Syncplicity.

RULES:

1. Bulletin Boards:

- a. It is the responsibility of the student to check the respective department bulletin boards for announcements and schedule changes.

2. Phones:

- a. Except in emergencies, personal calls should not be made or received on business phones.
- b. When answering business phones always identify yourself and the department. When taking messages: note the name, date, time, and phone number of the caller. Deliver all messages promptly.
- c. Rules governing use of personal cell phones while on HMC campus may be found on the Hendrick Intranet by accessing Elsevier Policy Navigator.

3. Personal computing devices:

- a. Students are required to bring their own laptop computer, netbook, or tablet to class.
- b. Students are permitted to use this computing device during class to take notes and reference class related materials. Class related materials do not include un-related email and internet surfing.
- c. Mobile telephones are not an acceptable alternative to the aforementioned computing devices.

4. Internet:

- a. All students are required to have an email account and enrolled in Syncplicity
- b. Students are required to check their email, Syncplicity, and Jupiter grade accounts at least once a week for messages, and attendance. It is the student's responsibility to report any discrepancies weekly.
- c. Clinical sites are required to provide email access for students.
HMC provides computers for educational purposes in the Sellers Library and in the school office.
- d. Students will have access to the internet for hospital and educational purposes only.

- e. Hendrick students shall regard any electronic I.D. or password as an electronic signature. Unauthorized use or sharing of an I.D. or password is considered falsification of documentation and is grounds for disciplinary action up to and including termination.
- f. Unauthorized use of any medical center computer for recreation or entertainment is inappropriate and is cause for suspension or dismissal.
- g. Internet use on all of the medical center computers is monitored by the Information Systems Department.
- h. It is the students' responsibility to inform the program of any problems in accessing their account.
- i. Any student who discovers a violation of this policy should notify their supervisor or Human Resources.
- j. Following graduation, graduates are encouraged to be on an Alumni email list.

6. Social media

- a. Personal blogs and social networking contain the views of a particular student, not the views of the hospital or the school. However, readers may not immediately appreciate this concept and the student may be held liable as representing the views of the hospital or the school and/or clinical education setting.
- b. Students are advised not to discuss clinical experiences in any form in any way on any internet site.
- c. Hendrick Medical Center School of radiography will determine, in its sole discretion, whether a particular blog or social networking use violates the profession, the program and. Or social policies.
- d. As with all other policies, violation of this policy may result in disciplinary action up to and including dismissal from the program.

5. **Changes in address or telephone numbers:** Any change in address or telephone number must be reported immediately to the administrative office of the program.

School phone numbers: 325-670-2418 Clinical Coordinator
325-670-2364 Main

15440.11: Radiation Protection Protocol

POLICY: The radiography program shall maintain and monitor student radiation exposure data. The program will have a protocol for incidents in which dose limits are exceeded.

RULES:

Radiation monitoring protocol

1. Basic radiation safety instructions are reviewed with students as part of the introduction course beginning the first day of training.
2. Students will understand basic radiation safety practices to assure radiation exposures are kept as low as reasonably achievable (ALARA) prior to assignment to clinical settings.
3. Students are not allowed to hold patients or imaging receptors during any radiographic procedure.
4. Students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors and proper patient positioning to minimize radiation exposure to patients, and selves during Imaging I and II, and Basic, Intermediate, and Advanced Procedures.
5. Detailed information on radiation safety is part of the Radiation Biology and Protection course. As student's progress in the program, they must become increasingly proficient in the application of radiation safety practices
6. All students are issued an OSL radiation monitor that is to be worn at all times while in the clinical area but never worn while a patient in a radiologic procedure.
7. OSL Badges are monitored on a bimonthly basis. The frequency of monitoring may be changed on a temporary basis for emergency monitoring purposes.
8. Students who have occasion to wear lead aprons must wear their OSL badge on their collar outside of the lead apron. Personnel must insure that the badge is completely outside the apron.
9. OLS badges should never be tampered with, used by anyone other than the one intended, or otherwise misused. Any abuse to the OSL badge will be reported to the Radiation Safety Officer.
10. Any overexposure, damage, or loss, of an OSL badge must be reported to the Radiation Safety Officer (RSO).

11. When not in the clinical area OSL badges should be kept in a location, where they cannot be tampered with, preferably the student's locker.
12. Students are to wear their OSL badge and name badge to class on class days.
13. The RSO will review the report and document this inspection with initials and the date.
14. Unusually high readings (above 200 millirems) will be investigated by the RSO to determine the cause and to prevent a recurrence.
 - a. In most cases, OSL badge readings will never approach the regulatory limits. If an individual's bimonthly reading is twice that of the next highest reading in that section, the reading will bear extra scrutiny for the next two months. If the trend continues the individual and the supervisor will be interviewed by the RSO to determine the cause of the readings. Corrections will be made if deemed appropriate. Documentation will be maintained.
 - b. If an individual's cumulative OSL badge reading exceeds 500 millirems after 6 months, the individual and the section supervisor will be interviewed by the RSO to determine the cause and proper methods to prevent an annual overexposure. If, after the eighth month of readings, the situation has not corrected, the next badge will be sent in for an emergency reading. If needed, succeeding badges will also be sent in for emergency readings. If at any point an overexposure appears to be imminent the individual will be reassigned to other duties which will involve minimal exposure. The individual will be carefully counseled to avoid any radiation exposure. Documentation will be maintained.
15. OSL badge report will be provided to the student within 30 days of receipt. Instructions for printing the report is under Safety, Landauer in the Master Plan.
16. The birth date and partial social security number will be blackened out from the report and students will initial indicating that they have reviewed the report. Approximately six reports are expected per year.
17. If pregnant or nursing the student will be excused from a rotation in Nuclear Medicine and/or attending a patient who is receiving a therapeutic treatment with internal radiation such as Iodine 131 and Cesium 137.
18. Students will avoid close or prolonged contact with a patient that has received a radioactive isotope. A guideline is to stay more than one arm's length away from the patient.
19. Reports are kept in file cabinet # 2 in front of student files.

15440.12: Academic Calendar

POLICY: Students are given time off for rest and relaxation.

RULES:

1. The School of Radiography will be dismissed and no classes will be held on the following holidays:

Memorial Day, Last Monday in May	May 29	2023
Summer Vacation (10 Days)	June 12-23	2023
Independence Day, July 4	July 4	2023
Labor Day, Fall Break (5 Days)	September 4-8	2023
Thanksgiving (5 Days)	November 20-24	2023
Christmas (5 Days)	December 25-29	2023

New Year's Day (5 Days)	January 1-5	2024
Spring Break*	March 11-15	2024
Good Friday	March 29	2024
Memorial Day, Last Monday in May	May 27	2024
Summer Break (10 Days)	June 10-21	2024
Independence Day July 4	July 4	2024
Labor Day, Fall Break	September 2-6	2024
Thanksgiving (5 Days)	November 25-29	2024
Christmas (5 Days)	December 23-27	2024

New Year's Day (5 Days)	Dec 30-Jan 3	2024/25
Graduation	February 28	2025

* Spring Break follows Abilene Independent School District. All Clinical sites may follow their Independent School District calendar for Spring Break for clinical days however, students will be responsible for any classroom instruction missed. Students must notify the Clinical Coordinator to request a change in Spring Break dates.

2. Students with time to make up are required to be present for clinical rotations during the next break in the didactic schedule.

Summer Class Didactic Calendar

Semester	Semester Start Date	Semester End Date
1	May 22, 2023	September 29, 2023
2	October 2, 2023	February 9, 2024
3	February 12, 2024	June 21, 2024
4	June 24, 2024	October 18, 2024
5	October 21, 2024	February 28, 2025

15440.13: Pregnancy Policy

POLICY: Students who become pregnant may continue in the program without modification or interruption.

RULES:

1. Any student who becomes pregnant has the option to declare or not to declare the pregnancy. The undeclared pregnant student continues in the program without modification as for any other student.
2. Pregnant students should visit with the Radiation Safety officer for information regarding options. If a student wants to declare the pregnancy, they will need to notify the Radiation Safety Officer in writing to declare the pregnancy and wish to be monitored as such. An additional personnel monitor will be provided to monitor exposure of the abdomen.
 - a. The declared pregnant student will have the option to not participate clinically in the following areas during the pregnancy:
 - 1 fluoroscopy
 - 2 special procedures
 - 3 surgery
 - 4 portable radiography
 - b. At any time a pregnant student may withdraw her declaration of pregnancy with a written statement to the Radiation Safety Officer.
3. Clinical time and didactic assignments missed for any reason including pregnancy and birthing related issues must be made up in order to be eligible to graduate.

15440.14: Weather Policy

POLICY: Classes may be delayed, dismissed early or cancelled due to inclement weather.

RULES:

1. On clinical days students will follow their local Independent School District schedule regarding cancellations or late starting times.
 - a. Students not in attendance will be counted absent or tardy unless the local school district cancels or delays classes.
 - b. The local clinical instructor must notify the School of Radiography for the absence or tardy to be excused.
2. Class day instruction will follow the Abilene Independent School District schedule regarding cancellations or late starting time.
3. Because of the wide variety of driving conditions that may exist, each student should evaluate driving conditions and driving ability to determine if safe arrival at school is possible.
4. If a student is unable to attend he/she must contact an instructor **prior** to the assigned starting time on the day of absence. If the instructor has voice mail, a message is acceptable notice. Failure to call in will result in a written warning of potential dismissal.
5. On days when bad weather prevents normal driving speed late arrival will not result in a tardy.
6. In the event that the local school district is not in session, students should call the main school number (325-670-2364) for notice of late start or cancellation.

15440.15: Probation/Termination

POLICY: An orderly documented procedure will be used in the event that a student must be placed on probation or terminated.

RULES:

1. Students may be placed on probation for poor academic progress or as disciplinary action.
2. Academic Probation:
 - A. Probation begins when a student falls below a 2.0 (70%) GPA in any course. Probation remains in effect until the student establishes and maintains a 2.0 (70%) GPA for 1 month.
 - B. Probation also begins when a student fails 2 consecutive exams in any course. Probation remains in effect until the student passes 2 consecutive exams.
 - C. During the probationary period, the student will develop a study outline to achieve remediation goals established by instructor. The student will present this study outline to a member of the school faculty for review and approval within 3 days of the beginning of probation. The student will meet weekly with a member of the faculty to gauge progress and update study outline as necessary.
 - D. If a student goes on academic probation more than once in a practicum, he/she will remain on probation for the remainder of that practicum.
3. Disciplinary Probation:
 - A. A student may be placed on probation for a violation of program policies or any offense defined as a reason for termination.
 - B. A student may be placed on disciplinary probation by recommendation of the Radiology Department director or his representative.
 - C. The length of the probation period will reflect the severity of the offense.
4. Students are automatically on probation for the first three months of training.
5. Termination:
 - A. A student may be dismissed for any of the following:
 1. A failing grade in any course.
 2. Unsatisfactory performance in clinical assignments.
 3. Undesirable conduct, i.e. insubordination, dishonesty, intoxication.

4. Conviction of a crime by a law enforcement agency.
 5. Additional violation of policy while on probation.
- B. A student may be dismissed by recommendation of the Radiology Department Director or his representative.

- C. If a student is an employee of any clinical site and commits an offense sufficient to warrant termination, the student may also be dismissed from the radiography program.
- 6. A written record of the events leading to termination will be a part of the student's permanent record.
- 7. Students may appeal probation or disciplinary action through the Grievance Procedure at any time.
- 8. Students who have been dismissed and wish to seek readmission must do so in the usual way for a new applicant. If admitted, advance credit may be awarded in accordance with policy 15440.23 Student Status.

15440.16: School Records

POLICY: Students are guaranteed access to and privacy of their school records. Student records will be maintained.

RULES:

1. Students are guaranteed the right to see their own school records.
2. Students are permitted to contest the accuracy of any entry in their records through the grievance procedure.
3. Students will be notified of any derogatory remark in their record and have the right to seek to have it removed through the grievance procedure.
4. If the student is still not satisfied following procedures described in 2 and 3 above, the student may add their own version of the incident to their record.
5. The program will obtain written consent of the student before it will release personally identifiable data to anyone other than:
 - a. Program Accreditation Agencies
 - b. School officials within the institution
 - c. Another school in which the student intends to enroll.
6. Records maintained indefinitely by the program in the student's file include:
 - a. Academic transcript
 - b. Application
 - c. Attendance
 - d. Clinical competency
 - e. Clearance Form
 - f. Transcript Requests

15440.17: Graduation Requirements

POLICY: All students must meet minimum requirements prior to graduation.

RULES:

1. School account paid in full.
2. Satisfactory completion of all courses with a passing grade.
3. All required make up time must be completed.
4. Demonstration of terminal competencies to include:
 - a. Use oral and written medical communication.
 - b. Demonstrate knowledge of human structure, function and pathology.
 - c. Anticipate and provide basic patient care and comfort.
 - d. Apply principles of body mechanics.
 - e. Perform basic mathematical functions.
 - f. Operate radiographic imaging equipment and accessory devices.
 - g. Position the patient and imaging system to perform radiographic examination and procedures.
 - h. Modify standard procedures to accommodate for patient condition and other variables.
 - i. Determine exposure factors to obtain diagnostic quality radiographs.
 - j. Adapt exposure factors for various patient conditions, equipment, accessories and contrast media to maintain appropriate radiographic quality.
 - k. Practice radiation protection for the patient, self and others.
 - l. Recognize emergency patient conditions and initiate first aid and basic life-support procedures.
 - m. Evaluate radiographic images for appropriate positioning and image quality.
 - n. Evaluate the performance of radiographic systems, know the safe limits of equipment operation, and report malfunctions to the proper authority.
 - o. Demonstrate knowledge and skills relating to quality assurance.
 - p. Exercise independent judgment and discretion in the technical performance of medical imaging procedures.

5. Terminal clinical competency requires demonstration of a minimum of two (2) procedures from each of the following categories at a proficiency level of 80%.
 - a. Terminal competency testing will begin approximately three (3) months prior to graduation and is documented by a member of the program staff.
 - b. Specific exams are selected at random. These procedures must be completed on patients or by live simulation.
 - c. Failure to pass any procedure requires the student to complete remedial instruction at a level of 80% or greater. Following remedial instruction the student will be retested for competency.
 - d. Categories of competency include the following:

Chest	Vertebral Column
Abdomen	Bony Thorax
Upper Extremity	Skull
Shoulder Girdle	Contrast Studies
Lower Extremity	Surgery
Pelvis and Hip	
 - e. Fluoroscopy competency consists of passing a written fluoroscopy test.
 - f. Surgery competencies will be documented during the student's last assigned rotation in that area by a Clinical Instructor or Clinical Coordinator.
6. Any student not completing the graduation requirements at the expected time of graduation must re-enroll at the current tuition rate. If a student fails to re-enroll within 12 months of their original expected graduation date the student will be required to reapply to the program as would any new applicant with advanced standing.

15440.18: Student Health

POLICY: Students are required to be immunized in order to prevent the spread of infections and infectious diseases. Students shall be informed of and have access to the usual student health services of Hendrick Medical Center for immunizations. Students are responsible for maintaining personal health insurance while enrolled in the program.

RULES:

1. Students must have documentation of the following immunizations prior to beginning classes:
 - a. TB negative risk assessment or negative test
 - b. Hepatitis B
 - c. MMR
 - e. Tdap
 - f. Varicella
 - g. Flu (annual)
2. Students are responsible for securing their own physician or dentist when in need of health care.
3. Appointments with physicians should not be made during class or clinical time except in emergencies.
4. It is not ethical for students to discuss their personal medical problems with physicians while in their assigned areas.
5. In case of injury or other disabling conditions, a doctor's permit is required to return to class and clinical assignments. Until released from the doctor's care, the student must be directly supervised during all clinical assignments. All late hour rotations will be suspended until the student is released from the doctor's care.
6. In emergency situations or if their personal physician is not available, the student should report to the Trauma Center or Emergency room at their own expense.
7. Students who require hospitalization at Hendrick Medical Center will be charged regular rate, less the regular employee discount if applicable.
8. Neither the school nor Hendrick Medical Center provides health insurance for students.
9. If injured during a clinical rotation the student is required to complete an incident report in "Event Management" on the Hendrick intranet. The education department at HMC should be notified as well.
10. Students are responsible for the cost of their own medical care including injuries received during clinical.

15440.19: Infection control

POLICY: Radiography students will abide by the Infection Control policies of Hendrick Medical Center or their assigned clinical facility and those specific to Radiology in the same manner as for employees. Hendrick policies regarding Infection Control may be found on the Hendrick Intranet by accessing Elsevier Policy Navigator.

15440.20: Students Lockers

POLICY: Hendrick Medical Center provides a personal locker for each student.

RULES:

1. Locker assignment will be made by the appropriate administrative official.
2. Neither the school nor the Medical Center will be responsible for items placed in lockers and neither will be responsible for loss or theft of such items under any circumstances.
3. The medical center will not provide locks for student use. Each user must provide his/her own lock and be totally responsible for the security of items placed in the lockers.
4. Bolt cutter will be provided for emergency retrieval of secured items in case of lost or forgotten keys.
5. No food is allowed in locker, except for lunches to be eaten the same day.
6. Students should report promptly any losses, unauthorized use, or unusual circumstances concerning the lockers or locker room.
7. The medical center urges the use of lockers. Storage of books and supplies in other areas should be avoided.

15440.21: Grievance/Complaint Procedure

POLICY: Hendrick Medical Center School of Radiography has established a complaint / grievance procedure to insure students receive fair and equitable treatment and assures timely and appropriate resolution of complaints and other allegations relating to non-compliance with school policy and procedures and/or JRCERT STANDARDS.

INFORMAL COMPLAINT PROCEDURES: Students can file a complaint without having to follow the formal grievance procedure by emailing the program director with "complaint" as the subject. The complaint will be posted in the Complaint and Grievance record. The action taken along with the resolution will also be recorded.

FORMAL PROCEDURE: On occasion, a student may have questions or problems that could be considered a complaint/grievance. Normally, these concerns will be dealt with and resolved on a daily basis by the student and the instructor. In the event a student cannot resolve the problem or concern, the following complaint/grievance procedure may be initiated:

Step 1: Immediate Supervisor

Every reasonable effort should be made to resolve any question, problem or misunderstanding that arises by the immediate supervisor and the student. This discussion should take place at the time of occurrence.

Step 2: Program Director

If a student's complaint/grievance is not resolved during Step 1, the student should take the problem to the program director within two working days. It will be the responsibility of the program director to review the matter and render a fair and equitable decision within two working days from the time the concern was presented to the director. If the director is the person involved, omit Step 2 and go to Step 3.

Step 3: Radiography School Complaint/grievance Committee composed of the radiology department director and School medical advisor.

If the concern is not resolved during Step 2, the program director will make an appointment for the student and will provide written information to the committee regarding the complaint/grievance within two working days. After reviewing the matter with the student, the committee will render a written decision within two days of the interview. The committee consists of the Department Director of Radiology and the program Medical Director.

Step 4: Patient Relations and Experience

If the student feel the concern has not been satisfactorily resolved, the committee will make an appointment for the student and will provide written information to Patient Relations and Experience. Patient Relations and Experience will investigate all facts and within two working days, render a decision in writing. This decision will be final and binding on all concerned.

Resolution of complaint/grievance allegations of non-compliance with school policies and/or procedures.

The program will maintain a record of all formal complaints/grievances and their resolutions in order to recognize any trends that could negatively affect the quality of the educational program.

Resolution of JRCERT allegations of non-compliance

For those issues concerning non-compliance with JRCERT STANDARDS complaints should not be submitted to the JRCERT as a first step in resolution. The program complaint/grievance policy should be used first. Should the program receive notification of a complaint sent to JECERT a written response to JRCERT will be provided within thirty (30) working days following receipt of findings as per JRCERT procedures 80.001E.

If investigation reveals the program is not in substantial compliance with the STANDARDS the program will submit a report and documentation within thirty (30) working days following notification demonstrating that the allegations have been corrected.

15440.22: Student Employment Status

POLICY: The School of Radiography is totally separate from any employment of the student.

RULES:

1. Students seeking employment may do so on their own the same way anyone else would when applying for a similar position.
2. Students are not permitted to count work hours as school hours or to simultaneously complete work hours and school clinical hours. School policies apply to students, employee policies apply to employees. Student performance applies to students, job performance applies to employees.

15440.24: Student Awards

POLICY: Student awards will be given as availability permits.

RULES:

1. All students from both the HMC campus and the Outreach programs with the same convening date will be considered to be one class for the purposes of Student Awards.
2. The availability, amount, and requirements of awards are subject to change at any time prior to its presentation.
3. Radiology Associates (Academic Achievement Award) provides a \$500.00 cash award and plaque for the Valedictorian of the graduating class.
4. Radiology Associates (Academic Achievement Award) provides a \$250.00 cash award and plaque for the Salutatorian of the graduating class.
5. Richard Shelburn and Big Country Medical Imaging provide a \$100.00 cash award and plaque for the graduate that has obtained the highest clinical performance score. The score is based on clinical average, attendance, and terminal competency.
6. The Valedictorian and the Clinical Performance award will also have their names engraved on plaques that are displayed in the Hendrick Radiology department.
7. Dependability Award certificates are given to each graduating student that completes the program with eight (8) or fewer days of absence. This award is based on the actual number of days missed not on incidence of absence.
8. Coby Halifax Memorial Scholarship

This scholarship was created in honor of Coby Halifax. Coby Durrett Halifax was an extraordinary husband, son, brother, and friend. Coby lived with a passion for life guided by his strong faith as he walked with the LORD. Coby was humble, kind, and compassionate. He attended Abilene Christian University and graduated from Hendrick School of Radiography. Coby was always for the underdog. He noticed those overlooked by others and made people feel special, important, and valued. From his early career at Gleneagles Country Club in Plano, guiding people through the mortgage process in Houston, to discovering his professional passion caring for patients at Hendrick Medical Center in Abilene, he looked for ways to help others. Coby's memory will live on through the Coby Halifax Memorial Scholarship.

Eligibility: Third semester Hendrick Medical Center School of Radiography student completing clinicals at Hendrick

Award: \$600 single award

Course List/Sequence

Number	Course Name	Didactic Hours	Lab Hours	Clinical Hours	Semester Hours	Instructors
1309	Introduction to Radiography and Patient Care Semester 1	48			3	A. Hammonds F. Graham
1311	Basic Radiographic Procedures Semester 1	48			3	A. Hammonds F. Graham
1166	Clinical Practicum 1 Semester 1		64	288	3	D. Wood, A. Weaver F. Graham
1213	Principles of Radiographic Imaging 1 Semester 2	48			3	A. Hammonds F. Graham
2301	Intermediate Radiographic Procedures Semester 2	48			3	A. Hammonds F. Graham
1366	Clinical Practicum 2 Semester 2		64	288	3	D. Wood, A. Weaver F. Graham
2305	Principles of Radiographic Imaging 2 Semester 3	48			3	A. Hammonds F. Graham
2309	Imaging Equipment Semester 3	48			3	A. Hammonds F. Graham
1367	Clinical Practicum 3 Semester 3			352	3	D. Wood, A. Weaver F. Graham
2313	Radiation Biology Semester 4	48			3	A. Hammonds F. Graham
2331	Advanced Radiographic Procedures Semester 4	48			3	A. Hammonds F. Graham
2266	Clinical Practicum 4 Semester 4			352	3	D. Wood, A. Weaver F. Graham
2217	Radiographic Pathology Semester 5	48			3	A. Hammonds
2335	Radiographic Seminar Semester 5	48			3	A. Hammonds
2367	Clinical Practicum 5 Semester 5			352	3	D. Wood, A. Weaver F. Graham
	Column Totals	480	128	1632	45	
	Didactic + Lab Totals 608					
	Clinical Totals 1632					
	Program Total hours 2240					

Clinical hours per practicum: 22 hours/wk x 16 wks = 352 hours

Practicums 1 & 2 have 64 lab hours + 288 clinical hours = 352 total hours

Practicums 3, 4 & 5 clinical hours = 352 total hours

Didactic clock hours per practicum / 16 conversion factor = "x" semester hours per practicum

Lab clinical clock hours per practicum / 100 conversion factor = "x" semester hours per practicum

All semester hour calculations rounded down to the nearest whole hour value

In addition to the Radiography Curriculum above 15 Semester hours of general education are transferred from prerequisite college hours.

RADR 1309 Introduction to Radiography and Patient Care

Course Description: An overview of the historical development of radiography, basic radiation protection, an introduction to medical terminology, ethical and legal issues for health care professionals, and an orientation to the program and to the health care system. Patient assessment, infection control procedures, emergency and safety procedures, communication and patient interaction skills, and basic pharmacology are also included.

Learning Outcomes: Define basic medical terms and ethical and legal standards; demonstrate basic radiographic protection and general safety in patient care practices; demonstrate proper assessment of patient condition; identify emergency situations; and identify pharmaceuticals and their applications.

RADR 1311 Basic Radiographic Procedures

Course Description: An introduction to radiographic positioning terminology, the proper manipulation of equipment, positioning and alignment of the anatomical structure and equipment, and evaluation of images for proper demonstration of basic anatomy. This course provides classroom and laboratory instruction in radiographic positioning of the chest, abdomen, upper limb, humerus, shoulder, lower limb, femur, and pelvic girdle.

Lab Description: Hold procedure labs, one hour each day, during the student's 1st and 2nd semesters. All students must be provided for a minimum of one (1) hour per day while on clinicals except during late hours. A lab instructor (Program Director, Clinical Coordinator, Clinical Instructor, or Preceptor) should be present during labs. If a lab instructor is unavailable, the student(s) should refer to the clinical practicum objectives and utilize the lab video instructions and demonstrations available on Syncplicity. Additionally, a lab instructor must be available via telephone or video call to answer any student questions.

Learning Outcomes: Define radiographic positioning terms; manipulate equipment; perform basic level procedures in positioning; align anatomical structures and equipment; and evaluate images.

RADR 1166 – Clinical Practicum 1

Course Description: Practical, general workplace training.

Learning Outcomes: Apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry and will demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

Course Description: A continuation of the study of the proper manipulation of radiographic equipment, positioning and alignment of the anatomical structure and equipment, and evaluation of images for proper demonstration of anatomy. This course provides classroom and laboratory instruction in radiographic positioning of the spine, bony thorax, skull facial bones, paranasal sinuses, biliary tract, upper and lower gastrointestinal system. The course includes detailed information on various positions, positioning nomenclature, technical considerations, review of anatomy and image receptor evaluation of each area of interest.

Lab Description: Hold procedure labs, one hour each day, during the student's 1st and 2nd semesters. All students must be provided for a minimum of one (1) hour per day while on clinicals except during late hours. A lab instructor (Program Director, Clinical Coordinator, Clinical Instructor, or Preceptor) should be present during labs. If a lab instructor is unavailable, the student(s) should refer to the clinical practicum objectives and utilize the lab video instructions and demonstrations available on Syncplicity. Additionally, a lab instructor must be available via telephone or video call to answer any student questions.

Learning Outcomes: Manipulate equipment; perform intermediate level procedures in positioning; align anatomical structures and equipment; and evaluate images.

RADR 1213 Principles of Radiographic Imaging 1

Course Description: Radiographic image quality and the effects of exposure variables.

Learning Outcomes: Apply the basic principles of radiographic image acquisition to image quality; and analyze the effects of exposure variables upon image quality.

RADR 1366 Clinical Practicum 2

Course Description: Practical, general workplace training.

Learning Outcomes: Apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry and will demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

RADR 2305 Principles of Radiographic Imaging 2

Course Description: Radiographic imaging technique formulation. The course includes equipment quality control, image quality assurance, and the synthesis of all variables in image production.

Learning Outcomes: Analyze image quality; utilize procedures for minimizing patient exposure; explain quality control procedures to optimize equipment performance; adapt technical variables to changing conditions; and describe the concepts and theories of digital imaging.

RADR 2309 Radiographic Imaging Equipment

Course Description: Equipment and physics of x-ray production. The course includes basic x-ray circuits and examines the relationship of conventional and digital equipment components to the imaging process.

Learning Outcomes: Compare and contrast conventional and digital equipment; explain the physics of x-ray production; describe basic x-ray circuits; and relate conventional and digital equipment components to the imaging process.

RADR 1367 Clinical Practicum 3

Course Description: Practical, general workplace training.

Learning Outcomes: Apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry and will demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

RADR 2331 Advanced Procedures

Course Description: A continuation of the study of the proper manipulation of radiographic equipment, positioning and alignment of the anatomical structure and equipment, and evaluation of images for proper demonstration of anatomy and related pathology. This course is to provide classroom instruction in anatomy and radiographic evaluation of the Urinary system Mammography/Bone Densitometry, Trauma, Mobile, and Surgical Radiography, Pediatric Radiography, Angiography and Interventional Procedures. An introduction to Computed Tomography, Nuclear Medicine, PET, Radiation Oncology, and Sonography is included.

Learning Outcomes: Perform advanced level procedures in positioning; align anatomical structures and equipment; and evaluate images.

RADR 2313 Radiation Biology and Protection

Course Description: Effects of radiation exposure on biological systems. The course includes typical medical exposure levels, methods for measuring and monitoring radiation, and methods for protecting personnel and patients from excessive exposure.

Learning Outcomes: Describe the biophysical mechanisms of radiation damage on humans; recall typical dose ranges for routine radiographic procedures; describe basic methods and instruments for radiation monitoring, detection, and measurement; and apply appropriate radiation protection practices.

RADR 2366 Clinical Practicum 4

Course Description: Practical, general workplace training.

Learning Outcomes: Apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry and will demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

RADR 2217 Radiographic Pathology

Course Description: Disease processes and their appearance on radiographic images.

Learning Outcomes: Classify types of diseases; explain the pathogenesis of common diseases; differentiate between normal and abnormal radiographic findings; and correlate normal and abnormal radiographic findings.

RADR 2335 Radiographic Seminar

Course Description: This is a capstone course focusing on the synthesis of professional knowledge, skills, and attitudes in preparation for professional employment and lifelong learning.

Learning Outcomes: Synthesize professional knowledge, skills, and attitudes for professional employment; and demonstrate skills for lifelong learning.

RADR 2367 Clinical Practicum 5

Course Description: Practical, general workplace training.

Learning Outcomes: Apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry and will demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

Clinical Education

Statement of Purpose

The clinical phase of the educational program shall provide an environment for supervised competency-based clinical education and experience offering a well-balanced variety of radiographic examinations and equipment. Competency-based clinical education requires that students successfully completing the program be able to perform radiographic examinations according to accepted professional standards. Clinical education must therefore be a planned and structured experience. It is to this end that this section of the document has been produced.

Clinical Education Rotation Plan

Site of Rotation	Number of Weeks
Transporter	2
Reception	2
PACS/QA/Cath Lab	2
Nursing	2
Diagnostic	50
Surgery	6
Fluoroscopy	4
Special Procedures	2
Computerized Tomography (CT)	2
Ultrasound / Nuclear Medicine	1
MRI / Radiation Oncology	1
Elective rotation	2
Total	80

Spring Break 1 week	See school Calendar
Summer Break 2 weeks	See school Calendar
Fall Break 1 week	See school Calendar
Thanksgiving 1 Week	See school Calendar
Christmas 2 Weeks	See school Calendar

Terms

Competency - successful completion of didactic and laboratory testing

Proficiency exam – documentation of the student's skill in performing an examination or view. Documentation of 1- 4 proficiency exams, under direct supervision, is required for all procedures.

Direct supervision - assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer **physically present** during the conduct of the procedure.

- a. Students must have **direct supervision** when performing a procedure until completion of the required number of proficiency examinations has been documented.
- b. All repeat examinations must be performed under **direct supervision**.

Indirect Supervision - promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical 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 in use on patients.

- a. Students may perform a procedure with indirect supervision after completing the required number of proficiency examinations.

Clinical Evaluation –The tech's evaluation of the student's performance during the 2 week assignment.

Diagnostic Rotation Plan (DRP) – used to inform your tech your current clinical status

Rotation Evaluation – The student's evaluation of the 2 week assignment.

Objectives – used to document information learned or experiences gained during every two week rotation. Completion of the objectives are part of the student's clinical grade.

Every rotation has Objectives. These objectives must be completed during the 2 week period. Objectives for secondary or elective rotations are found in the following pages.

ROCE – The Record of Clinical Experience form is used to document the student's clinical experiences in the general diagnostic area. It should be used to record exams the student has observed, assisted with, or performed during their training. The ROCE serves as the objective for rotations in diagnostic radiography.

Late Hours – Clinical rotations scheduled between 5 p.m. and 7:00 am

Primary Rotation Areas

Primary rotation areas are routine radiographic, fluoroscopic, and special equipment rooms including, but not limited to, angiography, tomography, surgery, mobile radiography and computed tomography. Students will spend the majority of the clinical rotations in these areas.

Secondary Areas of Rotation

Secondary rotation areas are introductory and have limited rotations.

Reception	Transportation	Nurses	PACs/QA /Cath Lab
Sonography/Ultrasound (US)	Magnetic Resonance Imaging (MRI)		
Nuclear Medicine (NM)	Radiation Oncology (ON)		

Elective Areas of Rotation

Students may elect to return to any previous location or do rotations through the following areas dependent upon availability: Mammography, or Administration.

Opposite Gender Clinical Policy

All students will be offered the opportunity to participate in mammography clinical rotations. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students. 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 in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

This programs' policy regarding student clinical rotations in mammography is based on the sound rationale presented in a positions statement on student mammography clinical rotations adopted by the Board of Directors of the joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement is included in the program catalogue and is also available on the JRCERT Web site, www.jrcert.org, Programs & Faculty, Program Resources.

This policy may be applied to any imaging procedures performed by students who are of the opposite gender of the patient.

15440.26: Clinical Assignments and Student Supervision

POLICY: Students will demonstrate competency and proficiency in the performance of radiographic procedures.

RULES:

1. Students must demonstrate mastery of the theory and practice of essential clinical skills, under simulated conditions, to one of the program instructors prior to assuming actual clinical responsibilities.

CLINICAL OBLIGATIONS

The Radiography Program is a five-semester, full-time program beginning in April and September of each year. Classes are held at the main medical center campus and the clinical education component of the program is conducted in various hospitals and other medical facilities affiliated Hendrick Health System. Collectively the clinical affiliates provide a sufficient number and variety of radiographic procedures to offer students a well-balanced, supervised clinical experience. Hours for clinical rotations are generally from 8:00 am to 2:00 pm (varies). During the fourth semester of the program, students will rotate 88 hours other than 8:00 am to 2:00 pm. The entire semester clinical schedule will be posted prior to the beginning of each semester. Sites are located up to 90 miles from the main campus. Transportation to and from these sites is the student's responsibility. Students rotate into other modalities such as CT, MRI, and Radiation Therapy and Nuclear Medicine.

Agreements have been made with the following clinical education centers and locations (links below include directions):

- Hendrick Medical Center Abilene
- Hendrick Medical Center South Abilene
- Hendrick Medical Center Brownwood
- Hendrick Medical Plaza Abilene
- Eastland Memorial Hospital Eastland
- Comanche County Hospital Comanche
- Cogdell Memorial Hospital Snyder
- Heart of Texas Healthcare Brady
- Rolling Plains Memorial Hospital Sweetwater
- Shannon Medical Center San Angelo
- Shannon Clinic San Angelo
- Texas Midwest Surgery Center Abilene
- Abilene Sports Medicine & Orthopedics Abilene
- Abilene Family Medical Associates
- Other clinical sites may be used as necessary

2. Students must have adequate and proper supervision during clinical assignments. A one to one (1:1) ratio of student to supervisor must be maintained at all times.

- a. Students must have **direct supervision** when performing a procedure until

completion of the required number of proficiency examinations has been documented.

1. **Direct supervision** – JRCERT defines direct supervision as student supervision by a qualified radiography who:
 - a. reviews the procedure in relation to the student's achievement.
 - b. evaluates the condition of the patient in relation to the student's knowledge.
 - c. is **physically present** during the conduct of the procedure.
 - d. reviews and approves the procedure and/or image before sending to PACs
 - e. Students may perform a procedure with **indirect supervision** after completing the required number of proficiency examinations.
2. **Indirect supervision** – JRCERT defines indirect supervision as 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 physical 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 being performed. The technologist must be immediately available and cannot be with another patient. The qualified radiographer must:
 - a. review the procedure in relation to the student's achievement.
 - b. evaluate the condition of the patient in relation to the student's knowledge.
 - c. is immediately available during the conduct of the procedure
 - d. reviews and approves the procedure and/or image before sending to PACs.
3. All **repeat** radiographic examinations must be performed under **direct supervision** regardless of the student's level of competency/proficiency.
4. All **portable exams** require the same supervision as those performed in the department.
5. **Regardless of a student's level of proficiency, a licensed technologist must:**
 - a. Check the physician's orders
 - b. Check the patient's condition in relation to the student's knowledge

- c. Check the images before transmission to the PACs system
 - d. Sign or counter sign the patient's chart prior to dismissing the patient
-
- 6. Students will not assume patient care responsibilities in lieu of regular employees, however, students will demonstrate their proficiency in carrying out appropriate assignments.
 - 7. Students will not hold patients or imaging receptors during any radiographic procedures.
 - 8. Students will not be allowed to exceed 40 educational hours per week.
 - 9. Exam theft is prohibited. Students may request to perform a needed exam outside their assigned area but can only do so with the permission of the student assigned to that area and both supervising technologists. The student assigned to that area is under no obligation to yield an exam to another student.
 - 10. A gray box will highlight the last proficiency for each exam. To clear the gray box the student must review the exam at an 80% level with a member of the school staff. Students should ensure they complete this review for all proficiencies completed by the end of each semester. Study guides are available on Syncplicity under Radiographic Anatomy.

Competency Education Plan

Following successful completion of didactic and laboratory instruction students begin demonstration of proficiency by the following procedure:

At the end of each two-week rotation in a diagnostic radiography area the student must turn in:

1. Clinical Evaluation form
2. Rotation Evaluation form
3. Record of Clinical Experience form (ROCE)
4. Diagnostic Rotation Plan (DRP)

At the end of each two-week rotation in a Secondary or Elective rotation area the student must turn in:

1. Clinical Evaluation form
2. Rotation Evaluation form
3. Clinical Objective form
4. Diagnostic Rotation Plan

Practicum 1

By the end of the first practicum of training the student must complete the following objectives:

1. Diagnostic Radiography Room
2. Radiographic Portable Equipment
3. Reception/ Data Entry
4. Transport
5. Nursing
6. US/NM/MRI/ON
7. Lead Tech

Practicums 1 through 5

1. Students must complete 1 to 4 proficiency exams of each required procedure prior to graduation.
 - a. Required procedures are listed on the Student's ROCE form.
 - b. Conditions under which examinations may be completed are indicated on the ROCE form.
 - c. Completion of exams is documented on the ROCE Summary form.
2. Objectives for Secondary and Elective Area Rotations are to be completed during the time the student is assigned to that area.
3. Terminal Competencies for diagnostic radiography, fluoroscopy, and surgery are completed during the last 3 months of the program.

Diagnostic Objectives - Record of Clinical Experience – ROCE -aka “Check off” sheet

The Record of Clinical Experience is documentation of the student’s clinical experiences. It should be used to record exams the student has observed, assisted with, or performed during their training. Copies of this form are available in the school offices and in the radiology department.

After completion of each unit during Basic, Intermediate, and Advanced Procedures class and demonstrating competency by successfully completing didactic and laboratory testing, the student may begin to perform proficiency exams they have covered in class.

Rules for Documentation of Proficiency:

1. **ALL** proficiency exams must be performed under **direct supervision**.
2. The ROCE form is used to document the student’s completion of a procedure or view and should include; the date, the MR #, exam or view, patient type (Trauma *, Child, Child < 6, Adult, Geriatric > 65 *) Male or Female, technical factors used to produce the image, and the exposure index. The supervising technologist verifies successful completion of the proficiency exam by initialing the view.

Trauma * – is considered a serious injury or shock to the body requiring modification in positioning with minimal movement of the part.

Geriatric > 65 * with cognitive or physical impairment due to age

3. Successful completion of the proficiency requires the student to perform the view correctly and independently (only minimal input from the supervising technologist).
4. If a repeat is required because of the patient’s condition this can be considered, otherwise no credit can be given for a repeated exam.
5. Views listed separately on the ROCE summary sheet should be recorded separately on the ROCE (check-off) form to ensure accuracy in recording the proficiency on the student’s permanent records.

For example, a cervical spine exam could include 3 views or 7 views depending on the doctor’s order and the lateral could be a routine lateral or a cross-table lateral depending on the patient’s condition.
6. The clinical instructor, clinical coordinator, or program director will review the images submitted by the student before the view is “checked off” on their permanent record.
7. If there is a question of what views were performed, the proficiency will not be recorded on the student’s permanent record.
8. Only one check-off per day may be awarded for the same view.
9. One view may meet more than one requirement. A proficiency exam for a fractured wrist could be recorded as both a wrist, an upper extremity trauma, and a portable study.

10. The last proficiency exam for each view listed on the ROCE must be reviewed with a clinical instructor, clinical coordinator or the program director.
11. Simulations may only be done with a clinical instructor, clinical coordinator, or program director.
12. All phantom exposures must be reviewed by a clinical instructor, clinical coordinator, or program director.
13. Once the student has documented completion of the required number of proficiency exams the student may perform exams with indirect supervision by a licensed technologist
14. Recommended proficiency completion to stay on track for completion of all proficiency exams for graduation:
 - 10 by the end of the first semester
 - 20 by the end of the second semester
 - 40 by the end of the third semester
 - 60 by the end of the fourth semester
 - 86 by the end of the fifth semester
15. Students should attempt to perform all exams they have covered in class and labs.
16. Students who have completed their proficiency exams (check-offs) are expected to continue to improve their skills by performing these examinations as often as possible.
17. Students should continue to record exams performed with indirect supervision on the ROCE form. Student should note “**Ind.**” In the Tech column when the exam was performed by a student with indirect supervision.

Note: A copy of the ROCE form follows.

ROCE forms available in school office and radiology department

Student Name _____

Clinical Site _____ Marker _____

Record of Clinical Experience
Exams Performed or Observed

Practicum _____ Rotation _____

Class _____

Late Hours

Rules:

- 1 Students must successfully demonstrate competency in didactic and laboratory testing prior to performing an proficiency exam.
- 2 Students must complete all of the required number of proficiency exams under the Direct Supervision* of a technologist.
- 3 All repeat and portables exams must be performed under Direct Supervision
- 4 All technical factors must be included on the ROCE form
- 5 Proficiency exams must be performed correctly and independently by the student. (minimal input from the tech is allowed)
- 6 Students should list each exam submitted to the school for a proficiency "checkoff" as it is listed on the ROCE summary sheet.
- 7 The supervising technologist should check the exam specifics as explained on the back of this form and document the student's successful performance of the exam with their initials.
- 8 Only one proficiency exam per day will be credited for the same view
- 9 The final proficiency exam for each category must be reviewed with a clinical instructor before the student can perform those views under Indirect Supervision*.
- 10 Students performing exams with Indirect Supervision should write IND in the Tech Initials column.
- 11 Students should continue to perform all exams they have covered in class to continue to improve their skill in performing the exam
- 12 **Late Hours** - A tech must sign and record the time the student completed the shift before credit is given for a Late Hour rotation.

Patient Type

T = Trauma*

A = Adult

C = Child

C ↓ = Child under 6

G = Geriatric, ≥ 65 and physically or cognitively impaired as a result of aging

P = Phantom

S = Simulations

M = male

F = female

* Direct Supervision - a technologist must be present in the room during the exam. * Indirect Supervision - a technologist must be immediately available.

[illegible]

Recommended proficiency completion: 10 by the end of 1st semester, 20 by the end of 2nd semester, 40 by the end of 3rd semester, 60 by end of 4th semester and all completed by graduation

* Trauma is considered a serious injury or shock to the body requiring modifications in positioning with minimal movement of the part

* Geriatric is a patient 65 years or older that is physically or cognitively impaired as a result of aging.

Clinical Rotation Objectives

HMC School of Radiography Lead Tech Objectives

Note: This competency must be completed with a Lead Tech or Clinical Instructor.

Student Name _____ Clinical Site _____

Lead Tech - Information on the following subjects should be discussed during this rotation. Please initial beside the areas that were covered.

- | | Initial |
|---|---------|
| 1. Diagnostic rooms and portables orientation– <u>Complete Objective on following pages.</u> | _____ |
| 2. Patient Care - Group Site PPTs available – Hand washing and Commonly Used Terminology | _____ |
| 3. Computer - (Synapse, PACs, Apollo, Transport tracking) | _____ |
| 4. Image orientation and Marker placement – Group site PPT available – Markers | _____ |
| 5. Radiation Safety | _____ |
| 6. Technique | _____ |
| 7. Explain detectors and grids | _____ |
| 8. Talk about the importance of documentation (supplies, clinical info, contrast, history, etc.) | _____ |
| 9. Outpatient orders vs Inpatient Orders (where to look for them) | _____ |
| 10. Workflow and efficiency | _____ |
| 11. Explain exam protocols – Job Guides | _____ |
| 12. Codes and Rapid Responses within the department | _____ |
| 13. Location of supplies – importance of notifying staff when stock is low | _____ |
| 14. Tips and Tricks for talking with patients and obtaining a patient history | _____ |
| 15. Junior and Senior students – will review the above information as needed and will discuss all aspects of contrast studies, allergies, history, completion of a consent form, allergic reactions, documentation, and charging for contrasts, etc., | _____ |

Comments:

Lead Tech or Clinical Instructor's signature

Date

Clinical Rotation Objectives

HMC School of Radiography

Diagnostic Computed Radiography (CR) Room Objectives * (IF APPLICABLE) *

Note: This competency must be completed with a Lead Tech or Clinical Instructor during beginning Basic Procedures.

Student Name _____ Clinical Site _____

The student will perform the following:

Initial

1. Raise and lower the x-ray tube by using the vertical lock. _____
2. Move the x-ray tube the length of the table by using the longitudinal lock. _____
3. Move the x-ray tube the width of the table by using the transverse lock. _____
4. Detent tube to table. _____
5. Demonstrate how to rotate the collimator only and maintain detent. _____
6. Place a cassette in the bucky drawer. _____
7. Demonstrate how to move the bucky drawer and lock it into position. _____
8. Angle the tube cephalad and caudad any given degree. _____
9. Center the tube when angled to the bucky drawer. _____
10. Demonstrate how to collimate to the appropriate field size. _____
11. Manipulate the tube to place it in the horizontal position for decubitus (cross –table) exposures. _____
12. Detent tube to chest stand (upright bucky). _____
13. Set requested distances to the table and upright bucky. _____
14. Demonstrate how to angle to the table (if available). _____
15. Place the table in the upright position (if applicable). _____
16. Identify the following generator controls: _____
 - a. On/Off
 - b. MA
 - c. kVp
 - d. Time
 - e. AEC cell selections
 - f. density settings
17. Activate the rotor and exposure switch button. _____
18. Locate emergency safety shut off for table and generator. _____
19. Demonstrate CR processing _____

Lead Tech or Clinical Instructor's signature

Date

Clinical Rotation Objectives

Diagnostic Digital Radiography (DR) Room Objectives

Note: This competency must be completed with a Lead Tech or Clinical Instructor during beginning Basic Procedures.

Student Name _____ Clinical Site _____

The student will perform the following:

Initial

1. Raise and lower the x-ray tube by using the vertical lock. _____
2. Move the x-ray tube the length of the table by using the longitudinal lock. _____
3. Move the x-ray tube the width of the table by using the transverse lock. _____
4. Detent tube to table. _____
5. Demonstrate how to rotate the collimator only and maintain detent. _____
6. Place the grid in the table. _____
7. Angle the tube cephalad and caudad any given degree. _____
8. Demonstrate how to collimate to the appropriate field size. _____
9. Manipulate the tube to place it in the horizontal position for decubitus (cross –table) exposures. _____
10. Detent tube to chest stand (upright bucky). _____
11. Set requested distances to the table and upright bucky. _____
12. Demonstrate how to angle to the table (if available). _____
13. Place the table in the upright position (if applicable). _____
14. Identify the following generator controls: _____

On/Off	Time
MA	AEC cell selections
kVp	density settings
15. Activate the rotor and exposure switch button. _____
16. Locate emergency safety shut off for table and generator. _____

Lead Tech or Clinical Instructor's signature

Date _____

Clinical Rotation Objectives

HMC School of Radiography
Portable Equipment Objectives - DR

Page 1 of 2

Note: This competency must be completed with a Lead Tech or Clinical Instructor during beginning Basic Procedures.

Student Name _____ Clinical Site _____

The student will perform the following: Initial

1. Unplug unit from wall. _____

2. Key - activates portable (Note: Keys are interchangeable for HMC portables) _____

3. GE - enter password – x-ray _____

4. Demonstrate locks and brakes: _____

Drive - when handle is depressed (like a lawnmower)

Brake - let go of handle machine stops

Safety bumper - in the front of machine disengages drive when touched

5. Steps for pulling name off the work list: _____

GE: First tab (top left) is the work list. If you do not see patient's name, select *Refresh*

Select patient name

Select box by exam

Select "Start Exam" at the bottom

Exam screen will appear with pre-set techniques, check techniques _____

CARESTREAM: select Tech Log On button

next screen select Study Data

Use "Remote" or "Local Find" (to refresh the list)

Highlight name

Tech ID

Image Acquisition (top right)

Select Exam tab (i.e. port CXR)

a green bar all the way across the top of the screen, indicates the portable is ready

Enter techniques for exam, techniques are not pre-set _____

6. Demonstrate tube assembly locks, measuring tape, collimator controls. _____

7. Locate the approx. \$100,000 image detector. _____

Note: 29 sec delay needed before exposure. (GE portable)

Initial

8. Manipulate rotor and exposure switch button: _____
 On cordless remotes - Left button will turn light on.
 Right button- depress once to rotor, a second time to expose
9. Exposure Indexes: May vary based on exam factors. _____
 Factors below are typical.
GE: When viewing the image, a bar graph towards bottom left will indicate exposure index:
 Orange on either side of the green (good) indicates low or high exposure.

CARESTREAM: exposure index between 1300-1600 is good

10. Sending images to PACs: _____
GE: 2nd tab top right
 Select patient's name
 Select "processed image"
 Select "PACs"
 Select "OK"

CARESTREAM: _____

After exposure you can "save", "reject", "review", or "approve" image.
 "Approve" image sends image to PACs

11. Demonstrate how to check if films are sent to PACs: _____

GE: 2nd tab (top left) Find name, highlight "Processed"
 Bottom right window - a computer icon (indicates image has been sent)

CARESTREAM: Select "Image Review"
 Check "Delivered Images" or "Needs Approval"
 If your patient/study is highlighted in blue, image has been sent.

 Lead Tech or Clinical Instructor's signature

 Date

Clinical Rotation Objectives

HMC School of Radiography
Diagnostic Radiography/Fluoroscopy (R&F) Room Objectives

Note: This competency must be completed with a Lead Tech or Clinical Instructor during Intermediate Procedures.

Student Name _____ Clinical Site _____

1. List the typical examinations performed under fluoroscopy.
2. List equipment and procedures used for radiation protection during fluoroscopy.
3. List the supplies commonly used for fluoroscopic procedures.
4. Discuss the relationship between patient and technologist.
5. Discuss the relationship between radiologist and technologist.
6. Demonstrate ability to use foot board, compression bands, and positioning aids
7. Detent the overhead tube to table at 40".
8. Place an image receptor in the bucky drawer.
9. Demonstrate how to move the bucky drawer and lock it into position.
10. Angle the tube cephalad and caudad any given degree.
11. Center the tube when angled to the bucky drawer.
12. Demonstrate how to collimate to the appropriate field size.
13. Demonstrate how to rotate the collimator only and maintain detent.
14. Move the tube into the horizontal position for decubitus (cross –table) exposures and align beam to cassette holder.
15. Detent tube to the upright bucky (chest stand) at 72" and 40"
16. Raise and lower upright bucky
17. Move the hand rail into and out of position
18. Move the overhead x-ray tube into the Park position
19. Identify and explain the function of all controls on the fluoroscopy tower.
20. Remove and attach the fluoro drape
21. Place the table in the upright position.
22. Identify the following generator controls: On/Off, mAs, KV, AEC cell selection, exposure switch, select new program setting, switch between overhead tube and fluoroscopy, and locate the recorded fluoro time.
23. Locate emergency safety shut off for table and generator.
24. Demonstrate ability to use oxygen and suction.

Lead Tech or Clinical Instructor's signature

Date

Clinical Rotation Objectives

HMC School of Radiography
Reception Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed following your rotation in this area.

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

Reception Objectives

1. Explain the proper procedure for answering a business phone.
2. Explain the proper method of taking messages.
3. Describe the actions to be taken during the following departmental emergencies:
 - a. Fire
 - b. Bomb Threat
 - c. Disaster
 - d. Tornado
 - e. Patient code
 - f. Infant abduction
 - g. Environmental disaster (Hazardous Material Spill)
4. Describe any other duties that are routinely performed by the staff.
5. List the extension numbers for the following:
 - a. Security
 - b. Hospital wide paging
 - c. Medical assistance needed within the department
6. Describe the procedure used for processing orders for in-patients, out-patients, and trauma center patients.
7. Describe the procedure used for canceling exam orders.
8. Describe the procedure used for modifying exam orders.
9. Describe procedure for notifying a technologist of a patient's arrival.
10. Who in the department is responsible for dispatching transporters to patient rooms?

Student is able to perform procedures listed above. _____ Supervisors initials

Clinical Rotation Objectives

HMC School of Radiography Transporter Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed following your rotation in this area.

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

Transporter Objectives

Note: Items requiring demonstration should be checked off and initialed by the assigned supervisor.

1. Discuss the importance of avoiding obstructing passages and doorways with stretchers, wheel chairs, etc.
2. List four basic rules for good body mechanics.
3. List two steps to be taken to assure accuracy of patient identification.
4. Demonstrate safe techniques for moving the patient to the following positions using the principles of good body mechanics:
 - a. Assist patient to sit from a recumbent position.
 - b. Assist patient into and out of wheelchair.
 - c. Two-person transfer from bed to stretcher and stretcher to bed.
 - d. Three-person transfer from bed to stretcher and stretcher to bed.

Supervisor's Initials _____

5. Demonstrate proper use of safety straps, side rails, and restraints.

Supervisor's Initials _____

6. Describe the procedure for reporting an accident that results in a fall or injury.
7. Describe the proper position of a patient on a stretcher when the cart is in motion.
8. Describe the proper steps used to transfer a patient with I.V. lines, oxygen, and/or a foley catheter.
9. State the proper position of a patient on a stretcher while riding in the elevator.
10. Describe the procedure for transporting a patient from his room to the radiology department and back to his room.

Clinical Rotation Objectives

HMC School of Radiography

Nursing Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed during your rotation in this area and turned in to the Clinical Instructors' office.

Nursing Objectives - Students must demonstrate competence in performing patient care activities listed below on patients unless state or institutional regulations prohibit students from performing the procedures on patients.

1. Vital signs:

Blood Pressure _____ Temperature _____ Pulse _____ Respiration _____

Pulse oximetry _____ Care of patient's medical equipment (e.g., O₂ tank, IV tubing _____

2. Demonstrate competency in Sterile and Medical Aseptic Techniques.

_____ Supervisor's initials

3. Define and discuss allergic reactions to Contrast Media:

Types and degrees, what to look for, preparation, treatments, and documentation.

Note: information may be found in your text book, Bontrager's

4. Describe the nurse's role within the radiology department.

5. List the types of procedures that require a nurse's presence.

6. How does the nurse's role differ from the technologist's during a procedure?

Note: While you may be observing the Nurses and the Specials techs during this rotation you only need to complete this objective. The objectives for Specials will be completed during your 5th semester.

Clinical Rotation Objectives

HMC School of Radiography
Sonography Rotation Objectives

Read the corresponding chapter in Bontrager's prior to attending the rotation.

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed during your rotation in this area and turned in to the school office.

Sonography/Ultrasound (US) Objectives

1. Define Sonography. _____

 2. Briefly describe the function of the transducer. _____

 3. Why is gel used between the transducer and the patient? _____

 4. How does the sonographer change the image from a longitudinal to a transverse plane? _____

 5. Describe the difference in appearance between cystic and solid. _____

 6. What role does Doppler ultrasound play? _____

 7. What training routes are available for certification in Sonography? _____

-

Clinical Rotation Objectives

HMC School of Radiography
Nuclear Medicine

Read corresponding chapter in Bontrager's prior to attending

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed during your rotation in this area and turned in to the school office.

Nuclear Medicine (NM) Objectives

1. Define Nuclear Medicine Imaging. _____

2. Define Radiopharmaceuticals. _____

3. Define a Gamma camera. _____

4. What is the most common nuclide used in Nuclear Medicine? _____

5. Define Radioactive half-life. _____

6. List the 3 most common exams performed in Nuclear Medicine. _____

7. What training routes are available for certification in Nuclear Medicine?

15440.27: MRI Safety

POLICY: Before a student is allowed into the MRI environment, he or she will attend MRI Safety Orientation as part of the 1309 Introduction to Radiography course and must complete the MRI Student History form*. Any questions or concerns that the student or instructor may have will be discussed before the student is assigned to MRI.

RULES:

1. Attend orientation including instruction on MRI safety policies, procedures, protocols and an instructional MRI safety video.
2. Complete Student History form which is reviewed by program staff. If a student answers "yes" to any of the questions MRI staff is consulted.
3. Students with history of working with metals (Welder, sheet metal worker, etc.) will be scheduled for radiographic examination of the orbits prior to assignment in MRI. If the student is cleared to enter the magnetic field it is indicated on the MRI Student history form prior to entrance.
4. Students with certain metallic, electronic, magnetic, or mechanical implants, devices, or objects will be instructed on the dangers of the MRI environment. These students will be warned not to enter the gantry area but will be allowed to observe from the control room.
5. A copy of the student history form is kept in the student file and one is sent with the student to MRI rotation at which point it is again review by MRI staff prior to admission of the student to the MR magnet.

*Next Page

MRI Student History

MRI Department - Student Screening Form

Date: _____

Print Name: _____

Please answer the following questions.

Have you ever had surgery in the past? Yes _____ No _____

If yes, what part of the body? _____

When? _____

Is there any known history of cerebral aneurysm? Yes _____ No _____

If yes, was surgery performed? Yes _____ No _____

Any previous heart surgery? Yes _____ No _____

Do you have a cardiac pacemaker? Yes _____ No _____ If so, when? _____

Is there any possibility you may be pregnant? Yes _____ No _____

Are there any known metals within your body? Yes _____ No _____

Have you worked with metal (Welder, Sheet Metal Worker, etc.)? Yes _____ No _____

If yes an orbit x-ray will be taken.

Have you had previous ear surgery? Yes _____ No _____

If yes do you have a cochlear implant? Yes _____ No _____

Have you ever had cancer? Yes _____ No _____, If yes what part of the body? _____

Did you receive radiation or chemotherapy? Yes _____ No _____

*******Note*******

Please make sure all ferromagnetic objects including watches, jewelry, keys, bank and credit cards have been removed before going into MRI scanning room.

For office use only:

Orbit x-ray (if needed) Date _____ Cleared by: _____

Clinical Objectives

HMC School of Radiography
MRI Rotation Objectives

Prior to attending this rotation, read School Policy 15440.27 regarding MRI Safety and the corresponding chapter in your Bontrager's Radiographic Positioning and Related Anatomy.

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed during your rotation in this area.

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

MRI - mandatory safety instructions:

- 1. Check with technologist before entering the MRI Suite.**
- 2. Complete and attach a copy of the Patient Screening form.**
Note: Screening forms are available from the MRI staff
- 3. Remove all metallic items and credit cards before entering gantry area.**
- 4. Clarify the technologist's expectations of you during this rotation.**

MRI Objectives:

1. Define Magnetic Resonance Imaging.
2. List basic safety considerations for the MRI suite.
3. List commonly seen contraindications for an MRI examination.
4. List the most common examinations performed.
5. What contrast media is most commonly used in MR imaging?
6. Why is contrast media requested in some exams?

Clinical Objectives
HMC School of Radiography
Oncology Rotation Objectives

Read corresponding chapter in Bontrager's prior to attending

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed during your rotation in this area and turned in to the school office,

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

Radiation Oncology (ON) Objectives

1. Define Radiation Oncology.
2. Distinguish between palliative therapy and definitive therapy.
3. Discuss the correlation between simulation and radiation treatment.
4. Discuss the role of the medical dosimetrist.
5. Discuss the role of the radiation therapist.
6. Discuss patient care and technologist-patient communication as related to the unique oncology setting.
7. List common diseases for which radiation treatment might be prescribed.
8. Discuss the purpose of radiation implants and what precautions must be followed.
9. Discuss the use of computer technology as applied to radiation therapy.
10. What training routes are available for certification in Radiation Oncology for the Radiation Therapist and the Medical Dosimetrist?

Clinical Objectives
HMC School of Radiography
CT Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed following your rotation in this area.

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

Computed Tomography (CT) Objectives

Note: Items requiring demonstration should be checked off and initialed by your assigned technologist.

1. Define Computed Tomography Imaging.
2. CAT (computerized axial tomography") terminology, while still heard, is not strictly accurate.

Why?

3. List the three major components of the CT system?
4. In the clinical application of CT, list 3 advantages of CT over conventional radiography.
5. What is the purpose of the scout film or scanogram?
6. What contrast media is most commonly used in CT imaging?
7. Why is contrast media requested in most head CTs?
8. Enter patient data into the computer. Tech. initials _____
9. Position the table for various scans. Tech. initials _____
10. Identify gross cross sectional anatomy of the head and abdomen.

Tech. initials _____

Clinical Objectives
HMC School of Radiography
PACS /QA Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed following your rotation in this area.

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

PACS / Quality Assurance Objectives

1. What does the acronym PACS mean? What PACS system does your facility use?
2. What does the acronym RIS mean? What RIS system does your facility use?
3. What does the acronym HIS mean? What HIS system does your facility use?
4. Identify the department responsible for assigning Medical Record numbers.
5. Demonstrate working with technologist work-list. Supervisor's Initials _____
6. Demonstrate correcting a misidentified image (fixing an exception).
Supervisor's Initials _____
7. List the different exam statuses?
8. Demonstrate scheduling an exam in RIS. Supervisor's Initials _____
9. How do you know if the images are on PACS?
10. Should you check your work-list before leaving your shift?
11. Why should you check your work-list several times a day?
12. If an exam is left in *in-complete* status can a doctor read it?
13. If an exam is complete with no images on PACS can a doctor read it?
14. What information should you double check before closing the exam?

Clinical Objectives

HMC School of Radiography

Orientation Rotation Objectives

Orientation to Rotation Sites Outside of the Primary Clinical Site

Completion of this form is mandatory for each of the following rotation sites:

ASM, Hendrick Plaza, Hickory Center, Shannon Clinic, Shannon, TMS, AFMA, HMCB, Brownwood Ortho Clinic, Brownwood Physicians Medical Building, HIC, Hendrick Bone and Joint, Cedar Mall, HMCS, SARS, Cogdell Memorial, Rolling Plains, Comanche, Eastland, Heart of Texas.

Office policies regarding the following areas have been discussed with the student.

1. Fire - Evacuation routes, location of fire extinguishers, outside line access for calling 911
2. Emergency preparedness - tornadoes, bomb threat, active shooter, outside line access for calling 911
3. Medical emergencies - location of crash cart/AED, notification of M.D. or call for medical assistance, outside line access for calling 911.
4. HIPAA - Health information Portability and Accountability Act and protected health information (PHI)
5. Standard Precautions - include: 1. hand hygiene, 2. use of personal protective equipment (e.g., gloves, gowns, and masks), 3. safe injection practices, 4. safe handling of potentially contaminated equipment or surfaces in the patient environment, and 5. respiratory hygiene/cough etiquette.

If applicable:

5. MRI safety - explanations of safety considerations, including but not limited to:

1. Screening for ferromagnetic articles prior to entering the MRI suite.
These include but are not limited to: chairs, clipboards, patient charts, hairpins, hearing aids, identification badges, insulin pumps, keys, nail clippers, nail files, pacemakers, pagers, paper clips, pens, pencils, pocket knives, prosthetic limbs, stethoscopes, scissors, staples, stools, tools, watches, and wheelchairs.
2. Screening regarding: cardiac pacemakers, electrically, magnetically, or mechanically activated implants, ferromagnetic aneurysm clips, embedded conductive or magnetically active fragments in or near the eyes.

Facility _____

Student Name

Date

Technologist/ Clinical Instructor Name

Date

Clinical Objectives
HMC School of Radiography
HMC Trauma CT / Hendrick Plaza CT Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

HMC Trauma CT / Hendrick Plaza CT Objectives Note: Items requiring demonstration should be checked off and initialed by your assigned technologist.

1. Define Computed Tomography Imaging.
2. CAT scan (computerized axial tomography), while still heard, is not strictly accurate. Why?
3. List the three major components of the CT system?
4. In the clinical application of CT, list 3 advantages of CT over conventional radiography.
5. What is the purpose of the scout film or scanogram?
6. What contrast media is most commonly used in CT imaging?
7. Why is contrast media requested in most head CTs?
8. Enter patient data into the computer. Tech. initials _____
9. Position the table for various scans. Tech. initials _____
10. Identify gross cross sectional anatomy of the head and abdomen. Tech. initials _____

Facility _____

Student Name Date

Preceptor / Clinical Instructor Name Date

Clinical Objectives
HMC School of Radiography
Surgery 1 Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed during your rotation in this area.

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

Surgery 1 Objectives - HMC Students do their 1st surgery rotation at TX Midwest Surgery

Note: Items requiring demonstration should be checked off and initialed by your assigned technologist.

1. Watch the DVD for the 9600 OEC C-arm, located in the HMC school office.

Tech. Initials _____ NA _____

2. Identify the following generator controls:

- 3 locations of the Fluoro buttons
- sharpening button
- noise filter button
- reverse/flip buttons
- enter Patient information
- workstation/swap buttons
- 2 boost buttons
- collimation buttons
- manual kVp and mAs

Tech. Initials _____

3. Demonstrate ability to maneuver the C-arm.

Tech. Initials _____

Clinical Objectives

HMC School of Radiography Surgery 2 Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed during your rotation in this area.

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

Surgery 2 Objectives

Note: Items requiring demonstration should be checked off and initialed by your supervising technologist.

1. Demonstrates knowledge of proper surgical attire and importance of maintaining the sterile field environment.

Tech. Initials _____

2. List the surgical procedures that require radiographic equipment and the type of equipment commonly used for that procedure.

3. Identify where the x-ray equipment is located when not in use.

portable x-ray
cassette covers
C-arms
mini C-arm
C-arm drapes
lead shields
aprons
Fax-a-tron

Tech. Initials _____

4. Explain what's meant by checking "The Board".

5. Define the following terms:

Closed reduction
Open reduction
Ex Fix
IM rod
ORIF
Lami
ACDF
Fem head

Clinical Objectives
HMC School of Radiography
Surgery 3 Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed during the Surgery 3 rotation - Surgery Competencies.

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

Surgery 3 Objectives and Surgery Competency

Note: Items requiring demonstration should be checked off and initialed by your supervising technologist.

1. Demonstrates knowledge of proper surgical attire and importance of maintaining the sterile field environment.

Tech. Initials _____

2. Demonstrates knowledge of procedure used for processing orders for exams in the surgical setting.

Tech. Initials _____

3. List the surgical procedures that require radiographic equipment and the type of equipment commonly used for that procedure.

4. Demonstrate ability to **position** equipment needed in the surgical setting.

Tech. Initials _____

5. Demonstrate the **use of** all radiography equipment used in surgery.

Tech. Initials _____

I feel the above student is competent to perform procedures in the surgical environment.

Clinical Instructor

Date

Clinical Objectives
HMC School of Radiography
Interventional Radiology Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed following your rotation in this area.

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

Special Procedures/ Interventional Radiography - 4th Practicum Objectives

Note: Items requiring demonstration must be performed on patients unless state or institutional regulations prohibit students from performing the procedures on patients.

Items requiring demonstration must be checked off and initialed by assigned technologist or nurse.

1. Identify the equipment used in the Specials/Interventional Procedures Suite.
2. List the examinations performed in Specials which are not performed in other diagnostic rooms.
3. List the members of the Specials/Interventional team and their responsibilities before, during, and after most procedures.
4. List the type of contrast medium used for most studies.
5. List the equipment and procedures used for radiation protection.
6. List contraindications for angiography.
7. Demonstrate the ability to use Medical Aseptic and Sterile Technique.

Tech Initials _____

8. Demonstrate the ability to set up a sterile tray for various procedures.

Tech Initials _____

9. Demonstrate ability to maneuver the radiographic tables and tubes.

Tech Initials _____

Clinical Objectives

HMC School of Radiography
Cath Lab Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

Cath Lab - Angiocardiology Objectives

Days spent in the Cath. lab are intended as observation only. A clinical evaluation is not required. Students would benefit by reading information specific to angiocardiology in Bontrager's "Textbook of Radiographic Positioning and Related Anatomy".

This form is to be completed following your rotation in this area.

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

1. List the members of the team and their responsibilities before, during, and after most procedures.
2. List procedures performed in the Cath Lab.
3. List preliminary testing that would indicate the need for angiography.
4. List any contraindications for angiography.
5. Identify the equipment used in the Cath Lab Suite.
6. List the type of contrast media used for most studies.
7. List the equipment and procedures used for radiation protection.
8. List any additional training the health care members of the team must have prior to joining the Cath Lab team.

Clinical Objectives
HMC School of Radiography
Late Hour Rotation Objectives

Student Name _____ Clinical Site _____

Practicum 4 Rotation Dates: Beginning _____ Ending _____

This form is to be completed at the end of Practicum 4.

Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

Late Hour Objectives (6 hour shifts, schedule between 2pm and 7am) to:

1. Increase the number of interpersonal relationships with the staff techs and support personnel
2. Gain experience working in a more independent environment.
3. Observe and perform examinations not commonly seen during the day shift.
4. Document acceptable performance of procedures in a more independent environment through performance evaluations.
5. Gain experience in working with the badly injured trauma patient.
6. Gain experience in performing cases in the OR.

*****NOTE*****

To receive credit for a Late Hour rotation the following documentation must be turned in:

1. A Record of Clinical Experience (ROCE) form listing exams performed and/or observed must be turned in for each Late Hour rotation. The hours attended must be documented on the ROCE form and signed by the supervising technologist.

Late hour rotation time will not be counted without proper documentation for each rotation.

2. Eighty-eight (88) clinical hours, scheduled between 5pm and 7am, must be completed during Practicum 4.

Late Hours - Clinical Objectives

1. Describe the differences in day and Late Hour shift operations.

Clinical Objectives

HMC School of Radiography
Elective Rotation Objectives

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

Elective Rotations may be requested by the student and includes those areas listed below or any area in which they have previously been assigned.

The following Elective rotations are available upon request to provide the student additional clinical experience: Mammography Cath Lab Radiology Administration – RJ Calvo, RT

Elective Rotation Objectives:

This form is to be completed following an Elective Rotation.
Attach this form as the cover sheet and turn in to the Clinical Instructors' office.

The student should be able to perform the following:

1. Describe the education requirements for the field.
2. Describe the technologist's, nurses', or administrator's role within the department.
3. Explain the type of procedures observed during the rotation (if applicable).
4. If the student is electing to repeat a rotation in an area previously assigned then a ROCE form listing exams performed or observed may be used to document experience gained from the rotation may be substituted for the objective.

Clinical Objectives
HMC School of Radiography
Computer Skills 5th Practicum

Student Name _____ Clinical Site _____

Supervisor _____ Practicum # _____ Rotation # _____

Rotation Dates: Beginning _____ Ending _____

This form is to be completed during your rotation in this area and turned in to the school office,

Computer Skills Objectives

Observing Technologist

1. Identify exams that need to be performed. (HMC Synapse) _____
2. Confirm orders (HMC APOLLO) _____
3. Complete exams (HMC EIS Synapse) _____
4. Request patient transport (HMC TRANSPORT TRACKING) _____
5. Identify no code in patient's chart (HMC APOLLO) _____
6. Identify allergies in patient's chart (HMC APOLLO) _____
7. Identify contact precautions in patient's chart (HMC APPOLO) _____
8. Send to PACS (HMC PACS) _____
9. Confirm that exams are complete and sent PACS (HMC PACS) _____
10. Documenting contrast media (HMC APOLLO) _____
11. Transport hand off (HMC APOLLO) _____
12. Add notes (HMC Synapse) _____

Terminal Competencies for diagnostic radiography, fluoroscopy, and surgery are completed during the 5th practicum.

1. Terminal competencies can only be completed with a Clinical Instructor.
2. Students draw for procedures to be completed from the following categories:
 - Thorax
 - Abdomen
 - Upper Extremity
 - Lower Extremity
 - Pelvis and Spine
 - Skull
3. Procedures drawn must be completed on patients or by live simulation.
4. If 80% accuracy is not obtained the student will complete remedial instruction at a level of 80% or greater. Following remedial instruction the student will be re-tested.
5. Surgery competencies will be documented during the student's last assigned rotation in that area by a Clinical Instructor or Clinical Coordinator.
6. Fluoroscopy competency is determined by a written lab test.

Terminal Competency - Diagnostic

Thorax	Remediation date	Pass date	Instructor
1			
2			
Abdomen			
1			
2			
Upper Extremity			
1			
2			
Lower Extremity			
1			
2			
Spine and Pelvis			
1			
2			
Cranium			
1			
2			
Contrast Studies			
1			
2			
Surgery			
1			
2			

Student Name _____ Date _____

Instructions

1. Four critiques are presented the 4th semester during regular class hours.
The first three critiques are the student's choice. The last critique is selected for the student by a clinical instructor without the student's prior knowledge.
2. Critique grades are a percentage of the Advanced Procedures grade.
3. Critiques may be presented on interesting cases or imaging analysis (positioning or technical errors).
4. Critiques must be approved by a Clinical Instructor or the Program Director **one week prior** to your scheduled presentation. This will alleviate multiple repeats of the same topic.
5. Students should be prepared to answer questions regarding their Critique from both students and instructors. Anatomy review is part of all Critiques.
6. Your presentation should include: a brief history if available, the routine views and technique factors used, any difficulties with the exam, a critique of the image(s) for density, contrast, positioning, CR placement, collimation, marker, and artifacts.
7. If your presentation is a study from one of the Imaging Specialty areas, US, CT, MR, SP or NM where you were more of an observer than a participant in the exam, your grade will be based on the contents of your presentation and your knowledge concerning the type of specialty.
8. Your grade will be based on the contents of your presentation and knowledge concerning imaging analysis. See accompanying oral presentation rubric.

This section to be filled out by instructor. Instructor Comments:

Grade __________
Instructor_____
Date

Date: _____	Name: _____	Score _____	Grade _____	Critique Rubric	
	4	3	2	1	Score
Nonverbal Skills					
Eye Contact	Holds attention of entire audience with direct eye contact, seldom looking at notes.	Consistent use of direct eye contact but still returns to notes.	Minimal eye contact while reading mostly from notes.	No eye contact with audience entire report read from notes.	Score
Body Language	Movements, fluid and help the audience visualize.	Movements help enhance articulation	Very Little movement or descriptive gestures.	No movement or descriptive gestures.	
Poise	Relaxed self-confident, no mistakes.	Minor mistakes, quickly recovers, little or no tension.	Mild tension, trouble recovering from mistakes.	Tension and nervousness obvious, trouble recovering from mistakes.	
Verbal Skills					
Enthusiasm	Strong positive feeling about topic	Occasionally shows positive feelings about topic.	Shows some negativity toward topic.	Shows no interest in topic presented.	
Elocution	Clear voice, correct pronunciation, all audience can hear.	Clear voice, mostly correct pronunciation, most can hear.	Voice is low, incorrect pronunciation, difficult to hear	Mumbles, incorrect pronunciation, majority could not hear.	
Content					
Subject Knowledge	Full knowledge of subject able to answer questions.	Answers expected questions with ease	Uncomfortable with subject can only answer simple questions.	Not familiar with subject cannot answer questions.	
Organization	Logical, easy to follow	Mostly logical not difficult to follow	Difficult to follow, jumps around	No sequence cannot understand	
Mechanics	Presentation has no grammatical errors. Balanced use of multimedia.	Presentation has no more than two grammatical errors. Use of multimedia not as varied.	Presentation has three grammatical errors. Lacking smooth transition from one medium to another lacking.	Presentation has four or more grammatical errors. Little or no multimedia used or lacking balance.	
Creativity	Very Original	Somewhat original	Little or no originality	Little or no variety insufficient use of multimedia.	

Length of Presentation	Within two minutes of allotted time.	Within four minutes of allotted time.	Within six minutes of allotted time	Too Long or too Short 7 minutes or more from allotted time.	
Image					
Identify	Identifies image projection and error/errors correctly and in entirety. Provides analysis in proper radiography medical terms.	Identifies image projection/position correctly. Identifies error/errors correctly but fails to utilize proper related radiographic positioning terminology to do so.	Identifies image projection/position correctly. Has limited or incomplete error recognition and fails to utilize proper related radiographic positioning terminology.	Fails to identify projection/position correctly and/or incorrect error recognition.	
Knowledge	Demonstrates understanding of correct procedure for examination by stating standard image criteria when properly performed.	Demonstrates an entry-level of understanding of correct procedure for examination but is incomplete in providing all relative criteria.	Demonstrates limited details regarding correct procedure for examination. *Lacks clear concept of process or criteria. * Information provided is conflicting.	Fails to demonstrate correct imaging procedure for standard method. No criteria or incorrect criteria mentioned.	
Examine	Examines and provides correct evidence of cause/causes for errors in image positioning by detailed comparison with proper image criteria using anatomical relationships and features of correctly positioned exam.	Provides cause/causes for errors in image positioning correctly, however, provides only limited comparative support for assumption with evidence of anatomical relationships related to substandard image.	Provides cause/causes for errors in image positioning correctly however, failed to provide any comparative support for assumption with evidence of anatomical relationships related to sub-standard image.	Is unable to provide cause/causes for errors in image positioning with any accuracy. No comparative support provided or inaccurate assessment of anatomical relationship for evidence.	
Problem solving	Formulates concrete solution for corrective requirements to bring image into compliance for all relevant factors. Also suggests alternatives.	Formulated possible solution/solutions for corrective measures needed to bring image into compliance for most relevant factors. No alternatives offered.	Formulated several solutions including a correct one however, not all were relevant or accurate in corrective measures to bring image into compliance. Ideas not clear or concise in nature.	Unable to formulate any possible solutions entirely inaccurate.	
Application	Accurately discusses how the patient positioning modifications, CR location, technical factor changes, and accessories associated will be carried out using all proper radiographic terms in specific terms and detail.	Accurately discusses positioning modification execution and appropriate technical factor changes but fails to include all categories if required OR fails to utilize radiographic terminology in detail.	Inaccurately discusses positioning modification execution and/or technical factor changes. *Radiographic terminology not utilized.	Fails to provide a discussion of the needed positioning modifications entirely.	

Accreditation

By the Joint Review Committee on Education In Radiologic Technology

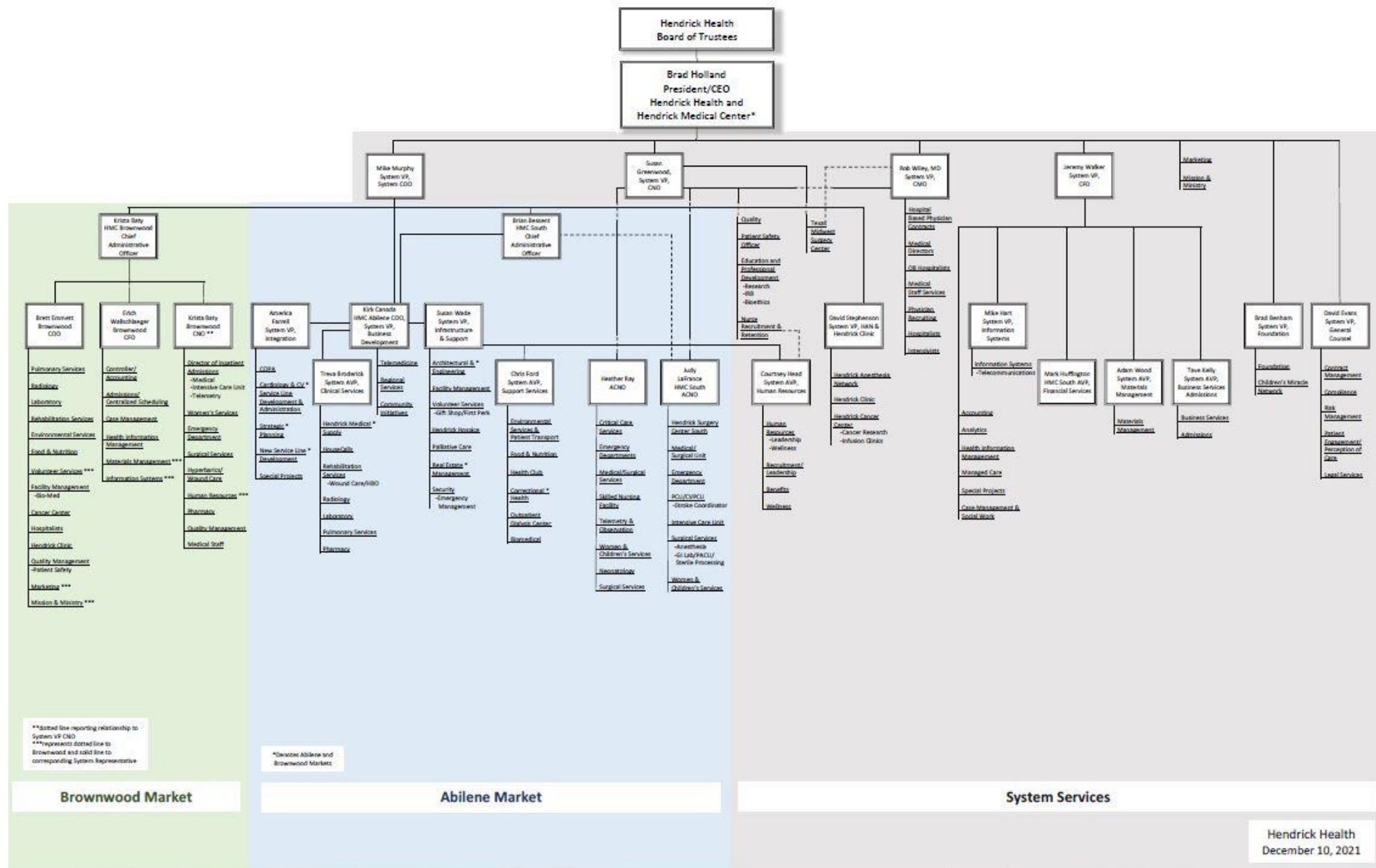
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182

Email: mail@jrcert.org
Phone: (312) 704-5300
Fax: (312) 704-5304

Current Accreditation Status Five Years

The next site visit tentatively scheduled for the Fourth Quarter of 2022

Organizational Chart



Student Agreement

In accordance with the policies of the Hendrick Medical Center School of Radiography, I agree to abide by all rules and regulations of the institution. I have received a current copy of the school handbook and student policies and will read and abide by the same.

It is agreed and understood that a student will be dismissed at any time for any of the following reasons:

1. A failing course grade in any course.
2. Unsatisfactory performance in clinical assignments as determined in written evaluations by clinical supervisors and instructors.
3. Undesirable conduct, including insubordination, dishonesty, intoxication, or excessive absences for any reason.
4. Failure to attend two-thirds (2/3) of classroom hours in any course.

I fully understand the above and will endeavor to become a competent responsible student Radiologic Technologist.

Student signature _____ Date _____

The Honor Code for Hendrick Medical Center School of Radiography addresses behaviors to be avoided in order become part of the American Registry of Radiologic Technologists. The ARRT application to the registry *requires* the following honor code violations be reported.

Note: this list does not include all reportable infractions. If you are unsure of whether something should be reported, contact a member of the Ethics staff at (651) 687-0048, ext. 8580.

- Cheating and/or plagiarism;
- Falsification of eligibility requirements (e.g., clinical competency information);
- Forgery or alteration of any document related to qualifications or patient care;
- Abuse, neglect, or abandonment of patients;
- Sexual contact without consent or harassment to any member of the community, including patients;
- Conduct that is seriously obscene or offensive;
- Practicing in an unsafe manner or outside the scope of professional training;
- Violating patient confidentiality (HIPAA);
- Attempted or actual theft of any item not belonging to the student (including patients' property);
- Attending class or clinical setting while under the influence of alcohol, drugs, or other substances.
- This list is from the ARRT website at ARRT.org

All students upon acceptance of a position in the Hendrick Medical Center School of Radiography agree not to participate in cheating, lying, plagiarism or theft.

Cheating includes but is not limited to:

1. Copying from another student.
2. Allowing another student to copy your work.
3. Providing test details taken from a test to another student.
4. Submitting another students work as your own.
5. Unauthorized use of study aids.

Lying includes but is not limited to:

1. Communicating something that is not true.
2. Falsification of any record including time sheets and clinical records.
3. Any form of deceit or fraud.
4. Indicating that you were at one place when you were at another.

Plagiarism includes but is not limited to:

1. Presenting, as your own, any work that is someone else's without proper recognition.

Theft includes but is not limited to:

1. Taking something that is not your property.
2. Claiming something as your own that belongs to someone else.

Failure to make a timely report when one knows of an honor violation involving another person is considered a violation of the honor code.

The standard penalty for a first offense includes a note of the violation in the student's permanent record, a decision making leave and/or possible termination from the program.

Violations are investigated by program faculty and the decision outcome is reported to the student by the program director. Appeals may be made by following the complaint/grievance procedure policy.

I have read, understand, and agree to abide by Hendrick Medical Center School of Radiography and the American Registry of Radiologic Technologist's Honor Code.

Student signature

Date

The Rules in Plain English

**Read and understand this! Policies will be rigidly enforced!
This is your only warning!**

You **must** get along with and be able to work with doctors, hospital staff, patients, and fellow students in the clinical setting, class, and lab. You don't have to like them and they don't have to like you, but you must work with them as a professional. If you can't, you will be dismissed from the program. Doctors and hospital staff are not required to be "nice" to you. Don't expect them to be "nice" all the time. This is the real world and you need to learn to deal with it.

1. Make tuition payments **on time** and in the proper manner.
2. Dress professionally: clean, neat, fragrance free.
3. **Be** on time, **Be** quite, **Be** courteous **Be** enthusiastic.
4. **Do not** park in visitor parking areas!!
5. **Do not** eat, drink, or chew gum in front of patients.
6. **Study, study, study!!** Avoid distractions and don't get behind.
7. **Review, Review, Review!!!** This is different from college. You will be tested on information you learned the first month during Seminar and on the registry exam.
8. **Do not** have illegal drugs, alcohol, or weapons on school or clinical grounds.
9. Use your markers on **every** image.
10. It is **your** responsibility to be present for **all** procedures in **your** assigned area.
11. **Never** say "I'm checked off, I don't need that procedure."
You need to do **every** procedure you can before you graduate.
12. **Strive each day to improve your skills in your chosen profession.**
Remember, you're paying for this education..... Get your money's worth!
13. **Please don't assume we see the problem!** Feel free to "bother" us with "little" problems.
Little problems are much easier to handle before they become major problems.
14. **Come talk to us** anytime you need or want to. This is your program and we are here to help you accomplish your goals.

Joint Review Committee On Education In Radiologic Technology www.jrcert.org

The JRCERT is the only agency recognized by the United States Department of Education for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. A list of accredited radiography schools is on this site.

The Joint Review Committee on Educational Programs in Nuclear Medicine
This site lists accredited schools for Nuclear Medicine Technology

American Society of Radiologic Technologists www.ASRT.org

ASRT provides current news about radiology, information for patients and public, educational materials, professional development, and government relations.

American Registry of Radiologic Technologists www.ARRT.org

ARRT is the world's largest credential organization that seeks to ensure high quality patient care in radiologic technology. They test and certify technologists and administer continuing education and ethics requirements for their annual registration.

Texas Medical Board <http://www.tmb.state.tx.us/>

TMB is responsible for licensing those using radiation on humans for diagnostic purposes in Texas. Graduates of our program are eligible to apply for this state license.

US Department of Labor Statistics <http://www.bls.gov/>

US Department of Labor Statistics has information on the nature of the work, working conditions, training, employment job outlook, earnings, related occupations and sources of additional information.

Student Resources and Services

Personal Counseling

Access to personal counseling and related information provided through the Pastoral Care Department 325.670.2256

Americans with Disabilities Act

Access to information about the Americans with Disabilities Act and accommodation requests provided through the Human Resources department 325.670.3181

Financial Aid

Access to financial information provided through the Radiography School Program Office 325.670.2427

Access to Computers with Internet Access

Computers and printers are available to students in the education department library.

Group Web Site

Students have 24/7 access to course outlines and study aids. Students can ask questions, make suggestions and more thorough the group web site.

Review of Record

Students can access their academic record 24/7 through the internet.

Food Service

The Archway Cafe at Hendrick Medical Center provides a wide variety of quality menu items for students.

Security

Campus security personnel are always on duty to answer questions or to assist students.

Library Services

The Sellers Health Science Library of Hendrick Medical Center provides medical/health information to the Texas Midwest, covering 22 counties.

Last reviewed: 7/9/2024

2024																													Tentative
January 2024							February 2024							March 2024							Date							Event or Holiday	
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Jan 1	Application deadline						Application deadline	
	1	2	3	4	5	6						1	2	3					1	2	Jan 1 - 5	Christmas Break						Christmas Break	
7	8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9	Jan 8	Classes resume						Classes resume	
14	15	16	17	18	19	20	11	12	13	14	15	16	17	10	11	12	13	14	15	16	January 26	Graduation						Graduation	
21	22	23	24	25	26	27	18	19	20	21	22	23	24	17	18	19	20	21	22	23	Jan. 31	Transcript & Reference letter deadline						Transcript & Reference letter deadline	
28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30	March 8	Interviews *Subject to change						Interviews *Subject to change	
														31							Mar. 11 - 15	Spring Break						Spring Break	
																					March 29	Good Friday						Good Friday	
April 2024							May 2024							June 2024							March 31	Easter						Easter	
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	May 27	Memorial Day						Memorial Day	
	1	2	3	4	5	6					1	2	3	4						1	June 1	Application deadline						Application deadline	
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8	June 7	Graduation						Graduation	
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	June 10 - 21	Summer vacation						Summer vacation	
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	June 24	Class Begins -						Class Begins -	
28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29	June 30	Transcript & Reference letter deadline						Transcript & Reference letter deadline	
														30							July 4	Independence Day						Independence Day	
																					July 19	Interviews *Subject to change						Interviews *Subject to change	
July 2024							August 2024							September 2024							Sept 2	Labor Day						Labor Day	
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Sept 2 - 6	Fall Break						Fall Break	
	1	2	3	4	5	6					1	2	3	1	2	3	4	5	6	7	Sep 27	Orientation						Orientation	
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14	Oct 21	Class Begins -						Class Begins -	
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21	Nov 1	Application deadline						Application deadline	
21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28	Nov 15	Transcript & Reference letter deadline						Transcript & Reference letter deadline	
28	29	30	31				25	26	27	28	29	30	31	29	30						Nov. 25 - 29	Thanksgiving Break						Thanksgiving Break	
																					Dec 13	Interviews *Subject to change						Interviews *Subject to change	
																					Dec 23 - Jan 3	Christmas Break begins						Christmas Break begins	
October 2024							November 2024							December 2024								Rotations begin						Rotations begin	
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa		Vacation Breaks/Holidays						Vacation Breaks/Holidays	
		1	2	3	4	5						1	2	1	2	3	4	5	6	7		Application deadline						Application deadline	
6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14		Transcript deadline						Transcript deadline	
13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21		Interviews						Interviews	
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28		Orientation						Orientation	
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31						Class begins						Class begins	
																						Graduation						Graduation	

2025																						Tentative		
January 2025							February 2025							March 2025							Date	Event or Holiday		
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Dec 30 - Jan 3	Christmas Break		
			1	2	3	4							1							1	Jan 6	Classes resume		
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	Feb 7	Orientation		
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15	Feb 28	Graduation		
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22	Mar 3	Class Begins		
26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29	Mar 7	Application deadline		
														30	31						Mar 10 - 14	Spring Break		
																					Apr 4	Transcript & Reference letter deadline		
																					April 18	Good Friday		
																					April 20	Easter		
			1	2	3	4					1	2	3	1	2	3	4	5	6	7	May 2	Interviews (Subject to change)		
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	May 26	Memorial Day		
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	Jun 13	Orientation		
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	Jun 27	Graduation		
27	28	29	30				25	26	27	28	29	30	31	29	30						Jun 30-Jul 11	Summer vacation		
																					July 4	Independence Day		
																					Jul 14	Class Begins -		
																					Aug 15	Interviews (Subject to change)		
			1	2	3	4						1	2		1	2	3	4	5	6	Sept 1-5	Fall Break		
6	7	8	9	10	11	12	3	4	5	6	7	8	9	7	8	9	10	11	12	13	Nov 21	Application deadline		
13	14	15	16	17	18	19	10	11	12	13	14	15	16	14	15	16	17	18	19	20	Nov 24 - 28	Thanksgiving Break		
20	21	22	23	24	25	26	17	18	19	20	21	22	23	21	22	23	24	25	26	27	Dec 19	Transcript & Reference letter deadline		
27	28	29	30	31			24	25	26	27	28	29	30	28	29	30					Dec 22 - Jan 2	Christmas Break begins		
							31																Rotations begin	
																							Vacation Breaks/Holidays	
																							Application deadline	
																							Transcript deadline	
													1		1	2	3	4	5	6			Interviews	
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13			Orientation	
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20			Class begins	
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27			Graduation	
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31							
							30																	
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2026																							Tentative	
January 2026							February 2026							March 2026							Date		Event or Holiday	
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Jan 1	Application deadline		
1 2 3							1	2	3	4	5	6	7	1	2	3	4	5	6	7	Jan 5	Classes resume		
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	Jan 16	Interviews		
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	Feb 27	Orientation		
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	Mar 9 - 13	Spring Break		
25	26	27	28	29	30	31								29	30	31					Mar 27	Graduation		
																					Mar 30	Class begins		
																						Good Friday		
																						Easter		
April 2026							May 2026							June 2026							May 25		Memorial Day	
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	June 1	Application deadline		
			1	2	3	4						1	2		1	2	3	4	5	6	June 15 - 26	Summer vacation		
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	June 30	Transcript deadline		
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	July 3	Independence Day		
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	Jul 17	Graduation		
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30								
							31																	
																					Sept 7 - 11	Fall Break		
																						Class begins		
July 2026							August 2026							September 2026							Nov 23 - 27		Thanksgiving Break	
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Dec 21 - Jan 1	Christmas Break begins		
			1	2	3	4						1			1	2	3	4	5					
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12				
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19				
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26				
26	27	28	29	30	31		23	24	25	26	27	28	29	27	28	29	30							
							30	31																
October 2026							November 2026							December 2026										
Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa				
				1	2	3	1	2	3	4	5	6	7			1	2	3	4	5				
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12				
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19				
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26				
25	26	27	28	29	30	31	29	30						27	28	29	30	31						
								</																

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