

CLINICAL POLICIES AND STANDARDS

Conformity to the stringent standards is characteristic of the profession. This quality, however, is not acquired merely by the donning of the uniform or other badge of a profession. It can be gained only through patient growth and diligent work and thought. It is impossible to define briefly all the desirable tangible elements that make up the mature technologist. It is possible, however, to provide an outline of what standards should be followed.

The following suggestions are intended to serve this purpose:

PERSONAL APPEARANCE

1. Uniforms and shoes should be clean and neat.
2. Hair should be pulled back if it is shoulder length or longer. Hair shall not be abnormal in color (green, blue, purple, etc.)
3. Beards and mustaches must be kept clean, neat and well-trimmed.
4. Fingernails should be short, clean and neutral in color if painted.
5. The wearing of jewelry while in uniform should be conservative, (i.e. no dangling earrings or multiple piercings.) Wedding bands and watches are acceptable. Necklaces must fit inside uniform top. Visibly pierced body parts other than ear lobes are not acceptable.
6. Tattoos must be covered.
7. Fragrance should be at a minimum to prevent respiratory problems.
8. Every student must wear their radiation monitoring device while on duty.
 - The radiation monitoring device is to be worn on the collar outside the apron.
 - The radiation monitoring must be returned to the RSO on a quarterly basis, except for fetal monitor.
 - The radiation monitoring must be returned by the due date
 - Lost or late devices will be subject to a fee.
9. Scrubs must be worn at the clinical site (lab coat optional).
10. Scrubs must be worn to lecture and lab sessions on campus. (Students will be asked to leave if they are not wearing scrubs. This will count as an absence.)
11. Student must wear their school ID while on campus and at the clinical site.

COURTESY AND MANNERS

1. Identify the facility, clinic or laboratory and yourself by name whenever answering or calling on the telephone.
2. Personal telephone calls during clinical rotations must be made during designated breaks. Calls of an urgent nature may be made if permission is granted by the supervising technologist.
3. A student may possess a cell phone during clinical setting provided the phone is set on silent / vibrate mode.
4. Cell phone usage is **NOT** permitted in patient care areas. Students are obligated to abide by clinical site policy for cell phone usage.
5. Students are not allowed visitors during clinical assignments.

DISCIPLINE AND QUALITY CONTROL

1. All assignments must be carried out as promptly, efficiently, and skillfully as possible according to routine directives or special instruction as the case may be.
2. Whenever in doubt or unable to handle a situation, seek advice before proceeding further.
3. Breach of discipline, unethical or unbecoming conduct, etc., will be dealt with according to hospital/college policy.
4. Correction of technical or clerical errors and suggestions for improvement are to be accepted in the same friendly constructive spirit in which they will be given. Such suggestions are the basis of quality control and maintenance of a high standard of work and the only way the principle of "learning by doing" can be applied in a practical way.
5. Assist in keeping the department clean and efficient by reporting any deterioration, breakages, malfunction of equipment or depletion of supplies that comes to your notice.

CONSIDERATION FOR THE PATIENT

1. Always exercise the same consideration in your handling of patients that you would wish to receive if you were ill.
For example:
 - be gentle, smile
 - keep the patient waiting period to a minimum
2. Always address adult patients by surname and title to confirm identification and introduce yourself in the same way to the patient.
3. Always check identification band on all hospital patients to assure proper identification.
4. When the physician arrives to see his/her patient, introduce him/her to the latter.
5. Carefully explain to the patient what you wish him/her to do before carrying out any procedure in order to enlist his/her full cooperation.
6. Always be alert to the prevention of accidents
 - Help patients on and off the procedure table or into and out of wheelchairs or stretchers.
 - small children and unconscious or restless patients should be held in place by a safety belt and never left unattended.
 - Side rails should be up on stretchers.
7. Refrain from whispering or irrelevant conversation, laughter, whistling or singing, cell phone usage, and congregating in groups within view or hearing of patients.
8. The modesty of the patient must be respected at all times.
 - never allow the patient's genital areas to become exposed
 - If the patient is wearing a gown or pajamas cover him/her from the waist downwards with a sheet.
 - Students will follow clinical site policy for any invasive procedures.
9. Keep conversation with patients to the minimum required to put the patient at ease and inform him/her as to what he/she is required to do. Tactfully discourage any tendency of the patient to engage in frivolous remarks. Be polite in your reply to any questions from the patient (or relatives) about his/her condition or findings or the diagnosis. It is the attending physician's responsibility to inform the patient of these matters.
10. The use of recording devices, personal digital assistant units, and cameras are not to be used in the clinical setting for recording identifiable patient information.

PROFESSIONAL ETHICS

1. Never discuss a patient, his/her illness or his private affairs that come to your knowledge with anyone either privately or publicly. This is confidential information, which you may not disclose without danger of committing a moral or civil offense.
2. Avoid all discussion of personalities, etc., involving doctors or hospital personnel.
3. Discussion of technical problems and experiences encountered in the Clinical setting or hospital should not be carried on in places where the public may overhear the conversation.
4. Do not attempt to interpret radiographic images, hemodynamic findings or case outcomes for physicians or any other person.
5. Do not disclose the report of any radiographic image or other examination to anyone except the attending physicians.
6. Do not deliver or loan medical reports, medical images, hemodynamic recordings etc., to anyone unless they are signed out properly.
7. Do not read patient's chart or records unless authorized to do so in the course of transcription of pertinent research.
8. Personal gratitude in the form of money should not be accepted from patients or their visitors.
9. Do not hesitate to help out anywhere in the department where assistance seems to be required, especially if you have completed your assignment.

ACCIDENTS OR INJURIES

1. If you suffer an accident or become ill while on duty promptly inform the supervising technologist at clinical site.
2. All injuries, regardless of severity, must be reported
3. Notify the SPC instructor who will initiate an incident report.

PROTOCOL FOR NEEDLE STICK, BLOOD OR POTENTIALLY INFECTIOUS BODY FLUIDS EXPOSURE

It is the policy of St. Philip's College Allied Health Department that all students who sustain needle stick or other exposure to blood or bodily fluids while engaged in a college sponsored educational program should receive prompt medical attention, including counseling, prophylactic drug treatment, and baseline and follow up laboratory values, as necessary. In accordance with this policy, the following procedures must be followed by students who have been exposed to blood / body fluids.

Please keep in mind that drug prophylaxis is time sensitive (2 – 24 hours), therefore the student must immediately seek help from the appropriate supervising personnel.

Immediately after exposure first aid steps should be taken.

1. Express blood from puncture wound if applicable.
2. Clean wound with soap and water.
3. Flush mucous membranes with water or saline.

It is recommended that appropriate medical follow-up be obtained. Students who incurred the needle stick or exposure will go to the nearest emergency room for the appropriate consultation and testing. Testing of the source patient's blood will be done according to the facility's policy. The student is NOT to ask the source patient for permission for blood testing. The student will be counseled and advised regarding post-exposure prophylaxis, if necessary. Baseline blood tests will be administered on the student. Retesting occurs at 6 weeks, 3 months, and 6 months after

exposure. All procedures, testing, and results will remain confidential. The SPC clinical instructor should be notified as soon as possible after the incident. The SPC instructor will initiate an incident / injury report and evaluate the circumstances of the incident. If the student declines medical treatment, this should be documented and signed by that individual.

STUDENT SUPERVISION

The Joint Review Committee on Education in Radiologic Technology (JRCERT) clearly states that all students must perform examinations, prior to competency, under the direct supervision of a qualified technologist and post competency under the indirect supervision of a qualified technologist. Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency. Until a student achieves documented competency on an examination the student will perform the examination under the direct supervision of a qualified technologist. A qualified technologist is a radiographer possessing American Registry of Radiologic Technologists (ARRT) certification or equivalent and active registration in the pertinent discipline.

Direct supervision includes:

1. A qualified technologist reviews the request for examination in relation to the student's achievement.
2. A qualified technologist evaluates the condition of the patient in relation to the student's knowledge.
3. A qualified technologist is present during the examination.
4. A qualified technologist reviews and approves the images and recordings prior to the release of the patient.
5. A qualified technologist is present during student performance of any repeat examinations.

After a student has achieved documented competency on an examination the student may perform that examination under indirect supervision.

Indirect supervision includes:

1. A qualified technologist must be in the immediate area to assist the student regardless of the competency level of the student.
2. A qualified technologist reviews and approves the radiographic images and hemodynamic recordings prior to release of the patient.

PROCEDURE EVALUATIONS

SIMULATED

1. A clinical instructor or technologist will be assigned to assist the student.
2. The student will review text and audio-visual material pertinent to that category.
3. The student will be assigned to that particular area to practice and gain additional expertise.
4. The student will then be evaluated by the faculty member and/or the clinical instructor.
5. The student must pass the procedure evaluation in order to receive credit for the procedure.

*NOTE*If the student does not pass, additional remediation will be required.

ACTUAL PRACTICUM

1. Clinical instructor or technologist will be assigned to assist the student.

2. The student will be assigned to work with the technologist while making exposures.
3. The student will be assigned to that particular area to practice and gain additional expertise.
4. The student will then be evaluated by the technologist or clinical instructor.
5. The student must pass the procedure evaluation in order to receive credit for the procedure.

NOTE If the student does not pass the procedure evaluation, additional remediation will be required and the student must be re-evaluated.

Miscellaneous:

1. All grades will be recorded using the summary sheet in Trajecsys for each semester.
2. All procedure evaluations must be completed before the semester ends.
3. If the student is dismissed from clinical due to failure, the time spent in clinical prior to that time may not be used for the repeat of that course or attributed to another course.

CLINICAL ATTENDANCE POLICY

Clinical Schedule:

The clinical phase of the program begins with the fall term. There are five (5) terms of clinical education; the spring and fall terms are sixteen (16) weeks, the summer terms are from five (5) to six (6) weeks in length. A clinical rotation may consist of one sixteen-week assignment, one six (6) week assignment, one five (5) week assignment. The student should not be in the clinical setting outside these parameters without written permission from the Clinical Coordinator. It is the responsibility of the student to plan for transportation to the clinical assignments.

Duty schedules may vary dependent on the clinical site IE: 7am to 3pm, 8am to 4 pm, etc. Each student must take a lunch break and not electing to take a lunch break will not constitute early dismissal from the clinical site.

ABSENCES AND TARDIES

Students that are absent 10% or more of the total clinical hours will be dropped from the course. Written medical clearance is required for medical absences prior to returning to the classroom and/or clinical setting.

The Clinical Instructor will record the absences for each student. The student must contact the respective clinical instructor or the alternate at the beginning of their scheduled clinical experience. The following rules exist for clinical attendance/grading

1. Absences are only made up for extenuating circumstances.
2. Tardiness is defined as more than seven (7) minutes late in arriving at your clinical assignment or in returning from mealtime or breaks.
3. Do not leave the department for mealtime or breaks without permission from the clinical instructor.
4. The student must notify the onsite clinical instructor AND the SPC clinical instructor of any absence.
5. Refer to clinical syllabus and grade distribution form for number of absences permitted.
6. Absences meeting or exceeding drop status will be reviewed by faculty upon student request. Students must have appropriate documentation to support excess absences.
7. Arrival of 2 hours or more after scheduled arrival time, or departure 2 or more hours prior to departure time, constitutes an absence.

8. The student will be awarded three (3) bereavement days in the event of death of an immediate family member (spouse, child, parent, grandparent, sibling, child of sibling).
9. Make up time is NOT allowed for clinical absences in order to improve grade.
10. Students must not schedule academic courses that may interfere with scheduled clinical times.

STUDENT EMPLOYMENT

When the student is employed in a hospital or clinic, there are several rules that must be adhered to.

1. A student in a radiation area outside scheduled clinical time must be provided with a separate radiation monitoring device to be provided by the employer.
2. The student will not seek release time from the clinical education schedule in order to work for pay. Students will be subject to dismissal from the program on grounds of unethical behavior.
3. Students will not perform technical procedures for monetary compensation during school clinical hours.
4. Student markers assigned by the college must only be used during scheduled clinical hours.

PROGRAM DRESS CODE FOR CLINICAL

The student uniforms for Clinical Education shall be as follows:

1. You will wear the SPC uniform. This uniform consists of a set of scrubs; color and style identified and approved by the faculty.
2. A short lab coat is optional (must be white).
3. You must wear white or black leather shoes free of color and ornamentation. Such shoes should be of nonporous material. You may not wear color designs on your uniforms (outerwear) or shoes. Acceptability will be directed to the clinical coordinator.
4. Socks or stockings must be worn.
5. You are also required to wear SPC photo I.D. and carry your current CPR card and Insurance Card while at the clinical site.
6. Items needed for clinical:
 - a. Radiation monitoring device
 - b. Set of letter markers
 - c. A pocket size notebook
 - d. A pen
 - e. Access to Trajecsys
7. The student uniform should be neat and clean with no undergarments exposed. SPC patch must be sewn on upper left-hand side of the shirt and the level bar must also be worn above the patch.
8. You will be allowed to wear a white or black T-shirt or turtleneck under your uniform top.
9. A student may be required to attend an orientation **specific** to the clinical site those sessions will be coordinated with the clinical coordinator