

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 and intangible elements that make up the mature Radiology Technology. It is possible, however, to provide an outline of what standards should be followed.

The following suggestions are intended to serve this purpose:

A. PERSONAL APPEARANCE

1. Uniforms and shoes should be clean and neat.
2. Hairstyle should be conservative and reasonably short. Hair that is shoulder length or longer shall be tied back. 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. Cosmetics may be used in moderation.
6. The wearing of jewelry while in uniform should be conservative, (i.e. no dangling earrings or multiple piercings.) Wedding bands and wristwatches are acceptable. Necklaces must fit inside uniform top. Visibly pierced body parts other than ear lobes are not acceptable.
7. Tattoos or any inappropriate marks must be covered, or otherwise undetectable.
8. Fragrance should be at a minimum to prevent respiratory problems.
9. Every student must wear their TLD while on duty.
 - TLD's are to be worn on the collar outside the apron.
 - Must be returned to the RSO on a quarterly basis, except for fetal monitor.
 - The TLD must be returned by the due date
 - Lost or late TLD monitors will be subject to a fee.
10. Scrubs will be worn on the Clinical Rotations with a lab coat optional.
11. Scrubs will be worn to lecture and lab sessions. (Students will be asked to leave if they are not wearing scrubs. This will count as an absence.)
12. Student School ID will be worn while the student is in the clinical setting and during the lecture and lab sessions.

B. COURTESY AND MANNERS

1. Identify the facility, clinic or laboratory and yourself by name whenever answering or calling on the telephone. Be brief.
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. Do not interrupt business conversations between others unless there is some urgency.
6. Step back to allow senior or disabled persons to pass by or enter first.
7. Do not shout to gain attention of another.
8. Personnel may smoke or chew gum only in designated areas, never while working with a patient.
9. Students are not allowed visitors during clinical assignments.

*Infractions of cell phone policy may result in a student losing cell phone privileges during clinical assignments.

C. 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. Instructions from the next or any higher level of authority should not be questioned unless they seem to contain an error.
3. Whenever in doubt or unable to handle a situation, seek advice before proceeding further.
4. Breach of discipline, unethical or unbecoming conduct, etc., will be dealt with according to hospital/college policy.
5. 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.
6. 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.

D. 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 to the patient or yourself.
For example:
 - 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. For example:
 - 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.

E. 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.

F. 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. Follow SPC Allied Health Exposure Protocol to initiate an incident report.
4. Notify clinical instructor and SPC nurse promptly.

**ST. PHILIP'S COLLEGE
ALLIED HEALTH DEPARTMENT**

STUDENT CLINICAL INCIDENT / INJURY FORM

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

CLINICAL SITE WHERE INCIDENT OCCURRED: _____

STUDENT NAME: _____

PRECEPTOR NAME: _____

STUDENT CONTACT INFORMATION: STREET: _____

CITY, STATE, ZIP: _____ PHONE: _____

DESCRIBE WHAT HAPPENED AND NATURE OF ANY INJURY:

PLEASE INITIAL ONLY **ONE** OF THE FOLLOWING:

TESTING / TREATMENT WAS DECLINED: _____

TESTING / TREATMENT WAS SOUGHT: _____

FOLLOW UP DATES: 6 WEEKS _____

3 MONTHS _____

6 MONTHS _____

Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

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 a 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 clinical preceptor should be notified as soon as possible after the incident. The 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.

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 preceptor and/or a licensed radiographer 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 preceptor and/or a licensed radiographer.
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 preceptor and/or a licensed radiographer 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 radiography technologist or S.P.C. radiography faculty member.
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 grade distribution form 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 Radiography Technology Program Faculty. It is the responsibility of the student to make arrangements 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 Preceptor/SPC faculty member will record the absences for each student. The student must contact the respective clinical preceptor/SPC faculty member or the

alternate at the beginning of their scheduled clinical experience. The following rules exist for clinical attendance/grading.

1. Absences are not made up in order to improve grade. Absences will be allowed to be made up for extenuating circumstances on a case by case basis.
2. Unexcused absences and tardiness will result in a lowering of your clinical grade, for each occurrence.
3. Tardiness is defined as more than seven (7) minutes late in arriving at your clinical assignment or in returning from mealtime or breaks.
4. Do not leave the department for mealtime or breaks without permission from the clinical preceptor.
5. The student **must** notify the clinical site **AND** their SPC instructor of any absence.
6. Refer to Clinical Syllabus for number of absences permitted.
7. Absences meeting or exceeding drop status will be reviewed by Faculty upon student request. Students must have appropriate documentation to support excess absences.
8. Arrival of 2 hours or more after scheduled arrival time, or departure 2 or more hours prior to departure time, constitutes an absence.
9. 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).
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. Radiography Technology students will not perform technical procedures for monetary compensation during school clinical hours.

CARDIOPULMONARY RESUSCITATION (CPR)

Students are required to provide the program with proof of CPR certification for Health Care Providers (BLS) prior to entering the clinical phase of the program. The program may schedule some CPR classes but it is the responsibility of the student to provide current documentation. Failure to provide documentation of current CPR would ultimately cause the students removal of clinical. CPR certification must be recognized by the American Heart Association (AHA) or the Red Cross. No on-line CPR course

certification will be accepted.

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. Acceptability will be directed to the clinical coordinator.
4. Conservative socks or stockings must be worn.
5. You are also required to wear SPC photo I.D./current CPR card/current Insurance Card
6. Items needed for clinical:
 - a. TLD
 - b. Set of letter markers
 - c. A pocket size notebook
 - d. A pen
 - e. We highly recommend a watch with a second hand.
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. 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 (that may be required by the clinical site to meet certain accreditation standards). The clinical coordinator will be coordinate required clinical site orientations.

NOTE: You may not wear color designs on your uniforms (outerwear) or shoes.