



Froedtert Hospital

School of Radiologic Technology

Intern Handbook

Revised 2020

"The School of Radiologic Technology reserves the right to change the policies and procedures contained in the Handbook. Such changes will normally be effective at the beginning of the program year. Changes necessitated by internal or external mandate (i.e., state licensing, accreditation, etc.) will become effective upon written notification (via e-mail) sent to each intern in the Radiologic Technology Program."

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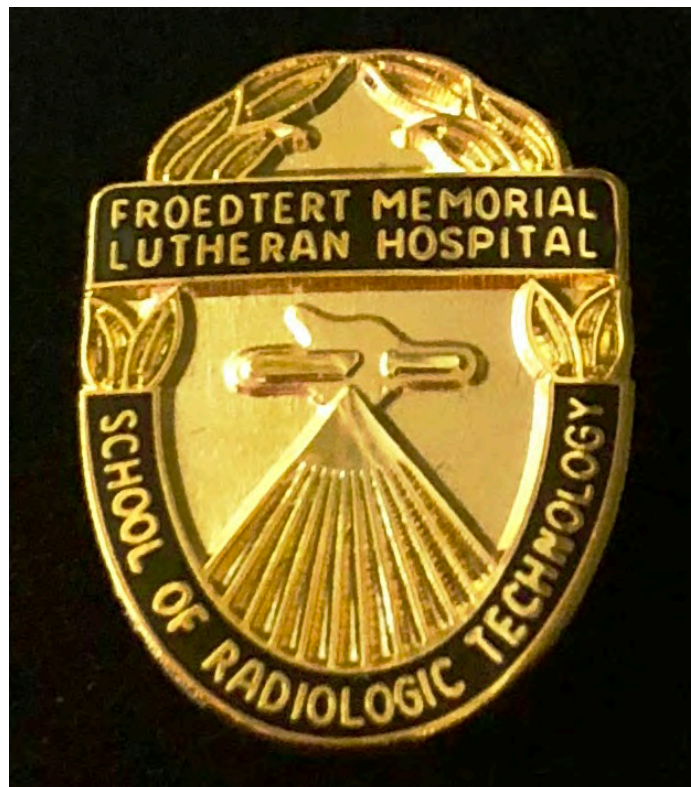
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MISSION STATEMENT

The mission of the Froedtert and the Medical College of Wisconsin's Radiologic Technology Program is to provide high quality academic and clinical education that equips interns with the technical knowledge, procedural skills and professional foundations to provide high quality, compassionate medical imaging.

Graduates will be able to adapt to varied healthcare settings requiring critical thinking with diverse patient populations. Furthermore, each will possess the ability to effectively interact with care teams in providing the best possible patient-centered care.



Froedtert Hospital

SCHOOL OF RADIOLOGIC TECHNOLOGY

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION/ADA

Admission to the school is open to all qualified individuals. We reaffirm commitment to the principle of equal opportunity regardless of age, race, creed, disability, marital status, sex, national origin, ancestry, sexual orientation, arrest record, conviction record, veteran status or handicap.

The program is evaluated continually; reviewed as necessary to keep up with changes in the demands of the profession and to better educate and meet the needs of the interns. The program is committed to continuous quality improvement and producing technologists who are an asset to the Allied Health Profession by meeting and exceeding standards set by institutional and accreditation bodies. The program maintains accreditation by the Joint Review Committee on Education in Radiologic Technology (JRCERT) <http://www.jrcert.org>

PROGRAM GOALS

In support of the mission and with quality improvement as our basis:

- **Clinical Competency**
 - The graduate will apply the knowledge of anatomy, positioning, and radiographic technique in order to produce high quality radiographs.
- **Communication**
 - The graduate will effectively communicate with patients and staff during Radiologic procedures
- **Critical Thinking**
 - The graduate will be able to evaluate radiographs for proper technique, positioning and technical quality
- **Professionalism**
 - The graduate will be informed of their obligation to abide by Verbal, legal and professional ethics.

LEARNING OUTCOMES

A. Clinical Competency

- The intern will operate imaging equipment and accessory devices to produce quality radiographs.
- The intern will practice appropriate radiation protection while performing radiologic procedures on children and adults.

B. Communication

- The intern will demonstrate effective verbal/nonverbal communication skills with patients and healthcare staff.

C. Critical Thinking

- The intern will demonstrate the ability to solve clinical problems and assessment skills necessary to provide patient care.
- The intern will demonstrate the ability to make decisions and use independent judgment

D. Professionalism

- The intern will discuss and demonstrate professional and ethical behavior
- The intern will support the profession's code of ethics and comply with the profession's scope of practice.

PROGRAM STANDARDS

The School of Radiologic Technology will exceed the JRCERT standards regarding ARRT pass rate and job placement rates by setting the following standards:

- a. 85% of all graduates will successfully complete the ARRT examination on the first attempt and 100% of all graduates will successfully complete the examination within two attempts.
- b. 85% of all interns entering their second year will complete all second year courses and the program.
- c. 85% of interns entering their second year will complete the program within the two-year time frame.
- d. The average course completion and program completion rate for first year interns will be at least 85%.
- e. A job placement rate of 80% within 12 months of graduation.
- f. Attrition rates will be reviewed annually and every attempt to keep attrition levels at no more than 30% will be made.

Application for the Registry: American Registry of Radiologic Technologists

In the spring of the second year, each intern will receive an application form for the Registry exam. The ARRT rules and regulations require that candidates must have successfully completed a program of formal education before sitting for the exam. The registry examination is computer based. The intern will schedule with a testing center to take the exam.

PRINCIPLES OF PROFESSIONAL CONDUCT/CODE OF ETHICS

The Standards of Ethics developed and adopted by The American Registry of Radiologic Technologists include a Code of ethics. The Code of Ethics serves as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, health care consumers, employers, colleagues and other members of the health care team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety and comfort of patients. The Code is aspirational.

1. The radiologic technologist acts in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.

5. The radiologic technologist assesses situations, exercises care, discretion and judgment, assumes responsibility for professional decisions, and acts in the best interest of the patient.
 6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
 7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the healthcare team.
 8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
 9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
 10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
- "Standards of Ethics" ARRT, September 1, 2014.

THE PATIENT CARE PARTNERSHIP:

Understanding Expectations, Rights and Responsibilities

What to expect during your hospital stay:

- High quality hospital care.
- A clean and safe environment.
- Involvement in your care.
- Protection of your privacy.
- Help when leaving the hospital.
- Help with your billing claims.

The entire Patient Care Partnership document can be accessed at:

<http://www.aha.org/advocacy-issues/communicatingpts/pt-care-partnership.shtml>

SAFETY RULES

The allied health teaching programs will adhere to the Froedtert "Safety Manual" and "Infection Control Policies" (SDS). Manuals can be found on the hospital intranet Safety Site:

<http://intranet.froedtert.com/?id=8990&sid=1>

A red binder labeled "In Case Of Emergency" **ICOE** is posted in each area of the hospital and has specific information about emergency events and evacuation routes for that specific area. Interns in the clinical setting should utilize the ICOE in the area in which they are located. At the School, the ICOE is posted outside of the Program Director's office.

EVACUATION ROUTES - SCHOOL OF RADIOLOGIC TECHNOLOGY Froedtert Hospital Pavilion - 5P

The evacuation plan will be determined by the extent of the emergency. If the emergency is confined to one area, it may be necessary only to move to a safe area on the same floor. Evacuation routes are dependent on location of intern relative to the emergency.

Stairwell 34 should be for the evacuation of interns, visitors and employees from the Program Director's office, Clinical Instructor's office, conference/break room, and locker area.

Stairwell 35 should be used for the evacuation of interns, visitors and employees from the Classroom and Clinical Laboratory.

Stairwell 33 should be used for evacuation from the Clinical Coordinator/Instructor offices and library.

Should a dangerous situation occur, students should lock themselves in a room, turn off lights, cellular devices, barricade the doors and remain quiet until an all clear is given. Follow the Dangerous situations plan located in the ICOE (In Case of Emergency) Binder located in the hallway across from the Program Director's office

Should the evacuation be prompted by a fire, students should listen to emergency communications via the hospital intercom and follow fire safety rules of P.A.S.S and R.A.C.E and evacuate accordingly.

COMMUNICATION

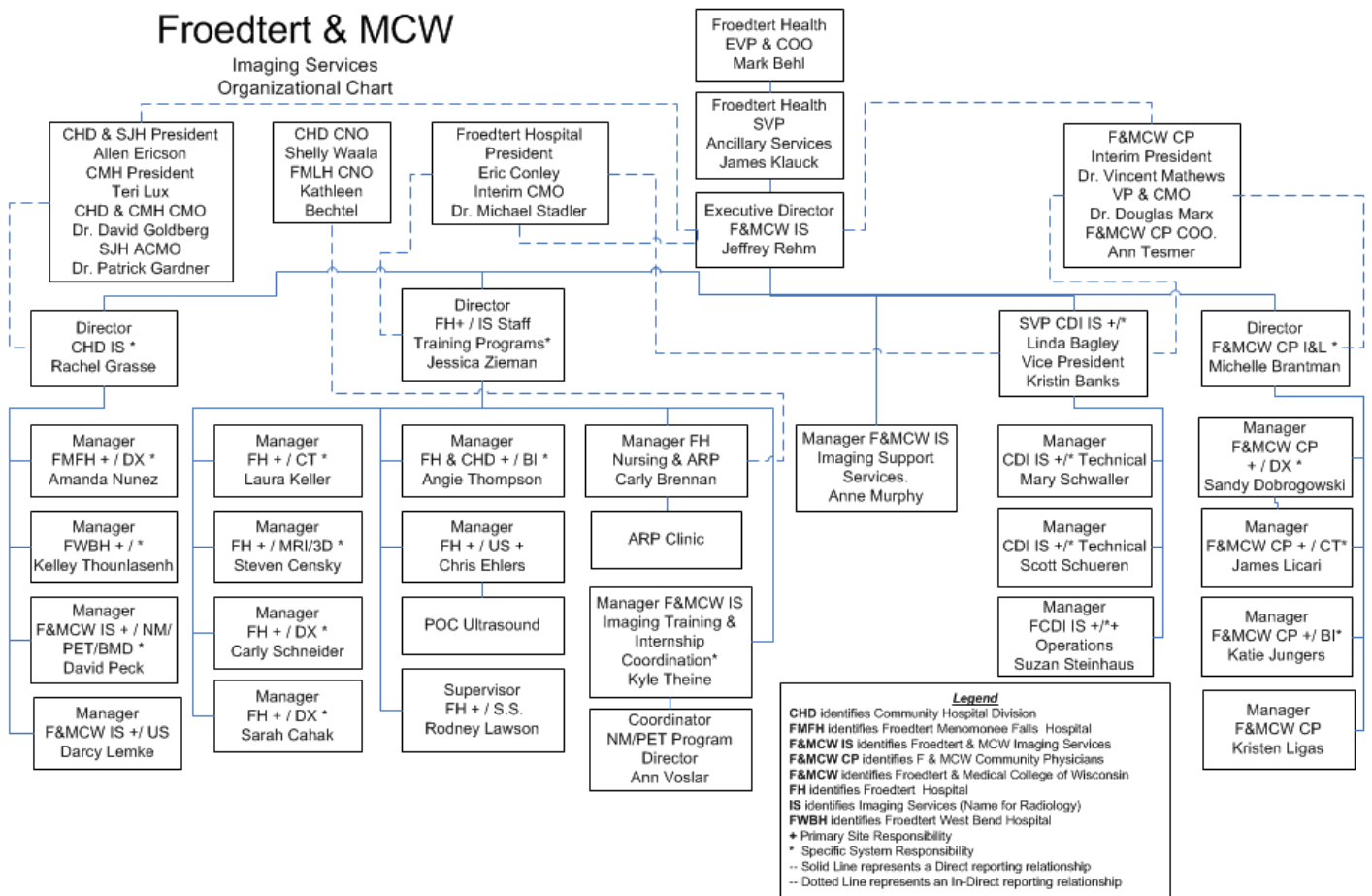
Bulletin Boards

It is the intern's responsibility to read all memos posted on the communication boards located outside the Program Director's office on a regular basis. Items posted are important to the efficient operation of the school, department, and hospital.

Email

It is the intern's responsibility to read emails sent through the hospital email server on a daily basis. An intern may request to have their personal email copied on any correspondence in which the class distribution list is utilized by program faculty. Email addresses will be added upon request.

Imaging Services Organizational Chart



POLICY AND PROCEDURES

General & Didactic

ACADEMIC RESPONSIBILITIES AND STANDARDS

Textbooks

Each intern is responsible for purchasing the required textbooks and on-line components before the first day of class. Interns are encouraged to keep the required textbooks until the end of the program.

Assignments

Each intern is responsible for completing all reading, written, and verbal assignments made by the faculty. If an intern misses a class for any reason, he/she is still responsible for the material disseminated in class. Extension on due dates for assigned material is at the instructor's discretion.

Classroom Etiquette

Each intern is responsible for learning the content of any course in which they are enrolled and for respecting the rights of fellow interns in the classroom. The instructor has the right to ask a disruptive intern to leave the classroom. Conduct that is not conducive to the learning environment is unacceptable. Continued misconduct in the classroom or laboratory is cause for disciplinary action.

Class Time

Master class schedules are posted outside the classroom and on the school's SharePoint site. Each intern will also receive a copy. The master class schedule will indicate the day and time as well as the course as it pertains to the weekly schedule. Classes will begin promptly at the scheduled time. The intern is to assume the responsibility of being prepared for class at all times.

Course Syllabus

A syllabus with course description, course goals, objectives, and class sequence will be given at the beginning of each course. It will include the methods of evaluation, grading and the type of written or Verbal assignments that will be given. The intern is responsible for knowing the content of the course syllabus.

Examinations

Written examinations are given during a course at the discretion of the instructor, with or without prior announcement of the exam. If an intern misses an examination, it is the intern's responsibility to make up the exam. Make up test will be taken on the next didactic day. The passing grade on all exams is 80%.

Tutoring and Remedial Work

If an intern is having problems with any part of any course, the intern should contact the appropriate instructor or Program Director in order to set up special times for tutoring or additional work.

Accommodations

The intern must submit a request and Americans with Disabilities Act (ADA) documentation if he/she desires to have any deviation from standard procedures. The intern must submit the request and documentation of known accommodation needs at the beginning of the year for accommodation. Students must provide requests and documentation prior to accommodations being applied.

ATTENDANCE POLICY

To assist in obtaining an accurate recording of attendance the interns will sign in on the sign-in sheet each day; located outside the Program Director's office. It is the intern's responsibility to assure off days and holidays are on the sign in sheets. Students attending clinical at off site locations must sign in at the offsite location.

School Hours

School hours are from 7:30 a.m. to 4:00 p.m. unless otherwise assigned. Interns are never scheduled for more than 40 hours per week. The intern should arrive to have sufficient time to be in the assigned room prior to the 7:30am start time.

Interns are to remain in their clinical areas until their assigned dismissal time and are not to leave without approval from the immediate supervisor or clinical staff.

Interns on rotation at the Froedtert Hospital/CHW Main Campus are allowed to depart from the clinical setting at 15:50.

Interns on rotation to the offsite clinics are allowed to depart the clinical setting at hours not routine to the Froedtert Hospital Main Campus rotations. These arrival and departure times are as follows:

<u>Clinic Setting</u>	<u>Arrival Time</u>	<u>Departure Time</u>
Moorland Reserve	0800	1515
Plank Road Clinic	0745	1530
CHW Greenway Clinic	0800	1530
Froedtert Menomonee Falls Hospital	0800	1500
Froedtert West Bend Hospital	0815	1500
CDI Mayfair	0800	1530

Un-excused Absences

An intern will be charged with an un-excused absence if he or she fails to notify the program director of the absence prior to the scheduled start of the day. Eight hours will be deducted from the intern's bank of time for all un-excused absences. Also, the un-excused absence will be considered on a 2:1 basic for clinical grading. Excessive un-excused absences may result in disciplinary action leading up to dismissal.

Holidays

Interns will not be scheduled on six (6) holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. In addition, the Friday after Thanksgiving will be given to all interns.

Lunch and Break Periods

Interns are permitted a thirty (30) minute lunch per day when scheduled for a minimum of 4 consecutive hours. Break periods will be provided at the discretion of the supervising technologist. At no time will an intern take his/her own break.

Vacation Time

Interns are given six weeks of vacation time the first year and five weeks during their second year. Intern vacation time is scheduled by the Program Director. There are two weeks at the end of the first semester, 1 week for spring break, two weeks at the end of June/beginning of July and one additional week at the end of the first

summer session.

Snow Days (Inclement Weather)

The School of Radiologic Technology will close for snow/inclement weather on days when the Medical College of Wisconsin closes. These closures include delayed start and full closure. Notifications may be found at www.mcw.edu or via the MCW Facebook page.

For those interns who feel they can safely make it in they will be awarded an equal amount of hours of personal time, which can be scheduled at their convenience.

Scheduling

The Program Director has full authority to accept or reject changes in an intern's schedule. Interns who request a change in either clinical assignment or hours (i.e., days off, weekend switch) must do so, via a written request, with the approval of the Program Director.

Release Time

I. Purpose

To provide the interns with time away from clinical/academic assignments due to illness or to meet personal obligations.

II. Policy

- A. The interns will be allowed 16 release days; to include scheduled and unscheduled (sick days) during the two years of the program. There are no restrictions during the semester one to five on when an intern can request time off. In the final semester however, each intern must ensure that graduation requirements are met before taking time off.
- B. Release time may be used in 4 hour increments. Notification of time off should be sent to the Program Director and Clinical Coordinator via email or phone call prior to the scheduled start time of that day.
 - Interns requesting 4 hours in the morning will arrive at 1200 and will report directly to the floor. Lunch will complete prior to arriving.
 - Interns requesting 4 hours in the afternoon will depart the floor at 1130. No lunch break prior to leaving the floor.
- C. An intern arriving after the scheduled start time of the day will be considered tardy. Each tardy will count as an occurrence for grading and disciplinary purposes.
 - Two hours will be taken from the bank of time for each tardy should no notification be made and an occurrence recorded.
 - If an intern contacts the Program Director or Clinical Coordinator prior to the start of the day, no hours will be taken, however an occurrence will be recorded.
- D. Should an intern fail to notify the program of an absence it will be considered absent without notification and will be subject to disciplinary actions and counted as two occurrences for grading purposes.
- E. Request for time off, greater than 2 days, must have approval.
- F. A release to return to clinical / academic assignments will be required for sick days of three consecutive days or more.
- G. Interns will be released from clinical / academic assignments in lieu of the following:
Bereavement when having suffered the loss of a Parent, Substitute Parent (Step-parent, Legal Guardian), Brother/Sister, Step-brother/sister, Spouse, Same-Sex Domestic Partner, Child, Step-child, Child of Same-Sex Domestic Partner, Grandparent, Grandchild, Parent-in-law, Brother/Sister-in-Law, or Son/Daughter-in-Law, or Son/Daughter-in-Law of Same-Sex Domestic Partner.
- H. Interns are responsible for all clinical / academic information presented during their absence.
- I. Make-up tests and quizzes must be taken on the next didactic day.

- J. In the event an intern exceeds the sixteen allotted release days; clinical time will be rescheduled and begin immediately following the graduation date. The make up time must be completed prior to taking the Registry examination.
- K. All suspensions will be counted against the release time bank.
- L. Interns are not allowed to come in early or volunteer for extra shifts to earn additional clinical time or to make up for time missed.
- M. Interns are allowed to volunteer to stay above the forty hours (volunteer form must be completed prior to volunteering any hours).
- N. Interns requesting to take a full day of time off will have 8 hours removed from their bank of time regardless of start/end time of the day.

Attendance Grading

As punctuality and attendance are an integral part of being a professional technologist, attendance will account for 10% of the intern’s clinical grade each semester. The following chart outlines the weighting of attendance:

100%	0-1 occurrences	90%	2 occurrences	80%	3 occurrences
70%	4 occurrences	60%	5 occurrences	50%	6 occurrences
0% >6 occurrences					

Absences, tardies and suspensions will be included in the attendance grade. An extended illness will be considered as one occurrence as long as a doctor’s excuse is submitted.

Leave of Absence

No leave of absence may be granted to the intern during the educational program, except under the conditions stated below.

- **Jury Duty**
Any intern called to serve on jury duty is encouraged to request a postponement until the end of his/her training since it may impede the intern’s progress in the program. If the intern chooses to serve or a postponement is not granted, the intern will receive the time off to fulfill this responsibility. Interns must provide verification of the dates of jury duty. The intern will still be responsible for completing all clinical competencies.
- **Military Training Leave**
Interns that are a member of the Federal or State Reserve Military Organization and attend annual training will be allowed a leave of absence for such training. The intern must present verification of dates of military duty.
- **Medical Leave**
The intern must submit a request, to the Program Director, for any personal critical illness, temporary disabling illness or temporary disability. Leaves of absence will not go into effect until all release time is used. The maximum request shall not exceed two (2) months. All clinical competencies required and academic requirements must be completed before the intern is allowed to graduate. A physician shall certify a medical LOA. All missed time must be made up as arranged by the Program Director. The intern will receive an IC (incomplete) on their transcript for any course/s that isn’t completed.
- **Family Leave**
Family leave can be taken for critical illness or death in the immediate family. This type of leave will be handled on an individual basis and shall not exceed two weeks. Prior to the approval of family leave all release time must be used.

Reinstatement Following Withdrawal, Dismissal or LOA

An intern's reinstatement into the program following voluntary withdrawal, unsatisfactory grade point average, or leave of absence is at the discretion of the faculty. An intern dismissed for policy violation or unsatisfactory conduct will not be permitted to re-enter the program.

Weekend Rotations

Junior interns will begin their weekend rotations in ER Radiology in the third (3rd) semester. The second shift rotation will be scheduled 4:00 p.m. to 11:30 p.m. Interns will also be assigned weekend rotations on third shift. The third shift rotation will be scheduled 11:30 p.m. to 7:00 a.m. When an intern is assigned to second or third shift they will have the assigned off days: the Friday before the scheduled weekend and the Monday following the schedule weekend. There will be no deviation of scheduled days off.

Specific rotation objectives can be found in the clinical policy portion of this Handbook.

Weekend Absences

Froedtert Hospital is a regional Level 1 trauma center and the intern's weekend rotations through this area are very important to their understanding of trauma radiography. If the intern calls in sick on a weekend, they will be scheduled for another weekend rotation at the Program Director's discretion. Interns are required to contact the Program Director and the ER Imaging area via phone prior to the start of the shift. (ER X-ray 414-805-6766)

CURRICULUM

The curriculum for the School of Radiologic Technology is drawn up and taught according to the course of study approved by the Joint Review Committee on Education in Radiologic Technology. Classes are held at regularly scheduled times.

Semester I	Introduction to Radiologic Science & Healthcare Radiation Protection Principles of Imaging I Imaging Procedures I Radiography Clinical Education I
Semester II	Principles of Imaging II (Prerequisite Principles of Imaging I)* Imaging Procedures II (Prerequisite Imaging Procedures I)* Seminar in Radiography I Radiography Clinical Education II
Semester III	Imaging Procedures III (Prerequisite Imaging Procedures II)* Radiography Clinical Education III
Semester IV	Imaging Procedures IV Cross Sectional Anatomy Radiographic Physics I Digital Imaging Radiography Clinical Education IV
Semester V	Imaging Equipment II Seminar in Radiography II Independent Study-Senior Project Radiation Biology Radiographic Pathology Radiography Clinical Education V
Semester VI	Professional Development Radiography Clinical Education VI

* Faculty has discretion to allow intern to complete a course if prerequisite is not met.

COURSE DESCRIPTIONS

Semester I

Introduction to Radiologic Science & Healthcare

This is a two-credit course designed as an introduction to provide an overview of the foundations in radiography and the practitioner's role in the health care delivery system. Principles, practices and policies of the health care organizations are examined and discussed in addition to professional responsibilities of the radiographer. Course content will include an introduction to basic concepts of body mechanics, vital signs, EKG, infection control, and medical emergencies. CPR certification will be completed. Evaluation will be on the basis of completing critical thinking questions a patient care paper, unit tests and a final examination.

Radiation Protection

This is a two-credit course. Content is designed to present an overview of the principles of radiation protection including the responsibilities of the radiographer for patients, personnel and the public. Radiation health and safety requirements of federal and state regulatory agencies, accreditation agencies and health care organizations are incorporated. Course includes all aspects of radiation protection, dose limiting recommendations, detection duties and the cardinal principles of protection. Evaluation is on the basis of quizzes, unit tests, a social marketing project, and a final exam.

Principles of Imaging I

This is a two-credit course; content is designed to provide an overview of basic mathematics, an introduction to x-ray production and the control panel, tube rating, exposure factors with automatic exposure control, grids, beam restriction and filters and radiographic quality. Evaluation will be based on homework, unit exams and a final exam.

Imaging Procedures I

This is a five-credit course utilizing lectures, demonstrations and laboratory practice. Items to be covered include radiographic anatomy and procedures of the upper and lower extremities, chest, abdomen and trauma. Pediatric imaging for each procedure will be discussed. The intern will identify radiographic anatomy, assess radiographic images for accurateness and identify evaluation criteria for a variety of procedures. This course integrates knowledge and skills from several didactic units. Evaluation will be based on unit tests and a final exam.

Semester II

Principles of Imaging II

This is a three-credit course; content is design to provide knowledge of radiographic quality, computed radiography and digital radiography, special imaging equipment. Evaluation will be based on homework, unit exams and a final exam.

Imaging Procedures II

This is a five-credit course, utilizing lectures, demonstrations and laboratory practice. Radiographic anatomy and procedures for the bony thorax, vertebral column, trauma, barium and iodinated studies as well as fluoroscopic equipment will be covered. Pediatric imaging for each procedure will be discussed. The intern will identify radiographic anatomy, assess radiographic images for accurateness and identify evaluation criteria for a variety of procedures. This course integrates knowledge and skills from several didactic units. Evaluation will be based on unit tests and a final exam.

Seminar in Radiography I

This is a three-credit course; content is designed to provide the basic concepts of patient care, including consideration for the diversity, physical and psychological needs of the patient and family. In addition the course will provide the intern with advanced knowledge of aseptic and sterile techniques, venipuncture, pharmacology and medical ethics and law. Evaluation will be on the basis of completion of assignments, unit tests, and a final exam.

Semester III

Imaging Procedures III

This is a three-credit course, utilizing lectures, demonstrations and laboratory practice. Radiographic anatomy and procedures for the cranium, facial bones and trauma will be discussed. Pediatric imaging for each procedure will be discussed. The interns will identify radiographic anatomy, assess radiographic images for accurateness and identify evaluation criteria for a variety of procedures. Non-routine exams and special fluoroscopic imaging will also be presented. This course integrates knowledge and skills from several didactic units. Evaluation will be based on unit tests and a final exam.

Semester IV

Imaging Procedures IV

This is a two-credit course. Topics to be covered include Special Orthopedic positioning, special gastrointestinal positioning, interventional procedures, basic principles of CT and MRI imaging. Evaluation will be on the basis of quizzes, tests and a final exam.

Cross Sectional Anatomy

This is a three-credit course designed to give the intern basic knowledge of cross-sectional anatomy. Cross sectional anatomy of the head and neck, thorax and abdomen, pelvis and extremities will be covered. Evaluation will be on the basis of quizzes, unit tests and a final exam. Instruction incorporates CT and MR images.

Radiographic Physics I

This is a two-credit course. Course content is designed to establish basic knowledge of atomic structure and terminology. Also presented are the nature and characteristics of radiation, x-ray production and the fundamentals of photon interactions with matter. Introduction will include magnetism, electricity, and electromagnetism. Evaluation will be on the basis of unit tests and a final exam.

Digital Imaging

This is a three-credit course; content is designed to impart an understanding of the components, principles and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition display, archiving and retrieval are discussed. Guidelines for selection of exposure factors and evaluating images within a digital system assist interns to bridge between film-based and digital imaging systems. Evaluation will be on the basis of quizzes, unit tests, and a final examination.

Semester V

Radiation Biology

This is a two-credit course; content is designed to provide an overview of the principles of the interaction of radiation with living systems. Radiation effects on molecules, cells, tissues and the body as a whole are presented.

Factors affecting biologic response are presented, including acute and chronic effects of radiation. Evaluation is on the basis of assignments, quizzes, unit tests, an effects project, and a final exam.

Imaging Equipment

This is a two-credit course. Content is designed to establish knowledge in tube and generators, x-ray circuitry. Also presented are the nature and characteristics of radiation, x-ray production and the fundamentals of photon interactions with matter. Evaluation will be on the basis of quizzes, unit tests and a final exam.

Seminar in Radiography II

This is a two-credit course; content is designed to provide the intern the ability to evaluate all aspects of the imaging system. The intern will perform basic equipment tests, identify and trouble shoot equipment problems. Lecture on quality control and quality assurance procedures within a radiology department will be covered. Evaluation will be on the basis of the accuracy and timeliness of laboratory procedures, unit tests and a final exam.

Independent Study

This is a two-credit course. The intern will be assigned a written research project that will include a Verbal presentation, video display, computer or a scientific exhibit. This project will be assigned two credits. This will enable the intern to develop critical thinking, research and writing skills along with an appreciation for professional development. Evaluation will be on the basis of research organization, completeness and presentation. The intern will select a topic of their choice. Successful completion of the independent study is requirement for attendance at the Annual Student Symposium and graduation.

Radiographic Pathology

This is a two credit course; content is designed to introduce concepts related to disease and etiological considerations with emphasis on radiographic appearance of disease and impact on exposure factor selection. Evaluation will be on the basis of case studies, unit test and a final exam.

Semester VI

Professional Development/Registry Review

This is a two-credit course that serves as an overview of the entire program. This course will prepare the intern for the American Registry of Radiologic Technologists. The course will also include tips on interviewing and resume preparation. Evaluation will be on the basis of homework, unit exams and Rad Review Easy.

Radiography Clinical Education Semesters I - VI

The intern must be CPR certified to attend clinical education. CPR will be incorporated into the intern orientation during the first week of the program. This assures all interns will have CPR Certification achieved prior to starting clinical.

Interns will be scheduled for approximately 2000 hours of clinical education during the 22 month program. Each Clinical Education credit will represent 100 hours of scheduled time in the clinical setting. A cumulative total 20 credits for clinical education will be achieved throughout the entire program and a portion of the cumulative total will be awarded each semester.

Semester	# of credits awarded
Semester 1	3
Semester 2	3
Semester 3	4
Semester 4	3
Semester 5	3
Semester 6	4

The clinical education also has competency requirements and requirements are divided into six semesters. The intern will receive a clinical rotational schedule and a list of competencies that must be fulfilled in order for the intern to graduate the program and earn his/her certificate. The intern must achieve the listed number of competencies per semester and successfully complete all 68 competencies by the end of the 6th semester. The Froedtert competency list has been set by the program and exceeds the minimum requirements set forth by the ARRT. Evaluation of the intern's positioning skills, equipment manipulation, use of radiation protection, patient care and knowledge of image production is conducted by the Clinical Instructors, Clinical Coordinator, Program Director and qualified staff technologists. The breakdown of clinical credit is as follows:

Semester	Credits	Competencies Per Semester
Semester I	3 credits	3 Competencies (16 weeks available)
Semester II	3 credits	10 Competencies (16 weeks available)
Semester III	4 credits	15 Competencies (14 weeks available)
Semester IV	3 credits	15 Competencies (16 weeks available)
Semester V	3 credits	15 Competencies (16 weeks available)
Semester VI	4 credits	10 Competencies (14 weeks available)
Total	20 credits	68 Competencies

DEPARTMENTAL POLICIES

Room Sanitation

The intern shares the responsibility for assuring the cleanliness for the radiographic rooms, classroom and related areas. When they have completed their didactic or clinical rotations each area should be left in a presentable manner.

Smoking

As of November 16, 2007 smoking is not permitted on any Froedtert & the Medical College campuses.

Intern Parking

All interns are required to park in the assigned lot. The intern must register their car with the Parking Department to access the parking structures. The intern must abide by hospital parking policies. Breaches of parking policy will follow hospital corrective action policy and can lead to termination.

Telephone Calls

All telephones in the school are business phones. They may be used for personal calls provided:

- The call is local; it is a necessity and is terminated as quickly as possible.
- Emergency situation.

Friends, family, or acquaintances should not telephone interns during school hours unless it is an emergency situation. All calls should be directed to Program Director, Clinical Coordinator or a Clinical Instructor.

CELL PHONES ARE NOT ALLOWED IN THE CLINICAL SETTING

NO TEXTING OR PHONE CALLS DURING CLASS

(Unless the instructor is notified of pending emergency)

Classroom Electronics Policy:

The School of Radiology supports and encourages the use of technology and technological advancements but the intent of this policy is to ensure utilization does not distract from the learning experience. In our efforts to provide an environment that fosters and supports learning and the exchange of ideas, the School of Radiologic Technology finds that the proliferation of personal electronics in our instructional arenas makes it necessary to address the acceptable use of these devices during class sessions and examinations.

The School of Radiology views the use of personal electronics as affecting everyone involved with a learning experience. Therefore, the use of these devices is dictated by the school's acceptable technology use policies and is not solely an individual's choice. These policies apply to all electronic devices.

Using an electronic device for activities unrelated to the learning experience which distracts the student using the device, his/her neighbors, and the instructor is unacceptable. Additionally, this usage is viewed as disrespectful of all others engaged in the teaching/learning process.

All electronic devices utilized in the classroom, during class times, are to be solely used for academic purposes.

Electronic device utilization is restricted during tests, quizzes or other evaluation methods in the education setting. All Electronic devices in the classroom will remain inside of a case/backpack, or placed in the students' mailbox/locker during the evaluation. This includes small electronic devices such as smart watches as well as larger computer/tablet devices. Calculators will be provided to the intern by the school; personal calculators will not be allowed.

Students enrolled in School of Radiologic Technology courses are expected to comply with the classroom electronics use policy for personal electronic devices. Individuals using these technologies in a distracting or disruptive manner are subject to disciplinary actions.

DISCIPLINARY PROCEDURES

When an intern's action is considered cause for disciplinary action, the Program Director and/or designee will give the intern a verbal warning for violation of the rules. The verbal warning will be documented and retained in the intern's file. A second violation for any of the rules will result in a documented written warning. The nature of the violation as well as methods for correction will be discussed with the intern. The intern, along with the Program Director and/or designee will sign the notice and retained in the intern's record. The intern will be under corrective action after receiving two written notices pertaining to violation of any rule; resulting in suspension or dismissal. There are disciplinary measures that may be taken which result in immediate dismissal from the program or that bypass the previously outlined process.

Grounds for immediate dismissal:

1. Falsification of documentation including but not limited to any educational or patient care related document or record.
2. Physical abuse of a patient, visitor, doctor, technologist or other intern.
3. Any breach of confidential information about any patient, employee, intern, hospital business, departmental business or school business.
4. Possession of a lethal weapon on hospital premises.
5. Willful destruction of hospital or school property.
6. Larceny or unauthorized possession of property belonging to the hospital, school, any employee, visitor, intern, doctor or patient.
7. Soliciting tips, loans and/or gifts from patients.
8. Absence without notification for 3 consecutive days.
9. Possession, consumption, or entering the hospital under the influence of alcohol or drugs.
10. Failure to meet academic and/or clinical standards.

First Violation: Documented Written Warning

Second Violation: Corrective Action; Resulting in suspension or dismissal.

1. Verbal abuse to a patient, visitor, doctor, technologist, employee or other persons.
2. Insubordination
3. Sleeping during scheduled clinical hours.
4. Cheating.

First Violation: Verbal warning will be documented and retained in the intern's file.

Second Violation: Documented written warning.

Third Violation: Corrective action; resulting in suspension or dismissal.

Suspensions will be three consecutive school days.

1. Gambling or conducting games of chance on the hospital premises.
2. Engaging in rude or disrespectful behavior in such a manner as to disrupt the flow of patient care, the work or study environment of others.
3. Sleeping during scheduled didactic hours.

4. Negligence or carelessness in the performance of duty actually or potentially hazardous to self, another person, hospital or school property.
5. Absence from school or clinical site without notification (Call must be received prior to shift).
6. Willfully not initialing time sheet.
7. Extending break and/or lunch period.
8. Violations of Dress Code.
9. Excessive tardiness (per semester)
 - 2 occurrences = Verbal Warning
 - 3rd occurrence= Written Warning
 - 4th occurrence = Corrective Action
10. Chewing gum in the clinical areas.
11. Distracting/disruptive use of electronic devices in the classroom or clinical setting.

GRIEVANCE/COMPLAINT PROCEDURE

Should an intern have a grievance or complaint, it will be heard in the following manner and order:

1. Should a problem arise in the clinical area, initial communication and discussion should be with the Clinical Instructor. The Clinical Instructor will meet with all parties concerned and try to resolve the problem. If there is a concern of a JRCERT standards violation the intern should take the concern to the Clinical Coordinator. If the concern involves an academic situation, the intern should take it to the didactic instructor. This should happen within **three days (weekends excluded)** of the incident/issue.
2. If the intern is not satisfied with the resolution, the intern must make an appointment to meet with the Program Director within **3 days (weekends excluded)**.
3. If this decision is not satisfactory, the intern may ask the Program Director to make an appointment for the intern to meet with the Medical Director within **5 days (weekends excluded)**.
4. If this decision is not satisfactory, the intern may make an appointment to meet with the Executive Director of Radiology. This should happen within **5 days. (Weekends excluded)**.
5. The intern may take the matter to Human Resources. The appointment must be made within **seven days (weekends excluded)**.
6. The decision of the Human Resource department will be made within **seven days weekends excluded)** and this decision will be final. **

Standard Violations: Joint Review Committee on Education in Radiologic Technology (JRCERT)

If an intern thinks the school is in violation of any JRCERT standard they are encouraged to follow the grievance procedure as outline above.

These steps should be followed by all interns to insure satisfactory resolution of any problem. The intern also has the right to bypass the above steps and contact the JRCERT directly with any question of a standards violation.

***The intern may contact the JRCERT if they think there is still a question of a standards violation.*

Joint Review Committee on Education in Radiologic Technology
 20 N. Wacker Drive, Suite 2850
 Chicago, IL 60606-3182
 312-704-5300.1 (Fax) 312-704-5304 www.jrcert.org

Should any intern have a complaint that does not warrant the utilization of the grievance procedure, the intern should discuss this complaint with the Program Director. The Program Director will work to resolve the complaint in a timely manner and will communicate the actions taken with the student making the complaint. Additionally, as a student is brought on as an employee of the Hospital. The student does have access to the employment grievance policy as outlined in the Policy Management System Medworxx.

DRESS CODE

The purpose of the dress code is to establish professionalism, cleanliness and safety through general appearance and dress. All interns will be required to wear at all times the school's patch sewn or screen printed on his/her lab coat or uniform (1" below shoulder on center of left sleeve) when in the clinical setting.

If an intern appears in such attire that he/she disrupts and prevents effective teaching or patient care, the intern will be asked to leave and return when appropriately attired (time used will be deducted from the intern's release time).

INTERNS WILL BE DRESSED PROFESSIONALLY AT ALL TIMES

Gum chewing IS NOT ALLOWED in the clinical setting

Appearance

- a. Hospital I.D. badges must be worn at all times with the name clearly visible (*at collar level*). Lost or damaged cards must be replaced through security, at the expense of the intern.
- b. Hair should be kept out of face and away from patients. Hairstyles and coloring should be professional. Hair that is shoulder length or longer must be worn back during clinical hours.
- c. Hats are not to be worn during clinical or classroom attendance.
- d. Headbands must be of neutral color and less than 2 inches in width.
- e. Natural nails are to be no longer than ¼ inch from the end of the finger. **Artificial nails** and nail jewelry are not to be worn. Lightly colored nail polish and minimal jewelry may be worn.
- f. Small earrings, two per ear are allowed. Body piercings: No tongue, nose, eyebrow or other visible rings are allowed. Ear gauges are not acceptable.
- g. Makeup should be kept to a minimum.
- h. The dosimeter will be worn at collar level.
- i. Mustaches, beards, and sideburns must be neatly groomed.
- j. Good personal hygiene is mandatory. Heavy colognes, after-shave, perfume, etc. are not allowed.
- k. No visible tattoos. Tattoos must be covered with makeup or clothing when in clinical

Clinical Uniforms

- a. Pants should be worn at one's waist. Pants should be hemmed so that they **do not** touch the floor. Observable lack of undergarments and exposed undergarments is not acceptable. All undergarments should be worn so appearance is not offensive to others (white or beige bras to be worn underneath white tops).
- b. Interns in the clinical setting must wear navy pants and a navy or white scrub top.
Exception: CHW-teal pants may be worn with multicolored coordinating top.
- c. Tops should be fit so one can fully extend their arms above their head without exposing mid-drift and able to bend over and touch toes without exposing lower back or breasts.
- d. All t-shirts worn under a scrub top will be white, neat and clean with no text/graphic. (V-neck or crew). The bottom of the shirt will be tucked into the scrub pants. Sleeves of the t-shirt should not exceed the length of the scrub top. Full length long sleeve t-shirts are acceptable.
- e. Footwear:
 - a. No Sandals or open toed shoes.
 - b. Medical-type clogs, with leather/rubber soles, are acceptable.
 - c. Clogs, athletic or uniform shoes must coordinate with uniform colors.
 - d. Socks or other appropriate foot covering must be worn with shoes. (no bare feet)
- f. When in attendance at clinical on any Friday, the intern may wear a F&MCW t-shirt if it contains the F&MCW logo on the left chest.
- g. The School of Radiology will provide 3 patches to the intern. The patches will be neatly affixed to the scrub top via needle and thread or Velcro. Additional patches may be purchased for five dollars.

1. Operating Rotation (OR) & Portables

- a. The hospital will issue you (2) sets of hospital issued scrubs.
- b. Always put on a bouffant and booties before entering the OR doors.
- c. Always wear a mask and protective goggles/glasses in OR suites during cases.
- d. NO long sleeves worn underneath scrubs.
- e. The following items are not allowed within the OR: bags, book bags, beverages, or cups. Any personal items must be placed in a purple bag when walking through the OR.
- f. Surgery scrubs will be worn only during clinical assignment in Surgery/Portables or Interventional. Interns are financially responsible for lost surgery scrubs. Hospital scrubs **NEVER** leave the hospital; if reported discipline will be issued.

2. Children's Hospital:

The following items can be worn for CHW (Children's Hospital) rotations.

- a. Scrub pants should be **Navy or Teal Blue**.
- b. Scrub tops: multicolored that coordinate with the navy or teal blue scrub pants.
or solid scrub tops in colors: teal or navy.

Classroom Dress Code

- a. Solid navy or teal scrub pants
- b. Solid navy or white scrub top with patch
Or
Froedtert & Medical College of Wisconsin logoed t-shirt or long sleeve shirt
Sweatshirts/Zip-ups may be worn but must remain professional in appearance. The Scrub Top or F&MCW logo shirt must be worn underneath.
- c. Socks must be worn
- d. Closed toed shoes (if shoes worn are not clinically acceptable, clinical shoes must be immediately available to the intern)

The Program Director reserves the right to disapprove individual items regarding apparel and behavior as deemed necessary.

HEALTH POLICIES

Health Insurance

Each intern is **required** to carry health insurance while enrolled; if not covered by their parents or spouse's policy. Froedtert Hospital insurance does **not** cover intern medical, health or pharmaceuticals. Froedtert hospital will not be responsible for any medical bills incurred by the intern. Under emergency situation, interns are covered for initial treatment regarding clinical related injuries.

Health Examinations

All new interns must have a physical examination and drug screen before the program begins. The Froedtert Hospital Occupational Health Staff must complete the School's physical examination. The intern may have immunization requirements completed by their own physician. At the time of the physical the intern will be fitted with an N95 respirator. The intern is responsible for notifying the School of any limiting disability or condition requiring continuing medical treatment as soon as the intern knows about it.

Incident Reports and Injury

Any incident occurring between an intern and a patient, visitor or employee must be reported to the area supervisor and the Program Director. This report must be filled out accurately and completely by the individuals(s) involved and signed by the area supervisor; a copy given to the Program Director. The intern is responsible for all medical, health and/or pharmaceutical expenses while in attendance in this program. Any injury, however minor, must also be reported.

Froedtert Hospital

Policy Regarding Injured Interns

1. If an intern is injured while they are at school they are to report to Occupational Health and identify themselves as an intern in the School of Radiologic Technology. Occupational Health will treat the intern for injuries. If Occupational Health is closed, then the intern should go to the emergency room. Occupational Health or the emergency room will not bill the intern for these services. The intern is not financially responsible for the initial visit to Occupational Health or the emergency room.
2. The intern must complete an on-line Incident Report.
3. The intern is responsible for payment of any follow-up care after the initial visit.

Intern Reproductive Policy

Should an intern voluntarily declare their pregnancy while enrolled in the program, the intern will:

1. Submit in writing, the initial certification as soon as the pregnancy has been determined.
2. Be required to submit certification from her physician stating an approximate due date and approximate date her maternity leave is to begin. The physician should also note any limitations placed on her activity.
3. The intern will be issued a second dosimeter to be worn at waist level. This second dosimeter will be worn under the lead apron.
4. The intern will meet with the Radiation Safety Officer as soon as possible to review all radiation safety policies on the Hospital's Radiation Safety Intranet site.
5. The intern must meet with the Program Director to discuss attendance issues surrounding a maternity leave. The intern is responsible for any missed course work. The clinical rotations missed due to the leave of absence will be made up and a new graduation date will be determined if necessary.
6. Submit certification after the birth stating when the intern is able to return and assume full clinical duties.
7. The intern has the option of continuing in the educational program without modifications.
8. The intern has the option to submit written withdrawal of declaration.

The declaration of pregnancy form can be found on the Froedtert intranet site.

The leave of absence should be approximately eight (8) weeks in duration unless there are other circumstances and the physician feels more time is needed. Should the intern's spouse become pregnant the intern should discuss leave of absence with the Program Director. The Program Director will coordinate with the intern; procedures to complete any didactic work missed. The intern will be permitted to participate in the regular graduation ceremonies, but his/her diploma will be held until they have completed all didactic and clinical requirements.

Communicable Disease

If an intern contracts a communicable disease, they must notify the Program Director immediately. The Program Director will contact personnel having had contact with the intern. The Program Director will also notify the Hospital Infection Control Nurse so that appropriate patient protocol can be followed.

Library Policy

A comprehensive list of all the schools' library holdings is located on the student and faculty I: drive. The school library is located on 5P. The intern enrolled in the program has access to the library at any time during the course of the day. Any intern wishing to borrow any books overnight may do so under the following conditions:

1. All books must be signed out with the Clinical Coordinator or Program Director.
2. Books borrowed overnight must be returned to the Clinical Coordinator by the next morning you are scheduled to be present so any other intern wishing to use this book may do so during the course of the day. The books may then be re-signed out that evening.
3. Any intern who deliberately damages or loses any book will be financially responsible for the books and will be disciplined accordingly.
4. Any intern found abusing library policies will have their library privileges revoked. An intern, who removes a book without signing it out, will be suspended. The intern will also have access to Medical College of Wisconsin's libraries. The intern using these facilities will follow each library's policies. If the intern has overdue books or fines at any of the libraries, they will not graduate until the book is returned or the fines are paid.
5. Library computers are to be used for research and enhancing the intern's radiologic education and profession. At no time should the intern download any programs off the internet. Computer (internet) usage/activity may be audited at any time. Any inappropriate usage will result in disciplinary action.

Performance Evaluations/Intern Counseling/Exit Interview

The incoming intern will have a 30 and 90 day follow-up evaluation. Each intern will be evaluated and counseled by the Program Director or clinical coordinator at the end of each semester. At these evaluations, the intern will review their grades, clinical performance evaluations and clinical release time. The final evaluation will be an exit interview. Any faculty member may provide academic counseling. An intern who is experiencing difficulty in a course should first discuss the difficulty with the instructor of that course. If the intern needs further assistance, they should contact the Program Director.

Tuition

An Intern affiliated to a University will always pay tuition to their respective University.

The program does not participate in Title IV of the Higher Education Act as it pertains to tuition assistance.

Purpose: To offer self-pay interns and interns required to pay lab fees, the option for payment plans. These options may be subject to change. Arrangements must be approved by the Program Director.

Annual Tuition/Lab Fee Payment Plan Options may include:

1. Pay annual balance in full on first day of Fall Semester.
2. Pay one half of annual balance on first day of Fall Semester and half on 1st day of class after January 1st.
3. Pay one third of annual balance on the first day of Fall, Winter and Spring Semesters.

Please note that all tuition fees must be completely paid before the program will allow you to sit for the registry. Non-payment of tuition is grounds for dismissal.

In addition to the tuition/lab fees the intern is responsible for: cost of textbooks, uniforms and shoes, school supplies, and transportation.

Tuition Penalties

If a tuition/lab fee check is returned for insufficient funds the intern will be required to make a full payment plus any banking charges. All future payments will require a cashier's check.

Tuition/Lab Fee Refund Policy

University interns will follow the tuition refund policy of their University.

The intern must request a refund for any tuition paid to the school. The refund request form must be completed and submitted to the program director within 2 weeks of withdrawal. A refund check will be mailed to the intern within 3-4 weeks of the completed request.

Tuition refund (not including acceptance fee)

First Year Refund Schedule:

- Intern withdrawing in the first four weeks of Semester 1 will be refunded tuition paid minus \$1,000.
- Intern withdrawing in the first four weeks of Semester 2 will be refunded tuition paid minus \$2,000.
- Intern withdrawing in the first four weeks of Semester 3 will be refunded tuition paid minus \$3,000.

Second Year Refund Schedule

- Intern withdrawing in the first four weeks of Semester 4 will be refunded tuition paid minus \$1,000.
- Intern withdrawing in the first four weeks of Semester 5 will be refunded tuition paid minus \$2,000.
- Intern withdrawing in the first four weeks of Semester 6 will be refunded tuition paid minus \$3,000.

Lab Fee Refund will not be given after the first four weeks of the semester start date.

(Interns required to pay lab fees will be notified by the affiliated university and Program Director)

First Year Refund Schedule (Lab Fee)

- Intern withdrawing in the first four weeks of Semester 1 will be refunded fees paid minus \$500.
- Intern withdrawing in the first four weeks of Semester 2 will be refunded fees paid minus \$1,000.
- Intern withdrawing at any point in Semester 3 will not be refunded any fees.

Second Year Refund Schedule (Lab Fee)

- Intern withdrawing in the first four weeks of Semester 4 will be refunded fees paid minus \$500.
- Intern withdrawing in the first four weeks of Semester 5 will be refunded fees paid minus \$1,000.
- Intern withdrawing at any point in Semester 6 will not be refunded any fees.

There will be no refunds after the first 4 weeks of class in each semester.

Tuition Refund example:

Intern decides to withdraw from program within the first four weeks of Semester 2 for personal reasons. This intern chose Payment Plan Number 1 (above) and paid the annual balance of \$7,500 on the first day of Semester 1.

The Program Director was made aware of the withdrawal and the intern has requested a tuition refund. The Intern would receive the following refund:

“Intern withdrawing in the first four weeks of Semester 2 will be refunded tuition paid minus \$2,000”

$$\$7,500_{(\text{paid on 1}^{\text{st}} \text{ day})} - \$2000 = \underline{\$5,500 \text{ Refund}}$$

Intern Records

All permanent intern records, which include transcripts, grades, evaluations, written communications, etc., are maintained and secured in the school's store room. Transcripts are maintained on a shared drive through the Hospital's Information Systems. Only the Program Director and faculty have access to the storeroom and the faculty folder on the I: drive.

School and Radiation monitoring records are secured via the vendor website.

<https://amp.instdose.com/MDR>

Interns may view their individual files on an appointment only basis. The files are reviewed behind closed doors with **only** the Program Director and the intern present to maintain privacy. Interns may challenge information considered inaccurate by following the grievance/complaint procedures.

No information about the intern will be released without the intern's written permission except as provided by law.

Any contents of the intern's files can be released, but only by the written consent of that intern (Family Education Rights and Privacy Act, Buckley Amendment).

All clinical competency records are maintained in the same manner as academic records. The Clinical Coordinator maintains a record of the interns' clinical achievements. At the beginning of their training, the intern is given a copy of the Clinical Assignment Objectives, which are also placed, in the intern rotation areas.

The School Master Plan of Education and JRCERT Standards are kept electronically on the faculty shared computer drive and are accessible upon request. The JRCERT standards are also available at www.jrcert.org.

The intern can access hospital policies, safety standards and disaster plan via the hospital intranet site. The intern is given a copy of the Intern Handbook which includes how to access of the JRCERT Standards. The Intern Handbook consists of program policies, goals, outcomes, and course information and evaluation criteria. The Intern Handbook is reviewed in depth at the beginning of each year with the incoming interns.

Advanced Placement Advanced placement will be considered on an individual basis. Assessment for placement may include written testing. Applicants will need to pay a pro-rated tuition upon acceptance. The applicant must complete all clinical competencies set by the program as established by the program and comply with all program standards; remaining length of program, graduation date, and courses.

Transfer from the Program

The school accepts the transfer of an intern from another JRCERT approved program provided:

- There is an opening.
- The applicant has maintained a 2.0 GPA or better and the course sequencing is similar to that of Froedtert (an official transcript must be submitted).
- Letter of reference from the previous Program Director or/and University Educational Coordinator.

Requests for such transfers are handled on an individual basis. An intern considering transfer should contact the Program Director. All transfer interns will need to meet Froedtert Hospital's School of Radiologic Technology graduation requirements.

Withdrawal from the Program/Re-Admission to the Program

Circumstances may cause an intern to withdraw from the program. If an intern decides to withdraw from the program, a grade of IC (incomplete) will be recorded in the intern's file.

If an intern wishes to be considered for re-admission to the program in the future, a written statement must be submitted to the Program Director asking for their file to be kept active prior to their withdrawal. Re-admission to the program also requires completion of a formal application and is granted on an individual basis, based on the intern's previous records.

Early Release

Interns who exemplify the highest levels of academic, clinical and professional standards may be recognized for such achievements. Individuals who achieve specific evaluation benchmarks may be eligible for early release from the program. Early Graduation from the Radiologic Technology Program is based on successful completion of all program competencies, goals and objectives. An intern may petition the Program Director for early release two weeks before the start of the fifth semester. The intern's early release will be based on verification of the completion of all academic and clinical terminal objectives as well as overall performance evaluation of Semesters 1-4 by Program Faculty.

Steps to Apply for Early Release:

- Request early release application from the Program Director.
 - Submit letter of intent to Program Director. (*Must be submitted by deadline for consideration*)
- Clinical Coordinator will complete an Academic and Clinical Grade Evaluation Form.
- The completed Clinical Grade evaluation and Letter of Intent will be reviewed at a faculty meeting in January.
 - The Grade Evaluation Form, Letter of Intent and Discussion of overall performance will be considered. Upon completion of discussion, a unanimous vote from the faculty is required for approval of release.
- Decisions will be discussed in person with the Program Director upon the start of Semester 5.
- If the intern is approved for early release, a clinical proficiency test (terminal Competency) will be scheduled.
 - A clinical proficiency test will be required to receive credit for the remaining clinical semester. Senior Intern terminal competencies will be scenario based.
- Completion of all 6th semester course work is still required. This will be accomplished through self-study and examination of unfinished course material, which would normally be completed in the sixth semester.

Early Release from Program:

An intern will be considered for full academic early release, after completion of 5 semesters and have met the following criteria:

- The Intern has and have maintained a 3.85 CGP recorded on the Froedtert Transcript.
- The Intern has completed all required competencies and maintained an average of 93% or above for Semester 1-4 Clinical Course Grades.
- The Intern has demonstrated Professionalism, Integrity, Dependability, quality Communication and Critical Thinking throughout their Education at Froedtert. Each Intern applying for early release will be discussed by Program Faculty and a unanimous vote of approval must be reached.
 - Interns who have received a Corrective Action are ineligible
 - Interns who have been on Academic or Clinical Probation are ineligible.
 - Interns who failed first attempt at Junior Written Comprehensive are ineligible.
 - Interns who have failed a Semester Clinical Comprehensive evaluation or the Junior Terminal Competency are ineligible.

Intern Recognition

The Katherine A. Shaffer Award of Excellence is presented to an intern for outstanding achievement in radiography. The intern selected for this award is based on the intern's academic and clinical achievements. The award is presented at graduation.

Intern Representation

Each class of interns will have a representative appointed by the Program Director to act as a representative for the intern body. This representative will be invited to attend advisory committee meeting; held bi-annually.

Self-Evaluation Policy/Assessment Plan

The program faculty is evaluated on clinical and didactic performance at the completion of each semester. Additionally, exit, graduate and employer surveys are completed to evaluate the overall quality of education provided. This information along with admission criteria and curriculum are reviewed and discussed on a bi-annual basis at the Advisory Committee meetings. Action plans created based upon the evaluations are also discussed. The Advisory Committee will meet bi-annually. The summer meeting is used to review all data accumulated over the previous twelve months and the winter meeting is used to update the committee on progress made based upon those plans. All assessment plans, policies and records are maintained on the hospital's I: drive and in the Program Director's office. Any intern may request to view this information with the program director.

Academic Year

The first academic year runs from September to August. It is divided into two sixteen week semesters and one 14 week summer session. The second academic year runs from September to July. It is divided into two sixteen week semesters and one 8 week summer session.

Grading Policy

Credit: the unit of credit is the semester hour. It represents one hour of lecture per week.

Grading Scale		Grades and Grade Point System	
A	93 - 100%	A = Excellent	4 Points
B	86 - 92%	B = Good	3 Points
C	80 - 85%	C = Average	2 Points
F	Below 80%	F = Incomplete	0 Points

The grade point average (GPA) is computed by dividing the total grade points earned by the total credit hours attempted.

Scholastic Standing

Good Standing

Interns are in good standing if a "C" (2.0) average is earned in all courses. The intern must achieve a "C" or higher in all Radiologic Technology course work, clinical evaluations, proficiency simulations, and all final examinations at the end of the semester. If the intern grade is below 80% in any of the aforementioned outcomes at the end of a semester, he/she can be dismissed from the program under the discretion of the faculty. If the intern remains in the program, he/she is placed on Academic or Clinical Probation.

Probation

Academic Probation

An intern who does not earn a "C" (2.0) in all courses, but whose semester grade point is 2.0 ("C") will be placed on probation. This intern will repeat the course(s) successfully (2.0) the next semester the course is taught. The intern may request independent study however; this will be at the Instructor's discretion. This probationary period will last one semester. An intern who fails the first attempt, but passes the second attempt at the Written Comprehensive final at the end of Semester 3; will be placed on Academic probation for the entirety of Semester 4.

If the intern violates his/her probation with a quiz or test grade below 80%, he/she will be dismissed from the program.

Interns who fail two examinations in any course will be counseled by the instructor for that course to discuss and record academic progress and plans for improvement. Each examination failed after this initial counseling will also require a documented counselling session.

Clinical Probation

An intern who has not demonstrated suitable or has not maintained that knowledge during the clinical rotation will be placed on clinical probation. In addition, if the intern has failed multiple (4) competencies in a semester they will also be placed on clinical probation.

Once on probation, the areas of improvement will be identified. An action plan will be developed by the intern after the faculty gives specific recommendations. The clinical probation period will vary based on the individual; maximum extension will be one semester.

Any intern needing additional instruction/s is encouraged to seek the assistance of the program faculty.

If an intern demonstrates suitable progress they will be released from clinical probation. If the intern does not demonstrate suitable progress at the end of the period they will be dismissed from the program. Suitable progress will be assessed using the bi-weekly clinical evaluations and competency assessment. If the intern violates his/her probation with a competency assessment grade below 85%, he/she will be dismissed from the program.

Extension of Clinical Training

An intern who has not demonstrated proficiency in routine radiologic procedures or has not completed the necessary terminal clinical objectives within the 2 year program must request an extension of their clinical education in order to correct their deficiencies. This extension may not exceed 480 hours. Requests must be received in writing not less than 6 weeks prior to the scheduled graduation. An intern who fails a clinical semester and has not dropped below a 2.0 CGPA must complete the required competencies the following semester. For each clinical semester failed, a minimum of **four full weeks will be added to the length of the training period. The length of the clinical extension will be determined by the faculty.**

Termination

An intern who does not maintain a cumulative grade point of 2.0 ("C") will be dismissed from the program. Also, an intern who fails to earn a "C" (2.0) in any repeated course will be dismissed. Any intern who fails two courses in one semester will be terminated even if their cumulative grade point does not drop below a 2.0. An intern who fails the comprehensive final examination as described by the comprehensive final may also be dismissed.

Multiple Failures

If an intern fails the same class twice they will be dismissed from the program.

Computation of Grades

Each course grade will be computed individually as listed in the course syllabus.

Grading of examinations and work completed by the interns will be completed by the instructor prior to the next scheduled class period. Interns may only view the physical copy once the instructor has completed the grading and posted results onto the Moodle Gradebook.

Graduation Requirements

Interns are eligible for graduation when they have fulfilled the following:

- Clinical Requirements - Successful Completion of all clinical (mandatory and elective) competencies.
- Scholastic Requirements - Complete a minimum of 66 credit hours of course credit plus successful completion of non-credit courses.
 - Achievement of a "C" (2.0) grade average in all courses.
- Have fulfilled all financial obligations to the school/hospital.
- Completed all registry review assignments
- Successful completion of the Junior and Senior comprehensive final

Having completed this program, the graduate is eligible for the American Registry Examination.

Comprehensive Finals

Written Comprehensive finals will be given at the end of first year. All interns are required to successfully complete the Comprehensive Final. If an intern fails, they will be placed on academic probation and given an opportunity to attempt another examination **prior to the start of the next semester**. If the intern fails the second attempt they will be dismissed from the program. The criteria for being offered a second attempt will be maintenance of a 2.0 GPA and successful completion of all classes. The intern will be dismissed from the program if they have failed any course and failed the comprehensive final.

Semester 1 & 2 Comprehensive Clinical Evaluations

At the completion of Semesters 1 and 2, the intern must complete a Comprehensive Clinical Evaluation. This clinical evaluation will require the intern to complete 2 examinations, chosen at random, from all simulations successfully completed by the intern. Two instructors will evaluate the intern based on their performance completing the simulations. A third instructor will act as the patient for the simulations.

The goal of this evaluation is to determine if the intern will require extra assistance to succeed clinically. The intern will receive a Pass (>85%) or a Fail (<85%) grade.

An Action Plan for improvement will be created with Program Faculty and the Intern at the start of the subsequent semester to help the Intern improve performance should they fail a Semester Clinical Evaluation.

- Interns who receive a “Fail” grade for performance during one of the evaluations will only be allowed a single attempt to pass the Junior Terminal Clinical Competency.
- If the intern fails the Junior Terminal Clinical Competency in addition to failing Semester 1 or 2 Clinical Evaluation, they will be dismissed from the program
- Interns who receive a “Fail” grade for both Semester 1 and 2 Clinical evaluations will be dismissed from the program prior to beginning Semester 3.

Junior Terminal Clinical Competency Assessment

Terminal Clinical Competency Assessments will be given at the end of the first year. All interns are required to successfully complete these assessments. Interns must meet the minimum number of competencies for their first year (28) prior to taking this assessment.

The intern will be assessed individually by two clinical instructors. They will be asked to demonstrate four procedures in which they have already documented competence. These will be randomly selected. Two instructors will score the intern independently. If one instructor fails the intern and the other does not, they will then average the two scores. The average score must be a passing score of 85%. This assessment is 10% of Semester III’s clinical grade; however, successful completion is required for advancement.

Junior Interns who have not successfully completed the Terminal competency assessments will be placed on clinical probation and given an opportunity to attempt another assessment prior to the start of the next semester. If the intern fails the second attempt they will be dismissed from the program. The criteria for being offered a second attempt will be maintenance of a 2.0 GPA, successful completion of semester 1 and 2 Comprehensive Clinical Evaluations, and successful completion of all classes up until the time of the assessment. If the intern has failed a course and fails the terminal clinical competency assessment they will be dismissed from the program.

Senior Intern Terminal Competency Guidelines

Terminal Clinical Competency Assessments will be given at the end of the second year or for early release. All interns are required to successfully complete this assessment. Interns will be assessed individually by two clinical instructors.

Successful completion is required for graduation. This assessment will be used for credit if the intern is applying for early release.

Clinical Grade

- Interns awarded an academic release or an internship; the terminal competency grade will be averaged into the clinical grade as follows: Clinical Competencies – 50%, Terminal Competency – 50%.
- For all other interns, the terminal competency grade will be averaged into the clinical grade as follows: 2-week Evaluations – 25%, Instructor’s Evaluations – 15%, Attendance – 10%, Clinical Competencies – 40% and the Terminal Competency – 10%.
- All competencies must be completed and a grade for each placed in the grade book before the intern can complete the terminal competency.
 - This includes any post procedural competencies (i.e. UGI, myelogram), sinus simulations, and images taken on the skull phantom.
- The Program Director or Clinical Coordinator will schedule a time/date for the terminal competency exam.

Interns awarded an academic release and have completed all their competencies will complete the terminal competency during the spring semester final’s week. The intern will sign a confidentiality statement before beginning the terminal competency.
- The terminal competency will take place in the School’s energized lab (5P), and will NOT include:
 - Headwork
 - GI exams
 - Vital Signs
 - CPR
- The intern should bring his/her pocket notebook and markers.
 - The intern will give the cm measurement and will be able to use their book for the mAs and kVp range after completion.
- The intern will review the clinical scenario first; then demonstrate their role as a Radiologic Technologist using critical thinking skills.
 - The intern must complete the scenario during the scheduled allotted one hour time frame.
 - Three instructors will be present; one will be the patient and two other instructors will evaluate the intern’s performance.
 - The instructor will use the Senior Terminal Competency Evaluation Criteria to assess the intern’s performance, and the Senior Terminal Competency Grading Criteria to formulate the grade. The School of Radiologic Technology standard grading policy will be used.
 - The “patient” instructor will also add input on the intern’s performance.
- The intern will be given time after the competency exam to evaluate their performance and verbally correct any errors made while performing the scenario. The intern will not have access to any materials that will aid them in their evaluation.
 - Points will be added to the grading formula if the intern is able to verbally correct errors made during the scenario.
 - Two weeks additional clinical time in General and/or the ER will be assigned if the intern grade is 84% or below.

After the terminal competency is completed, the instructors present will discuss the performance with the Program Director. The Program Director will then discuss the outcome with the intern.

Having completed the program, the graduate is eligible for the American Registry Examination. The exam is computer based and given in cities designated by the Board in all states. When the graduate passes the registry, he/she is then given the title, “Registered Technologist Radiography” (R.T.R.). The graduate should then apply for state licensure at: <https://dsps.wi.gov> if they intend to work as an imaging professional delivering ionizing radiation.

POLICY AND PROCEDURES

CLINICAL

Staff Procedures with Interns

In the clinical area, there is always at least one (1) staff/supervising technologist for every intern.

It is the responsibility of the staff/supervising technologist to:

1. Ascertain if the intern has achieved clinical competency in the requested examination. Information can be found on the department intranet site.
2. Be in the radiographic room if the intern has not achieved competency. Provide **direct** supervision. Note: Direct supervision is required for all OR and Portable examinations.
3. Evaluate the status of the patient and whether the intern has achieved competency. If the radiographer feels the intern can handle the exam, the radiographer need not be present in the room, but should be in the vicinity. This is called indirect supervision.
4. Check the images prior to the patient's dismissal.
5. **Be present** in the radiographic room for **all repeat** examinations regardless of the intern's level of competence.
6. Assure senior interns do not supervise junior interns.
7. End Exam/Verification. The technologist should use their own name when they have worked with the intern during the completion of the radiographic examination, this is **direct** supervision. Technologist's name would be in primary technologist slot in Radiant. If the intern is competent in an examination, and was in the room alone, a registered technologist still needs to be immediately available and check images; the intern's name is placed in the Primary Tech Slot. It is very important for tracking purposes the intern's name is in the **1st** Support Staff Slot, not just any support staff slot. The technologist checking the images goes in the 2nd Support Staff Slot, this is **indirect** supervision.
8. Notify Program Director or Clinical Coordinator if "rare" examinations arrive, such as skull, so an intern that's ready for the examination may be identified. At no time should a staff technologist pull an intern from their clinical area. This is the school's responsibility.

Clinical Obligations

The Clinical Obligations for this program is structured so that the intern will meet the following. The program will reflect a progression of required competencies.

The Intern will:

1. Clinically participate, be present on clinical days. Clinical participation consists of observation, assisting, and performance of clinical education under direct/indirect supervision of a registered radiologic technologist.
2. Evaluate each requisition via the computer.
3. Demonstrate a proper physical facility readiness.
4. Demonstrate a proper patient-technologist relationship.
5. Demonstrate correct positioning skills.
6. Manipulate equipment effectively.
7. Show evidence of radiation protection.
8. Evaluate the radiographic images to include:
 - a. anatomical parts
 - b. proper alignment
 - c. EI value
 - d. image identification
 - e. evidence of radiation protection
9. Be evaluated by technologists after each two-week rotation
10. Perform at a minimum competency level of 85%.
11. Successful completion of 68 competencies in order to graduate (63 mandatory, 5 elective)
The intern will be responsible for completing two area expectations forms each semester and account for 10% of the clinical grade.

Record of Clinical Experience

Record of the intern's clinical experience is maintained by computerized reports and may be requested from the Radiant/EPIC teams. This list may be evaluated by Clinical Coordinator and Program Director as to the types and numbers of exams the intern participates in. The intern should assure their participation in an exam is properly documented in EPIC to have an accurate report should one be requested. Interns may request a copy of their specific reports. (Note: due to processing, the report may take a few days to obtain)

Clinical Education Evaluations and Grading

It is the intent of the clinical evaluation to provide a standardized format for the evaluation of an intern's clinical performance. The clinical evaluation system is structured into six types of evaluations: simulation, clinical competency assessment, clinical assignment evaluation, attendance and the Clinical Instructor's evaluation and assignments.

SimulationsⓈ – The intern will complete simulations during their assigned lab time with a Clinical Instructor. The simulation performance is evaluated in many areas including: preparing the room properly, explaining procedures to the patient, proper positioning skills, equipment manipulation and patient protection for each procedure etc. The intern will demonstrate the entire examination (on an instructor or fellow intern) from set-up to completion. An intern may not simulate the same examination if they've been a "patient" or observed the examination during the same simulation session. A list of required simulations for each semester is posted in the lab and provided via Moodle and printed handouts. Interns are required to complete all simulations. These simulations are part of the overall competency process.

An intern may participate in exams before they have completed the simulation if they follow direct supervision, specific instructions from a Registered Radiologist Technologist. If the intern has passed a simulation, he/she may use their markers and perform that examination on patients, under the direct supervision of a Registered Radiologic Technologist. If the intern attempted but did not successfully complete the simulation he/she must practice the examination before attempting to simulate a second time. The intern must complete the required simulations prior to final's week each semester. (The list of required simulations will be provided in the Imaging Procedures course).

At the time of simulation the interns pocket notebook is checked for completeness and accuracy, including techniques. Interns may only simulate on the procedures that have been added to their pocket notebook. The clinical instructor completing the passed simulation will record this on the electronic simulation list located in each intern's clinical folder; maintained on the intranet. If an intern does not successfully complete a simulation, the reason will be noted in the Moodle Gradebook. The clinical instructor will place a grade of 100% in the clinical grade book when the exam has been successfully simulated. It is the intern's responsibility to routinely check Moodle for accuracy. Should an intern discover a discrepancy they should notify the Clinical Coordinator immediately.

Clinical Competency AssessmentⓈ - In the course of two years, the intern will be required to complete 68 competencies with a minimum grade of 85%. The intern will be required to complete practice exams before competency number of practices for each exam vary and are reflected on the practice record. There are 63 mandatory competencies and 5 electives. The Froedtert competency list has been set by the program and exceeds the minimum requirements set forth by the ARRT.

The competency evaluation will include the evaluation of the intern's positioning skills, patient care skills, timeliness, equipment manipulation, the use of radiation protection and image evaluation with regards to anatomy, EI value (*technique*) and image receptor identification. Once the intern has successfully completed a clinical competency for a specific exam, he/she is allowed to work with patients with indirect supervision. If the

intern fails a competency, the failed grade will be recorded in the grade book in the appropriate semester. The intern will not be allowed to attempt this competency until the next semester. This is to assure they have ample time to practice. An intern must repeat all failed competencies until they can demonstrate competency in the procedure. Achieving the minimum 85% pass grade is considered competent. The original failed grade will be used for calculation of the clinical grade. The evaluation of competency will be kept on file when the intern successfully passes, however, the grade achieved will not be averaged in for the semester.

If an intern is attempting to achieve the minimum number of competencies for the semester during final's week; the intern has the opportunity to voluntarily attend clinical and must spend the entire day in clinic (0730am-1600pm) if this option is selected. Once the intern has achieved the minimum number of competencies, they will finish the clinical day. If the intern does not achieve the minimum number of competencies for the given semester; the clinical grade will be calculated by dividing the cumulative scores of the *achieved* competencies by the point total for the *required* number of competencies.

Interns who do not meet the minimum number of competencies in a given semester will receive a documented clinical discussion where an action plan for progression will be created. An intern who has any subsequent semester in which they do not achieve the minimum number of competencies will be placed on clinical probation with a new action plan for progression. A third semester of not meeting minimums will result in Failure to Progress Clinically as outlined in the disciplinary procedures.

Clinical Assignment Evaluation^③

The intern will be assessed on his/her overall performance in the assigned area at the end of each two week period by a registered technologist. This evaluation will include the intern-patient relationships, the intern's initiative, cooperation, efficiency, dependability, judgment and individual growth. The average of these evaluations will be used to calculate the semester clinical grade.

*The following criteria are also used by the clinical instructors when evaluating semester clinical performance.

1st & 2nd SEMESTER CLINICAL ASSIGNMENT EVALUATION CRITERIA

PROFESSIONAL APPEARANCE & CONDUCT

Consider intern's grooming habits; cleanliness of shoes and uniforms; presents professional appearance; adheres to uniform policy; wears radiation film identification badge at collar level.

PATIENT COMMUNICATION AND INTERPRETATION SKILLS

Consider intern's mannerisms when handling patients; exhibit empathy; appropriately employ age related guidelines when interacting with patients; accurately solicit and document the patient's clinical history, employs proper patient identifiers, always uses proper hand washing techniques, understands most medical terminology.

INITIATIVE/MOTIVATION

Consider intern's self-motivation eagerness to try new things; participation without being prodded; self-confidence; apply resources which provide physical comfort to patients as needed or when requested; utilizes time constructively and productively.

TEAMWORK

Instill comfort and a sense of confidence through clear, understandable communication; helpfulness; effectively interact and transfer information between peers, staff and other members of the healthcare team

EXAM COMPREHENSION/PERFORMANCE

Accurately utilize imaging principles taught into the production of diagnostic quality radiographs; awareness of routines and methods of operation; extend imaging principles; follows ALARA principles; applies the ASRT Practice Standards for Medical Imaging and the "ARRT" Code of Ethics."

ATTITUDE AND INTEREST

Consider intern's ability to follow instructions; an excellent attitude while working on the floor; conscientious; enthusiastic; arriving on time and remaining in area; jumping up to help with exams, even if

not familiar with exam, seeks constructive criticism in a professional manner.

ORGANIZATION

Keeps concise, accurate records; good work flow; always has markers and clinical notebook readily available; adheres to uniform policy; presents with a professional appearance; keeps lead technologist informed when leaving the area.

SAFE LIFTING AND TRANSPORT

Excels in patient care, adaptive to patient condition, always follows proper lifting procedures; aware of patient condition; always conscious of patient care principles.

3RD – 6TH SEMESTER CLINICAL ASSIGNMENT EVALUATION CRITERIA

PATIENT COMMUNICATION SKILLS

Consider intern's mannerisms when handling patients; instills confidence in patients; exhibits empathy; appropriately employs age related guidelines when interacting with patients; accurately solicit and documents the patient's clinical history.

INITIATIVE/MOTIVATION

Consider intern's self-motivation eagerness to try new things; participates without being prodded; self-confidence; applies resources which provide physical comfort to patients as needed or when requested; utilizes time constructively and productively.

TEAMWORK

Instills comfort and a sense of confidence through clear, understandable communication; helpfulness; effectively interacts and transfers information between peers, staff and other members of the healthcare team.

EXAM COMPREHENSION/PERFORMANCE

Accurately utilizes imaging principles taught into the production of diagnostic quality images; awareness of routines and methods of operation; extends imaging principles, beyond what has been taught, into the production of diagnostic quality radiographs; applies the ASRT Practice Standards for Medical Imaging and the "ARRT" Code of Ethics."

DEPENDABILITY

Consider intern's ability to follow instructions; relied on to assess the patient's condition; minimal amount of supervision required; recalls and utilizes imaging principles taught when producing images; arrives on time and remains in area.

CRITICAL THINKING/PROBLEM SOLVING

Consider intern's ability to make logical independent decisions; selects an appropriate course of action based on individual patient circumstance; accurately anticipates and resolves associated obstacles; utilizes critical thinking skills to select and appropriate course of action; seeks constructive criticism in a professional manner.

PROFESSIONAL DEVELOPMENT

Consider intern's interpersonal relationships with others; integrity and compassion the clinical setting; professionally interacts with peers and staff members; seek direct supervision from a registered technologist when repeat images are necessary; keeps lead Tech informed when leaving the area.

Clinical Instructor Evaluation^⑤

Once every semester, the intern will be evaluated by the Clinical Instructors on their overall performance in the clinical setting. This evaluation will include the intern-patient relationships, the intern's initiative, cooperation, efficiency, dependability, judgment and individual growth. These evaluations will be averaged and used to calculate the semester clinical grade.

Clinical Competency

To implement the Clinical Competency Evaluations, the following has been done:

1. Structured the clinical practicum into meaningful units. Each unit will hereafter be referred to as a clinical assignment.
2. Structured the clinical assignments to coincide with the cognitive (classroom) aspects of the curriculum.
3. Specified the subject material of each clinical assignment.
4. Determined the level of the supervision for each clinical assignment.
5. Identified the required number of competencies to be mastered upon completion of the program.
6. Identified the remedial procedure for failure.

Clinical Competency

Upon satisfactory completion of didactic course work, laboratory simulation, and clinical education, the intern is then eligible to perform a competency evaluation. During clinical competency the Program Director, Clinical Coordinator, Clinical Instructor, or staff technologist will observe the intern perform an exam.

First year interns must perform all clinical competencies with a Clinical Instructor, the Clinical Coordinator or the Program Director during the first three semesters. Third semester Junior interns may also complete competencies with a Lead Technologist if a program faculty is unavailable. Senior interns may complete competencies with approved technologists if program faculty is not immediately available.

If the intern feels they are not meeting the requirements once the competency has begun, the intern cannot change his/her intent to be evaluated. If the clinical staff or/and technologist feels that the intern is not meeting the expectations required of a competency, the clinical staff or/and technologist has the right to take over for the intern and complete the exam. The intern will receive a failed grade for that competency.

All competencies require image analysis be completed with a program faculty member within three weeks of the date the competency was received. The intern will be ready to complete image analysis at any point in that three week period. If an intern does not complete the competency within the allotted three week time period; the competency form will be completed with all zero scores on the instructor portion of the Competency Evaluation Form. The final score will be calculated with the inserted scores to create a final achieved grade.

The interns' abilities are critiqued in ten categories. The evaluator uses the Clinical Competency Assessment Form. For each of the ten categories there are a possible three points. Three points indicate the interns' performance was acceptable and that no improvement is required. Two points indicate minor adjustments are necessary. One point indicates major improvement is needed. Zero points indicate unacceptable performance in that category. Each projection during the exam will be evaluated. Each projection carries a maximum value of thirty points. There are more specific criteria for GI, OR and specialty examinations.

The criteria for evaluation of each category are as follows.

Performance Evaluation:

1. Patient Technologist Relationship

1. Reviews clinical findings and examination requested.
2. Identifies patient correctly
3. Utilizes AIDET
4. Conducts procedure efficiently to instill confidence of patient.
5. Assists patient from examination room.

2. Physical Positioning Skills

1. Positions patient correctly on table.
2. Centers part to the center of IR.
3. Centers CR correctly.
4. Uses immobilization devices.

5. Removes extraneous items from area being examined.
6. Utilizes correct breathing techniques.
7. Uses correct anatomical landmarks.

3. Equipment Manipulation

1. Manipulates table to correct position.
2. Utilizes proper tube locks and accessory equipment (sponges, sandbags, tape).
3. Selects correct IP size or digital detector and maneuvers IP or bucky /digital detector appropriately.

4. Radiation Protection

1. Inquires as to possibility of pregnancy.
2. Utilizes proper gonadal shielding and positions correctly.
3. Collimates properly.
4. Closes door to radiographic room.
5. Practices operator radiation protection techniques and correctly displays dosimeter.

5. Timeliness

1. Organizes steps to complete examination in a logical and expedient manner.
2. Exhibits proficiency level by performing procedure in an efficient and prompt fashion.
3. Reviews images in PACS in a timely manner

6. Technique Manipulation/Control Panel

1. Measures appropriately
2. Selected technique/AEC chambers
-Documentation of technique above
3. Interns ability to accurately & efficiently utilize control panel

II. IMAGE EVALUATION (To be completed by program faculty)

7. Anatomical Parts

1. Describes correct anatomical structures. (3 questions per image)
2. Identifies pathology visualized.
3. Correlates anatomy by body habitus.
4. Critiques image and position of body parts.

8. Proper Alignment/Position

1. Body part correctly centered on Image Receptor (IR).
2. Image correctly centered to IR
3. Collimating is even and not obstructing anatomy.

9. Image Identification

1. Identification markers are displayed clearly on the image.

10. Technique Discussion

1. Explanation/Discussion of technical factors.

11. Documentation

1. Clinical handbook has the clinical information
2. Has the appropriate # of practices.
3. Documents the accession#/Technique & EI/Technologist

The intern must receive a minimum grade of 85% to successfully complete a competency. If the intern does not receive a passing grade, the failing score is recorded and will be used to calculate the semester clinical grade.

Each attempted competency grade will be recorded. All grades are entered in the computerized grade book. Successful completion of all competencies is required for graduation.

Repeated Images during competency

An intern who is required to complete a repeat image during a competency will have the repeat recorded on the competency form. At the bottom of each column, the number of repeats for each projection is required. If no repeats were completed a 0 will be entered.

For each projection that has one or more repeats, the intern will have 5 percentage points removed from the final score of the competency. A maximum of 5% can be taken off each projection where a repeat is recorded regardless of the number of repeats. (Reminder: a technologist must be in the room for all repeats, including those during competency)

Example

The intern completes a PA and Lateral Chest competency. The intern receives a total of 58/60 points achieved. This calculates to score of 97%. Should the intern have repeated the lateral chest image; the result would be a loss of 5% points. The final score of this competency will be 92%.

If this intern also recorded a repeat on the PA image, an additional 5% would be deducted.

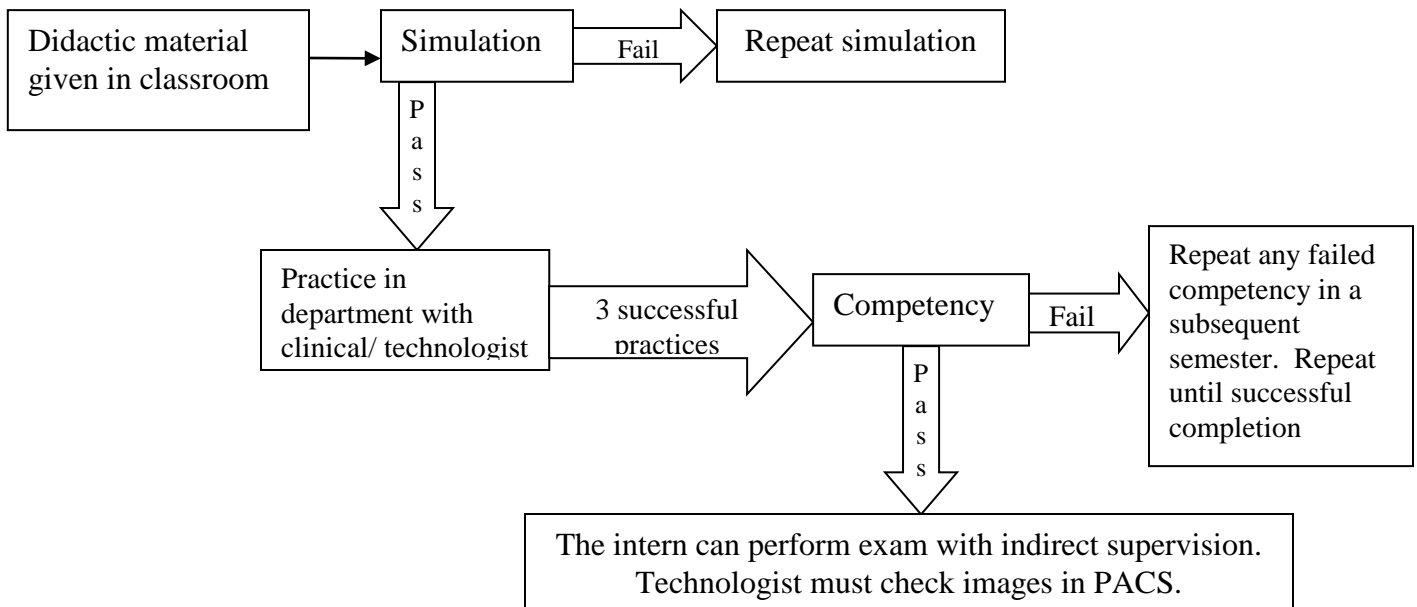
97% - 5% (lateral) = 92%

92% - 5% (PA) = 87%

Final Grade: 87%

Process to Achieve Clinical Competency

1. Material given and learn in the classroom.
2. Practice the positions on classmates in the energize lab or during department down time.
3. Successfully simulate the examination under observation of a Program Faculty.
 - Successful Simulation -observe and participate in patient examination under the **direct supervision** of a technologist. The intern is able to use their markers on that examination.
 - Unsuccessful simulation - intern can only observe that patient examination in the department under the **direct supervision** of a technologist. The intern is not able to use their markers for that examination until a successful simulation is completed.
4. The intern will need to document the appropriate number of practices on each exam before attempting competency on their practice record. The intern must have the technologist/clinical staff initial successful completion of that examination. A 24 hour waiting period is required before attempting the competency if the 3 practices are done all on the same day. This is to ensure that the intern is able to retain proficiency.
5. When the intern is confident in performing that examination he/she will inform a program faculty or technologist of the desire to comp on that examination.
6. A failed competency will be recorded within the appropriate semester. A second attempt on that fail competency must be done during a subsequent semester. An intern will repeat competencies regardless of mandatory or elective category until they have successfully completed the competency.
7. The intern is able to perform an examination under **indirect supervision** when they've passed that competency; completed by either clinical staff or technologist.
8. Any time an image needs to be **repeated**, the intern must be under **direct supervision** of a technologist or clinical staff.



Random Re-comp

During the third semester each junior intern will complete a “Random Re-comp”. This is a randomly assigned re-evaluation of an intern’s competence on an exam they have already completed a competency evaluation. Each intern will only be assigned one re-evaluation of a competency. This “Random Re-comp” will include the anatomy and image analysis portion of the competency. This evaluation will be selected by the instructor assigned to the area the day the intern is schedule to be re-evaluated. The intern will not be made aware of the date of the re-evaluation.

Should an intern not pass the re-evaluation of the completed competency, the intern will be required to obtain 2 additional practice signatures and complete an additional competency on the examination.

This “Random Re-comp” will not be included as part of any course grade, but will be recorded for completion.

Clinical Rotation Assignments

Objective:

The intern will complete the following clinical assignments in accordance with the following schedule. The rotations will be two weeks in length.

Rotation Codes		Total Weeks
DX	General Radiography	6
OC	Orthopedic Clinic	8
GI	Fluoroscopy	8
ER	Emergency Radiography	8
P	Inpatient/Portable Radiography	6
OR	Operating Room	8
RN/GI	Radiology Nursing Rotation/Fluoroscopy	2
IR	Interventional Radiology	2
CT	Computerized Tomography	4
MR	Magnetic Resonance	4
CHW	Children's Hospital of Wisconsin	6
CH-G	Children's Hospital Greenfield Clinic	2
M/E	Mammography	1
	Elective rotation –(intern to select)	1
		2
FWB	Froedtert West Bend Hospital	4
PL	Plank Road Clinic	8
MCDI	CDI Mayfair	2
CTM	Moorland Reserve Health Center	2

Intern Performance Objectives

Clinical Objectives - Emergency Room Rotations

1. Upon completion of the Emergency Room rotations, the intern will be able to:
2. Utilize proper patient-technologist communication.
3. Demonstrate proper positioning skills for trauma radiography.
4. Demonstrate proper equipment manipulation and maintenance.
5. Be able to critique images to include image quality and related anatomy.
6. Utilizes PACS to assure data integrity and image quality consistency.
7. The intern will have the opportunity to observe triage in trauma and follow the patient through a complete work-up.
8. The intern will appreciate the important role Radiology plays in emergency medical care.
9. The intern will utilize critical thinking skills in alternate methods of positioning and utilization of equipment on trauma cases.
10. The intern will become aware of patient handling methods used by the technologist to increase the speed of radiologic examinations without sacrificing technical quality.
11. The intern will learn to determine correct technical exposure factors utilizing technique charts and utilizing proper radiation protection procedures.

Second & 3rd Shift: Trauma

This rotation begins after successful completion of Semester II and will run through the end of semester VI. Interns will rotate through weekends on a scheduled basis. No intern will be assigned rotations exceeding forty (40) hours per week. There will be no more than 3 second shift rotations during this period and no more than 3 3rd shift rotations. A total of 6 Weekends will be assigned. (Three 2nd shift and Three 3rd shift)

In the weekend rotation the intern will be exposed to aspects of Radiology not encountered during the normal week as listed above under Emergency Room Objectives. These include but are not limited to the following:

1. The intern will become more aware of the Trauma Radiology Department's weekend staffing procedures.
2. The intern will be exposed to different supervision and gain the ability to interact appropriately with a variety of people.
3. The intern will be exposed to a higher percentage of trauma and emergency room procedures.

The total number of scheduled weekend rotations for the graduating intern will never exceed 6 during the twenty-four month program. The total assigned number of weekend rotations does not exceed 25% of the total clinical clock hours.

During the week-end rotation the Intern is able to complete a competency on any of the exams listed on the competency list or obtain the required signatures for practices.

The supervising Technologist using the Clinical Evaluation Form will evaluate interns.

Interns on this assignment will be under direct and indirect supervision based on their level of completed competencies.

Interns are expected to attend the full duration of the weekend shift.

Interns will be provided a break during this time

2nd Shift Hours of Attendance: 4:00pm -11:30pm

3rd Shift Hours of Attendance: 1130pm - 7:00am

Clinical Objectives - General Radiography/Orthopedic Radiography/Plank Road

Upon completion of the General/Orthopedic and Plank Clinic Radiography rotations, the intern will be able to:

1. Utilize proper patient-technologist communication.
2. Demonstrate positioning skills on routine radiography.
3. Demonstrate proper utilization of Radiation Protection.
4. Demonstrate proper equipment manipulation and maintenance.
5. Be able to critique images to include image quality and related anatomy.
6. Utilizes PACS to assure data integrity and image quality consistency.

Clinical Objectives – Fluoroscopy

Upon completion of the Radiography Fluoroscopy rotations, the intern will:

1. Utilize proper patient-technologist communication.
2. Set up, assist with and maintain fluoroscopic equipment for all procedures.
3. The intern will assist with patient care and follow direction as indicated by the supervising staff.
4. The intern will demonstrate a working knowledge of contrast agents used for fluoroscopic procedures.
5. Will demonstrate sterile tray set up for myelography and joint injections
6. Will understand and utilize C-arm equipment for the completion of ERCP exams.
7. Demonstrate proper positioning skills for gastrointestinal radiography including certain special procedures.
8. Demonstrate proper equipment manipulation and maintenance.
9. Utilize proper radiation protection.
10. Demonstrate proper sterile technique.
11. Critique radiographic images to include image quality and related anatomy.
12. Utilize PACS to assure data integrity and image quality consistency.
13. The intern will demonstrate a working knowledge of the proper paperwork for procedures.

Clinical Objectives – Portable Radiography

All Interns are required to be under direct supervision regardless of competency status

Upon completion of the Portable rotation, the intern will:

1. Utilize proper patient-technologist communication.
2. Demonstrate proper positioning skills for portable bedside radiography.
3. Utilize proper radiation protection.
4. Demonstrate proper equipment manipulation and maintenance.
5. Be able to critique images to include image quality and related anatomy.
6. Utilizes PACS to assure data integrity and image quality consistency.

Clinical Objectives – Operating Room

All Interns are required to be under direct supervision regardless of competency status

Upon completion of the Surgery rotation, the intern will:

1. Utilize proper physician-paramedical communication.
2. Be able to set up and operate the portable fluoroscopic C-Arm equipment for all procedures.
3. Be able to utilize and manipulate portable radiographic equipment in a sterile field.
4. Demonstrate proper sterile technique for operative procedures.
5. Be able to determine the methods for saving and sending images via the wireless network.
6. Be able to critique images to include image quality and related anatomy.
7. Utilizes PACS to assure data integrity and image quality consistency.

Clinical Objectives -Children’s Hospital of Wisconsin Main Campus & Greenfield Clinic

Upon completion of the Children’s Hospital of Wisconsin rotations, the intern will be able to:

1. Utilize proper pediatric patient -technologist communication skills.

2. Utilize proper pediatric parent - technologist interactions.
3. Demonstrate positioning skills on routine radiography, orthopedic radiography fluoroscopic radiography and portable radiography on pediatric patients.
4. Utilize proper radiation protection on all pediatric patients.
5. Utilize proper immobilization techniques as needed for pediatric patients.
6. Be able to critique radiographic images to include image quality and related anatomy.
7. The intern may complete any competency on the mandatory and elective list should the protocol match that of the routine Froedtert study. Pediatric competencies have age requirements.

Clinical Objectives – Nursing

Upon completion of the Radiology Nursing rotation, the intern will be able to:

1. Describe the role and work flow of Radiology Nurses related to patient care.
2. Identify information necessary to include in the nurse’s documentation of procedures.
3. Describe the process of obtaining a patient history and explain what type of information must be included.
4. Identify the proper procedure for obtaining vitals including: EKG, Heart Rate, BP, Oxygenation (Pulse Oximetry) and Respiratory Rates.
5. Identify different types of Venous Access devices and their uses.
6. Identify required equipment in all areas of Radiology which are necessary for Nurses to safely care for patients. (i.e.: Suction/O2)
7. Describe the requirements for patient discharge after sedation related procedures.
8. Demonstrate patient education and professional communication skills.

Clinical Objectives-Interventional

The Radiology intern will comply with the following objectives:

1. Assist in moving patients into interventional rooms as well as on and off various procedure tables.
2. Observe and maintain sterile conditions for tray set up and individual procedures.
3. Assists in set up and monitor all patients’ vital signs, to include blood pressure, pulse and respirations.
4. Follow the guidelines set by the department for the use of the pressure injector and various contrast agents required for all procedures.
5. Assist the radiologist in sterile technique as well as catheter and guide wire exchange during procedures.
6. Following instruction and observation be able to image and process a basic interventional procedure.
7. Complete the Interventional Clinical Competency Assessment Form.

Clinical Objectives - Mammography

Upon completion of the Mammography rotation, the intern will be able to:

1. The intern will demonstrate proper patient-technologist interactions.
2. Define basic fundamentals of mammography and explain routine mammography exam.
3. The intern will observe and demonstrate correct manipulation of equipment and proper use of radiation protection devices.
4. The intern will simulate in mammography demonstrating proper patient positioning, technique selection and radiation protection.
5. Have observed radiologists reading mammography images
6. Observed the daily QA completed on imaging equipment
7. Discuss use of compression for imaging studies

Clinical Objectives - Computerized Tomography

Upon completion of the CT rotations, the intern will be able to:

1. Utilize proper positioning skills.
2. Utilize proper patient-technologist communication.

3. Demonstrate proper CT and ancillary equipment manipulation.
4. Demonstrate proper radiation safety.
5. Be able to critique images to include image quality and related cross sectional anatomy.
6. Utilizes PACS to assure data integrity and image quality consistency.
7. Define and explain the purpose of the various CT scans performed

Clinical Objectives -Magnetic Resonance Imaging

Upon completion of the MRI rotations, the intern will be able to:

1. Utilize proper positioning skills.
2. Utilize proper patient-technologist communication.
3. Demonstrate proper MRI and ancillary equipment manipulation.
4. Demonstrate proper MRI safety.
5. Be able to critique images to include image quality and related cross sectional anatomy.
6. Utilizes PACS to assure data integrity and image quality consistency.
7. Define and explain the purpose of the various MRI scans performed

Clinical Objectives – CDI Mayfair

Upon completion of the CDI rotation, the intern will:

1. Demonstrate proper patient-technologist-paramedical communication.
2. Demonstrate proper set up of imaging equipment.
3. Demonstrate proper contrast preparation and administration.
4. Demonstrate proper equipment manipulation and maintenance.
5. Demonstrate understanding of coils used within MRI.
6. Demonstrate utilization of contrast injection equipment.
7. Demonstrate proper radiation protection and MRI Safety practices.
8. Utilize critique of radiographic images to include image quality and related anatomy.
9. Utilize PACS to assure data integrity and image quality consistency.

Clinical Objectives – Moorland Reserve Health Center and Froedtert West Bend Hospital

Upon completion of the MRHC rotation, the intern will:

1. Demonstrate proper patient-technologist-paramedical communication.
2. Demonstrate proper set up of imaging equipment.
3. Demonstrate proper contrast preparation and administration.
4. Demonstrate proper equipment manipulation and maintenance for all modalities onsite.
5. Demonstrate utilization of contrast injection equipment.
6. Demonstrate proper radiation protection practices.
7. Utilize critique of radiographic images to include image quality and related anatomy.
8. Utilize PACS to assure data integrity and image quality consistency.

Clinical Objectives – Froedtert Menomonee Falls Hospital

Upon completion of their rotation at Froedtert Menomonee Falls Hospital the interns will:

1. Recognize the differences of a smaller hospital's department work flow.
2. Experienced a different hospital environment.
3. Observe the utilization of diverse imaging equipment.

Standards of Clinical Behavior

The radiologic technology intern is a member of the health care team and is expected to adopt a model of professionalism. The intern is required to conform to the following standards of clinical behavior. The intern will follow the standards described in the **Code of Ethics for the Radiographer**.

1. The intern will remain in his or her assigned area unless the unit is not being utilized.
2. The intern will perform all assigned tasks without question.
3. The intern will assist the technologist in performing all radiography related tasks, including patient care, room cleanliness, supply acquisition, etc.
4. The intern will notify the area supervisor prior to leaving any assigned area.
5. The Program Director, Clinical Coordinator and area supervisor must be notified if an intern is required to take any prescribed drugs that could impair his or her ability to function safely in the clinical setting.

Confidentiality

Breach of confidence is damaging to the reputations of both the department and hospital; having legal and ethical implications. Patient information shall not be revealed to anyone; including the patient without the direct consent of the patient's physician. Medical information will be shared with other department personnel **only** in the direct line of duty to meet specific medical needs. Inappropriate access to a patient file could lead to dismissal from the program. All interns will follow the hospital patient confidentiality policy and sign a confidentiality agreement each year.

Patient Safety

The intern has equal responsibility with hospital employees for the safety of the patient. Each intern will know the location of first aid supplies and the emergency "crash cart". The intern will also be familiar with the hospital's fire and safety codes. Any mechanical malfunction of equipment that could cause injury to patients or staff will be reported immediately.

Patient Injury

The intern is responsible for using all safety precautions to protect the patient. Should a patient be injured, the intern will report it to the lead or supervising Technologist. A physician will examine the patient and the incident will be reported, including **all** minor injuries, to the lead technologist or manager **immediately**. Appropriate forms must be completed.

Radiation Safety and Monitoring and MRI Safety

1. Each intern will receive basic **radiation safety** instruction prior to working with radiography equipment. Each intern will follow the guidelines set forth by the organization and the program.
2. A radiation dosimeter will be issued to each intern at the beginning of the program. The dosimeter is to be worn at collar level at all times during the clinical assignments and when performing experiments in the energized lab. During fluoroscopy, the dosimeter will be worn outside the lead apron.
3. The dosimeter provided by the hospital will be used only for educational activities and is not to be worn during work within the department in secondary roles. (i.e. Imaging Assistant) If a second dosimeter is provided for non-educational exposure monitoring, this dosimeter will only be worn during non-education work.
4. No intern will take an exposure in the energized lab without the direct supervision of a registered radiologic technologist.
5. Dosimeters are not to be shared or traded with other individuals.
6. An intern who is not wearing a dosimeter will be suspended from the clinical assignment until the dosimeter has been replaced.
 - a. Each intern will exchange the dosimeter within the first five working days of each quarter.

Failure to exchange dosimeters on time will result in disciplinary action.

- b. Interns must report lost or damaged dosimeters immediately (\$20.00 replacement fee).
- 7. Each intern will follow good radiation safety practices.
- 8. The intern will **NOT** hold imaging receptors or patients during radiographic examinations.
- 9. Radiation exposure reports are monitored by the Hospital's Radiation Safety Officer. The intern will be advised if the monthly values exceed 125 mrem per month or 5000mrem (50 mSv) annually whole body exposure.
- 10. Radiation exposure reports will be presented to the interns who are required to initial the report indicating review and understanding of their quarterly and annual dose exposures.
- 11. Dosimeters must remain in the building and should be hung on the plaque outside the program director's office when not in use.

ALARA Levels

The medical use of radiation in procedures requiring a written directive shall be performed in accordance with the written directive and in such a manner as to maintain radiation exposure to employees and the public as low as reasonably achievable. Specifically, radiation levels shall be maintained such that individual members of the public could not receive a radiation dose in excess of 0.02 mSv (2 mrem) in any one hour or 1 mSv (100 mrem) in one year.

ALARA Levels are action levels put in place to alert ORS before an individual may exceed any of the applicable dose limits.

Level 1 – The RSC is notified at the next quarterly meeting.

Level 2 – ORS conducts an investigation of the circumstances involved in the exposure, and makes recommendations for dose reductions, as needed. The results of the investigation are reported to the RSC at the next quarterly meeting.

Occupational Dose Limits

The following definition of occupational dose is derived from DHS 157.03:

Occupational dose means the dose received by an individual in the course of employment in which the individual's assigned duties involve exposure to radiation or to radioactive material. Occupational dose does not include doses received from background radiation, from any medical administration the individual has received, from exposure to individuals administered radioactive material and released under DHS 157.62(8), from voluntary participation in medical research programs, or as a member of the public.

Exposure Type	Annual Limits for Radiation Workers		ALARA Level I (per calendar quarter)		ALARA Level II (per calendar quarter)	
	mSv	mrem	mSv	mrem	mSv	mrem
Whole Body	50	5,000	1.25	125	3.75	375
Extremity or Skin*	500	50,000	12.5	1,250	37.5	3,750
Individual Internal Organs	500	50,000	12.5	1,250	37.5	3,750
Lens of the Eye	150	15,000	3.75	375	11.25	1125
Embryo/Fetus	5	500	0.5/month	50/month	1/month	100/month

MRI

Interns rotating to any of the Magnetic Resonance Imaging areas while on clinical rotation will:

- a. Complete employee clinical orientation provided by the hospital.
- b. Review the MRI Safety video on the Froedtert Learning Center. Successful completion of the Learning Center activity will be added to the interns' employee transcript. Additionally, the Manager of FMLH MRI will present MRI Safety to the interns during the 1st week orientation.
- c. Complete the MRI Safety screening form. This form will be kept on file until completion of the program.
- d. Have a registered MRI Technologist review the MRI Safety screening form and discuss any safety concerns prior to entering the MRI scan room.
- e. Interns with contraindications for entering the MRI Scan room may still complete the rotation to MRI but will not be allowed to enter the scan room.

Competency List 2020

Upper Extremity (12)	Spine & Pelvis (8)	Head (1)
Finger/Thumb	Cervical Spine	Sinuses
Hand	Thoracic Spine	Special Imaging (4)
Wrist	Trauma Thoracic Spine	CT Angio
Forearm	Lumbar Spine	CT Body (Chest or Abdomen)
Elbow	Trauma Lumbar Spine	CT Head
Humerus	Pelvis	MRI Brain
Shoulder	Hip	Elective Competencies (need 5)
Clavicle	Shoot-Through Hip	AC Joints
Pediatric Upper Extremity	GI (5)	Calcaneus
Geriatric Upper Ext*	Arthrogram	Chest Lateral Decub
Trauma Shoulder	Esophagram	Cystogram
Trauma Upper Ext (non-Shoulder)	Myelogram/LP	ERCP
Lower Extremity (12)	UGI	Facials
Foot	Contrast Enema	Hysterosalpingogram
Standing Foot	Mobile Studies (4)	Mandible/Panorex
Ankle	Portable Chest	MRI Knee *
Standing Ankle	Portable Extremity	MRI Spine *
Tibia-Fibula	Portable Abdomen	Nasal Bones
Knee	Pediatric Portable	Orbits
Patella	Surgery (2)	Sacrum and/or Coccyx
Femur	OR Ortho C-Arm Case	Scapula
Trauma Femur	OR Non-Ortho Case	Scoliosis
Trauma Lower Extremity (non-femur)	Patient Care (5)	SI Joints
Pediatric Lower Extremity	Care of Patient Med Equip	Skull
Geriatric Lower Extremity	Sterile & Aseptic Technique	Small Bowel Series
Abdomen (4)	Transfer of Patient	Soft Tissue Neck (Upper Airway)
KUB	Venipuncture	Sternum
Pediatric Abdomen	Vital Signs	Toes
Abdominal Series	<ul style="list-style-type: none"> • Blood Pressure 	TMJ
Abdominal Decub	<ul style="list-style-type: none"> • Temperature 	Zygomatic Arch
Chest & Thorax (6)	<ul style="list-style-type: none"> • Pulse 	
Chest PA & Lateral	<ul style="list-style-type: none"> • Pulse Oximetry 	
Chest – Wheelchair or Cart	<ul style="list-style-type: none"> • Transfer of Patient 	
Pediatric Chest		
Geriatric Chest		
Trauma Chest		
Ribs		1 MRI Comp may be completed toward count of 5 Electives.
<p>Pediatric Chest Age 3 and under</p> <p>Pediatric Extremity/Abd/Portable Ages 6 and under</p> <p>Geriatric - >65 y/o and physically or cognitively impaired due to aging</p> <p><i>Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc.</i></p>		

All Clinical Competency forms can be found on the school's SharePoint site