

# TRINITY COLLEGE OF NURSING & HEALTH SCIENCES



## RADIOGRAPHY PROGRAM

2022-2023  
CLINIC MANUAL

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## INTRODUCTION & WELCOME

Welcome to the Trinity College of Nursing & Health Sciences Radiography Program. Trinity College of Nursing & Health Sciences Radiography Program originated in 1951 at its predecessor institution St. Anthony's Hospital. In 1952 predecessor institutions, Lutheran Hospital and Moline Public Hospital also opened radiography schools. From the very beginning, these schools adhered to high standards so that students were eligible to take national certification examinations.

Our current mission statement is "Consistent with the mission of Trinity College, the faculty of the Radiography program is dedicated to providing quality, structured learning experiences to educate entry-level radiographers, to meet the needs of the ever-changing, diverse and multi-cultural health care community. The Program strives to develop within all students the professional qualities of integrity, compassion, and community-mindedness." One method of meeting this mission is that our Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The JRCERT provides a peer-review accreditation process and holds our program to a high standard.

The standards of the JRCERT reviews are:

1. The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.
2. The program has sufficient resources to support the quality and effectiveness of the educational process.
3. The program's curriculum and academic practices prepare students for professional practice.
4. The program's policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.
5. The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.
6. The program complies with JRCERT policies, procedures, and standards to achieve and maintain specialized accreditation.

Students who wish to have a copy of the JRCERT Standards, including the objectives that support each standard, may request an individual copy from the Program Director. Students who feel the Program has violated any of the above Standards are encouraged to follow the College "Fair Treatment Policy" according to the College Catalog. Students also may file a complaint with the Joint Review Committee on Education in Radiologic Technology. They may be contacted at:

The Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 2850  
Chicago, Illinois 60606-3182  
312-704-5300  
[Mail@jrcert.org](mailto:Mail@jrcert.org)

The JRCERT website [www.jrcert.org](http://www.jrcert.org) contains the form for student allegations.

## FACULTY INFORMATION

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## ACCOMMODATIONS

The College seeks to accommodate students with disabilities on an individual basis. Individual students are given reasonable and necessary accommodations based upon specific information and assessment data documented by a qualified professional upon inquiry or entering the College. The Student Services staff makes available information on the existence and location of services, activities, and facilities that are accessible to and used by persons with disabilities. For accommodations, please speak with the Director of Student Services and External Relations at (309) 779-7700.

## OVERVIEW

Clinical experience is a major component of radiographic education comprising clinical assignments over two years. The primary purpose of the clinical education system is to establish structured clinical experience providing opportunities for the radiography student to demonstrate maximum responsibility and competency in the clinical setting.

Each student begins the clinical component of the educational program by first learning each exam in a didactic setting. Didactic instruction is followed by supervised laboratory practice and simulation testing. Once lab simulation testing has been passed, the student will begin assisting a practicing Radiographer in the imaging department. Participation increases as the student progresses through the program. The rate of progress depends upon the student's ability and performance, both in the classroom and in the clinical setting. As the student gains experience and confidence with various procedures, the student moves toward independence while performing procedures under the supervision of the Staff Radiographer; first ***directly*** and then ***indirectly***.

It is the intent of this document to provide an objective and measurable format for the assessment of a student's clinical performance in the Trinity Radiography Program. This manual provides the basis for a systematic process of evaluation. Each semester begins with the identification of intended learning objectives and ends with an evaluation concerning the extent to which the learning objectives have been attained.

The system defines for the student exactly what is expected, when and under what conditions the student must perform, and exactly how well the student must perform to demonstrate clinical mastery. All students are provided with equitable opportunities to achieve clinical objectives and attain clinical competency.

## CRITICAL OBJECTIVES

Critical objectives are objectives deemed to be of such importance to the practice of healthcare that satisfactory performance in each objective must be maintained throughout the Radiography program. An infraction of any critical objective may result in corrective action, through the College's Corrective Action Policy. However, corrective action may vary according to the scope and seriousness of the behavior. Serious infractions may result in immediate failure of the course and/or dismissal from the College. If a student demonstrates behaviors that require corrective action within a course, the student must make improvements to the behaviors to pass the course. Corrective action information may be communicated between faculty within the program to maintain consistency of behavior and monitor progress. Course-related corrective actions, related to the course critical objectives should be carefully documented by faculty, shared with the student and program coordinator, and maintained in a secure file in the office of the Academic Dean.

Critical objectives are applicable while providing patient care and when interacting with the health care team, clients, peers, faculty, and others both in clinical and classroom situations. The expectation/outcome is that the student will demonstrate individual accountability for professional behavior.

The following are the minimal critical objectives that each student must follow:

- Follow the dress code
- Display professional attitude, actions, and respect when interacting with the patient, family/significant others, health care team, peers, faculty, and others.
- Act to preserve/maintain the cultural identities of others and accommodate diverse lifeways.
- Practice within legal limits of radiography complying with established standards of care as defined in:
  - Policies and procedures of assigned health care organization
  - Recognize written standards of practice including the health and safety requirements of the college for tuberculosis, CPR certification, immunizations, and OSHA and HIPPA training (found in the College Catalog)
- Use principles of safety including practicing within the scope of skills and knowledge when implementing care based upon the patient's physical and psychological condition, age, development level, and environment.
  - Follow AIDET
  - Use two approved patient identifiers
  - Confirm correct exam and diagnosis
  - Manipulate equipment safely so no harm is caused to the patient
  - Follow the principles of ALARA
- Demonstrate emotional and physical stability when providing care and when interacting with the health care team, peers, faculty, and others.
- Use honest, accurate, objective verbal and written communication in reporting and recording care
- Demonstrate ethical behaviors
  - Complying with the standards outlined in the Code of Ethics of the ASRT and ARRT.
  - Code of Ethics: American Society of Radiologic Technologists (ASRT) (<http://www.asrt.org>)
  - ARRT Standard of Ethics (<http://www.arrt.org>)

- Always reflect integrity and confidentiality
- Follow the rules and regulations of HIPAA
- Keep all passwords secure and confidential
- Demonstrate accountability in attendance at clinical experience with punctuality and reporting of absences according to Radiography Program clinical manual and individual course syllabi.
- Demonstrate timely preparation for the clinical experience in verbal and written communication and patient care.
- Demonstrate respect and care for radiographic equipment, supplies, and teaching aides
- Assume personal responsibility for personnel radiation monitoring device, wear it at all times in the clinical area.
- Always have personal ID lead markers in the clinic, appropriately marking images.
- Submit only correctly labeled radiographic images
- Submit time accurately using the Trajecsys system and filing time exceptions appropriately.
- Always follow the program's direct and indirect supervision policies.

## AIDET

AIDET is a tool of communication in all healthcare facilities. AIDET is used to instill trust and care into each patient. AIDET is mandatory to follow with every patient, every time. AIDET stands for:

Acknowledge – greet the patient by name, use eye contact, smile, and greet others that are with the patient

Introduce – introduce yourself with your name and profession

Duration – tell the patient how long their examination will take and how long the results will take

Explanation- Explain to the patient the steps of the exam and answer any questions

Thank – thank the patient and/or family, thank them for choosing the facility

## SUPERVISION

Based upon the level of competency, a student is under either the **direct** or **indirect** supervision of one or more of the following when assigned to the clinic: Clinical Coordinator, Clinical Instructor, Program Director, Lead Technologist, Preceptors (radiographers with added student supervision responsibilities), and staff radiographers. All must be ARRT registered technologists. The Joint Review Committee on Education in Radiologic Technology uses the following definitions to determine if define the parameters for **direct** and **indirect** supervision.

The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement
- evaluates the condition of the patient in relation to the student's knowledge

- is physically present during the conduct of the procedure
- reviews and approves the procedure and/or image.

**Direct Supervision** is necessary when a student is performing an exam before the student has achieved clinical competency. In this situation, a student needs a radiographer directly supervising the examination.

The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement

**Indirect Supervision** is necessary when a student has achieved competency in an exam and is able to perform that examination with a registered technologist is available in proximity, such as an adjacent room.

All student radiographs must be approved by a registered technologist regardless of whether the student is under direct or indirect supervision.

All **repeat** radiographs need to be done under **direct** supervision. Failure to abide by this regulation will result in corrective action.

All pediatric, mobile and surgical procedures must be done under **direct** supervision. Failure to abide by this regulation will result in corrective action.

Radiography faculty members have cell phones to be accessible to students during their clinical rotations. Faculty members are to be called when student supervision is below ARRT standards; 1:1 ratio of student to technologist.

## IONIZING RADIATION AND PROTECTION POLICY

Due to participation in the administration of ionizing radiation, the student must be aware of policies and procedures utilized in assuring safety and minimizing radiation exposure to patients, students, and others. Radiation exposure should **always** be kept to the **lowest** possible level (ALARA). Students are provided with information concerning biological effects of radiation in their first radiography course and are advised of the separate policy regarding pregnancy. Throughout the program, radiation protection is emphasized. In addition, the following practices are enforced:

- Time, distance, and shielding are the basic components to minimize radiation exposure: the least time, the greatest distance from the source, and protective shielding such as use of lead aprons.
- Appropriate radiation protective devices are available to students and utilization is enforced. Students must wear a lead personnel shield any time a permanent barrier will not protect them from exposure. The use of a leaded thyroid shield is strongly recommended.
- It is the program's policy that students do not hold or restrain a patient or hold an image receptor during radiographic exposures. They are encouraged to use all imaging aids available to assist the patient to maintain or hold the position necessary for the projection. In the rare occasion that these devices would not achieve optimal results, it is the responsibility of the radiographer to find an individual who is not routinely exposed to radiation to accomplish this task, such as a family member of the patient. Those persons assisting in holding the patient shall be provided with

protective aprons and be positioned so that they are not in the path of the primary beam.

- Students in fluoroscopy should maintain the greatest distance possible from the source, wear appropriate shielding, and stand at 90 degrees from the primary beam. When not needed for patient care in the radiography room the student should remain behind the lead barrier.
- Personnel monitoring devices are issued to each student and need to always be worn during clinical assignments and fastened at the collar level, outside the lead apron. If a student fails to have their personal monitoring device at clinic, they will not be allowed to participate in clinic and they may receive either an absence or a tardy for that clinical day.
- The student is responsible for exchanging their personal monitoring device on a quarterly basis and to keep it safe from excessive heat, humidity, and electromagnetic devices that may affect the reading. The monitoring device is not to be worn during personal medical procedures.
- During patient care, the student is required to utilize lead shielding over the patient's gonadal area regardless of patient age, unless that shielding will directly interfere with diagnosing the image.
- Students are required to adhere to ALARA principles and make every effort to keep repeats at a minimum and ensure exposure limits are within the acceptable exposure index range. All images are expected to be collimated as closely as possible without eliminating essential anatomy from the image.
- Students are to never have personal radiographs performed in a clinical site without a valid physician's order, or to perform radiographs on another student, technologist, family member, etc. without a valid physician's order and the patient registered with the medical healthcare system.
- Students will be subject to corrective action for disregarding the above policies. The resulting action will be based upon the severity of the incident. Altering digital information to falsify original exposure indices, changing original algorithms, or deleting patients/images from PACS for other than technologist-approved items will be subject to the College Cheating and Plagiarism policy and the Critical Objectives policy in the College catalog as well as a reported violation to the ARRT.
- Students will receive their quarterly reports and are required to sign and initial after they have reviewed the data.
- Students who receive a quarterly exposure report of 40 mRem or higher or reach a cumulative reading of 100 mRem within one year's time, will be counseled regarding radiation safety practices.

## MRI SAFETY POLICY

If the student has a rotation through Metro MRI or UnityPoint Health-Trinity Muscatine for an observation, to safeguard student health while in the MRI department, the following practices will be enforced:

- Prior to any scheduled clinical rotation, all students will review and be quizzed over the MRI Safety video.
- Prior to any scheduled clinical rotation, all students will complete an MRI safety Net Learning assignment
- Prior to any scheduled clinical rotation, all students will complete the “Magnetic Resonance (MR) Environment Screening Form for Individuals”. This form will be filled out in the summer of their 1<sup>st</sup> year and filled out again in the summer of their second year. If the student has any changes between that time, the student is to inform the Clinical Coordinator so a new form can be completed.
- The completed screening form will be kept on file and a copy given to the rotation sites.
- The supervising MR technologist will review the student’s completed form.
- A student noting **ANY** risk factors for entry into the magnetic field will be required to stay outside of the magnetic field area and not enter the scan room at any time.
- Students with **NO** risk factors for magnetic injury will be allowed to enter the scan room to observe patient prep and positioning for scanning.
- Students are not to handle the MR coils or equipment in the scan room.
- Students entering the scanning room will observe and abide by all appropriate safety precautions of the MR department including, but not limited to:
  - No cell phones, smartwatches, keys, eyeglasses, hairpins barrettes, jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocketknife, nail clippers, tools, etc.
  - Loose metallic objects are especially prohibited in the MR scanning room.

## MAMMOGRAPHY POLICY

According to the JRCERT, the Trinity College of Nursing & Health Sciences Radiography Program will abide by the following: “With regard to breast imaging, the JRCERT has determined programs must make every effort to place students in a breast imaging clinical rotation/procedure if requested and available. However, programs will not be expected to attempt to supersede clinical site policies that restrict breast imaging rotations/ procedures to students. Students should be advised that placement in a breast imaging rotation is not guaranteed. The JRCERT reiterates that it is the responsibility of each clinical site to address any legal challenges related to a program’s inability to place students in a breast imaging rotation. All students should be informed and educated about the various employment opportunities and potential barriers that may affect their ability to work in a particular clinical staff position. The change in the program’s policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student mammography clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement is available on the JRCERT Web site, [www.jrcert.org](http://www.jrcert.org), Programs & Faculty, Program Resources.”

## **DRESS CODE POLICY**

### **Clinical Uniform**

- While at clinical, the College uniform is the designated blue-gray top with a College patch fixed to the left sleeve two inches from the shoulder seam and navy-blue pants with drawstring or elastic waist (no joggers or elastic at the leg of the pants will be acceptable).
- Uniforms should be clean, neat, pressed (not wrinkled), and free of tears/holes.
- For additional warmth, students may wear a navy-blue cover-up jacket with the College insignia fixed to the left sleeve two inches from the shoulder seam or a long sleeve plain white, black, gray, or navy blue knit shirt (or turtleneck) beneath the College uniform top.

### **Shoes & Socks**

- Shoe wear consists of clean, non-permeable, flat professional, nursing, or athletic shoes with closed toes and backs, and slip-resistant soles, with no holes.
- The majority color of the shoe should be black with corresponding laces.
- Socks should be white, black, gray, or navy blue and cover the ankle.

### **Name Badge & Dosimeter**

- Trinity's student identification badges must be always worn while on clinical assignments.
- The badge must be visible, above the waist level, and with no adornments of any kind.
- Student's dosimeter must be always worn on the collar while the student is in clinic.

### **Hygiene**

- Proper body cleanliness, oral hygiene, and the use of deodorant must be maintained.
- Strong scents are prohibited, including but not limited to perfume, aftershave, lotions, hair gel, smoke.
- Makeup should be in moderation.

### **Fingernails**

- Hands are to be clean and free of open or infectious lesions.
- Nails must be neatly manicured, no longer than ¼ inch beyond the fingertip.
- Clear unchipped nail polish is permitted. (Nail polish is not permitted in OR)
- Artificial nail enhancements including tips, wraps, overlays, appliques, acrylics, gels, nail jewelry or other similar items are not permitted.

### **Hair/Eyelashes**

- Headbands (if worn) should be solid white, black, gray, or navy blue in color.
- Hair should be clean, neat, and natural in color.
- Hair should be secured in a way that avoids falling over the shoulders or face.
- Hair accessories (if used) should be professional and complement the uniform.
- False eyelashes are not permitted.
- A neatly trimmed beard or mustache is only acceptable if the student can be fit properly for an N95 and an N95 be properly worn at any time required in clinic

### **Tattoos**

- Tattoos are to be covered at all times for all clinic rotations.

## CLINICAL EXPECTATIONS

Listed are a minimum of clinical expectations for every student at every clinical affiliate. Students are guests at these locations and are expected to work according to policies of the clinic site as well as the College.

- Arrive to clinic on time, dressed appropriately for clinic
- Plan to eat breakfast prior to your arrival at clinic
- Take appropriate lunch breaks (30 minutes)
- No cell phones
- Take initiative for all exams
- If an exam has not been done in class yet, the student is still able to set up the room and get the patient dressed appropriately
  - Students can always learn from listening and watching other technologists
- Ensure the continued practice of examinations is done even if competency has been achieved
- Be respectful of work areas, all staff, and patients
- Know the appropriate time for questions
- Always stay busy
  - Stock rooms
  - Clean rooms
  - Practice manipulating equipment
  - Practice positioning
  - Work on image evaluation

## CLINICAL ATTENDANCE AND ACCOUNTABILITY POLICY

Trinity College Radiography program uses Trajecsys Clinical Reporting System to keep track of clinical attendance. The student is required to purchase a two-year access.

### Clocking In and Out

It is mandatory that the student clocks in and out of the clinical site using the Trajecsys system. If the student rotations are at one of the UnityPoint- Trinity locations, the student will use an imaging department computer to clock in and out. If the student is scheduled to a clinical site that is located within a UnityPoint- Trinity campus (OR, Medical Arts, Cancer Center, Cath Lab, Vas Lab, etc.), the student will arrive early to clock in and out using that site's imaging department's computer. The only sites where the student will be allowed to use their smartphone or tablet to clock in and out are Urology Associates and Advanced Imaging Center. When clocking in and out of these clinical sites, The PS location system must be on and active. If the student uses their smart phone or tablet to clock in at any other site, the student's faculty evaluations and grade will reflect miss use. Only two missed clocks (in or out) are allowed each semester, if the student misses more than two each semester, there will be a reflection in the student's grade and evaluations.

### Absences

Each 1<sup>st</sup> year student will be allotted absences of up to 16 hours, per semester. Each 2<sup>nd</sup> year student will be allotted 16 hours, or 2 clinical days, for absences during their summer clinical course and 24 hours, or 3 clinical days, for each of their subsequent fall and spring semesters. The time will not accrue each semester. These hours can be used for a variety of situations, including but not limited to personal illness, family illness, appointments. Time must be taken in 4-hour increments. If the student is absent and has used all their personal time, a reduction in their clinical grade will occur. Absences are recorded on the student's faculty evaluation.

### Illness

If the student is ill and will not be attending clinical, the student is required to do the following:

- Report the absence to the **clinical site** and the **Clinical Coordinator** at least 30 minutes prior to the beginning of the assigned clinical time by calling the site's number and the Clinical Coordinator's cell phone. Clinical site phone numbers are found in the clinical manual as well as the document section on the Trajecsys system and in Blackboard.
  - If the student does not call the clinical site and the Clinical Coordinator to report the absence, there will be a reflection in the student's grade and evaluations.
- The student will also need to fill out a time exception on the Trajecsys system, stating the student is absent that day.

### Tardiness

Each student is allowed to be late (up to 30 minutes) to their clinical site 2 times per semester. After being late 2 times, the student's clinical grade will be affected. Special consideration may be given for circumstances that are beyond the student's control.

- Report the tardy to the **Clinical Coordinator** and the **clinical site**. The student will call the clinical site (clinical site phone numbers are found in the document section of the Trajecsys system), as well as the Clinical Coordinator's cell phone.
  - Upon arriving at the clinical, the student will complete a time exception in Trajecsys

**Early Dismissal**

If a student needs to use time to leave a clinic rotation early the student should to the best of their ability, leave no earlier than 2 hours before the end of their shift. Any early dismissal will use a minimum of 4 clinical hours. If a student would like to use hours, for example to leave early to go to a doctor's appointment or to take a day off to go out of town, the student will need to fill out a Clinical Variance requesting the time off. Early dismissals must also be communicated to the Clinical Coordinator and the clinical staff in advance. The student, to the best of their ability should schedule appointments on non-clinical days.

**No Call / No Show**

Failure to call both the clinical site and the Clinical Coordinator will be considered a no call no show. This will not be acceptable, and the student's grade could be severely reduced. If multiple occasions occur the student could have the potential of failing that semester's clinic course and/or not being able to proceed through the Radiography program.

**College Closures / Severe Weather**

If the college deems travel unsafe and the college closes due to severe weather, students will not be required to attend clinical for that day. Always use appropriate discretion when determining if it is safe to travel to a clinic site. If a student does not attend clinic, due to weather, and the college remains open, that student must either use their hours or make-up clinic time at the end of the semester as designated by either the Clinical Coordinator or the Program Director. If a student were to arrive to clinic before a decision was made about school closure, it will be at the discretion of the student to safely return home or finish out the clinic day. If the student chooses to finish the clinic day, their hours for clinic will be reduce on a subsequent day at the discretion of either the Clinical Coordinator or the Program Director.

**Mandatory Meetings / Volunteering**

If there are mandatory meetings or volunteer opportunities offered by the faculty, any student participating will be allowed to leave clinic early the Friday before or the Friday after the event. The number of hours will be calculated by faculty depending on the nature of the event.

**Bereavement**

A student will not need to use hours or receive any grade reduction for attending an immediate family member's funeral. An immediate family member is defined as the student's spouse/domestic partner, sibling, parent, grandparent, child, grandchild, great-grandchild, great-grandparent, or same relation by marriage, including "step" relationships, and/or any relative permanently residing in the student's home. A program from the funeral is required to be submitted to the Clinical Coordinator within a week of the funeral.

**Short Term Leave**

If a student is absent from clinic due to a chronic illness, military assignments, or situations that the faculty deem appropriate, that student may make-up a limited number of clinical days at the end of the semester. Availability of make-up clinic days will be due to the discretion of the faculty and documentation will be required.

### **Extended Medical Leave**

A student may need a limited medical leave as a result of extenuating circumstances that requires a limited clinical absence. First, the student will need to make an appointment to talk to the Director of Student Services and External Relations. After that, an educational plan will be developed with faculty, so the student's clinical plan is being met. Due to the physical nature of the profession of Radiography, students are not allowed to attend clinic if an injury requires them to have a cast, sling, crutches, or any other apparatus that may interfere with the student's ability to perform procedures or puts a patient at risk. Students will be allowed to attend clinic if they provide a full medical release and are able to meet all clinical objectives.

### **PREGNANCY POLICY**

In accordance with NRC policy, it is the option of the pregnant student to inform the Program Director/Clinical Coordinator of a pregnancy. If the student chooses to voluntarily inform officials of the pregnancy, it must be in writing and indicate the expected date of delivery. In the absence of this voluntary, written disclosure, a student cannot be considered pregnant, and a fetal monitoring device will not be ordered for the student. If the student chooses to disclose their pregnancy, they will receive counseling on the options available to make an informed decision based on individual needs and preferences.

The options are:

- Continue both the didactic and clinical education phases. All clinical as well as didactic objectives must be fulfilled prior to graduation. The attending physician must provide written approval.
- Continue in the didactic educational phase. All clinical as well as didactic objectives must be fulfilled prior to graduation. Allowance will be made for reinstatement into clinical courses post pregnancy.
- Leave of absence from the Radiography Program. The student would discontinue didactic and clinical education phases and re-enter the program based on readmission criteria as stated in the College Catalog.

The ultimate decision regarding the previous options will be the student's tempered by the gestation period and the student's level of progress in the educational program. Students are required to sign a statement acknowledging explanation of options and stating option choice.

Pregnant students choosing to remain in all educational phases:

- Must review the U.S. Nuclear Regulatory Commission "Regulatory Guide 8.13" Instruction Concerning Prenatal Radiation Exposure (website <http://www.nrc.gov>).
- Must wear an additional radiation monitoring device at waist level and under the lead apron
- Must closely monitor personnel monthly radiation dosimetry reports
- Will be assigned to the same clinical rotations as non-pregnant students
- It is recommended the pregnant student observe the following precautions: Stay out of the field of radiation and, other than during fluoroscopy, remain in the control booth during the exposure period; wear wrap around lead apron or additional aprons in fluoroscopy, during portable exams or when otherwise necessary.
- The pregnant student has the right to rescind her declaration of pregnancy at any time during gestation. If rescinded, the student is no longer considered pregnant and no allowances for her condition will be made. This must be done in writing and submitted to the Clinical Coordinator.

## **RADIOGRAPHY SKILLS REMEDIATION POLICY DUE TO EXTENDED ABSENCE**

### **Purpose**

To provide a formal, consistent, and structured orientation process for radiography students absent from clinical for a semester, and those returning to the college after a leave of absence. This process will provide the student an update and review of prerequisite radiography skills and assure safe and competent care.

### **Procedure**

1. Student will have a re-orientation to the lab equipment, radiography equipment, a patient care competency review as well as a review of the procedures that have been previously learned before competency testing.
2. Students will make an appointment to assess essential radiography skills in the lab with the Clinical Coordinator or a designated faculty member upon their return to the college. To prepare for the lab assessment, students will view the assigned videos provided by Clinical Coordinator. No prior competencies will be awarded back until a passing grade has been achieved during remediation.
3. Mandatory skills competency testing will be arranged with a faculty member to include exams learned from the previous semesters as well as patient care skills such as patient transfer, care of urinary catheters and oxygen lines.
4. Students will also sign an acknowledgement, stating they have read and understand the Clinical Manual including supervision policy, repeat policy, and the critical objectives.
5. The student will be placed at a clinical site with a clinical faculty member for the first 2-week rotation
6. The student will attend an Epic course at the Unity Point-Trinity Medical Center to review Radiant procedures.
7. The student will attend a Lift assist course at the Unity Point-Trinity Medical Center.
8. The student will meet with his/her academic advisor to review his/her curriculum plan and strategies for continued success.
9. The student will complete all assigned Net-learning modules by the designated due date.
10. The student will complete a new MRI safety screening form, after all mandatory MRI quizzes and modules are completed.

## **CELLPHONE USE & NETWORKING SITES**

Cell phones are to be turned off and stored in a secure area during clinical rotations. They are not to be used during clinical hours. Cell phones may be used during break and lunch times in non-patient areas and to clock in and out of the Trajecsyst system for sites that do not have internet access. If a student needs to reach an instructor, they are allowed to use department phones. The use of a cell phone during a clinic rotation can result in a deduction of grade in areas such as rotation evaluations, faculty evaluations and performance standards.

Information from clinic and the college is not to be shared on any social networking sites. Patient information is to be never shared. Postings about classmates, radiographers and any other hospital personnel are strictly prohibited and will be dealt with harshly. For more information see college catalog.

## OVERVIEW OF STUDENT CLINICAL ASSIGNMENTS

All students will be expected to be able to attend clinical at any of our affiliated clinical sites, as they are scheduled. These sites include, but are not limited to, UnityPoint Health-Trinity Hospital Campuses in Rock Island, Moline, Bettendorf and Muscatine, UnityPoint Express Care clinics in Bettendorf, Moline and Muscatine, Medical Arts, Advance Radiology Imaging Center, Urology Associates and Metro MRI. Students will rotate through a variety of areas that may include general radiography in the hospital and clinic settings, OR, fluoroscopic radiography, mobile radiography, and modalities, including CT and Cath Lab. In their second year, students will have the option to select a maximum of two additional modality rotations to be able to observe if further education in that area interests them. These areas may include Nuclear Medicine, MRI, Mammography, Ultrasound or Radiation Therapy.

Requests for a change in scheduled clinic assignments must be submitted to the Clinical Coordinator in writing 48 hours prior to the requested change. These changes will be to the discretion of program faculty in conjunction with the clinical sites. These requests will be for extenuating circumstances only and not routinely approved.

### Non-Traditional Hour Requirement

Non-traditional hours will be required of all students. Non-traditional hours will be in lieu of the normal clinical hours during the regular school week. Students will be assigned to evening shifts beginning in the summer of their second year and continuing until the final clinical semester.

Program faculty and the Radiography Advisory Committee feel those non-traditional clinical hours are a necessity to the curriculum and the development of entry-level radiologic technologists. The purpose of the requirement is to expose the student to medical emergencies and experiences that often occur outside the traditional workday. The objectives of these rotations are designed to encourage independent performance and strengthen trauma radiography skills.

At minimum students will have two, 2-week rotations with hours of 2pm-1030pm. These rotations will be at the Rock Island, Bettendorf, and Muscatine campuses.

## CLINICAL GRADE OVERVIEW

The clinical education system is designed to make the clinical experience of the Radiography Student a realistic and meaningful aspect of their radiographic preparation. It is the intent of the clinical education system to gather evidence from multiple categories to increase validity in the grading process.

Therefore, evaluation will assess the cognitive domain (knowledge), affective domain (professionalism) and psychomotor domain (skill performance). Students will receive a letter grade for the clinical education course at the end of each semester. The interpretation of a student's competency is intended to provide appropriate, meaningful, and useful information when determining a summative grade.

It is emphasized a minimum acceptable performance level of 77% for clinical education is the standard for students enrolled in the Trinity College Radiography Program. The Program's primary goal is to prepare individuals to become professional and competent entry-level radiographers. Students who do not perform at 77% or better will not be allowed to progress in the program until they repeat the clinical semester to satisfactorily meet program requirements.

The Clinic grading scale for all clinical courses is:

A - 93 - 100%

B - 85 - 92 %

C - 77 - 84 %

Below 77% is unacceptable

## Clinical Grading Components

Clinical course grades are made up of two broad categories, professional competency, and technical competency. The professional portion of the grade makes up 50% of the course grade and the technical portion is worth 50% of the total course grade. The professional competency system provides a guide for student behavior because it is essential to maintain a high level of responsibility and professionalism in the clinical environment. Five subcategories comprise this portion of the student's grade: attendance, rotation clinical evaluations, faculty evaluations, performance standards and student evaluations of clinical sites. The technical competency portion of the clinical grade relates to student progression in the skills necessary to be a competent radiographer. Three subcategories comprise this portion of the grade: exam competencies including image evaluation, comprehensive competency testing and image evaluation through standardized testing.

|                                |              |
|--------------------------------|--------------|
| <b>Professional Competency</b> | <b>50%</b>   |
| Attendance                     | (25%)        |
| Rotation Evaluation            | (10%)        |
| Performance Standards          | (10%)        |
| Faculty Evaluations            | (10%)        |
| Student Site Evaluations       | (5%)         |
| <b>Technical Competency</b>    | <b>50%</b>   |
| Image Evaluation Exam          | (15%)        |
| Comprehensive Practical        | (15%)        |
| Examination Competencies       | <u>(20%)</u> |
| <b>Total:</b>                  | <b>100%</b>  |

### Attendance

Attendance in clinical rotations is highly important for student success. If the student is not in clinic, they are not able to establish a foundation for building on what is learned in class and then applying that knowledge in a clinical setting. Trinity College Radiography Program strives to educate students into being highly competent radiologic technologists. This is not able to be done if the student is absent.

### Rotation Evaluations

These evaluations serve as formative assessment tools in clinical performance and maintenance of professional behavior. A point value is assigned to each of four possible performances and the results graphed for the semester. Criteria are valued based upon consistent student performance. Results provide program faculty with a reliable assessment tool.

It is the student's responsibility to request a rotation evaluation from a technologist at the site visited. If within a week, a technologist has not filled out an evaluation, the student will need to email the Clinical Coordinator and the technologist. At the end of two weeks, the Clinical Coordinator will then email a request to the technologist to fill out the evaluation. Evaluations late more than 3 weeks will not be accepted.

### Performance Standards

Students are expected to follow the standards of conduct, at all times, that are set by Trinity College of Nursing and Health Sciences and the clinical affiliates. Students are a guest in clinical sites and unprofessional behavior will not be accepted or tolerated. Infractions will result in a reduction of grade. Multiple or severe infractions could result in the failing of a course or being let go from the program.

### **Requested Removal from Clinical Site**

Managers and staff at each facility are expected to treat students with respect and like they are a part of the healthcare team. This means they are also allowed to reprimand students for not following professional standards when a faculty member is not present. If such conflict arises that a student is asked to leave a clinical rotation, the student will receive a grade reduction and faculty will try to place the student in a new clinic site. The student will also be placed into corrective action. Quality health care education requires recognition of and adherence to established policies, procedures, regulations, practices, and high standards of performance. Trinity College retains the authority to withdraw from class, clinical experience, or observation area any student whose conduct may have a detrimental effect on themselves, the College, employees, patients, visitors, clients, or other students. College administration, faculty, or Student Services personnel may initiate corrective action when a student's unacceptable behavior or disregard for College policies and procedures warrant such action. Violations which are determined to threaten or cause imminent danger or harm or are of such a serious nature that immediate action is required, may result in a student's withdrawal from their course of study and dismissal from the College. In situations where unacceptable behavior can be effectively addressed through a corrective action plan, the following procedure will prevail:

- Verbal discussion and assessment of the situation and behavior (with written documentation in confidential file in possession of the Program Coordinator)
- Written corrective plan of action
- Assessment of improvement
- Verbal and written notification of warning
- Withdrawal from course of study
- Dismissal from the College.

The corrective action will depend upon the scope, seriousness, and/or repetitiveness of the violation. The number and sequence of corrective steps required may vary according to the seriousness of the offense. (Corrective Action Policy from College Catalog)

If the student feels this is a claim on unfair and non-equitable treatment regarding policy, the student can follow the Fair Treatment Policy.

If two clinic sites will not allow a student to attend, the student will be dismissed from the Radiography Program.

### **Quarterly Faculty Review**

Students will receive a progress report in writing based upon rotation evaluations and faculty input at each midterm and the end of each semester. Student's technical and professional competency will be discussed. Students may request a progress evaluation from program faculty at any point by presenting a request in writing and scheduling an appointment. An individual evaluation will be scheduled quarterly or as needed.

### **Student Site Evaluation**

Students will be given the opportunity to give an evaluation of each clinical rotation they are assigned to. This evaluation is mandatory and a part of their clinical grade. This evaluation allows the faculty an understanding of each student's perspective and how improvements can be made.

## **Technical Competency**

This portion of the student's assessment provides a method of monitoring learning progress. It provides feedback to both the student and faculty concerning learning successes and failures. Feedback to students provides reinforcement of successful learning and identifies specific errors that need correction. Technical competency is comprised of exam competencies and standardized image evaluation testing.

## **Image Evaluation Examination**

Image evaluation testing will be done at the middle and end of each semester. Image evaluation is a large part of a radiologic technologist job and is an important skill to master. Image evaluation consists, at a minimum, that the correct anatomy is in the image, the correct markers are used, and that part is positioned correctly.

## **Semester Comprehensive Practical**

Competency testing will be done at the end of each semester. The students will come to the lab, with assigned lab partner and be prepared to complete a series of random examinations. Each semester the number of examinations required to be performed will increase and build upon knowledge learned in all previous semesters. The students will be graded on a variety of measures. These tests will help ensure the student is building a foundation of knowledge and performing accurately in the clinical setting.

## **Exam Competencies**

Competencies comprise the most significant portion of a student's total radiographic education. Evaluations are based upon a student's mastery of basic performance information, patient care, procedural technique, and image analysis ability.

Successful completion of a radiographic examination consists of proper assimilation of procedural knowledge, equipment manipulation, and patient care coupled with analysis of resulting radiographic images to determine image quality and diagnostic value. The entry-level radiographer must possess these capabilities to adequately perform and evaluate images. Owing to the importance of a practicing radiographer's application of knowledge and analysis, these qualities assume equal emphasis in the clinical education and evaluation of radiography students.

The student's ability to perform a given examination is determined by the supervising technologist in conjunction with the clinical instructor based upon the student's ability and the patient's condition/examination.

## **Sequence to Obtaining an Exam Competency**

Faculty will first demonstrate proper procedure for exam within the Procedures didactic course. This will be followed by the student performing a simulation (return demonstration) of the exam during Procedure's lab testing. This simulation is a portion of the Procedures course grade. After successful simulation in lab the student may perform the exam under Direct Supervision in the radiology department. On exams that require simulations, once the student feels confident in performing the procedure, they will ask to perform a simulation on a patient. Simulations require the student to be the primary care giver and knowledgeable and skillfully complete the radiographic study. Minimal assistance by the supervising technologist is allowed. Successful simulations are recorded on the Master Log. Exams noted with an "X" in the SIM box of the Master Log do not require simulation. Once the student feels they can confidently perform an examination on their own, with no assistance, the student can attempt a competency.

The student should inform the supervising radiographer that he/she is attempting a competency before beginning the exam. They will then hand their green competency card to the supervising technologist and give them a manual kVP range for the examination. The student must be directly observed during all portions of the exam. Manual technique must be used for all competencies except for adult chest, fluoroscopic GI, and barium enema. Radiation protection must be utilized for all patients (except when shielding will interfere with the exam) and exposure indices must be within approved ranges for competency status to be approved. After the student has completed the exam, the supervising technologist will complete the required competency form within Trajecsyst. Forms not completed within five days of completing the exam will not be accepted by faculty. Students should routinely check their records to see if the form has been completed within the time frame and if not notify the Clinical Coordinator. Students are not allowed to complete simulations or competencies on exams that have not been successfully simulated in the lab. If a technologist has indicated in Trajecsyst that the student has passed their competency, faculty will initial and date that competency section of their Master Log. Students are not allowed to perform the exam with indirect supervision until image evaluation has been completed and both the competency and image evaluation section on the student's Master Log is dated and initialed by faculty.

The final portion of the exam competency is image evaluation. The student is responsible for scheduling an appointment with a faculty member to complete a "one on one" image evaluation. The majority of image evaluations will be done outside of scheduled clinical hours. The exception to this policy is when images cannot be viewed on the IHS PACS system located at the college. Image evaluation is 50% of the competency grade. Image evaluation must be completed within 3 weeks of obtaining the competency. One percentage point per day will be deducted from those evaluations that are delinquent. Images will be evaluated as to positioning, markers, technical quality and recall of anatomy and procedure standards. Students must have available their clinic binder for instructor's monitoring during image evaluation.

Once the student has successfully completed all the above steps, they have achieved an Exam Competency and may perform the given exam with indirect supervision. Prior to and up until the student has completed their image evaluation, the student still requires direct supervision for that exam.

### **Objective Criteria for Exam Competencies**

All competencies must be performed under the supervision of an ARRT registered technologist. Graduate technologists who have not yet passed the Registry examination or graduate technologists who have unsuccessfully attempted the examination are not eligible to complete student exam competencies. Students are advised to check the radiographer's name badge to see if the Radiographer has the credentials RTR listed after their name.

#### **The student will properly:**

1. evaluate the requisition for procedure and patient information
2. prepare physical facilities by providing clean, orderly work area
3. obtain necessary equipment (image receptors, supplies etc.)
4. set control panel for appropriate examination utilizing manual technique
5. select correct patient using two patient identifiers and assist patient into room
6. obtain and record adequate history prior to beginning exam
7. give proper explanation of examination in layman's terms
8. determine appropriate views to be taken
9. monitor and communicate with patient throughout exam

10. remove all artifacts from radiographic field
11. center tube/bucky or tube/IR appropriately.
12. use proper SID
13. manipulate radiographic equipment correctly and with ease
14. give proper breathing instructions monitoring patient during exposure
15. use appropriate shielding and collimation
16. mark image appropriately
17. provide appropriate and culturally congruent patient care
18. correct any positioning or technique factors on a repeat with direct supervision from staff radiographer
19. complete positioning skills within a reasonable time
20. dismiss patient properly and with proper instructions (if applicable) following exam
21. demonstrate appropriate follow-through (e.g., enter data on computer, organize records e.g., if necessary)
22. maintain a clean and organized radiographic room
23. evaluate resultant radiographic images with instructor for:
  - a. anatomical structures visible
  - b. alignment and technique
  - c. proper image identification
  - d. evidence of radiation protection
24. perform at the minimum mastery level of 77% or above

All areas will be graded on a point-based system, except for the area above in bold. If the student does not utilize shielding when/where appropriate, correctly use markers and use manual technique (except in the areas noted above), the competency will be an automatic failure. The technologist will still enter the failed competency into Trajecsyst, and faculty will notify the student. If a competency is failed, the student's grade will be affected.

### **Revoking of Exam Competencies**

If a complaint from a clinical affiliate, a technologist or clinical specialist is received about the student's knowledge and skill when performing an exam that he/ she has obtained a competency in, the faculty will investigate the situation. If the student is unable to perform the competent exam under the supervision of the Program Faculty, the competency will be revoked, and the student will need to begin remediation. Any student that has an exam revoked will receive a reduction in their clinical grade.

### **Remediation of Revoked Exam**

The student will be given study materials from the Clinical Coordinator for the exam that was revoked. These can include videos or written material. The student will then need to complete additional lab testing. Once lab testing is completed, the student will be expected to practice in clinic on multiple patients and then once comfortable attempt a new competency.

### **Method of Computing Competency Portion of Clinical Semester Grade**

Individual competencies are graded, and those grades averaged to obtain the 20% competency portion of the Clinic Grade. Students, who have not completed the required number of simulation and competencies by graduation may complete a simulation on a non-patient under the supervision of a Clinical Instructor. A maximum of 10 examinations will be allowed to be simulated on a non-patient.

Students are encouraged to work ahead beyond the required number of competencies, but a limit of 5 competencies above the required amount will be allowable. Extra credit will not be given for competencies beyond those required.

### Master Competency Log

The master competency log is utilized throughout the entire radiography education. The student is responsible for always maintaining a current and accurate log. The log also states the total number of mandatory and elective competencies that are required. The log must accompany the student from campus to campus and is directly monitored by the Clinical Coordinator. It must be submitted to the Clinical Coordinator during competency image evaluations for accurate record updating and at midterm and end of each semester.

#### The following headings appear on the master competency log:

|                          |   |
|--------------------------|---|
| <b>PATIENT/SIM</b>       | RT indicates whether exam performed on actual patient or simulated  |
| <b>SIM 1</b>             | RT verifies with their own initials the successful completion   |
| <b>COMP/DATE</b>         | FACULTY will verify competency in Trajecsyst and then sign/date   |
| <b>IMAGE EVAL</b>        | FACULTY verifies with their own initials the successful completion of image evaluation and date of critique                   |
| <b>REVOICATION DATE</b>  | Indicates the date a competency was revoked if the situation occurs   |
| <b>REMEDICATION DATE</b> | Indicates the date a student remediated their revoked competency. This student is now allowed to attempt the competency again |

**EXCEPTION:** If a simulation is not required for a particular competency (X in the box on the master log).

### Daily Log

The student is to record each exam participated in during clinical rotations. The log is to be kept in the student's Trajecsyst records and brought to the one-on-one film evaluation for instructor monitoring. This log is for the student's benefit, to record valuable information during or immediately following a procedure. The following headings are included on the Daily Log.

|                  |  |
|------------------|--|
| <b>DATE</b>      | - record the date  |
| <b>SITE</b>      | - record the clinical affiliate the exam was performed at  |
| <b>RT</b>        | - record the radiographer worked with  |
| <b>EXAM</b>      | - record the procedure exam  |
| <b>TECHNIQUE</b> | - record mAs, kVp, and other pertinent information such as grid, SID, etc.                             |
| <b>O / A / P</b> | - record if the student observed, assisted, or performed the exam                                      |
| <b>SIM/COMP</b>  | - record if the exam performed was a simulation, a competency, or if the exam is trauma or non-routine |

It is mandatory that the student also keep a paper log of their competency exams with the patient's MR. This is done on a separate competency log form.

### **Clinical Probation**

If a student demonstrates inconsistent performance in any of the components of the clinical setting and/or is performing below 77%, the student will be placed on clinical probation status. A student may also be placed on clinical probation for a severe infraction of program policy. At the time of assigning the probationary status, the student will be advised of the problem and offered suggestions for improvement and a plan of action will be created. A time frame will be designated for the student to overcome the cited weakness. If the student does not show improvement within the given time frame, the student faces the potential of failing the course.

### **Competency Levels**

A student must obtain a minimum number of competencies to progress in the clinical education system. The goal of the system is to provide a student the opportunity of mastery performance in all major exam categories. The following levels encourage a student to progress in an orderly structured sequence leading to graduate entry-level preparedness. Students advance in competency according to the following competency levels. Competencies are documented on the clinic master log.

Students who do not complete the required number of exam competencies and/or complete all assigned clinical rotations will not progress to the next semester. A student must complete a minimum number of **52 competencies, 37 mandatory** and **15 electives** for graduation.

**Level 1 End of Fall Semester Year One** - To progress to the spring clinical semester the student must complete a minimum of 10 competencies, but no more than 15.

**Level 2 End of Spring Semester Year One** – To progress to the summer clinical semester the student must successfully complete an additional 10 competencies, for a total of 20, but no more than 30.

**Level 3 End of Summer Semester Year Two** – To progress to the fall clinical semester the student must successfully complete an additional 10 competencies, for a total of 30, but no more than 45.

**Level 4 End of Fall Semester Year Two** – To progress to the spring clinical semester the student must complete an additional 10 competencies, for a total of 40, but no more than 60.

**Level 5 End of Spring Semester Year Two** - The student must successfully complete the required 52 competencies and pass the terminal competency lab exam

### **Terminal Lab Competency Exam**

In their last semester, students will be required to take a terminal competency exam. This comprehensive exam will entail examinations learned throughout their entire education through the Radiography Program. The exam will take place with a minimum of two instructors and one other person to act as a patient. Exams will be completed in the lab. Students will be required to simulate their required projections and then will be subsequently graded. If a student fails any projection, they will be required to do remediation for that exam. A student will not be able to graduate without passing this exam.

## **ADDENDUMS**

A = Student Rotational Clinical Performance Evaluation form

B = Magnetic Resonance Environment Screening Form for Individuals

C = Daily Student Log

D = Letter for Declaring Pregnancy

E = Voluntary Withdrawal of Pregnancy

F = Clinical Preceptors

G= Master Competency Log

H= Clinical Phone Numbers

**CLINICAL MANUAL: ACKNOWLEDGMENT OF RECEIPT**

I acknowledge receipt of my copy of the CLINIC MANUAL of Trinity College of Nursing & Health Sciences' Radiography Program. I understand it reflects clinical policies, regulations, and objectives of the Radiography Program. I accept responsibility for compliance with all content as stated. I also accept responsibility for maintaining currency of this Clinic Manual by replacing any revised sheets that are mailed or given to me directly.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ADDENDUM A - STUDENT ROTATION PERFORMANCE EVALUATION**

Subject:

Site:

**Student Rotation Performance Evaluation**

Please assess the student by selecting the value that best describes their performance level appropriate for their educational level.

**Quality of Work/Knowledge**

Demonstrates competence and proficiency with equipment in assigned area.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Manages procedures in an organized and logical fashion. Assures equipment is in working order, clean, and supplies are stocked.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Positions patients accurately for each procedure with attention to detail.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Practices radiation safety on a consistent and regular basis regardless of patient age. Always used patient lead shielding when appropriate and close collimation.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations

|                         |  |
|-------------------------|--|
| <input type="radio"/>   | Consistently exceeds expectations  |
|                         | Strives to produce quality radiographs. Is able to evaluate image for accurate positioning.  |
| <input type="radio"/>   | Performance needs major improvement  |
| <input type="radio"/>   | Performance consistently below average, improvements needed in several areas   |
| <input type="radio"/>   | Often meets expectations, minor improvements needed  |
| <input type="radio"/>   | Consistently meets expectations  |
| <input type="radio"/>   | Consistently exceeds expectations  |
|                         | Consistently and accurately uses lead markers.   |
| <input type="radio"/>   | Performance needs major improvement  |
| <input type="radio"/>   | Performance consistently below average, improvements needed in several areas   |
| <input type="radio"/>   | Often meets expectations, minor improvements needed  |
| <input type="radio"/>   | Consistently meets expectations  |
| <input type="radio"/>   | Consistently exceeds expectations  |
|                         | Displays recall of previously learned material. Applies didactic learning to clinical situations. Is able to correctly identify corrections needed to repeat an exam so that it is acceptable. |
| <input type="radio"/>   | Performance needs major improvement  |
| <input type="radio"/>   | Performance consistently below average, improvements needed in several areas   |
| <input type="radio"/>   | Often meets expectations, minor improvements needed  |
| <input type="radio"/>   | Consistently meets expectations  |
| <input type="radio"/>   | Consistently exceeds expectations  |
|                         | Adapts to varying circumstances and patient condition.   |
| <input type="radio"/>   | Performance needs major improvement  |
| <input type="radio"/>   | Performance consistently below average, improvements needed in several areas   |
| <input type="radio"/>   | Often meets expectations, minor improvements needed  |
| <input type="radio"/>   | Consistently meets expectations  |
| <input type="radio"/>   | Consistently exceeds expectations  |
|                         | Demonstrates continued competence on comped procedures.  |
| <input type="radio"/>   | Performance needs major improvement  |
| <input type="radio"/>   | Performance consistently below average, improvements needed in several areas   |
| <input type="radio"/>   | Often meets expectations, minor improvements needed  |
| <input type="radio"/>   | Consistently meets expectations  |
| <input type="radio"/>   | Consistently exceeds expectations  |
| <b>Quantity of Work</b> |  |

Constructively uses time between procedures for cleaning, stocking, and practicing.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Performs duties with speed while maintaining accuracy appropriate for educational level.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

#### **Initiative**

Accepts responsibilities without being told.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Performs duties in an independent manner with supervision appropriate for educational level

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Student is always willing to help others, does not refuse or must be told to do an exam. Assists with exams in assigned areas, even those beyond their scope.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

#### **Professionalism / Relationships with Others / Attitude**

Reports promptly to assigned clinical area. Prepares room for day's procedures. Respects lunch/break times.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Adheres to rules regarding professional attire for student radiographers. Has name badge, lead markers and hair styled neatly and off the shoulder. Practices good personal hygiene.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Establishes and maintains a good rapport and cooperative working relationship with all members of the health care team

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Accepts constructive criticism positively and benefits as a result

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Demonstrates an interest in work. Accepts responsibilities for new procedures with enthusiasm. Remains motivated and enthusiastic throughout clinical rotation.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Adapts to varying workloads/ assignments/ method/ shift with ease.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Communicates effectively and professionally with other health professionals.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

#### Patient Care

Introduces self to patient and uses 2 patient identifiers.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Explains exams in layman's terms, takes a thorough history, keeps patient informed of delays. Consistent use of AIDET. Speaks loudly and clearly enough for patients to hear and understand.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Meets patient's needs, safety, and modesty. Responds to patient apprehensions. Sensitive to patient's cultural needs.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Utilizes standard precautions. Performs hand washing before and after each patient.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

**Critical Thinking / Problem Solving**

Able to adapt technical factors to accommodate the patient's condition.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

Interprets directions and makes sound decisions. Requests clarification of instructions as needed. Makes appropriate choices in stressful situations.

- Performance needs major improvement
- Performance consistently below average, improvements needed in several areas
- Often meets expectations, minor improvements needed
- Consistently meets expectations
- Consistently exceeds expectations

**Additional comments are strongly encouraged and appreciated. Please comment on areas that the student has done well in or areas that need improvement.**

**Please include the names of all radiographers that contributed to this evaluation.**

Check to complete later, then click "Submit"

Approved  Not Approved

**ADDENDUM B - MAGNETIC RESONANCE ENVIRONMENT SCREENING FORM FOR INDIVIDUALS**



**MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS**

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form **BEFORE** entering the MR environment or MR system room. Be advised, the MR system magnet is always on.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last name First name Middle Initial

DEPT: \_\_\_\_\_

1. Have you had prior surgery (operation, arthroscopy, endoscopy, biopsies etc.) of any kind?  Yes  No  
 If yes, please list the date and type of surgery:  

|                          |                          |
|--------------------------|--------------------------|
| Date _____ Surgery _____ | Date _____ Surgery _____ |
| Date _____ Surgery _____ | Date _____ Surgery _____ |
| Date _____ Surgery _____ | Date _____ Surgery _____ |
| Date _____ Surgery _____ | Date _____ Surgery _____ |
| Date _____ Surgery _____ | Date _____ Surgery _____ |
2. Have you had an injury to the eye involving a metallic object or fragment (metallic slivers, etc)  Yes  No  
 If yes, did you receive medical attention for the eye injury?  Yes  No
3. Have you ever been injured by a metallic object or foreign body (bullet, BB, shrapnel, etc.)?  Yes  No
4. Are you pregnant or suspect that you are pregnant?  Yes  No

**WARNING:** Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. **Do Not Enter** the MRI system room or MR environment if you have any question or concern regarding an implant, device, or object. **The MR System magnet is ALWAYS on.**

**Please indicate if you have any of the following:**

- Yes  No Aneurysm repair or clip(s)
- Yes  No Cardiac Pacemaker or pacing wires
- Yes  No Implanted Cardioverter defibrillator (ICD)
- Yes  No Electronic implant or device
- Yes  No Magnetically-activated implant or device
- Yes  No Neurostimulation system (TENS unit)
- Yes  No Spinal cord stimulator
- Yes  No Cochlear, otologic, stapes or any ear implant
- Yes  No Insulin or other infusion or IV pump
- Yes  No Implanted drug infusion device
- Yes  No Any type of prosthesis or implant
- Yes  No Artificial or prosthetic limb
- Yes  No Body modification implants
- Yes  No Hearing aid (*Remove*)
- Yes  No Any metallic fragment or foreign body
- Yes  No Other Implant \_\_\_\_\_

**IMPORTANT INSTRUCTIONS**

Remove all metallic objects before entering the MR environment or MR system room, including hearing aids, beepers, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult the MRI Technologist or Radiologist if you have any question or concern **BEFORE** you enter the MR system room.

I attest that the above information is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing this Form: \_\_\_\_\_ Date \_\_\_\_\_

Form Information Reviewed By: \_\_\_\_\_  
Print name Signature



**ADDENDUM D - LETTER FOR DECLARING PREGNANCY**

To: \_\_\_\_\_

In accordance with the NRC's regulations, "Dose to an Embryo/Fetus: I am declaring that I am pregnant. I believe I became pregnant in \_\_\_\_\_ (only the month and year need be provided).

I understand the radiation dose to my embryo/fetus during my entire pregnancy should not exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I have been advised of pertinent radiation safety precautions and instructed in the ALARA principles.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Student name printed)

\_\_\_\_\_  
(Date)

I have received the information regarding radiation effects to the embryo/fetus and have been informed about options concerning my education. After considering my options, I have chosen to (initial the line in front of the option you have chosen):

\_\_\_\_\_ Continue both the didactic and clinical educational phases. I will obtain my physician's approval to be in clinical area.

\_\_\_\_\_ Continue with just the didactic educational phase and register for the clinical phase post pregnancy. I realize that all didactic and clinical objectives must be fulfilled prior to graduation.

\_\_\_\_\_ Request a leave of absence from the Radiography Program. I realize that I will need to reapply to the program to finish the required didactic and clinical objectives.

\_\_\_\_\_  
(Witness)

**ADDENDUM E – VOLUNTARY WITHDRAWAL OF PREGNANCY**

**Voluntary withdrawal of Pregnancy Declaration Form**

I, \_\_\_\_\_, voluntary withdrawal my declaration of  
Pregnancy as of \_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**ADDENDUM F - LIST OF PRECEPTORS**

All clinical areas have designated clinical preceptors. A preceptor is a clinical staff radiographer who functions as a teacher and mentor in guiding and directing and supervising technical and patient care procedures of student radiographers within the limits of department policies and Regulatory and Accreditation bodies' standards. These are ARRT registry technologists that have volunteered to be preceptors. The Trinity Radiography Program provides the preceptors with additional training on helping adult learners gain clinical skills and acquire learning. They have exhibited a willingness to assist with students and demonstrate competency in performing imaging procedures. The following technologists have agreed to be preceptors for the Trinity Radiography program.

Quad Cities Campuses: Ron Misfeldt

Cameron Robbins

Peggy Morrissey

Stephanie Salazer

Katelyn Scanlan

Anna Kube

Cassie Daily

Baylee Marriott

Medical Arts: Donna Trotter

Urology Associates: Mark Moore

Muscatine Campus: Wade Hofer

Heather Cole

Advance Imaging: Kari Anderson

Express Care: Beth Bomelyn – Moline

Krista Pappas – SouthPark Pointe

Kimberly Stebel – Bettendorf

Elizabeth Weiss – Bettendorf

Lexi Reed – Muscatine North Port

## ADDENDUM G - MASTER COMPETENCY

| <b>MASTER COMPETENCY LOG</b>  |                 | <b>NAME _____</b> |                           |               |                       |                            |                             |
|---|-----------------|-------------------|---------------------------|---------------|-----------------------|----------------------------|-----------------------------|
| <b>Imaging Procedures</b>   | <b>M/<br/>E</b> | <b>Sim</b>        | <b>Completed<br/>Date</b> | <b>Pt/Sim</b> | <b>Image<br/>Eval</b> | <b>Revocation<br/>Date</b> | <b>Remediation<br/>Date</b> |
| <b>Chest and Thorax</b>   |                 |                   |                           |               |                       |                            |                             |
| Chest, Routine  | M               | X                 |                           |               |                       |                            |                             |
| Chest, AP (Wheelchair or Stretcher)   | M               | X                 |                           |               |                       |                            |                             |
| Ribs  | M               | X                 |                           |               |                       |                            |                             |
| Chest Lateral Decubitus   | E               | X                 |                           |               |                       |                            |                             |
| Sternum   | E               | X                 |                           |               |                       |                            |                             |
| Soft tissue neck  | E               | X                 |                           |               |                       |                            |                             |
| Sternoclavicular Joints   | E               | X                 |                           |               |                       |                            |                             |
| <b>Upper Extremities</b>  |                 |                   |                           |               |                       |                            |                             |
| Finger or Thumb   | M               | X                 |                           |               |                       |                            |                             |
| Hand  | M               | X                 |                           |               |                       |                            |                             |
| Wrist   | M               | X                 |                           |               |                       |                            |                             |
| Forearm   | M               | X                 |                           |               |                       |                            |                             |
| Elbow   | M               | X                 |                           |               |                       |                            |                             |
| Humerus   | M               | X                 |                           |               |                       |                            |                             |
| Shoulder  | M               | X                 |                           |               |                       |                            |                             |
| Clavicle  | M               | X                 |                           |               |                       |                            |                             |
| AC Joints   | E               | X                 |                           |               |                       |                            |                             |
| Scapula   | E               | X                 |                           |               |                       |                            |                             |
| <b>Lower Extremities</b>  |                 |                   |                           |               |                       |                            |                             |
| Foot  | M               | X                 |                           |               |                       |                            |                             |
| Ankle   | M               | X                 |                           |               |                       |                            |                             |
| Knee  | M               | X                 |                           |               |                       |                            |                             |
| Tibia-Fibula  | M               | X                 |                           |               |                       |                            |                             |
| Femur   | M               | X                 |                           |               |                       |                            |                             |
| Patella   | E               |                   |                           |               |                       |                            |                             |
| Calcaneus   | E               | X                 |                           |               |                       |                            |                             |
| Toes  | E               | X                 |                           |               |                       |                            |                             |
| <b>Cranium (1 Required)</b>   |                 |                   |                           |               |                       |                            |                             |
| Skull   | E               | X                 |                           |               |                       |                            |                             |
| Facial Bones  | E               | X                 |                           |               |                       |                            |                             |
| Mandible  | E               | X                 |                           |               |                       |                            |                             |
| Temporomandibular Joints  | E               | X                 |                           |               |                       |                            |                             |
| Nasal Bones   | E               | X                 |                           |               |                       |                            |                             |
| Orbits  | E               | X                 |                           |               |                       |                            |                             |
| Paranasal Sinuses   | E               | X                 |                           |               |                       |                            |                             |
| <b>Pelvis</b>   |                 |                   |                           |               |                       |                            |                             |
| Pelvis  | M               | X                 |                           |               |                       |                            |                             |
| Hip   | M               | X                 |                           |               |                       |                            |                             |
| Cross-Table Lateral Hip   | M               | X                 |                           |               |                       |                            |                             |
| <b>37 TOTAL MANDATORY COMPETENCIES + 15 OF THE ELECTIVE COMPETENCIES REQUIRED</b> |                 |                   |                           |               |                       |                            |                             |

| <b>MASTER COMPETENCY LOG</b>  |                 | <b>NAME _____</b> |                           |               |                       |                            |                             |
|---|-----------------|-------------------|---------------------------|---------------|-----------------------|----------------------------|-----------------------------|
| <b>Imaging Procedures</b>   | <b>M/<br/>E</b> | <b>Sim</b>        | <b>Completed<br/>Date</b> | <b>Pt/Sim</b> | <b>Image<br/>Eval</b> | <b>Revocation<br/>Date</b> | <b>Remediation<br/>Date</b> |
| <b>Spine</b>  |                 |                   |                           |               |                       |                            |                             |
| Cervical Spine (to include obliques)  | M               | X                 |                           |               |                       |                            |                             |
| Thoracic Spine  | M               | X                 |                           |               |                       |                            |                             |
| Lumbar Spine (to include obliques)  | M               | X                 |                           |               |                       |                            |                             |
| Cross-Table Lateral Spine   | M               | X                 |                           |               |                       |                            |                             |
| Scoliosis Series  | E               | X                 |                           |               |                       |                            |                             |
| Sacrum/Coccyx   | E               | X                 |                           |               |                       |                            |                             |
| Sacroiliac Joints   | E               | X                 |                           |               |                       |                            |                             |
| <b>Abdomen</b>  |                 |                   |                           |               |                       |                            |                             |
| Abdomen Supine  | M               | X                 |                           |               |                       |                            |                             |
| Abdomen Upright   | M               | X                 |                           |               |                       |                            |                             |
| Abdomen Decubitus   | E               | X                 |                           |               |                       |                            |                             |
| Intravenous Urography (IVP)   | E               | X                 |                           |               |                       |                            |                             |
| <b>Fluroscopy (2 Required)</b>  |                 |                   |                           |               |                       |                            |                             |
| Upper GI Series   | E               |                   |                           |               |                       |                            |                             |
| Barium Enema  | E               |                   |                           |               |                       |                            |                             |
| Small Bowel Series  | E               |                   |                           |               |                       |                            |                             |
| Esophogram  | E               |                   |                           |               |                       |                            |                             |
| Cystography/ Cystourethrography   | E               |                   |                           |               |                       |                            |                             |
| ERCP  | E               |                   |                           |               |                       |                            |                             |
| Myelography/Lumbar puncture   | E               |                   |                           |               |                       |                            |                             |
| Arthrography  | E               |                   |                           |               |                       |                            |                             |
| Hysterosalpingogram   | E               |                   |                           |               |                       |                            |                             |
| <b>Mobile</b>   |                 |                   |                           |               |                       |                            |                             |
| Portable Chest  | M               |                   |                           |               |                       |                            |                             |
| Portable Abdomen  | M               |                   |                           |               |                       |                            |                             |
| Portable Upper or Lower Extremity   | M               |                   |                           |               |                       |                            |                             |
| Portable Pediatric  | E               |                   |                           |               |                       |                            |                             |
| <b>C-Arm</b>  |                 |                   |                           |               |                       |                            |                             |
| C-arm Procedure (2 Projections)   | M               |                   |                           |               |                       |                            |                             |
| Surgical C-arm Procedure (Sterile)  | M               |                   |                           |               |                       |                            |                             |
| <b>Pediatric (Age 6 and Younger)</b>  |                 |                   |                           |               |                       |                            |                             |
| Chest   | M               |                   |                           |               |                       |                            |                             |
| Upper or Lower Extremity  | E               |                   |                           |               |                       |                            |                             |
| Abdomen   | E               |                   |                           |               |                       |                            |                             |
| <b>Geriatric (Age 65 or Older with Impairment)</b>                                |                 |                   |                           |               |                       |                            |                             |
| Chest   | M               | X                 |                           |               |                       |                            |                             |
| Upper Or Lower Extremity  | M               | X                 |                           |               |                       |                            |                             |
| Hip or Spine  | E               | X                 |                           |               |                       |                            |                             |
| <b>Trauma (Modification in Positioning Due to Injury)</b>                         |                 |                   |                           |               |                       |                            |                             |
| Shoulder (Scap Y, Transthoracic, Ax)  | M               | X                 |                           |               |                       |                            |                             |
| Upper Extremity (Non-Shoulder)  | M               | X                 |                           |               |                       |                            |                             |
| Lower Extremity   | M               | X                 |                           |               |                       |                            |                             |
| <b>Computed Tomography</b>  |                 |                   |                           |               |                       |                            |                             |
| Head  | M               |                   |                           |               |                       |                            |                             |
| <b>37 TOTAL MANDATORY COMPETENCIES + 15 OF THE ELECTIVE COMPETENICES REQUIRED</b> |                 |                   |                           |               |                       |                            |                             |

**ADDENDUM H- LIST OF CLINICAL PHONE NUMBERS****TRINITY MOLINE CAMPUS PHONE NUMBERS:**

|   |              |
|---|--------------|
| Imaging Department (do not call before 6:30 AM) | 309-779-5194 |
| CT  | 309-779-5190 |
| Cancer Center                                   | 309-779-5090 |

**TRINITY ROCK ISLAND CAMPUS PHONE NUMBERS:**

|                    |              |
|--------------------|--------------|
| Imaging Department | 309-779-2161 |
| CT                 | 309-779-2144 |
| Nuclear Medicine   | 309-779-2131 |
| Cardiac Cath Lab   | 309-779-2148 |
| Vascular Lab       | 309-779-3323 |

**TRINITY BETTENDORF CAMPUS PHONE NUMBERS:**

|                       |               |
|-----------------------|---------------|
| Imaging Department    | 563-742-4100  |
| Diagnostic Ultrasound | 563-742-4137  |
| CT                    | 563-742-4136  |
| MRI                   | 563- 359-0277 |

**TRINITY MUSCATINE CAMPUS PHONE NUMBER:**

|                    |              |
|--------------------|--------------|
| Diagnostic Imaging | 563-264-9205 |
|--------------------|--------------|

**TRINITY EXPRESS CARE PHONE NUMBERS:**

|   |              |
|---|--------------|
| UnityPoint Health Bettendorf Express Care           | 563-742-4350 |
| UnityPoint Health Moline Express Care               | 309-779-7050 |
| UnityPoint Health SouthPark Pointe Express Care     | 309-581-7610 |
| UnityPoint Health Muscatine-North Port Express Care | 563-262-2080 |

**ADDITIONAL CLINICAL SITES:**

|   |              |
|---|--------------|
| Medical Arts Associates (let ring twice then call Moline) | 309-779-4295 |
| Urology Associates  | 563-359-1641 |
| Advance Imaging   | 309-743-0445 |