



Making Cancer History®

School of Health Professions

Diagnostic Imaging Program CT and VI Emphases

CLINICAL POLICIES

2020-2021

Table of Contents

| | |
|--|-----------|
| DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICIES | 1 |
| Clinical Education Center Rules and Regulations | 2 |
| Clinical Supervision | 3 |
| Clinical Attendance | 5 |
| Clinical Rotation Assignments | 7 |
| Clinical Competency Grading and Remediation | 8 |
| Radiation Monitoring | 9 |
| Pregnant Radiation Workers/Students | 12 |
| Clinical Dress and Personal Appearance | 15 |
| Emergency Medical Care | 18 |
| Patient Related Incidents | 19 |
| Student Employment While Attending clinical Education | 20 |
| Demonstrating Clinical Competency | 21 |
| Electronic Devices | 23 |
| Internet Usage | 24 |
| Clinical Merits | 25 |
| Clinical Demerits | 26 |
| Clinical Probation | 28 |
| Clinical Suspension | 29 |
| Energized Radiographic Lab | 30 |
| APPENDIX A LETTER OF UNDERSTANDING | 32 |
| APPENDIX B ACKNOWLEDGEMENT OF PREGNANCY POLICY | 35 |
| APPENDIX C VOLUNTARY DECLARATION OF PREGNANCY COMPUTED TOMOGRAPHY AND VASCULAR INTERVENTIONAL EMPHASES..... | 36 |
| APPENDIX D CONFIRMATION OF RECEIPT AND UNDERSTANDING OF PROGRAM POLICIES..... | 38 |
| APPENDIX E REINSTATEMENT PLAN | 39 |
| APPENDIX F ABSENCE/TARDINESS/EARLY DEPARTURE REPORT | 40 |
| APPENDIX G STUDENT INFORMATION FOR CLINICAL PLACEMENT | 41 |
| APPENDIX H CT COMPETENCY MASTER LOG | 45 |
| APPENDIX I VI COMPETENCY MASTER LOG | 46 |

Diagnostic Imaging Program CT and VI Emphases Policies

- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.00
Clinical Education Center Rules and Regulations
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.01
Clinical Supervision
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.02
Clinical Attendance
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.03
Clinical Rotation Assignments
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.04
Clinical Competency Grading and Remediation
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.05
Radiation Monitoring
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.06
Pregnant Radiation Workers/Students
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.07
Clinical Dress and Personal Appearance
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.08
Emergency Medical Care
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.09
Patient Related Incidents
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.10
Student Employment While Attending clinical Education
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.11
Demonstrating Clinical Competency
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.12
Electronic Devices
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.13
Internet Usage
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.14
Clinical Merits
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.15
Clinical Demerits
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.16
Clinical Probation
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.17
Clinical Suspension
- DIAGNOSTIC IMAGING PROGRAM CT AND VI EMPHASES POLICY # DI 4.18
Energized Radiographic Lab

CLINICAL EDUCATION CENTER RULES AND REGULATIONS

PURPOSE

Due to the multiple Clinical Education Centers affiliated with the DI program CT and VI Emphases, it is possible for conflicts to arise between the policies and procedures of the Program and its clinical affiliates. This policy serves to provide clarification in these situations.

POLICY STATEMENT

The policies and procedures of the Clinical Education Center always supersede the DI Program policies and procedures should such a conflict arise between them. **STUDENTS ARE SUBJECT TO ALL OF THE POLICIES AND PROCEDURES OF THE CLINICAL EDUCATION CENTER.**

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

Students will adhere to all policies and procedures of the Clinical Education Center that they are attending.

CLINICAL SUPERVISION

PURPOSE

To ensure patient safety and the best possible care of our patients, clinical supervision is required for all diagnostic imaging students.

POLICY STATEMENT

Students are required to work under **DIRECT SUPERVISION** until they have successfully demonstrated competency. After demonstrating competency of a specific examination, the student may perform the examination under **INDIRECT SUPERVISION**.

Please note that a repeat of ANY unsatisfactory images requires that a certified technologist DIRECTLY SUPERVISE the student.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

- 1.0 The Diagnostic Imaging Program follows the JRCERT definitions for supervision. All clinical supervisors and clinical instructors are aware of this policy and agree to assure compliance.
- 2.0 JRCERT Definitions
 - 1.1 **Direct Supervision:** Student supervision by a qualified practitioner 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 present during the procedure, and reviews and approves the procedure.
 - 1.2 **Repeat Exams:** A qualified practitioner must be present during student performance of a repeat of any unsatisfactory procedure. Direct supervision is mandatory.
 - 1.3 **Indirect Supervision:** Supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where the procedure is being performed. This availability applies to all areas where ionizing radiation is in use.
 - 1.4 **Qualified Practitioner:** A radiographer or computed tomography or vascular interventional technologist who is possessing ARRT certification or equivalent and active registration in the pertinent discipline while practicing in the profession.
- 3.0 Failure to comply with the supervision or repeat policy is a violation of supervision requirements. The first offense will result in a clinical written advisement, second offense placed on clinical probation,

and additional incidents will result in dismissal from the program of study.

CLINICAL ATTENDANCE

PURPOSE

To ensure that adequate time is being spent in clinic to complete procedure repetitions and competencies, students are required to attend clinical as assigned.

POLICY STATEMENT

The University of Texas MD Anderson Cancer Center School of Health Professions Diagnostic Imaging Program CT and VI Emphases are competency and repetition based.

1. The Clinical Faculty will assign students to a clinical affiliate and schedule all rotations within MD Anderson, its satellites, and other clinical education sites.
2. Clinical rotation schedules will reflect equal and equitable experience for all students enrolled in the program. Requested assignments and changes will NOT be made for a student's convenience. Faculty may change schedules for operational/educational purposes ONLY.
3. The clinical and didactic schedule for the CT and VI Emphases will not exceed 40 hours per week during the academic semester.
4. Students are required to adhere to the clinical schedule posted in Trajecsys. Students are required to be at their assigned clinical area ready to participate in the clinical activities at their assigned arrival time.
5. Students in the CT and VI Emphases will not be assigned by the program to more than 10 hours of clinical education in a 24-hour period.
6. Evening, night, and weekend clinical assignments are required to ensure that all students complete the necessary repetitions and competency requirements.
7. Students are required to take a 30-minute meal break during their assigned clinical shift. Students are REQUIRED to clock in and out for meal breaks in the clinical area at all clinical sites.
8. Please refer to the Absence/Tardiness/Early Departure Report form (see Appendix F) regarding missed clinical time.
9. Students are required to attend scheduled tours and meetings.

DEFINITIONS

Absence: Time off from a scheduled clinical shift. Please refer to the clinical syllabus regarding excused/unexcused absences.

Early Departure: Leaving clinical prior to the scheduled departure time of a clinical shift or school function. Demerits will be assessed accordingly.

Leave Without Permission (LWP): Leaving clinical assignment without permission from program officials, including Clinical Instructors, Clinical Supervisors, and Clinical Faculty and/or Program Director. Demerits will apply.

Make-up time: Clinical time assigned by the Clinical Faculty and/or Program Director to account for time missed due to excused or unexcused absences from clinical assignment.

No call/No Show (NC/NS): Failure to follow the notification procedure and report to an assigned clinical shift. NC/NS is a Severe Attendance Infraction. One NC/NS occurrence will immediately result in clinical probation and 5 demerits per occurrence.

Pattern: A series of incidents (tardiness, early departure, unexcused absences, NC/NS, and/or LWP) documented over a period of months. Examples:

- Frequent absences adjacent to institutional holidays.
- A pattern of frequently reporting being late or absent to a clinical assignment.

Personal Time Off (PTO): excused absence allowance of two (2) clinical shifts per semester.

Tardiness: When a student reports to his/her clinical rotation after the scheduled start time or returns late from a scheduled break or school function. Demerits will be given for the third occurrence and beyond per semester.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases

PROCEDURE

- 1.0** Students will clock in and out as they enter and leave the clinical setting using approved systems.
- 2.0** In the event of an absence or tardiness the student will notify a Clinical Instructor or Clinical Supervisor directly, either by phone or via email prior to the beginning of his or her shift.
- 3.0** In the event of an absence, the student will notify the Clinical Faculty via e-mail prior to the beginning of his or her shift.
- 4.0** In the event of a late arrival, the student will notify the Clinical Faculty via e-mail **upon arrival**.
- 5.0** If clinical shifts are missed in excess of the two (2) PTO shift allowance, they must be made up as assigned by program faculty.
- 6.0** The corresponding Absence/Tardiness/Early Departure Report form must be completed and submitted to program faculty within two business days following the event.

CLINICAL ROTATION ASSIGNMENTS

PURPOSE

To assure each student receives an equal and valid educational experience. Clinical rotations allow equal opportunity for each student to complete clinical competencies and the requirements for their clinical education.

POLICY STATEMENT

All students are responsible for completing all procedure repetitions and competencies as outlined in the clinical syllabi. Clinical rotations will be arranged by the Clinical Faculty and must be strictly adhered to. Students will receive a rotation schedule outlining each phase of clinical education at the beginning of each semester. It is the student's responsibility to know and report to the clinical area to which he or she is assigned. Students must have a reliable form of transportation that will enable them to travel to all of the clinical affiliates. The costs of travel, lodging, parking, meals and other expenses are the student's responsibility. The program does not provide transportation to clinical affiliates.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

Students will report on time to their assigned clinical area/site. Students who report to the incorrect clinical site will be considered absent/late.

- 1.0** The Clinical Faculty will assign students to a clinical affiliate and schedule all rotations within The University of Texas MD Anderson Cancer Center, its satellites, and other clinical education sites.
- 2.0** Clinical rotation schedules will reflect equal and equitable experience for all students enrolled in the program. Requested assignments and changes will NOT be made for a student's convenience. Faculty may change schedules for operational purposes ONLY. No student schedule change requests will be accepted once the schedule is published.
- 3.0** The clinical and didactic schedule will never exceed 40 hours per week during the academic semester.
- 4.0** Students are required to adhere to the clinical schedule that will be posted on Trajecsys and on the Internship Canvas course. At the arrival shift time, students are expected to be at their assigned clinical area ready to participate in the clinical activities.

CLINICAL COMPETENCY GRADING AND REMEDATION

PURPOSE

To have all on-line and/or written competency forms completed by an appropriate clinical evaluator to document clinical competency.

POLICY STATEMENT

Demonstrating competency is the primary objective of the clinical experience. The process should be followed closely to ensure the student's success. A clinical competency score of less than 80% is considered failure and must be repeated.

Students must declare that they will perform an examination for competency prior to beginning of the procedure. Every competency must be accompanied by a Competency Evaluation completed by the supervising clinical instructor, or the clinical manager or supervisor.

All clinical repetitions and competencies must be completed successfully in order to graduate from the program.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

- 1.0 In the event the student fails a competency the student will perform two repetitions before attempting competency again.
- 2.0 In the event, of a second failed competency, the student will be required to perform remediation activities provided by clinical faculty.
- 3.0 Failing a competency on a third attempt will result in the student being placed on clinical probation.

RADIATION MONITORING

PURPOSE

State laws require that all radiation workers be monitored for radiation exposure in the clinical setting. The program will provide the student with a radiation badge. This badge must be worn at all times while in the clinic and care must be taken not to damage the badge.

POLICY STATEMENT

All standard radiation safety practices must be strictly adhered to for the safety of personnel and patients. A cumulative exposure record is available to the student from the radiation officer and/or the program director.

In restricted areas, controls must be such that no student over 18 years of age will receive in any one calendar year, an occupational radiation effective dose equivalent in excess of the following:

Effective Dose Equivalent

| | |
|--|--------------------------------------|
| Whole body (external deep ^a dose equivalent to the whole body ^b plus the committed ^c organ dose equivalents resulting from internal uptakes of radionuclides, taking into account applicable weighting factors as per subsection 289.202 (f) of 25 TAC 289. | 5000 mrem (50 mSv) ^d |
| Lens of eye (external dose equivalent to the lens ^a of the eye) | 15000 mrem (150 mSv) ^d |
| Extremity (external shallow ^a dose equivalent to an extremity ^b – averaged dose over a 1 cm ² area) | 50000 mrem (500 mSv) ^d |
| Skin (external shallow ^a dose equivalent to the skin of whole body – averaged over a 1 cm ² area) | 50000 mrem (500 mSv) ^d |
| Total Organ Dose Equivalent, TODE, (max. committed ^c dose equivalent to any organ or tissue, other than the lens of the eye, plus the whole body external deep dose equivalent) | 50000 mrem (500 mSv) ^d |

^a External **deep** dose equivalent is measured (or calculated) for a tissue depth of 1.0 cm (1000 mg/cm²); **eye** dose equivalent at a tissue depth of 0.3 cm (300 mg/cm²) and **shallow** dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²).

^b External **whole body** doses means doses to the trunk (including male gonads); arms above the elbow; or legs above the knee. **Extremity** means the hands; arms at or below the elbow; feet; or legs at or below the knees).

^c **Committed** dose equivalent (HT,50) to an organ (or tissue) means the dose equivalent to that organ or tissue of reference (T) that will be received from an intake of radioactive material by an individual during the 50-year period following the intake.

^d SI units in parentheses.

Minimum Exposure Limits for Exposure Report Period

| Exposure Area | Level I | Level II | Level III | Level IV |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| Total Effective Dose Equivalent* | 200 mrem (2 mSv)** | 410 mrem (4.1 mSv) | 1250 mrem (12.5 mSv) | 5000 mrem (50 mSv) |
| Extremity: Shallow dose to hands, forearms, lower legs, feet or ankles | 2000 mrem (20 mSv)** | 4000 mrem (40 mSv) | 12500 mrem (125 mSv) | 50000 mrem (500 mSv) |
| Skin of Whole Body: Shallow dose to major portion of skin | 2000 mrem (20 mSv)** | 4000 mrem (40 mSv) | 12500 mrem (125 mSv) | 50000 mrem (500 mSv) |
| Lens of Eye | 600 mrem (6 mSv)** | 1250 mrem (12.5 mSv) | 3750 mrem (37.5 mSv) | 15000 mrem (150 mSv) |
| Total Organ dose Equivalent*** | 2000 mrem (20 mSv)** | 4000 mrem (40 mSv) | 12500 mrem (125 mSv) | 50000 mrem (500 mSv) |

* TEDE is the deep dose equivalent (from external, whole body exposure) plus the committed effective dose equivalent from internal radionuclide uptakes during the monitoring period. An external exposure to the head, trunk, gonads, arms above the elbow or legs above the knee is considered to constitute a whole body exposure.

** SI units are shown in parentheses.

***TODE is the maximum dose equivalent to any organ or tissue not listed above. The TODE is calculated by adding the deep dose equivalent (external) and committed dose equivalent to that organ or tissue.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

- 1.0 Each student is issued a Luxel OSL (optically stimulated luminescent) dosimeter.
 - 1.1 The student is required to wear the radiation safety monitoring badges during clinical hours and during energized laboratory experiences.
 - 1.2 Dosimeters are exchanged every quarter by the clinical faculty.
- 2.0 Dosimeters must not be exposed to excessive heat or moisture.
 - 2.1 Dosimeters must be worn in the proper position (outside the protective lead apron, on the collar).
 - 2.2 Results of the radiation monitoring will be available quarterly upon receipt of the report.
 - 2.3 To access your radiation dose history report
 - A. Login to <https://www.myldr.com/WebSelfService/>
 - B. Username: mdanderson

- C. Password: EndCancer77030
- D. Select 85100- MD ANDERSON –QUARTERLY from the drop down menu.
- E. Enter the required numbers from the back of your dosimeter as shown on the webpage.

2.4 It is the responsibility of the students to track their own radiation exposure.

- 3.0 In addition to the established state laws for effective dose equivalents and maximum permissible dose limits and actions taken by the RSO and institution, the Diagnostic Imaging Program wants to establish that for students in their clinical education experience, the administrative dose equivalent limit is 1,000 mrem/yr or 1rem/yr. Therefore, investigational action levels set by the Diagnostic Imaging Program at The University of Texas MD Anderson Cancer Center School of Health Professions are as follows:

A student who receives more than 150 mrem or 1.5 mSv per calendar quarter will be counseled on safe radiation protection practices for the patient, self, and others during imaging exposures.

- 4.0 Additionally, students who receive radiation badge exposure above maximum permissible dose limits established by NRC will be removed from the clinical setting and the following actions will occur:
- 4.1 Level I - The student and his/her Program Director and Clinical Coordinator are interviewed, by a Radiation Safety Officer (RSO) to determine the reason for the exposure, any specific procedural or other problems during the monitoring period which might account for the exposure and a note is added to the student's exposure report and individual exposure file.
 - 4.2 Level II - The Clinical Coordinator must complete and return an exposure investigation form that is entered into the student's individual exposure file. The student, Program Director and Clinical Coordinator are interviewed by a RSO to determine the reason for the exposure and any specific procedural or other problem that might account for the exposure. Methods are discussed and recommended for avoiding future such exposures.
 - 4.3 Level III - In addition to Level II actions, the RSO (or designee) interviews the student to obtain a detailed account of the person's activities during the monitoring period.
 - 4.4 Level IV - In addition to Level III actions, a report is sent to the TAC giving details of the exposure and procedures instituted to avoid repeated exposures at this level. A copy is entered into the student's individual exposure file. A report is also sent to the person involved and their Program Director and Clinical Coordinator are given the same information as above. A Texas Bureau of Radiation Control (TBRC) inspector will probably investigate the exposure and interview the persons involved. Repeated exposures at this level without reasons acceptable to the RSO and the MD Anderson, Radiation Safety Committee will require the person to be removed from the Diagnostic Imaging Program.

REFERENCES

Radiation badge self-service dosimetry reports

[Radiation Safety site](#) (inside)

**PREGNANT RADIATION
WORKERS/STUDENTS**

PURPOSE

To inform the enrolled female student of the program pregnancy policy and assure the student that the policy is consistent with applicable federal regulations and state laws and does not discriminate.

POLICY STATEMENT

Diagnostic Imaging Program Computed Tomography and Vascular Interventional Emphases

Exposure to ionizing radiation may pose a risk to the developing fetus. The Diagnostic Imaging Program assures the safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission (NRC) regulations and state laws and monitors student's radiation exposure data. However, a female student must inform program official of pregnancy status so that appropriate radiation safety practices can be implemented to help assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). Monitoring of the fetus is not automatic and can only occur through voluntary disclosure. The pregnancy policy of the DI Program contains three vital elements to guide the female student and the procedures taken by program officials.

1. Students providing written notice of voluntary declaration. (See Appendix C)
2. Program official and student discussion for option for continuance in the program without modification or leave of absence.
3. Student option for written withdrawal of declaration of pregnancy.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

Upon admittance into the program the female student must read and sign an Acknowledgment of the Pregnancy Policy. Included in the student clinical policy manual is also a copy of the Voluntary Declaration of Pregnancy Form. In the event the female student becomes pregnant and chooses to voluntarily inform the program of her pregnancy status the following steps must occur.

1.0 Diagnostic Imaging Program Computed Tomography and Vascular Interventional Emphases

- 1.1 Submit in writing, a declaration of pregnancy (see Appendix C) with the expected due date, to the Program Director (PD) or Associate Program Director (APD), Clinical Faculty (CF), and Radiation Safety Officer (RSO). Additionally, complete the declaration of pregnancy form in the clinic handbook. (Written notification is voluntary, but disclosure is mandatory to begin monitoring the fetus).The student will meet with the RSO, PD or APD, CF who will advise the

student about the possible health risks involved as a result of occupational exposure during pregnancy.

- 1.2 The student will meet with the RSO, PD or APD, CF who will advise the student about the possible health risks involved as a result of occupational exposure during pregnancy and discuss radiation safety and radiation biology regarding the fetus.
 - A. The student will discuss the **options of continuance in the program**.
 - Option 1 – Continue without Modifications
 - Option 2 – Continue with Modifications
 - Option 3 – Take a leave of absence
 - B. It is recommended the student inform her health provider the nature of her clinical experiences before this discussion.
 - C. The student must have a clear understanding of radiation safety and radiation biology before making the decision to continue.
- 1.3 The student will review the current clinical rotation schedule with the CF to ensure compliance with the recommended **Effective Dose Equivalent** to the fetus from occupational exposure to the expectant mother does not exceed 0.5 rem during the remaining gestational period.
- 1.4 Option 1: If the student chooses to **continue without modifications**, the following will occur:
 - A. The student will attend all clinical rotations and continue without any changes.
 - B. Notify all appropriate radiology department personnel of expectant status of the student in order to ensure proper clinical education experiences while maintaining standards of radiation safety.
 - C. Student will complete the form for a second OSL fetal radiation monitoring device.
 - **This device will be worn at waist level at all times and underneath the protective lead apron during fluoroscopy.**
 - **The fetal OSL will be exchanged monthly.**
- 1.5 Option 2: If the student chooses to **continue with modifications**, the following will occur:
 - A. The student and the CF will discuss revisions to the current rotation schedule. The student must complete all procedures missed and make up all clinical time missed during the gestation period upon receiving the written withdrawal of pregnancy declaration.
 - If pregnancy occurs during the 1st through 3rd semester of the program and the student continues in the program, the student must make up the time and complete the required repetitions and competencies before program completion.
 - (a) The student will be given a grade of / **(Incomplete)** until all procedure repetitions and competencies are completed, and the missed clinical time is made up.
 - (b) Upon successful completion of all clinical requirements, the student will be allowed to apply to the American Registry of Radiologic Technologists (ARRT) Computed Tomography Exam, and if applicable to the Vascular Interventional Exam.

- B. Notify all appropriate department personnel of expectant status of the student in order to ensure proper clinical education experiences while maintaining standards of radiation safety.
 - C. Student will complete the form for a second OSL fetal radiation monitoring device.
 - **This device will be worn at waist level at all times and underneath the protective lead apron during fluoroscopy.**
 - **The fetal OSL will be exchanged monthly.**
 - D. **If the student requests modifications that the program cannot accommodate, the student may take a leave of absence. The student must withdraw and reapply the following year.**
- 1.6 Option 3: The student may request leave of absence. Students who take a leave of absence must withdraw and reapply or seek reinstatement.
- 1.7 The student has the **option for written withdrawal of declaration** of pregnancy at any time. Once pregnancy has ended, the student must inform program officials and the RSO in **writing to withdraw declaration of pregnancy**. The fetal monitoring badge must be returned. A doctor's note is required to return to the clinical rotation.
- 1.8 All forms related to the student's voluntary declaration of pregnancy are kept in the secured student files.

CLINICAL DRESS AND PERSONAL APPEARANCE

PURPOSE

Students are to abide by the program requirements related to personal appearance, in order to present a positive, well groomed, and professional appearance; to be easily identified by patients and co-workers; and to maintain safety related to attire for themselves and their patients.

POLICY STATEMENT

The Program expects each student to present a professional, businesslike image to our patients and to the public while in the workplace. All students are expected to meet the requirements for safety in the conditions they work under and to apply common sense and good taste regarding personal appearance. Students are also expected to follow entity guidelines regarding uniforms and other specifics of personal appearance and grooming.

General Appearance

1. Clinical scrubs must be clean, properly fitted and appropriate to the work situation.
2. Only black or white long sleeve tops can be worn underneath scrub top.
3. Tattoos should not be visible in the clinical setting.
4. Wearing of tight-fitting, suggestive or see-through attire is prohibited.

Footwear

1. Clean, comfortable and closed-toe shoes that are ALL white or ALL black are required. Shoelaces should match accordingly.
2. Hosiery or socks must be worn by students who provide patient care.

Grooming

1. Good personal hygiene is an essential element of appearance. Students are expected to be clean and to practice good hygiene habits.
2. Nails must be clean, well-groomed, and of a length appropriate to the work situation.
3. Artificial nails and nail jewelry are prohibited based upon health and safety guidelines related to patient contact (infection control).
4. No chipped nail polishes permitted.

Hair

1. Hair must be clean, combed, neatly trimmed or arranged.

2. Hair must be pulled back in a manner that does not hang/dangle/fall on a patient while performing an exam.
3. Colored hair must appear professional and in good taste.
4. When required, students shall adhere to departmental guidelines regarding hair covering. Sideburns, mustaches, and beards must be neatly trimmed. Students whose work requires protective or other equipment on the face may be required to remove facial hair, depending upon the type of work and equipment.

Accessories

1. Jewelry may be worn in moderation.
2. One set of small stud earrings worn in earlobes only, a wristwatch, and one ring on either hand. All other jewelry is considered excessive for the clinical setting and therefore prohibited (i.e. large dangling/hoop earrings, any ear jewelry besides small studs).
3. Jewelry on other parts of the face is prohibited.

Cosmetics

1. Cosmetics must be used in good taste and moderation.
2. Heavy makeup and eye shadow are not acceptable.

Fragrances

1. Strong smelling colognes and perfumes are prohibited.
2. Colognes, perfumes, and any other scents should be used sparingly, if at all. Please note that colognes, perfumes, and other scents may be especially offensive to very sick patients.
3. **An effective antiperspirant/deodorant is a MUST.**

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

Appropriate Clinical Attire

- 1.0 First year students must wear the appropriate program uniform that is Caribbean blue colored scrubs with The University of Texas MD Anderson SHP Logo.
- 2.0 A white lab coat with the MD Anderson SHP Logo is required to wear outside the clinical setting.
- 3.0 Second and third year students must wear the appropriate program uniform which is burgundy colored scrubs with the MD Anderson SHP Logo. A white lab coat with the MD Anderson SHP Logo is required to wear outside the clinical setting.
- 4.0 Clean, comfortable and closed-toe shoes that are all white or all black are required. Shoelaces should match accordingly.

- 5.0** Students in areas where ionizing radiation is used must wear assigned radiation monitors. By law any student attending clinical education without their radiation- monitoring device will be immediately sent to retrieve it. Time missed from clinical education must be made up.
- 6.0** Students are to abide by the policy statement above pertaining to professional appearance and dress. Students in violation of the dress and personal appearance policy will receive demerits, which may impact their clinical grade

EMERGENCY MEDICAL CARE

PURPOSE

In the case of a medical emergency, students may go to The University of Texas MD Anderson Cancer Center emergency center or the emergency center of the clinical affiliate for care. The student is responsible for any expenses incurred.

POLICY STATEMENT

MD Anderson and its affiliates will provide emergency medical care for enrolled students during program hours at the student's expense. Students are required to carry their own health insurance coverage to defray the cost of any medical service rendered. The University of Texas System offers medical insurance policies to eligible students. **The program/institution and/or its affiliates are not responsible for any costs incurred by the student.**

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

- 1.0 In the event of an emergency, students may take themselves to the emergency center to be cared for. The Student badge must be presented upon check in.
- 2.0 Students are encouraged, when prudent, to use the UT Health Services, 7000 Fannin St. Ste. 1620, Houston, TX 77030. 713-500-3267.
- 3.0 The student's health insurance card must be presented upon check in. The student is responsible for any expenses incurred during his or her care.

PATIENT RELATED INCIDENTS

PURPOSE

For the protection of our patients and our staff, any unprofessional performance is not tolerated in the clinic.

POLICY STATEMENT

Any incident, that would warrant an incident report for staff would be, considered an incident for students with the following inclusion. Failing to report an incident warranting a report constitutes a major infraction.

1. Remarks deemed unprofessional by Clinical Instructors/Preceptors.
2. Any complaint lodged by a patient concerning student's conduct in the presence of patients.

SCOPE

The entire student body of the Diagnostic Imaging Program.

PROCEDURE

- 1.0 Students will stay in the assigned area until the clinical instructor completes an incident report. The Clinical Staff and Program Faculty will be made aware of the incident.
- 2.0 The student will give an oral report to the Clinical Supervisor and Program Clinical Faculty, and if necessary, to the Attending Physician as well.
- 3.0 The Program Director will decide, based on the incident report and the student's oral report, whether or not there was an infraction of rules and if any disciplinary action is to be taken.
- 4.0 If a patient related incident occurs as a result of infraction of program rules, the student will be placed on probation.
 - 4.1 Another patient related incident during the student's tenure in the program will be grounds for dismissal.
 - 4.2 Serious incidents may warrant immediate dismissal as determined by the Program Director and Dean.

STUDENT EMPLOYMENT WHILE ATTENDING CLINICAL EDUCATION

PURPOSE

We recognize the need for students to work while attending school. Due to the nature of the limited working business hours of the clinical sites, the faculty and staff will not make accommodations.

POLICY STATEMENT

If you are employed, or gain employment during your academic preparation you **must** maintain separate schedules of hours for work and clinical education. Your employment must be arranged outside of the clinical schedule. **Employment MUST not interfere with regular academic and clinical responsibilities.** Outside activities and employment will not be considered valid excuses for poor clinical performance or lack of attendance within the program. The employment must be non-compulsory, paid and subject to all employee regulations

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

- 1.0 Students have the opportunity to gain employment at The University of Texas MD Anderson Cancer Center and its affiliates while enrolled in school, however, they must maintain separate schedules from work and clinical assignments. It is the students' responsibility to maintain and balance their schedules.
- 2.0 **Any exam that is performed while working as a paid employee at MD Anderson or one of its affiliates will not be considered for clinical competency.**

DEMONSTRATING CLINICAL COMPETENCY

PURPOSE

To ensure students are ready to enter the workplace as an entry-level CT or CT/VI technologist, they must prove competence in the clinical setting.

POLICY STATEMENT

The Program Faculty and Clinical Staff will evaluate the student clinical repetitions, competencies, and assignments. Group or committee review may be used when deemed appropriate by the Clinical Faculty, Associate Program Director or Program Director.

Specific requirements for each rotation will vary according to the department in which the student is assigned. Students will be assigned to work with an ARRT Certified Registered Technologist or other professional depending on the area rotation.

During clinical education, the student is expected to participate in all aspects of patient care (i.e., clean and stock room and all duties as assigned). The included Clinical Competencies (see appendices) have been established to assist the student in obtaining competency in Clinical Practice.

The student is expected to continue strengthening his or her skills and technical understanding of the imaging equipment, further developing manual skills in patient contact, positioning and machine manipulation, teamwork and attention to clinical data. The student will also be expected to continue to learn professional skills and performance.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

- 1.0 Students will be active in clinical education and obtain a variety of experiences.
 - 1.1 The student will prove competency through clinical evaluations of their skills as well as documented clinical repetitions and competencies on specific imaging procedures as outlined by the ARRT and the program's requirements.
 - 1.2 The following process has been established to assure successful completion of the required clinical competencies.
 - A. Observe and assist in the care of patients and performance of diagnostic imaging procedures.
 - B. Document all attempts at demonstrating clinical competency.
 - C. Complete clinical repetitions and competencies.

- D. Review the competency by evaluating images with the Clinical Instructor and notify the Associate Program Director and/or Clinical Faculty of exam completion. This process should be completed within five (5) days of performing the exam.
- E. Ensure all required signatures are on the competency forms. The program will not grant competency if the required signatures are not present.
- F. All competency attempts must be accompanied by a Competency Evaluation completed by the Clinical Instructor supervising the procedure, or by the clinical manager, supervisor, or lead technologist.

1.3 **Always remember that the patient's safety and comfort is your primary goal as well as obtaining the highest possible standards in Diagnostic Imaging.**

- A. **Do not attempt any imaging procedures you do not feel comfortable performing.**
- B. **You must always work under the direct or indirect supervision of an ARRT Registered Technologist.**

2.0 Continued Competency

- 2.1 All students are required to first demonstrate competency in performing a procedure and then demonstrate continued competency on the procedure.
- 2.2 To demonstrate continued competency, starting Semester 2, the student may be challenged on any competency previously completed.
- 2.3 If you are unable to satisfactorily complete and pass the competency, it will be **REVOKED**.
- 2.4 When a competency is revoked, the student must prove competency on the procedure again with direct supervision.
- 2.5 **Any student who has more than one competency REVOKED in any one semester will be placed on clinical probation.**

3.0 Final Competencies

- 3.1 All CT students must complete final competency and repetition requirements to graduate from the program and to be eligible to take the CT ARRT certification exam. If the student is enrolled in the CT/VI Emphasis, the student is expected to complete both the CT and the VI clinical requirements to be eligible to take both the CT and the VI ARRT certification exams.

ELECTRONIC DEVICES

PURPOSE

For the safety and consideration of all patients and other students, pagers, mobile phones, laptop computers, and other electronic devices are not permitted in the clinical setting.

POLICY STATEMENT

All electronic devices including mobile phones are **PROHIBITED** in the clinical setting. Mobile phone usage is considered hazardous in many areas of the clinical/hospital setting. Additionally, the use of mobile phones and accessories may violate HIPAA regulations.

Students may keep mobile phones in backpacks or lockers. The phones may be used **ONLY** during breaks.

Students who need to be available by phone for their children or family members may provide the telephone number of the program office, during normal business hours at [713-792-3455, option 3](tel:713-792-3455). The Administrative Assistant will take a message and notify the program faculty. The program faculty will contact the student in the clinical area/site. Family may contact the Clinical Faculty on evening and weekend rotations for emergency situations.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

Students who carry a mobile phone or other electronic devices on their person in the clinical setting will be in violation of this policy and will be subject to demerits.

INTERNET USAGE

PURPOSE

The purpose of this policy is to provide rules and guidelines regarding the appropriate use of the institution's equipment, network, and Internet access.

POLICY STATEMENT

Student use of school and clinical sites computers, networks, and Internet services is a privilege, not a right. Students are not to use computers at clinical sites for personal use. This includes "surfing" the Internet for non-clinical information, checking personal emails, or instant messaging. Students shall only use the Internet and computers of the clinical sites for clinic or school related activities. The use of the clinical sites computers and Internet services must be preapproved by the clinical supervisor.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

Students who violate the policy and/or rules by misusing the clinical sites computers or Internet, including checking email, or using them for non-business or non-school related purposes may have their computer privileges revoked and may also be subject to further disciplinary action.

CLINICAL MERITS

PURPOSE

To provide numerical documentation of clinical performance that exceeds the stated expectations and requirements.

POLICY STATEMENT

Merits will be issued for:

| ACCOMPLISHMENT | NO. OF MERITS |
|--|---------------|
| Written thanks or praise from patients | 1 |
| Written comments from clinical staff regarding performance | 1 |
| Participation in program activities e.g., information sessions, student interviews | 1 |

One merit equals one hour of compensating time off from clinical assignment. Merits can only be used during the final week of the clinical semester and all course requirements must be met prior to approval.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

- 1.0 Merits are assigned by Program Faculty and are used in exchange for compensating time off from clinical assignment.
- 2.0 One merit equals one hour of compensating time.
- 3.0 Merits **cannot** be carried from one semester to the next.
- 4.0 Merits DO NOT off-set demerits or makeup time.
- 5.0 Any student placed on probation/disciplinary action forfeits merits earned.

CLINICAL DEMERITS

PURPOSE

To provide numerical documentation of unsatisfactory clinical performance in which will affect the student's clinical grade.

POLICY STATEMENT

Demerit(s) will be issued for:

| INFRACTIONS | NO. OF DEMERITS |
|--|-----------------|
| Not following the notification procedure when late to or absent from clinic | 2 |
| Clocking in or out on unapproved electronic devices (i.e. mobile phones, tablet, laptop, etc.) | 2 |
| Leaving clinic or assigned clinical area without permission (LWP) | 5 |
| Violation of dress code. | 2 |
| Violation of electronic devices policy | 5 |
| Violation of Internet usage policy | 5 |
| All late arrivals to clinic after the two (2) excused | 2 |
| Not following professional standards of ethics | 2 |
| Being unprepared for clinical assignments | 2 |
| Mislabeled images | 2 |
| Failure to finish a procedure after starting it | 2 |
| Inconsistent performance in the clinical setting | 2 |
| All missed time entries after two (2) excused (e.g., meal breaks) | 2 |
| Passing any image without Clinical Instructor's approval | 2 |
| Not entering the appropriate data in the computer system | 2 |
| Failure to attend or participate in scheduled tours and/or meetings | 5 |
| Sleeping or the appearance of being asleep in the clinic | 5 |
| Not following professional code of conduct | 2 |

NOTE: This is only a partial list; the above list and other infractions may result in the issuance of demerits at the discretion of program faculty.

One demerit equals one-point deduction from the final clinical grade. Students are expected to maintain a consistent professional attitude and performance.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

1.0 Demerits are assigned by Program Faculty.

- 2.0** The number of demerits given will depend upon the severity and frequency of the infraction.
- 3.0** One demerit equals one point deducted from the final clinical grade.

CLINICAL PROBATION

PURPOSE

To notify students who demonstrate a consistent lack of performance in the clinical requirements of the program and/or are performing below average (grade “C”) that they are failing to progress clinically. Continued performance without progress will result in clinical suspension and/or dismissal from the program.

POLICY STATEMENT

When a student demonstrates a consistent lack of performance in the clinical requirements of the program and is performing below average (grade “C”) the student is placed on clinical probation. A student can also be placed on clinical probation for severe infraction of program policy or the continuation of an unprofessional attitude or performance that has required previous counseling by the Program Faculty.

If a student is placed on clinical probation, he or she will have a time frame designated for him or her to demonstrate that their weakness in clinical performance can be overcome. At the time of assigning the probationary status, the student will be advised of the problem and be offered suggestions and methods to improve his or her clinical performance. If the student does not demonstrate improvement he or she will be suspended from clinic.

Probation will result in a one-letter grade drop in final clinical grade applicable in the current semester. It can also result in the student being removed from the program for failure to meet or abide by the published program policies and requirements. The student will be allowed due process.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

- 1.0** Students who fail to progress clinically and are earning a below average (grade “C”) will be placed on clinical probation.
- 2.0** The student will formulate a plan of action based on the suggestions and methods for improvement provided in the counseling from the Program Faculty.
- 3.0** Students who fail to meet the stated goals in their plan of action will be suspended.
- 4.0** A student can also be placed on clinical probation for severe infraction of program policy, or the continuation of an unprofessional attitude or performance that has required previous counseling by the Program Faculty.

CLINICAL SUSPENSION

PURPOSE

To protect patients, staff, faculty and fellow students a student can be placed on clinical suspension for severe infraction of program policy, or the continuation of an unprofessional attitude or performance that has required previous counseling by the Program Faculty.

POLICY STATEMENT

The program may take such immediate disciplinary action as is appropriate under the circumstances when it reasonably appears to the program from the circumstances that the continuing presence of the student poses a potential danger to persons or property or a potential threat for disrupting any activity in the clinic.

When placed on clinical suspension, the student will be advised and counseled on his or her clinical performance. In the event the student does not demonstrate improvement he or she may be dismissed from the program.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

- 1.0** Any student may be summoned by request of the Program Director for a meeting for purposes of the investigation and/or to discuss the allegations. The request shall specify the meeting location, date and time.
- 2.0** Clinical suspension will result in a one-letter grade drop in the clinical grade.
 - 2.1** It may also result in dismissal from the program for failure to meet or abide by the program policies and clinical requirements.
 - 2.2** The student will be allowed due process.

ENERGIZED RADIOGRAPHIC LAB

PURPOSE

The purpose of this policy is to assure compliance with JRCERT standard 4.3 and state requirements to provide a safe environment for DI students prior to utilization of the energized Radiographic Lab.

POLICY STATEMENT

An overview of Radiation Safety is provided in RT 4101 and DI 2331. All students have instructions in radiation safety prior to using the lab.

JRCERT standards 4.3 Assures that students employ proper radiation safety practices.

The program must also assure radiation safety in energized laboratories. Student utilization of energized laboratories must be under the supervision of a qualified radiographer who is readily available. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled.

The DI energized lab is located in B3.4583. The unit meets all state and federal regulations. The unit is utilized to obtain objectives in courses as stated in the curricula.

SCOPE

The entire student body of the Diagnostic Imaging Program CT and VI Emphases.

PROCEDURE

- 1.0 Students are allowed to utilize the lab to practice and prepare for simulation and clinical competencies and synthesize actual practice with didactic material. All students must abide by the lab policy.
 - 1.1 Laboratory use is restricted to educational assignments and only those students enrolled in the School of Health Professions Diagnostic Imaging Program.
 - 1.2 **UNDER NO CIRCUMSTANCES shall students be allowed to operate ionizing equipment without the guidance of a faculty member. A faculty member must be immediately available before exposures are made.**
 - 1.3 General safety rules (use of electrical equipment, hazardous materials precautions, etc.) must be followed when utilizing the laboratory.
 - 1.4 The door entering the laboratory must be closed during a radiographic exposure.
 - 1.5 All persons must be physically located in the control area before and during a radiographic exposure.
 - 1.6 All students **must wear** radiation-monitoring devices during all labs requiring an exposure.

- 1.7 **Only phantoms or non-living objects may be used as subjects when actually performing an experiment or practice examination. Exposure to fellow student or non-living subjects in the lab or for lab experiments will result in immediate dismissal from the program.**
- 1.8 Phantoms can be checked out for practice during downtime in the clinic environment. The students must check out the equipment from the course instructor and return them the same day.
- 1.9 Students are responsible for the proper use of the processor.
 - A. Power will be turned on and after use.
 - B. Feed tray is wiped clean before and after use.
 - C. Darkroom is cleaned, organized and free of dust.
- 1.10 The laboratory must be kept neat and clean. Students are responsible for maintaining the laboratory when performing experiments or practice procedures.
 - A. IR shall be refilled and returned to the appropriate storage device.
 - B. The film bin shall be kept full and organized.
 - C. Safelights and overhead lights shall be turned off after all lab sessions.
 - D. The radiographic tube will be powered off and placed on top of pillow
 - E. After use, the table and upright Bucky will be cleaned with antiseptic solution.
- 1.11 Any equipment failure or inadequate supply of chemicals or films must be immediately reported to a faculty member.
- 2.0** Failure to follow this policy may result in the dismissal of the student from the program.
- 3.0** The CT scanner must be only operated under the direct supervision of a faculty member. Only phantom or non-living objects may be used as subjects when actually performing an experiment or practicing examinations. Exposure to fellow students or non-living subjects in the lab or for lab experiments will result in immediate dismissal from the program.

Appendix A

Letter of Understanding

The following agreement is intended to acquaint the Diagnostic Imaging Program student with the requirements and guidelines bearing on his/her program at The University of Texas MD Anderson Cancer Center, School of Health Professions (SHP).

I understand that during my education at UT MD Anderson, patient safety is the first priority of all students, faculty, and staff. Signing this document is verification that I have read and understand the Program Policies to include but not limited to:

1. During my clinical education, I understand I must be directly or indirectly supervised 100% of the time during clinical assignment. All repeat examinations require direct supervision.
2. I have reviewed and understand the governing regulations of the SHP printed in the SHP Catalog and the SHP Student Handbook.
3. I have reviewed and understand the governing regulations of the Diagnostic Imaging Program as printed in the Diagnostic Imaging Program CT and VI Emphases Policies Manual.
4. I understand that I am responsible to adhere to all applicable provisions concerning conduct, general departmental and grooming standards promulgated by the Program and its clinical affiliate facilities.
5. I acknowledge that as part of my professional education, attendance is required and missing clinical experiences and didactic classes will affect my grade and can be grounds for dismissal from the program.
6. I acknowledge that as part of my professional education, I am required to demonstrate continued competency in the academic and clinical setting. Failure to maintain competency may result in dismissal from the program. If I have or am diagnosed with a physical, mental or learning disability prior to starting or during the program, it is my responsibility to notify the Program Director in writing so that reasonable accommodations can be made.
7. I will purchase the required uniform including lab coats, scrubs and any protective materials the clinical education center requires. The upkeep of these items is my responsibility.
8. I will purchase the required textbooks and course materials.
10. I will attend clinical education as scheduled and I will strictly adhere to the clinical rotation and time schedule. I understand assignments are made to clinical affiliates to gain additional experience. Clinical assignments include rotations to the MD Anderson Cancer Center Main Campus and associated clinics, Houston Methodist Hospital (HMH), Houston Methodist West Hospital, Memorial Hermann TMC, Memorial Hermann Hospital Southeast, Memorial Hermann Hospital Southwest, Memorial Hermann Surgical Hospital-First Colony, Memorial MRI & Diagnostic, UTMB Galveston, UT Medical School Diagnostic Imaging Center, TIRR Memorial Hermann, CHI Baylor St. Luke's Hospital, Texas Children's Hospital-TMC, Texas A&M Veterinary Medical Teaching Hospital, Texas Children's Health Clinic-Cypress, Texas Children's Health Clinic-Sugarland and Michael E. DeBakey VA Medical Center and affiliate satellite centers.
11. I understand clinical assignments are scheduled for days, evening, nights and weekends rotations. Refer to clinical syllabus for rotation schedules.

12. I understand rotations will require travel up to 60 miles from the Houston, Texas Medical Center. All costs associated with the rotations are the student's responsibility.
13. I understand during clinical rotation a 30-minute meal break is mandatory.
14. I understand that any major breach of policy will be grounds for immediate dismissal from the program. A major breach of policy includes, but is not limited to: Injuring a patient, performing clinical activities without appropriate supervision, not reporting patient related incidents, unprofessional conduct that causes a patient to question the integrity of their care, unprofessional conduct related to patients, faculty and staff, falsification or destruction of any student or patient related (academic or clinical) records, mislabeling images with approved lead letter markers.
15. Students have the opportunity to grieve any disciplinary actions.
16. I must document my clinical experience using the program-approved method. Additionally, I understand that documenting my clinical attendance with any unauthorized electronic means is not permitted.
17. I will clock in and out of clinical education assignment only on computers identified at my clinical education center deemed acceptable by the program. Documenting clinical attendance for another student and/or purposely documenting clinical attendance inaccurately is considered falsifying academic/clinical records and may result in immediate dismissal from the program.
18. I understand that due to the compromised immunity of patients, if I become ill, including having a temperature of greater than 99.0 degrees Fahrenheit, nausea, vomiting and/diarrhea or a known contagious illness, I will not attend clinical or didactic education. Do not report to clinic if you are unsure about the nature of your illness, contact program officials immediately to discuss attendance. My absences from clinical education must be made up during the semester break following the absence. Make- up time must be approved by clinical faculty. All clinical education must be completed in a minimum of a four-hour block of time.
19. I understand I am expected to fully participate in all didactic and professional growth opportunities offered at UTMDACC School of Health Professions, regardless of grading criteria.
20. I will wear my assigned radiation monitor badge at all times during clinical education. I understand it is my responsibility to track my own radiation exposure.
21. I acknowledge I must earn a 75% or higher grade in each course in order to progress to the following semester.
22. I will not be released to sit for the ARRT examination in Computed Tomography and Vascular Interventional until all didactic and clinical requirements are completed.
23. I understand health care coverage is required, and it is my responsibility to maintain it. I understand that medical insurance may be purchased through The University of Texas Health Sciences Center.
24. I will abide by the guidelines of HIPAA and maintain patient confidentiality. I understand that sources of patient information that contain more than one way of patient identification should not leave hospital. (i.e., patient requisitions or patient identification stickers).
25. I understand that I must maintain my American Heart Association Health Care Provider CPR credentials.

26. I understand that I am required to complete all satellite clinical requirements before rotation. This may include ID badges, Health and Safety paperwork and immunization.

27. I understand that each satellite facility has their own requirements and may require immunization annually. Flu shots and TB tests are mandatory.

I understand any substantial breach of regulations, any serious departure from professional bearing or any prominent deficit in my academic achievement, motivation or attitude may constitute grounds for my expulsion from the program.

Signed _____ Date _____

Print Name _____

Witness _____ Date _____

Appendix B

Acknowledgement of Pregnancy Policy

The program does not discriminate based on pregnancy status. However, since exposure to ionizing radiation or magnetic and radiofrequency fields may pose a risk to the developing fetus, there are three options available to the student per the pregnancy policy.

1. Students providing written notice of voluntary declaration.
2. Program official and student discussion for option for continuance in the program without modification or leave of absence.
3. Student option for written withdrawal of declaration of pregnancy.

The policy states the student submit in writing, a declaration of pregnancy with the expected due date, to the Program Director or Associate Program Director, Clinical Faculty and the Radiation Safety Officer (if applicable.)

The student will be issued a fetal badge to monitor exposure to the fetus during pregnancy.

The Radiation Safety Officer will then provide counsel concerning the rules, regulations and rights of the student as an occupationally exposed health care worker, inform her health care provider of the nature of student clinical experiences and of the potential risk that may exist for exposure to ionizing radiation.

Review her clinical rotation schedule with the Program Director or Associate Program Director, Clinical Faculty, and the Radiation Safety Officer. The student retains the right to continue in her preset schedule, just as she retains the right to not declare herself pregnant.

If the student chooses to revise her clinical rotation schedule and this revision causes her to miss a required clinical rotation, this clinical rotation must be completed prior to graduation.

I have read this policy and understand my rights to declare pregnancy status.

Signed _____ Date _____

Print Name _____

Witness _____ Date _____

Appendix C

Voluntary Declaration of Pregnancy Computed Tomography and Vascular Interventional Emphases

I am pregnant and I wish to continue my clinical and didactic education. I agree this will be in the same capacity and with the same assignments I have had until this date, providing an appraisal of the radiation exposure entailed, based on all available data including monitoring records, leads to the reasonable conclusion that such exposure will not be expected to result in a fetal dose during my pregnancy which exceeds 0.5 rem. I will meticulously follow established radiation protection techniques to minimize the radiation exposure to my fetus. I do not expect to receive exemption from any regular assignments during my pregnancy.

Signed _____ Date _____

Print Name _____

Endorsement 1

I recommend the clinical education status of _____ be continued under the terms set forth above concerning exposure of pregnant students to ionizing radiation. I believe this individual's continued education will not result in a fetal exposure exceeding 0.5 rem and shall supervise work assignments and pay particular attention to monitoring records in order to minimize the possibility this dose will be exceeded.

Signed _____ Date _____
Clinical Coordinator

Print Name _____

Endorsement 2

I have reviewed this application and recommend (approval) (disapproval) of this student's application of continued clinical and didactic education during pregnancy.

Conditions:

Signed _____ Date _____
Hospital Radiation Safety Officer

Print Name _____

Signed _____ Date _____
Program Faculty

Print Name _____

Appendix E

Reinstatement Plan

The Student is subject to all School of Health Professions (SHP) and DI Program attendance, grade and dismissal policy.

Upon student reinstatement to the program, student must complete all didactic and clinical requirements for graduation, to include:

1. Completion of all competencies and repetitions as indicated in the Internship Syllabus.
2. Completion of all pertaining Competency Forms

I understand that all requirements listed above must be completed prior to taking the ARRT Computed Tomography or Computed Tomography and Vascular Interventional Examinations.

I understand that I am subjected to the current DI clinical attendance, clinical grade calculation and dismissal policies. Failure to complete the above requirements will result in dismissal from the DI Program CT and VI Emphases.

Signed _____ Date _____
Student

Approved _____ Date _____
Clinical Faculty

Approved _____ Date _____
Education Coordinator

Approved _____ Date _____
Program Director

Appendix F Absence/Tardiness/Early Departure Report

SECTION 1 - TO BE COMPLETED BY STUDENT

Name: Clinical Site:

Event to Report: **Select Event** Date: Time Missed:

Reason:

Request for Make-Up Assignment: Date: Time:

SECTION 2 - TO BE COMPLETED BY PROGRAM FACULTY

Notified by Student before Start of Shift: YES NO

Make-Up Assignment: Date: Time:

Comments:

SECTION 3 - SIGNATURES

Program Faculty: Date:

Student: Date:

| For Faculty Use Only: Breach (Circle/Highlight All That Apply) | Demerits |
|---|----------|
| A. Tardiness /Early Departure occurrences require make-up of missed time. First two excused. | 2 |
| B. Unexcused absences from clinic. These require make-up for each day missed* | 5 |
| C. Failure to submit Absence/Tardiness/Early Departure Report. | 2 |
| D. Failure to follow the notification procedure and report to an assigned clinical shift. No Call/No Show (NC/NS) is a Severe Attendance Infraction. One NC/NS occurrence will immediately result in clinical probation and 5 demerits per occurrence. | 5 |
| The PROGRAM FACULTY WILL ASSIGN MAKE-UP TIME. These clinical hours may be in increments of no less than four (4) hours at a time and may not be added to regular clinical time to create a shift of greater than ten (10) hours in a day. | |
| *Students are allowed to miss two (2) shifts as personal time off (PTO) per semester. Each individual absence thereafter will be reviewed by the Program Faculty to determine whether the absence is excused or unexcused. Students must submit any documentation pertaining to a clinical absence for consideration along with this form upon their return to clinic | |
| A Pattern of Attendance Infractions is defined as a series of incidents (Tardiness, Early Departure, Unexcused Absences, NC/NS, and/or Leave Without Permission (LWP) documented over a period of months. If a Pattern is determined, the student will be placed on clinical probation. | |

Appendix G

Student Information for Clinical Placement

PROGRAM:

MD ANDERSON ID/EMP NUMBER

I. IDENTIFYING INFORMATION:

Last Name: First Name: Middle Name:

Date of Birth: Place of Birth:

Social Security Number: Driver's License Number:

Are you a US Citizen? Yes No

If No, answer the following questions:

Country of Citizenship:

Are you a Permanent Resident?

Yes Attach a copy of your Resident Alien Card

No What VISA do you hold?

Home Address: City, State, Zip Code:

Home Phone: Cell Phone:

E-mail Address:

II. EMERGENCY CONTACT INFORMATION

First Contact Name:

Second Contact Name:

Relationship:

Relationship:

E-mail Address:

E-mail Address:

Mailing Address:

Mailing Address:

City, State, Zip Code:

City, State, Zip Code:

Phone Number:

Phone Number:

III. CRIMINAL HISTORY AS REQUESTED BY CLINICAL AFFILIATES

1. Have you ever been convicted of a felony or a misdemeanor (including, but not limited to such offenses as Driving Under the influence (“DUI”), battery, theft, writing worthless checks, healthcare fraud, etc.)? Yes No

If yes, what charges and dates?

2. Have you ever pled nolo contendere (“no contest”) or pled guilty to a felony or misdemeanor crime, (including, but not limited to such offenses as DUI, battery, theft, writing worthless checks, healthcare fraud, etc.)? Yes No

If yes, what charges and dates?

3. Have you ever received deferred adjudication for a felony or misdemeanor offence (including, but not limited to such offenses as DUI, battery, theft, writing worthless checks, healthcare fraud, etc.)? Yes No

If yes, what charges and dates?

If yes, have you successfully completed the probation period? Yes No

Upon completion of the probation period, was the case dismissed? Yes No

IV. EDUCATION

A. UNDERGRADUATE EDUCATION: (Last to first in chronological order):

| | | |
|---|---|------------------------------------|
| Name of Institution: <input type="text"/> | From: (mm/yyyy) <input type="text"/> | To: (mm/yyyy) <input type="text"/> |
| City, State: <input type="text"/> | Date Degree Awarded: <input type="text"/> | Degree: <input type="text"/> |

| | | |
|---|---|------------------------------------|
| Name of Institution: <input type="text"/> | From: (mm/yyyy) <input type="text"/> | To: (mm/yyyy) <input type="text"/> |
| City, State: <input type="text"/> | Date Degree Awarded: <input type="text"/> | Degree: <input type="text"/> |

B. HEALTH PROFESSIONS SCHOOL:

| | | |
|---|---|------------------------------------|
| Name of Institution: <input type="text"/> | From: (mm/yyyy) <input type="text"/> | To: (mm/yyyy) <input type="text"/> |
| City, State: <input type="text"/> | Date Degree Awarded: <input type="text"/> | Degree: <input type="text"/> |

| | | |
|---|---|------------------------------------|
| Name of Institution: <input type="text"/> | From: (mm/yyyy) <input type="text"/> | To: (mm/yyyy) <input type="text"/> |
| City, State: <input type="text"/> | Date Degree Awarded: <input type="text"/> | Degree: <input type="text"/> |

V. HEALTH INFORMATION

| | |
|---|---|
| A. Immunizations: <ul style="list-style-type: none"> If you do not have immunization records: You can either repeat the vaccinations or have your medical provider obtain a blood sample to test for serological confirmation of immunity. | Date of Vaccine or Titer: |
| a. Influenza * Last dose <ul style="list-style-type: none"> Flu vaccine is required during the flu season from 10/1 to 3/31 every year. | I. <input style="width: 100%;" type="text"/> |
| b. Tdap (Tetanus) <ul style="list-style-type: none"> One dose within the past 10 years. | I. <input style="width: 100%;" type="text"/> |
| c. Measles (Rubeola) <ul style="list-style-type: none"> Vaccines or Serologic Confirmation by Rubeola Titer. | I. <input style="width: 100%;" type="text"/> II. <input style="width: 100%;" type="text"/> |
| d. Mumps <ul style="list-style-type: none"> Vaccines or Serologic Confirmation by Mumps Titer. | I. <input style="width: 100%;" type="text"/> |
| e. Rubella <ul style="list-style-type: none"> Vaccine or Serologic Confirmation by Rubella Titer. | I. <input style="width: 100%;" type="text"/> |
| f. Varicella <ul style="list-style-type: none"> Vaccines or Positive History of Chicken Pox Disease or Serologic Confirmation by Varicella Titer. | I. <input style="width: 100%;" type="text"/> II. <input style="width: 100%;" type="text"/> |
| g. Hepatitis B <ul style="list-style-type: none"> Vaccine Series or Positive Hepatitis B Surface Antibody Titer. Clinical sites may require a Hepatitis B Titer within the past 5-years. | I. <input style="width: 100%;" type="text"/> II. <input style="width: 100%;" type="text"/> III. <input style="width: 100%;" type="text"/> |
| B. TB Screening <ul style="list-style-type: none"> Required within the last 12 months, unless documentation of a past positive is provided. This can be completed with a Tuberculin Skin Test (PPD) or an Interferon-Gamma Release Assays (IGRAs). If PPD or IGRAs is positive, a PDF copy of a Chest X-Ray Report must be provided with this form. | |
| Date: <input style="width: 100px;" type="text"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> | |
| If positive, did you take isoniazid (INH) prophylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| C. Have you ever been diagnosed with Hepatitis C? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| D. CPR/BLS Certification's expiration date: <input style="width: 100px;" type="text"/> | |

VI. REQUIRED DOCUMENTS:

Please provide a separate PDF copy of each of the following documents and write your **Initials** when provided, **N/A** when not applicable, or **P** when pending:

1. Driver's License (Front and Back) or US Passport
2. Current American Heart Association CPR/BLS card (Front and Back).
3. Health Insurance Card (Front and Back)
4. ARRT (R), (N), (S) or (T) or NMTCB or ARDMS Card
5. Visa or Green Card (If applicable)
6. Immunization records (Tetanus; Measles; Mumps; Rubella; Varicella; Hepatitis B; Influenza)
7. TB screening report or chest x-ray report

VII. ATTESTATION AND RELEASE OF INFORMATION STATEMENT:

By completing and signing this form, I certify that all the information provided is true to the best of my knowledge and that I have the corresponding documentation to support this information.

I hereby give permission to the School of Health Professions to release the information it contains to all my clinical rotation sites.

In accordance with all clinical affiliates' internship enrollment requirements, I understand that additional information/documentation may be required at any time during the course of my training. In this way I will be compliant with all the requirements needed for the completion of my educational program.

Student's Electronic or Printed Signature

Date

Appendix H

CT Competency Master Log

| A. HEAD, SPINE AND MUSCULOSKELETAL | | |
|--|------|----------------|
| PROCEDURE | DATE | SUPERVISED BY: |
| 1. Head without contrast | | |
| 2. Head with contrast | | |
| 3. Pituitary Fossa* | | |
| 4. Sinuses | | |
| 5. Orbits | | |
| 6. Facial Bones (mandible) | | |
| 7. Temporal Bone/IACs | | |
| 8. Trauma Head | | |
| 9. Vascular Head (CTA/CTV)* | | |
| 10. Brain Perfusion* | | |
| 11. Cervical | | |
| 12. Thoracic | | |
| 13. Lumbar | | |
| 14. Spinal Trauma | | |
| 15. Upper Extremity | | |
| 16. Lower Extremity | | |
| 17. Shoulder and/or Scapula | | |
| 18. Bony Pelvis and/or Hips | | |
| 19. Musculoskeletal Trauma | | |
| 20. Vascular Extremity/Runoff (CTA/CTV)* | | |
| B. NECK AND CHEST | | |
| PROCEDURE | DATE | SUPERVISED BY: |
| 1. Soft Tissue Neck | | |
| 2. Vascular Neck (CTA/CTV)* | | |
| 3. Chest without contrast | | |
| 4. Chest with contrast* | | |
| 5. HRCT | | |
| 6. Vascular Chest (e.g., PE, CTA/CTV, Aorta)* | | |
| 7. Chest Trauma | | |
| 8. Lung Nodule Study | | |
| 9. Low Dose Lung Screening | | |
| 10. Heart (e.g., Calcium Scoring, Coronary Angiography)* | | |
| C. ABDOMEN AND PELVIS | | |
| PROCEDURE | DATE | SUPERVISED BY: |
| 1. Abdomen/Pelvis without contrast | | |
| 2. Abdomen/Pelvis with contrast* | | |

| 3. Liver (Multi-Phase)* | | |
|--|------|----------------|
| 4. Kidneys (Multi-Phase)* | | |
| 5. Pancreas (Multi-Phase)* | | |
| 6. Adrenals | | |
| 7. Enterography Study | | |
| 8. Appendicitis Study | | |
| 9. Renal Stone Protocol (without IV contrast) | | |
| 10. Abdominal Trauma (CTA/CTV)* | | |
| 11. Vascular Abdomen (CTA/CTV)* | | |
| 12. Intravenous Urogram/IVU* | | |
| 13. Bladder | | |
| 14. Pelvic Trauma* | | |
| 15. Vascular Pelvis (CTA/CTV)* | | |
| 16. Colorectal Studies (rectal contrast) | | |
| D. OTHER PROCEDURES | | |
| PROCEDURE | DATE | SUPERVISED BY: |
| 1. Biopsies | | |
| 2. Drainages | | |
| 3. Aspirations | | |
| 4. Pediatric (12 and under) | | |
| 5. Arthrography | | |
| 6. Discography | | |
| 7. Myelography | | |
| E. IMAGE DISPLAY AND POST PROCESSING | | |
| PROCEDURE | DATE | SUPERVISED BY: |
| 1. Geometric Distance or Region of Interest (ROI) Measurements | | |
| 2. Multiplanar Reconstruction (MPR) | | |
| 3. 3D Rendering (MIP, SSD, VR) | | |
| F. QUALITY ASSURANCE | | |
| PROCEDURE | DATE | SUPERVISED BY: |
| 1. Calibration Checks | | |
| 2. CT Number and Standard Deviation (Water Phantom) | | |

* The use of iodinated contrast is mandatory for this exam.

Appendix I

VI Competency Master Log

| Neurological Procedures | | |
|---|------|----------|
| PROCEDURE | DATE | VERIFIED |
| 1. Neurologic Angiography* | | |
| 2. Spinal Arteriography | | |
| 3. Embolization | | |
| 4. Thrombolysis/ Thrombectomy | | |
| 5. Angioplasty | | |
| 6. Stent Placement | | |
| 7. Vertebroplasty and/or Kyphoplasty | | |
| 8. Discography | | |
| Thoracic Procedures | | |
| PROCEDURE | DATE | VERIFIED |
| 1. Aortography | | |
| 2. Pulmonary Arteriography | | |
| 3. Superior Vena Cavagram | | |
| 4. Embolization | | |
| 5. Endograft Placement | | |
| 6. Chest Tube/Drain Placement | | |
| 7. Thoracentesis | | |
| 8. Thrombolysis/ Thrombectomy | | |
| 9. Angioplasty | | |
| 10. Stent Placement | | |
| Abdominal and Pelvic Procedures | | |
| PROCEDURE | DATE | VERIFIED |
| 1. Aortography | | |
| 2. Selective Visceral Angiography | | |
| 3. Renal Angiography | | |
| 4. Adrenal Angiography | | |
| 5. Pelvic Angiography | | |
| 6. Inferior Vena Cavagram | | |
| 7. Paracentesis | | |
| 8. Angioplasty | | |
| 9. Stent Placement | | |
| 10. Endograft Placement | | |
| 11. Caval Filter Placement | | |
| 12. Caval Filter Removal | | |
| 13. Venous Sampling | | |
| 14. TIPS | | |
| 15. Chemoembolization | | |
| 16. Radioembolization | | |
| 17. Embolization | | |
| | | |
| | | |

| Genitourinary and Gastrointestinal Nonvascular | | |
|--|------|----------|
| PROCEDURE | DATE | VERIFIED |
| 1. Nephrostomy | | |
| 2. Ureteral Dilatation and/or Stents | | |
| 3. Percutaneous Stone Extraction | | |
| 4. Percutaneous Transhepatic Cholangiogram | | |
| 5. Internal/External Biliary Drainage | | |
| 6. Cholecystostomy | | |
| 7. Gastrostomy or Gastrojejunostomy | | |
| 8. Catheter/Drain Exchange | | |
| Peripheral | | |
| PROCEDURE | DATE | VERIFIED |
| 1. Upper Extremity Arteriography | | |
| 2. Lower Extremity Arteriography | | |
| 3. Extremity Venography | | |
| 4. Hemodialysis Graft / Fistula Study | | |
| 5. Embolization | | |
| 6. Thrombolysis/ Thrombectomy | | |
| 7. Angioplasty | | |
| 8. Stent Placement | | |
| 9. Atherectomy | | |
| Venous Access | | |
| PROCEDURE | DATE | VERIFIED |
| 1. Central Venous Access (Non-Tunneled/PICC Line) | | |
| 2. Central Venous Access (Tunneled/Port) | | |
| Miscellaneous | | |
| PROCEDURE | DATE | VERIFIED |
| 1. Biopsy | | |
| 2. Percutaneous Drainage | | |
| 3. Tunneled Drainage (Thoracic and Abdominal) | | |
| 4. Foreign Body Retrieval | | |
| 5. (RFA) Percutaneous Radiofrequency Ablation | | |

*In this document, angiography includes arteriography and/or venography

- Each selected procedure must be performed a minimum of five times (repetitions) in order for the candidate to receive credit for that procedure.
- Only after the first 5 repetitions, the candidate can perform a competency.
- Each procedure may be counted a minimum of 5 times and a maximum of 20 times.
- The candidate must complete a minimum of 200 repetitions with 12 of these procedures performed as Competencies.