RADIATION THERAPY PROGRAM
STUDENT HANDBOOK
2014-2015

GCC STUDENT HANDBOOK SUPPLEMENT

June 2014
ACADEMIC CALENDAR 2014-2015

Fall 2014

Summer 2014
August 25-27
August 28
September 1
September 2
September 8
October 13
October 24
November 7
November 14
November 26
November 27
November 28-30
December 11
December 12-18
December 19-Jan 2
December 22
December 26

Spring 2015

January 5
January 19
January 22
January 20-21
January 22
January 23
January 30
February 16
March 27
March 13
March 16-22
April 10
April 3-5
May 9
May 11-15
May 18
May 21
May 25
May 26
May 29
July 3
July 20-31
August 21

AFFILIATE AND PROGRAM ORIENTATIONS
Extended Registration before Classes Begin
Professional Day
Labor Day (College Closed), No Clinical
First Day of Classes, Fall Clinical Begins
Last Day to Add Classes (until 4:00PM)
Columbus Day (College Closed), No Clinical
Mid-Term Deficiency Reports Due from Faculty
Last Day to Make Up Incomplete Grades from Spring 2014
Last Day to Withdraw from Individual Classes
Faculty Planning Day, No Classes or Clinical
Thanksgiving (College Closed), No Clinical
Thanksgiving Recess, No Classes or Clinical
Last Day of Classes
Final Examinations, No Clinical
Christmas Break, No Clinical
Last Day to Submit Final Grades (By 12:00 Noon)
Semester Ends

Winter Clinical Internship Begins M-F, 40hrs per week
Martin Luther King Day (College Closed), No Clinical
Last Day of Winter Clinical Internship I & III
Extended Registration before Classes Begin
Professional Day
First Day of Classes/Clinical
Last Day to Add Classes (Until 4:00PM)
President’s Day (College Closed), No Clinical
Last Day to Make Up Incomplete Grades from Fall 2014
Mid-Term Deficiency Reports Due from Faculty
Spring Recess, No Classes or Clinical
Last Day to Withdraw from Individual Classes
Easter Recess, (College Closed), No Clinical
Last Day of Classes/Clinical
Final Examinations, No Clinical
Last Day to Submit Final Grades (By 12:00 Noon)
Graduation
Memorial Day (College Closed), No Clinical
Summer Clinical Internship II Begins M-F, 40 hrs/week
Semester Ends
Independence Day (College Closed), No Clinical
Summer Vacation Freshman Students
Freshman-Summer Clinical Internship Ends

*All dates are subject to change
Table of Contents

Program Information

- Introduction pg. 5
- Non-Discrimination Statement pg. 5
- Radiation Therapy: Associate of Science Degree pg. 5
- Program Accreditation pg. 6
- Program Mission, Goals, and Outcomes pg. 6
- The Practice Standards for Medical Imaging and Radiation Therapy pgs. 6-9
- Radiation Therapist Scope of Practice pg. 9-10
- Allegations of Non-Compliance pg. 10
- Radiation Therapy Contact Persons/Telephone Numbers/Transportation and Parking pg. 11
- School Closing/Inclement Weather
- Student Conduct pgs. 12-15
- Standards of Progression pgs. 15
- Leave of Absence pg. 16
- Readmission Procedures pgs. 16-17
- Review of Academic Standing pg. 17
- Graduation pg. 17
- Clinical Student Attendance pgs. 17-19
- Didactic Attendance pg. 19
- Bereavement Time pg. 19
- Students Change of Address pg. 19
- Withdrawal from the Program pg. 20

Health and Safety

- Health Requirements pg. 20
- Smoking Guidelines pg. 20-21
- Health & Safety Training pg. 21
- Standard Precautions and HIPAA pg. 21
- Basic Life Support and Venipuncture pg. 21
- Liability Insurance pg. 21
- Technical Standards pg. 22
- Pregnancy Procedure pgs. 22-23
- Personnel Monitors for Students pgs. 23-27
- Instructions to Film Badge Users pgs. 27-28
Professional Appearance

- General Dress Code Requirements pg. 29
- Radiation Therapy Program Specific Dress Code pg. 30

Clinical Guidelines

- Clinical Rotation Evaluations pg. 30
- Keeping Your Own Records pg. 30
- Supervision Procedure pg. 31
- Imaging/Treatment Sign Off pg. 31
- Repeat Standard pg. 31
- Goals for Radiation Therapy Clinical Practice pg. 31-36
- Student Clinical Competency Paperwork pgs. 37-74

Appendices

A. Program Curriculum pg. 75
B. ASRT and ARRT Code of Ethics pg. 76
C. Radiation Therapy Code of Ethics pg. 77
D. American Hospital Association-Patient Care Partnership pgs. 78-79
E. ARRT-Eligibility for Certification pgs. 80-81
F. Radiologic Technology Programs-Technical Standards pg. 82
G. Declaration of Pregnancy pg. 83
H. College Emergency Plan pgs. 84-85
I. Standards for an Accredited Education Program in Radiologic Sciences pgs. 86-161
PROGRAM INFORMATION

Introduction:

This Student Handbook contains academic and general information and statements of procedures in effect at Gateway Community College for the 2014-2015 year. It is each student’s responsibility to become thoroughly familiar with the Radiation Therapy Program Student Handbook. The student will be held accountable for meeting the expectations outlined in the Radiation Therapy Program Student Handbook, College Catalog, College Student Handbook, which can be found on the College website (www.gatewayct.edu), Affiliates’ code of conduct and department policies; and the Code of Ethics of the pertinent professional organization (ARRT, ASRT).

Student behavior with College and Clinical Affiliate faculty and staff, peers, therapists, physicians, patients, and members of the public must be courteous and appropriate for a professional in training. Students are expected to conduct themselves in a positive manner compatible with their desired profession and in accordance with the ASRT and ARRT Codes of Ethics.

The College reserves the right to modify any statement contained herein. Students are responsible for compliance with all regulations contained in this Student Handbook and the dates cited in the official academic calendar. Officially approved changes will be disseminated through the Student Handbook Supplement.

This Handbook is not intended to cover all topics and circumstances. We reserve the right to respond to specific situations in a manner that we believe best suits the needs of the program and the student(s) involved, and most closely follow our stated policies.

Non-Discrimination Statement

The Connecticut Community College Radiation Therapy Program abides by the State of Connecticut and the Community College System policies on non-discrimination referenced in the College Catalog, College Student Handbook which can be found on the College website (www.gatewayct.edu).

Radiation Therapy: Associate of Science Degree

This curriculum (see appendix A) is designed to prepare students for employment as radiation therapists in hospitals and cancer centers. Upon completion of the program, the student will be eligible to apply for application to the certifying board examination administered by the American Registry of Radiologic Technology (Radiation Therapy).

The Program is based on twenty-two months of full-time study. The structure of the curriculum is designed to include didactic and supervised clinical education to assure sufficient opportunity to achieve all didactic and clinical requirements. Students are assigned on a rotating basis to the clinical education centers. Required Program orientation begins in June.

Total Clinical Practicum I, II, III, IV, and Clinical Internships I, II, and III, hours are approximately 2,000 total.
**Accreditation:**
The Radiation Therapy Program is accredited by:
The Joint Review Committee on Education in Radiologic Technology (JRCERT)
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312)704-5300
[www.jrcert.org](http://www.jrcert.org)

**Radiation Therapy: Program Mission**
The Radiation Therapy Program at Gateway Community College is committed to educating and preparing competent, entry level therapists who provide quality care for members of the community. Furthermore, the Program is dedicated to providing tools to support life-long learning.

**Radiation Therapy Program Goals:**

1. Graduates in the Gateway Community College Radiation Therapy Program will demonstrate skills in effective written and oral communication.
2. Graduates in the Gateway Community College Radiation Therapy Program will demonstrate skills in effective critical thinking and problem solving in the principles and practices of Radiation Therapy.
3. Graduates in the Gateway Community College Radiation Therapy Program will achieve personal and professional growth.
4. Graduates in the Gateway Community College Radiation Therapy Program will be clinically competent in the practice of Radiation Therapy.
5. The Program will prepare graduates to be entry-level Radiation Therapists.

**Radiation Therapy Program Learning Outcomes:**

Upon successful completion of all Program requirements, the graduate should be able to:

1. Evaluate and assess treatment delivery components.
2. Provide radiation therapy treatment delivery services to cure or improve the quality of life of patients by accurately delivering a prescribed course of treatment.
3. Evaluate and assess daily the physiological and psychological responsiveness of each patient to treatment delivery.
4. Maintain values congruent with the professional code of ethics and scope of practice while adhering to national, institutional and/or departmental standards, policies and procedures regarding treatment delivery and patient care.
5. Meet the criteria to apply for the American Registry of Radiologic Technologists (ARRT) certification exam

**THE PRACTICE STANDARDS FOR MEDICAL IMAGING AND RADIATION THERAPY**

**Introduction to Radiation Therapy Practice Standards**
The practice of radiation therapy is performed by health care professionals responsible for the administration of ionizing radiation for the purpose of treating diseases, primarily cancer.
The complex nature of cancer frequently requires the use of multiple treatment specialties. Radiation therapy is one such specialty, which requires an interdisciplinary team of radiation oncologists, nurses, radiation physicists, medical dosimetrists, and radiation therapists. It is typically the radiation therapist who administers the radiation to the patient throughout the treatment process. Radiation therapy integrates scientific knowledge, technical competency, patient interaction skills, and caring concern to deliver safe and accurate treatment. A radiation therapist exercises independent professional and ethical judgment.

**Radiation Therapy – General Requirements**

Radiation therapists must demonstrate an understanding of anatomy and physiology, pathology, and medical terminology. In addition, comprehension of oncology, radiobiology, radiation physics, radiation oncology techniques, radiation safety, and the psychosocial aspects of cancer are required of a radiation therapist. Radiation therapists must maintain a high degree of accuracy in positioning and treatment technique. They must maintain knowledge about radiation protection and safety. Radiation therapists assist the radiation oncologist in localizing the treatment area, participate in treatment planning, and deliver high doses of ionizing radiation prescribed by a radiation oncologist. Radiation therapists are the primary liaison between patients and other members of the radiation oncology team. They also provide a link to other health care providers, such as social workers and dietitians. Radiation therapists must remain sensitive to the physical and emotional needs of the patient through good communication, patient assessment, patient monitoring, and patient care skills. Radiation therapy often involves daily treatments extending over several weeks. This treatment method uses highly sophisticated equipment and requires a great deal of initial planning as well as constant patient care and monitoring. Radiation therapists use independent, professional, ethical judgment and critical thinking. Quality improvement and customer service allow the radiation therapist to be a responsible member of the health care team by continually assessing professional performance. Radiation therapists engage in continuing education to enhance patient care, public education, knowledge, and technical competence while embracing lifelong learning.

**Education and Certification**

Radiation therapists prepare for their role on the interdisciplinary team by successfully completing an accredited educational program in radiation therapy. Two-year certificate, associate degree, and four-year baccalaureate degree programs exist throughout the United States. Accredited programs must meet specific curricular and educational standards. Upon completion of a course of study in radiation therapy from an accredited program recognized by the American Registry of Radiologic Technologists (ARRT), individuals may apply to take the national certification examination. Those who successfully complete the certification examination in radiation therapy may use the credential R.T.(T) following their name; the R.T. signifies registered technologist and the (T) indicates radiation therapy. To maintain ARRT certification, radiation therapists must complete appropriate continuing education requirements in order to sustain a level of expertise and awareness of changes and advances in practice.

**Practice Standards** The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession for judging the quality of practice, service, and education. Professional practice constantly changes as a result of a number of factors including technological advances, market and economic forces, and statutory and regulatory mandates.
While a minimum standard of acceptable performance is appropriate and should be followed by all practitioners, it is inappropriate to assume that professional practice is the same in all regions of the United States. Community custom, state statute, or regulation may dictate practice parameters. Wherever there is a conflict between these standards and state or local statutes and regulations, the state or local statutes and regulations supersede these standards. Recognizing this, the profession has adopted standards that are general in nature. A radiation therapist should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure.

**Format** The Practice Standards are divided into five sections: scope of practice, clinical performance, professional performance, advisory opinion.

*Scope of Practice.* The scope of practice delineates the parameters of the radiation therapy practice.

*Clinical Performance Standards.* The clinical performance standards define the activities of the practitioner in the care of patients and delivery of diagnostic or therapeutic procedures. The section incorporates patient assessment and management with procedural analysis, performance, and evaluation.

*Quality Performance Standards.* The quality performance standards define the activities of the practitioner in the technical areas of performance including equipment and material assessment, safety standards, and total quality management.

1 The terms “practice” and “practitioner” are used in all areas of the standards in place of the various names used in medical imaging and radiation therapy, such as radiologic technologist, sonographer, or radiation therapist. Practitioner is defined as any individual practicing in a specific area or discipline. The profession believes that any individual practicing in one of the defined disciplines or specialties should be held to a minimum standard of performance to protect the patients who receive professional services.

*Professional Performance Standards.* The professional performance standards define the activities of the practitioner in the areas of education, interpersonal relationships, self-assessment, and ethical behavior.

*Advisory Opinion Statements.* The advisory opinions are interpretations of the standards intended for clarification and guidance for specific practice issues. A profession’s practice standards serve as a guide for appropriate practice. Practice standards provide role definition for practitioners that can be used by individual facilities to develop job descriptions and practice parameters. Those outside the imaging, therapeutic, and radiation science community can use the standards as an overview of the role and responsibilities of the practitioner as defined by the profession.

Each section is subdivided into individual standards. The standards are numbered and followed by a term or set of terms that identify the standards, such as “assessment” or “analysis/determination.” The next statement is the expected performance of the practitioner when performing the procedure or treatment. A rationale statement follows and explains why a practitioner should adhere to the particular standard of performance.
Criteria. Criteria are used in evaluating a practitioner’s performance. Each set is divided into two parts: the general criteria and the specific criteria. Both general and specific criteria should be used when evaluating performance.

General Criteria. General criteria are written in a style that applies to imaging and radiation science practitioners. These criteria are the same in all sections of the standards and should be used for the appropriate area of practice.

Specific Criteria. Specific criteria meet the needs of the practitioners in the various areas of professional performance. While many areas of performance within imaging and radiation sciences are similar, others are not. The specific criteria are drafted with these differences in mind.

Radiation Therapist Scope of Practice
The scope of practice of the radiation therapist includes:

1. Delivering radiation therapy treatments as prescribed by a radiation oncologist.

2. Performing simulation, treatment planning procedures, and dosimetric calculations.

3. Detecting and reporting significant changes in patients’ conditions, and determining when to withhold treatment until the physician is consulted.

4. Monitoring doses to normal tissues within the irradiated volume to ensure tolerance levels are not exceeded.

5. Constructing/preparing immobilization, beam directional, and beam modification devices.

6. Performing quality assurance activities, detecting equipment malfunctions, and taking appropriate action.

7. Applying principles of radiation protection (as low as reasonably achievable, or ALARA) at all times.

8. Participating in brachytherapy procedures.


10. Identifying and managing emergency situations.

11. Educating and monitoring students and other health care providers.

12. Educating patients, their families, and the public about radiation therapy.

13. Identifying, preparing and/or administering medications as prescribed by a licensed practitioner.
14. Performing venipuncture with the appropriate clinical and didactic education where state and/or lawful institutional policy permits.

15. Starting and maintaining intravenous (IV) access per orders when applicable.

**Allegations of Non-Compliance**
The Radiation Therapy program is accredited by:
The Joint Review Committee on Education in Radiologic Technology (JRCERT).
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312)704-5300
[www.jrcert.org](http://www.jrcert.org)

In order to maintain this accreditation, the program must strictly follow the **Standards for an Accredited Educational Program in Radiologic Sciences** (Appendix I) which is published by the JRCERT. You will find these standards published in this student Program guide for your convenience. Students have the right to file a complaint if any of the standards has been violated by the Program. All allegations regarding non-compliance with JRCERT Standards will be handled in the following manner:

**How to file a complaint:**
An allegation is to be submitted in writing to the Program Director within thirty (30) days of the date of non-compliance or when the student knew of the alleged violation. The written allegation shall specify the Standard claimed to have been violated and a brief summation of the underlying facts surrounding the violation.

**Procedure for Complaint Resolution:**
The Program will investigate any allegation within thirty (30) days of the date the complaint was submitted. In the course of each investigation, the Program will consult directly with the Director of Allied Health and Nursing. The allegation is then forwarded to the Academic Standards Committee for further review. A recommendation shall be rendered by the Academic Standards Committee within thirty (30) days of submission of the allegation by the Program.
RADIATION THERAPY CONTACT PERSONS AND TELEPHONE NUMBERS

Gateway Community College
Sheila Solernou, Allied Health and Nursing Division Director
Gina Finn, Program Director, Radiation Therapy
Veronica Cardinale, Clinical Coordinator
Telephone
(203)285-2393
(203)285-2392
(203)285-2402

Yale-New Haven Hospital-Smilow Cancer Hospital
Jane Gregory, Clinical Supervisor
(203)200-2100 and ask for machine

Yale-New Haven Hospital-St. Raphael Campus (New Haven Campus)
Shalene Neeman, Clinical Supervisor
(203)789-3131

Yale-New Haven Hospital-St. Raphael Campus (Hamden Campus)
Christina Sartori, Clinical Supervisor
(203)-867-5628

Bridgeport Hospital-Norma Pfriem Trumbull Oncology
Ginny Bowolick, Clinical Supervisor
(203)337-8700

Danbury Hospital
Sue Mclean, Clinical Supervisor
(203)739-7528

Lawrence & Memorial Hospital
Carol Mason, Clinical Supervisor
(860)442-0711 ext.3116 or 3118

Students are not allowed to contact college or affiliate staff/faculty via their home/personal telephones or emails.

Transportation and Parking
Students are responsible for transportation to and from the college and clinical education sites. Students will travel to clinical affiliates located throughout Connecticut.

Students are subject to the parking regulations established by the clinical affiliates and are expected to park in designated areas only. If a violation occurs, the car may be towed at the student’s expense. The College and the RDT Program are not responsible for parking or towing expenses or injury to property sustained at a clinical affiliate site.

School Closing/Inclement Weather
The student should refer to area radio and television stations of the College website www.gatewayct.edu, for class delays, late openings, cancellations of school closing.
In the event that College classes are cancelled, clinical experience for that date will be cancelled. If the student chooses to use CTO time due to inclement weather a full 8 hours will be deducted from their CTO bank.
**Student Conduct**

Radiation Therapy students are entering a profession that requires academic honesty and integrity. The discipline of radiation therapy requires assumption of personal responsibility and ethical behavior in all settings, in keeping with the American Society of Radiologic Technologists (ASRT) and The American Registry of Radiologic Technologists Code of Ethics (see appendix B) and the Radiation Therapy Code of Ethics (see appendix C). Students are expected to conduct themselves in a manner consistent with the standards of professional behavior and clinical practice at all times. Measures are instituted throughout the program to preserve this integrity. Any violation of conduct will be dealt with according to the standards and practices outlined in this Radiation Therapy Program Student Handbook, the College Student Handbook located on the College website (www.gatewayct.edu), and the Board of Regents (BOR)/Connecticut State Colleges and Universities (CSCU) Student Code of Conduct and the Policy Manual of the Board of Trustees of the Community-Technical Colleges available at: http://www.ct.edu/files/pdfs/ccc-policy-manual.pdf, and any additional policies approved by the Board of Regents for Higher Education governing student conduct. Affiliates’ code of conduct and department policies. Students are expected to abide by these standards of professional behavior and clinical practice at all times. Any student found to be in violation of these policies may be dismissed from the Radiation Therapy Program.

Radiation Therapy Program students are guests of the Clinical Affiliates. As guests, students are required to adhere to the Clinical Affiliates’ policies as if they were employees of the Clinical Affiliates. Behavior that interferes with the operations of the College, Program or Clinical Affiliate, violates established policies and/or procedures, discredits the Program or is offensive to patients, visitors, Program staff, clinical staff or fellow students will not be tolerated. Appropriate action will be taken when a violation occurs, including dismissal from the Program.

The use of cell phones/smartphones/blackberries or electronic devices for making calls or text messaging is not permitted in the clinical area, college laboratory or classroom. The devices must be on silent, if the student disrupts other students, faculty, or staff with the use of these devices or uses these devices inappropriately, the student may be subject to disciplinary action per college procedure.

Radiation Therapy students are reminded that posts to any and all social networking or social media (including personal Facebook, Twitter, personal blogs, and other types of social media accounts) must reflect the same behavioral standards of honesty, respect, consideration and professionalism that are expected in college and clinical environments. In any social media posts or communications, students must adhere to the same restrictions related to privacy for fellow students, faculty, and patients as they do in a classroom or clinical environment in accordance with federal Health Insurance Portability and Accountability Act (HIPAA) standards. Inappropriate use of social media by users with regard to the college, its faculty, students, clinical affiliates, or patients is subject to disciplinary actions.

A student’s written work is expected to be original and done independently unless otherwise indicated. Footnotes and references must be used to acknowledge the source and avoid plagiarism in accordance with the American Psychological Association (APA) standards.
Selected portions of the radiation therapy curriculum are taught, reinforced, or reviewed through the use of educational software/instructional media such as videotapes, computer programs, DVDs and/or online learning activities. Students are required to adhere to all copyright policies.

Violations of academic integrity will be dealt with in accordance with College procedure.

**Incident/Accident Reports:**
Students must report any occurrence that results in the generation of an incident report at a Clinical Affiliate within 24 hours to the Program Director at the College. Failure to do so will result in a disciplinary sanction.

**Program Disciplinary Standards and Procedures:**
The Program disciplinary standards and procedures may be initiated upon receipt by the Program Director of behavior or action in violation of Program procedure. The report of violation may be provided through written evaluation, verbal report from clinical affiliate staff to college faculty/staff/administration, clinical observation by college faculty/staff, written and/or verbal comment from clinical affiliate and/or college faculty/staff, daily clinical performance log and/or time card, conference with college and/or clinical affiliate faculty/staff. This is not an all-inclusive list. Other mechanisms not listed here may be used to begin disciplinary standards.

A student who fails 2 or more rotation clinical in a semester or summer session will result in program dismissal and receive a grade of F for clinical. A student who fails the clinical rotation evaluation during winter intersession will result in program dismissal and receive a grade of F for clinical. A student who is on Clinical Probation receives 2 failing clinical evaluations in a semester/winter or summer intersession, he/she may be immediately dismissed from the Program.

Sanctions are intended to encourage learning and as such are generally progressive in nature and proportionate to the behavior in question. Grievous violations, therefore, may result in immediate dismissal, upon the determination of the Program Director. The prior conduct record of a student shall be considered in determining the appropriate sanction for a student who has been found to have violated any Program standard.

In such cases where the continued presence of a student constitutes, in the judgment of the Clinical Affiliate, a danger to the health and safety of patients or staff, unacceptable performance, impairment, health status or failure to comply with their policies. The Clinical Affiliate may temporarily or permanently remove a student from their site and refer the student immediately to the Program Director. Students in the Radiation Therapy Program are expected to rotate through all clinical sites.

A student who is **permanently** removed from a clinical affiliate will be immediately dismissed from the Program and will be ineligible for re-admission to the program at any time in the future. Furthermore, the student will be ineligible to apply to any other Allied Health Program in the future. In certain circumstances, the Program Director may recommend to the College’s Dean of Students that the reported behavior of the student be addressed under the Student Conduct Guidelines outlined in the College Student Handbook, which may lead to the student’s suspension or expulsion from the College. The student must immediately deliver their film badge and hospital ID to the Clinical Coordinator/Program Director.
**Disciplinary sanctions** that may be imposed upon a finding that a violation of the Program rules of student behavior has occurred include but are not limited to, the following:

1. Documented verbal warning,
2. Disciplinary written warning,
3. Clinical/Academic disciplinary probation,
4. Programmatic dismissal.

**Disciplinary Procedure**
The following procedures shall govern the enforcement of the Program Disciplinary Procedure:

- Upon receipt of the report of a violation by a student, the Program Director will provide the student an opportunity to meet within (3) working days of the **violation**.
- The student will be given an opportunity to submit information for the Program Director within (3) working days.
- The Program Director will review and investigate allegations and render a decision within (5) working days of meeting with the student. During the investigation period, the student may be placed on temporary suspension from the clinical obligations of the Program. The decision of the Program Director as to whether the student committed the reported violation and the appropriate sanction is final.
- If the student is not satisfied with the resolution, the student may bring the concern to the Allied Health/Nursing Division Director within (5) working days of receiving the decision. The Allied Health/Nursing Division Director will respond in writing within (5) working days of the receipt of the appeal.
- If the student is not satisfied with the decision of The Allied Health/Nursing Division Director, the student can initiate the college student grievance procedure as outlined in the College Student Handbook.

Student behavior, physical or emotional condition in the clinical teaching/learning setting that is a conflict with the Expectations for Student Conduct will be managed in accordance with the judgment of teaching faculty present. In consultation with the Radiation Therapy Program Director or Clinical Coordinator, faculty may determine that the expertise of additional college personnel, healthcare professional or administrators is needed to establish direction appropriate to an individual situation. If the physical or emotional condition of the student is disability related and an **Academic Adjustment** has been granted by the college Disability Services Coordinator and the clinical agency, then faculty must consult with the college Disability Services Coordinator prior to making further determination. The actions of faculty are sanctioned based upon the overarching requirement to protect the student(s) and/or client(s), other students, and/or agency employees with whom they carry responsibility for delivering safe and competent radiation therapy care.

The dismissal of a student from the clinical teaching and learning environment for unsafe radiation therapy practice beyond one day (interim suspension) is made by the radiation therapy faculty. If interim suspension from clinical is a consideration, the student is provided an opportunity to meet with designated college personnel to provide pertinent information for consideration prior to any decision.

The dismissal of a student from any course teaching/learning activities other than clinical beyond one day (interim suspension) must be made in collaboration with designated Radiation Therapy Program Director and the Dean of Student Services for the College. If interim suspension from
any course teaching/learning activities other than clinical is a consideration, the student is provided an opportunity to meet with designated college personnel to provide pertinent information. The information provided by the student is considered by the designated college personnel in collaboration with the Dean of Student Services prior to any decision addressing interim suspension from course teaching/learning activities other than clinical.

**Standards for Progression**

The Radiation Therapy program of study is sequential in nature. Students must meet all course requirements in order to progress to the next course. All Radiation Therapy and co-requisite courses must be taken in the prescribed order according to the program of study. Students must maintain a minimum grade of C in each and all math and science courses. The student is required to pass all program course final exams with a grade of 75 or higher and maintain a minimum grade of 75 in all program specific courses. A student whose grades fall below the minimum requirement will be dismissed from the Program. Dismissed students, who wish to seek readmission, must comply with the Readmission Standards. Please note, if a student is granted readmission he/she will be required to repeat any course(s) where the grade did not meet the minimum requirement.

<table>
<thead>
<tr>
<th>RADIATION THERAPY PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GRADES AND QUALITY POINTS</strong></td>
</tr>
<tr>
<td>NUMBER GRADE</td>
</tr>
<tr>
<td>94-100</td>
</tr>
<tr>
<td>90-93</td>
</tr>
<tr>
<td>87-89</td>
</tr>
<tr>
<td>84-86</td>
</tr>
<tr>
<td>80-83</td>
</tr>
<tr>
<td>77-79</td>
</tr>
<tr>
<td>75-76</td>
</tr>
<tr>
<td>70-74</td>
</tr>
<tr>
<td>67-69</td>
</tr>
<tr>
<td>64-66</td>
</tr>
<tr>
<td>60-63</td>
</tr>
<tr>
<td>below 60</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
**Leave of Absence**
A leave of absence may only be taken after satisfactorily completing the first semester of the Radiation Therapy Program. If a student decides to withdraw from the Radiation Therapy Program before the successful completion of the first semester, he/she must reapply to the Program as a new student. In cases of extenuating circumstances such as extensive illness, hardship or emergency, a student may request a Leave of Absence from the Program for a period of no more than two semesters only AFTER successful completion of the first semester. This request must be made in writing to the Program Director. Students on leave who wish to re-enroll must comply with the Readmission Procedure.

**Readmission Procedures:**
Readmission to the Radiation Therapy Program is based on a review of, but not limited to, past academic and clinical evaluations, and evidence of interim efforts to strengthen areas of weakness. A student is eligible for readmission to the Radiation Therapy Program one time only. Readmission is not guaranteed. Consideration for readmission to the program can only be granted if there are available openings, clinical resources and faculty. In the event there are more readmission applicants than available openings, a ranking system will be applied. Readmission requests are evaluated on an individual basis and may be made subject to special conditions to be met by readmitted students by the Program Director. The Program Director reserves the right to deny readmission to those students whose academic and/or clinical performance does not meet program standards.

**Readmission Requirements**
All applicants for readmission must:

- Have successfully completed the first semester of the Radiation Therapy Program;
- Be in good clinical standing at the time of leaving the Program;
- Maintain a minimum GPA of 2.75;
- Schedule an exit interview with the Program Director within thirty (30) days of leaving the Program;
- Submit a request for readmission to the Program Director within 12 months of withdrawing;
- A student who is previously dismissed from the RDT Program due to academic failure (less than 75%) in a RDT course, (C- or less) in Radiologic Science, math or science course and is readmitted will be required to repeat the course;
- Submit current health assessment forms prior to the start of the semester;

Students who withdraw because of personal or health-related problems and who are in good academic and clinical standing are eligible to reapply to the Program the following year. Applications for readmission should be accompanied by a physician’s release certifying suitability for class and clinical attendance and participation. Students may be required to repeat/audit Radiation Therapy courses previously taken.
Readmission Process
The student must:
- Meet with the Program Director to complete an exit interview within thirty (30) days of leaving the Program.
- Submit a request for readmission letter to the Program Director by April 1st for the fall semester, November 1st for the spring semester or January 1st for the summer session.
- Notification will be given to the student prior to the start of the semester.

Ineligibility for Readmission
- A student who receives a final grade of F (Fail) in any clinical practicum or internship
- The student has been readmitted once
- Any applicant for readmission who has previously withdrawn or been dismissed from the Radiation Therapy Program for more than 12 months.

Review of Academic Standing (Appeal of grade)
Students in the Allied Health Programs will follow the procedure as stated in the College Student Handbook, Procedure on Student Rights for both didactic and clinical grades.

Graduation
In addition to the College’s general requirements for graduation, students of the Radiation Therapy Program must have completed all math and science course with a C or better and program specific courses with numerical grade of 75% of better. Students who have not completed all clinical assignments, objectives and competencies required by the specific program or are on academic/clinical probation may not be allowed to participate in the Pinning Ceremony, be considered for program awards, and be considered registry eligible.

Clinical Student Attendance
Clinical Time: All time spent in the radiotherapy department directly or indirectly involving clinical assignments.

In general, hours are 8:00 a.m. to 5:00 p.m. with either a thirty or sixty minute lunch. Please report to clinic on time and be ready to start at 8:00 a.m. Students are directly responsible to the therapist in charge of the machine and the students will work out the lunch break with her or him. No variation/alteration of these hours is permitted.

The day is geared so that we complete our work at 5:00 p.m., but on occasion, it may run over. You, as a student, if directly involved with a case should feel a responsibility to see that particular case through.

Your therapist will decide if the need for your assistance is required. This situation is of a give-and-take nature. There may be other times during your assignment that you might be able to complete your day a little early. Try to be adaptable.

Students are expected to follow the Clinical Rotation Schedules that are distributed by the Clinical Coordinator. Clinical rotations are based on providing equitable education to all students and are created at the discretion of the Clinical Coordinator and Program Director.
Students are required to rotate to all clinical affiliates. Students are expected to attend clinical practicum in 8-hour shifts on scheduled clinical days. Please report to your clinical assignment on time and be ready to start when your shift begins.

Hours worked must be verified on a daily basis either by the clinical coordinator/therapist in your assigned area or by the supervisor in the area, i.e., the supervisor signs a daily time sheet.

It is the student’s responsibility to sign in and out on their time sheet each day including lunch breaks. It is strongly suggested that each student keep his or her own records. If students fail to record their time accurately, they will not receive credit for the hours of training. Any inaccuracies entered on a time card will be considered falsification of documents and will result in immediate dismissal from the Radiation Therapy Program as determined by Clinical Coordinator. If you are at the clinic, it is your responsibility to sign the time sheet when coming in or leaving the hospital.

Students are required to fulfill their clinical obligations. Therefore, no one is permitted to leave the affiliate before the shift ends unless the Clinical Coordinator/Supervisor has granted approval. Chronic absenteeism and tardiness will be dealt with in accordance with the disciplinary standards for the program. Lateness is defined as reporting to your assigned area anytime later than the scheduled start time or returning late from your scheduled break. Lateness will not be tolerated. Three (3) incidents of lateness will result in a loss of 8 hours CTO.

Students MUST accrue their hours in their assigned area. Changes in scheduled rotations by a student, without permission of the clinical coordinator will result in loss of those hours. Because of the necessity to complete competencies in all areas, this ruling will be strictly enforced. The program reserves the right to alter the assignment schedule as needed to insure all students have adequate rotations in all areas. Students are assigned to clinical rotations based solely on educational objectives and affiliate staffing. Student requests for changes in clinical rotation assignments will not be considered. The Clinical Coordinator/Program Director reserves the right to change clinical assignments due to educational and/or staffing concerns.

Accurate time sheets MUST be submitted at the end of each rotation. Please note that this data will be part of your clinical grade. Failure to submit these sheets will result in loss of hours for the rotation, as well as a failure in competency for that rotation. Falsification of time sheets will result in program dismissal.

Students who are late or unable to report for clinical duty at the start of their scheduled shifts must notify their Clinical Coordinators AND the Supervising Therapist/Supervisor assigned to the clinical area within one half hour of the scheduled shift.

When a student is assigned to a clinical rotation, he/she is expected to be on time and complete the daily expected hours of practicum. Only in an emergency will students be able to leave their assignment with approval of the clinical supervisor.

**CLINICAL TIME OFF (CTO)**

Students may only take CTO time in four (4) or eight (8) hour blocks.

Students are allotted two (2) CTO days per practicum.

Students are allotted three (3) CTO days for the summer internship.

Students are allotted one (1) CTO day during the winter internship.
CTO days cannot be accrued.
When a student plans to use their CTO hours:
- The student must send an email to the Program Director and Clinical Coordinator, 24 hours in advance requesting time off.
- CTO time must be approved by the Program Director and Clinical Coordinator and students need to receive confirmation of approval before taking time off.
- The student is responsible for informing the clinical affiliate supervisor and/or supervising therapist of scheduled day off that has been approved.
- The student must notify both the clinical affiliate supervisor and/or supervising therapist, Program Director and Clinical Coordinator whenever they are late, absent, or leave early.

*When you are late or absent text the Clinical Coordinators*

An absence of more than two (2) consecutive days requires a physician’s note before returning to your clinical site. A student absent without notification for three (3) consecutive days on which the student was scheduled for clinical duty is considered a voluntary resignation from the program without notice. If a student exceeds the allotted days per practicum/internship, the excess may be made up at the discretion of the Clinical Coordinator/Program Director based on time/space available at a clinical site.

**Didactic Attendance**

Didactic Time: All time relating to formal classes at the College or in the hospital.

By enrolling in the College, the students accept responsibility to take full advantage of his/her educational opportunity by regular attendance at classes and laboratories.

At the beginning of each semester, the instructor will delineate clearly what he/she considers necessary for the successful completion of the course. The student is expected to meet his/her academic obligations or to assume the risks incurred by failure to do so.

**Bereavement Time**

It is the procedure of the Radiation Therapy Program to grant students reasonable bereavement time off without loss of CTO days when a death occurs in a student’s immediate family. The Program recognizes the following as immediate family: Spouse, parent, step parent, daughter, son, brother, sister, step child, mother-in-law, father-in-law, daughter-in-law, son-in-law, grandparent, grandchild, a person who is legally acting in one of the above capacities, or another relative living in the student’s residence.

Benefit Provisions - When a death occurs in a student’s immediate family, the bereaved student will be granted bereavement time off up to three (3) consecutive days to attend the funeral, to make arrangements relating to the death. The Program Director reserves the right to require verification of the death and relationship. The student must submit a request for additional bereavement time to the Program Director.

**Students Change of Address**

It is very important that the Program, as well as the College know the students’ place of residence and any change of name or address. If any changes occur, please notify the Program Director, Clinical Coordinator and the College Registrar’s Office.
Withdrawal from the Program
Any student who wishes to withdraw from the Program will discuss his or her decision with the Program Director, as well as the College Counselor. (See College Handbook). If the decision is final, a written notice of withdrawal with explanation and an exit interview from the student is required.

HEALTH AND SAFETY

Health Requirements
All students are required to submit a current health assessment completed by a primary care provider within the last twelve (12) months. Documentation of specific student health requirements is mandatory prior to participation in any clinical experiences. Failure to complete and submit the required Health Assessment Form, by the required deadline (July 15th) and the signed Student Statement of Responsibility may result in dismissal from the Radiation Therapy Program. Clinical affiliate contracts state the student must be in good physical and emotional health and free of communicable diseases. Certain items may require additional follow-up during the Program (i.e. Hepatitis B immunization, Influenza vaccine, and Tuberculin testing). The student is required to follow all instructions for documentation of immunization status with the required laboratory reports, and to obtain the signature of the health care provider as indicated. The student is strongly encouraged to receive the Hepatitis B immunization series; any student who refuses to receive the immunization must submit the Hepatitis B waiver form. Tuberculin tests (PPD) must be updated on an annual basis. Each student must have current (within the last year) documentation of PPD results. Non-compliance will result in removal from the clinical affiliate, and may result in a disciplinary sanction. Students who have a history of positive PPD must submit one of the following: CXR report within the past two years or Quantiferon Gold lab test.

A Bridgeport Hospital substance screening is required within six weeks prior to the beginning of classes in order to begin the program. Students will be responsible for all fees associated with the drug screening. In accordance with Bridgeport Hospital standard, any student who has not been cleared by the Bridgeport Hospital Industrial Medical Center for practice at the site will not be eligible to practice at the site. In order to meet Program requirements for graduation, all students are required to rotate through all clinical education affiliates. Therefore, any student denied access to Bridgeport Hospital will not be eligible for graduation.

Certain clinical sites require students to undergo a background check for felony/misdemeanor convictions. The student will be responsible for all fees associated with the background check. Students who do not pass the background check may be excluded from the clinical site. In order to meet Program requirements for graduation, all students are required to rotate through all clinical sites. Therefore, any student denied access to a clinical site will not be eligible for graduation.

Smoking Guidelines
Gateway Community College is a smoke free campus/workplace. Students are required to follow hospital policy regarding smoking. Please be advised that we require all students to come to clinical free from any tobacco product odor. If a student smells of tobacco products they will be asked to leave clinical immediately and will lose CTO time.
Any student looking for smoking cessation resources may visit the following website for further information: [www.ucanquit2.org/.../healthprofessionals/CessationResources](http://www.ucanquit2.org/.../healthprofessionals/CessationResources) or call 1-800-Quit-Now

**Health and Safety Training**
Students are required to complete the online CT Hospital (CHA) Health and Safety Training Course prior to participation in clinical experiences. The course is available at: [http://www.chime.org.career/healthcourse2010/main.html](http://www.chime.org.career/healthcourse2010/main.html).

**Standard Precautions and HIPAA**
Students enrolled in the Radiation Therapy Program must adhere to all policies and procedures concerning Standard Precautions and Infectious Disease Policies and Health Insurance Portability and Accountability Act of 1996 (HIPAA) as practiced at the assigned clinical affiliate.

Students must never disclose confidential information including anything pertaining to the medical history, diagnosis, treatment, and prognosis to anyone not directly involved in the care of the patient. In addition, students are required to follow HIPAA regulations on “Protected Health Information” which includes any “individually identifiable health information”. This includes information such as the individual’s past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number). Please visit [www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html) for more information. Failure to adhere to this code constitutes a violation of the “Right to Privacy Act,” as well as HIPAA and is professionally unacceptable, as well as potentially compromising from a medical/ legal standpoint.

**Basic Life Support and Venipuncture**
Students are required to provide documentation of current professional level certification in Basic Life Support for adult, child and infant. Certification can only be earned through the American Heart Association or the American Red Cross and must remain current throughout the Program. Courses meeting this requirement are:

- The American Heart Association Basic Life Support (BSL) for Healthcare Providers
- The American Red Cross CPR/AED for the Professional Rescuer

A copy of the current certification card must be submitted to the Program Director prior to the start of the first semester in the Program. Failure to comply will result in exclusion from the clinical learning experience.

All students must participate in venipuncture training provided by the RDT Program and/or the clinical affiliate, regardless of previous certifications or training.

**Liability Insurance**
Professional liability insurance is provided for students by the College. Students may also purchase additional professional liability insurance on their own.
Technical Standards
Technical Standards reflect reasonable expectations of the radiation therapy student for the performance of common functions of the registered radiation therapist. The radiation therapy student must be able to apply the knowledge and skills necessary to function in a board variety of clinical situations (see appendix F).

Pregnancy Procedure-Voluntary Notification
The pregnancy procedure is a voluntary program intended to provide an option for pregnant students who are considered to be occupationally exposed to ionizing radiation. In the event of a suspected or confirmed pregnancy, it is the responsibility of the student to advise her program director in writing of her condition if she wants to declare her pregnancy. Pregnancy during the course of the Program may present problems for completion of objectives/competencies in the expected time frame due to the number and variety of courses in the Program curriculum and the necessary clinical assignments required of students in meeting the clinical education objectives for each clinical course. If the student has difficulty maintaining the routine schedule of the Program, progression and completion can be jeopardized. All program requirements must be completed in order for a student to graduate. The program director cannot sign the ARRT certification exam application and/or graduation verification form until the student has met all requirements and has graduated from the Program. In the event, however, that a student becomes pregnant, she has the option to declare or not declare her pregnancy. Declaration of pregnancy is a voluntary option and may be withdrawn at any time. The student has the right to not declare pregnancy and remain in the program with no modifications. The student may revoke a declaration of pregnancy at any time and must be submitted in writing. Choosing not to declare a pregnancy will result in exemption from the specific radiation protection regulations limiting the exposure to the embryo/fetus. Whether or not pregnancy is declared, the pregnant student is advised to consult with her physician. The program will not assume liability in any case of pregnancy.

Pregnancy will not affect the student’s enrollment in the academic courses in the Program, however, due to the physical requirements placed upon the student in the clinical courses and assignments, and in order to comply with 10 CFR Part 20.1208 to keep the radiation exposure to the fetus as low as reasonably achievable (no more than 500 mrem and 50 mrem per month during the gestation period), the following procedures will apply:

1. The student may voluntarily report a suspected or confirmed pregnancy to the program’s Radiation Safety Officer (Michael Bohan 203-688-2950)

2. The RSO will determine the estimated radiation dose from the time of conception to the date of declaration based on dosimetry records and calculate the permissible remaining dose to the embryo/fetus for the remainder of the pregnancy.

3. Upon review of the findings and recommendations of the RSO, clinical assignments will be reviewed by the program faculty. Clinical assignments will be altered if the fetus received the maximum permissible dose as stated by 10 CFR Part 20.1208. Any clinical competencies not completed for reasons related to pregnancy must be successfully completed prior to graduation.

4. If a student voluntarily decides to declare her pregnancy she must complete and sign the Declaration of Pregnancy Form (Appendix G). The original will remain with the
RSO. A copy will be provided to the student, and a copy must be submitted to the Program Director.

5. Within 1 week of voluntary declaration of pregnancy, the declared pregnant student must provide the Program Director with written indication of intent to:
   a. Continue in the Program with or without modifications, or
   b. Take a medical leave of absence with intent to complete the Program, or
   c. Withdraw from the Program

6. The declared pregnant student must provide the Program Director with written consent from her physician including the estimated date of conception and estimated date of delivery as well as providing medical advice for:
   a. Continuing in the Program as a full-time student, and/or
   b. Any limitations placed upon the student while enrolled in the Program.

Note: Experience shows that the radiation workers in this program generally receive to the whole body well below 500 mrem per year, 50 mrem per month, and it is most unlikely that there will be any problems adhering to the fetal exposure limits.

Through proper instruction, strict adherence to safety precautions and through personnel monitoring, it is possible to limit occupational exposure to less than 0.5 rem during the period of gestation.

The pregnant student will be expected to complete all the requirements for any sequential, didactic course(s) in which she is enrolled prior to enrolling in the next semester’s coursework. Prerequisite courses must be completed prior to the beginning of the next course. All clinical days/hours missed by the student must be made up prior to graduation.

If a leave of absence is taken, the student must then comply with the Readmission Standards. If the student wishes to return to the Program within six weeks after the pregnancy is complete, she must submit verification of clearance from her physician.

Personnel Monitors for Students-Occupationally Exposed to Ionizing Radiation

I. POLICY

   It is the policy of all clinical affiliates to adhere to both State and Federal regulations regarding the of bioassay services and use of personnel monitoring devices by students occupationally exposed to ionizing radiation. The information gained through their use will be used to keep individual and collective exposures As Low As Reasonably Achievable (ALARA).

II. APPLICATION

   This policy applies to any Gateway Community College Radiology student occupationally exposed to ionizing radiation who, in any calendar quarter, receives or is likely to receive, a dose greater than 10% of the applicable maximum permissible dose limit as recommended by the National Council on Radiation Protection and Measurements (NCRP), and incorporated in State and Federal regulations (see Table I). Personnel monitors will be issued on a monthly or quarterly basis as determined by the Yale- New Haven Hospital Radiation Safety Officer (RSO), according to expected exposure levels.
III. ADMINISTRATIVE GUIDELINES

A. Radiation monitors will be issued and bioassays performed by the Hospital’s Radiation Safety Officer (RSO) to:

1. All Radiology students who in the course of their work may receive external or internal radiation exposures greater than 10% of the maximum permissible limit.

2. Bioassay services will be provided to students when necessary as determined by the Radiation Safety Officer (RSO).

3. Internal doses received will be modified according to the weighting factors identified in Table II and the summed with external doses to determine the Total Effective Dose Equivalent (TEDE).

4. All occupational dosimetry results will be kept on permanent file by the Radiation Safety Office. Duplicate copies of the monthly or quarterly monitoring results will be distributed to the Clinical Coordinator for review with students to keep them informed of their personal exposure history. Individual exposure summaries will be provided to each monitored student who exceeds 0.1 REM annually and upon request.

5. Quarterly exposures that exceed 10% of the quarterly maximum permissible limit will be highlighted in yellow on the duplicate reports and a summary of the results will be presented at the quarterly Radiation Safety Committee meeting. Quarterly exposure levels that exceed 30% of the quarterly maximum permissible limit will be highlighted in red on the duplicate reports and reported to the individual involved and the Clinical Coordinator and Program Director. The RSO will investigate these exposures to determine their cause and implement measures to reduce such exposures, consistent with the ALARA policy. The results of these ALARA investigations will be presented at the quarterly Radiation Safety Committee meeting.

B. Students, who believe that they are occupationally exposed to levels greater than 10% of the applicable maximum, may request an assessment of their situation by the Radiation Safety Officer. If, in the Radiation Safety Officer’s judgment, these students are potentially exposed to more than 10% of the applicable maximum, radiation monitors will be issued for a three-month trial period. At the end of the trial period, the RSO will determine if the exposures received indicate that permanent monitoring is necessary.

C. The RSO may terminate existing monitoring if the student’s exposure history indicates that he/she is not likely to be exposed to radiation in excess of 10% of the applicable maximum.
D. It is recommended that occupationally exposed students, i.e. those who are monitored for radiation exposure, who become pregnant, should notify the RSO as soon as their condition is confirmed. The RSO will then schedule a meeting with the student to discuss her radiation-exposure history, the risks to the fetus, and measures that can be taken to minimize the dose to the fetus.

If the student’s previous radiation history indicates that her occupational exposure may exceed 0.5 Rem during the gestation period, she may voluntarily decide to formally declare her pregnancy to the Program and clinical affiliates by signing a letter that includes her name and estimated date of conception. If a student formally declares pregnancy, the Program/clinical affiliates will take reasonable steps to avoid substantial variation above a uniform monthly exposure rate to assure that fetal exposure will not exceed 0.5 Rem during the gestation period. If the dose to the fetus is found to have exceeded 0.5 Rem or is within 0.05 Rem of this dose by the time the student declares her pregnancy, the Program/clinical affiliates will limit additional dose to no more than 0.05 Rem during the remainder of the pregnancy. This may be accomplished by a modified clinical training schedule, withdrawal from the Program, or by a leave of absence.

If the student chooses to not make a formal declaration of her pregnancy, she may remain in her present position, and will be subject to the normal occupational dose limits (see Table 1), and the program/clinical affiliates will not be required to limit the exposure to the embryo/fetus to 0.5 Rem.

IV. RESPONSIBILITY

A. Radiation Safety Officer (RSO)

Shall be responsible for the issuance, collection, termination and record keeping requirements of the radiation monitoring program. The RSO will investigate unusual or unexpected exposures to ensure that ionizing radiation exposure is kept As Low As Reasonably Achievable (ALARA). The RSO will consult with students, supervisors, management and others as necessary to assist them to make informed decisions regarding occupational exposure and keeping exposure ALARA.

B. Occupationally Monitored Students

Shall be responsible for wearing their radiation monitors as instructed during all scheduled work hours. Students shall not engage in any radiation procedures without wearing their radiation monitors. Monitors should not be worn while the student is off duty or during medical treatments or examinations requiring exposure to radiation. To assure the quick and efficient exchange and reading of monitors, they should be returned to the RSO within one week after receipt of replacement monitors.
C. **Program Director/Clinical Coordinator**

The Program Director/Clinical Coordinator will make a reasonable effort to find a suitable accommodation for declared pregnant students who have exceeded the 0.5 Rem during their gestation period. This may be accomplished by a modified clinical training schedule, withdrawal from the Program or by a leave of absence.

D. **Contact Persons:**

Yale-New Haven Hospital - Mike Bohan – (203) 688-2950  
Bridgeport Hospital - Mark Kovalsky – (203) 384-3168

V. **DISCIPLINARY ACTION**

A. Failure to return the radiation monitor to the Clinical Coordinator or RSO within one week after the receipt of a replacement monitor shall be considered a *minor* offense and will follow the Disciplinary Sanctions as outlined on page 13 starting with a documented warning and progressing with each additional offense as outlined.

B. Tampering with the radiation monitor or exposing it to ionizing so as to cause a false positive reading shall be considered a *serious* offense and will follow the Program’s Disciplinary Procedures as outlined on page 13.

<table>
<thead>
<tr>
<th>TABLE I</th>
<th>MAXIMUMPERMISSABLE OCCUPATIONAL RADIATION EXPOSURE LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quarterly Limit</td>
</tr>
<tr>
<td>1.</td>
<td>Total Effective Dose Equivalent (TEDE) including Weighted Internal Doses</td>
</tr>
<tr>
<td>2.</td>
<td>Lens of Eye</td>
</tr>
<tr>
<td>3.</td>
<td>Extremity, Skin or Individual Organ Dose</td>
</tr>
<tr>
<td>4.</td>
<td>Skin of the whole body</td>
</tr>
<tr>
<td>5.</td>
<td>Embryo/Fetal Dose (Declared Pregnancy)</td>
</tr>
</tbody>
</table>


**TABLE II**

**ORGAN DOSE WEIGHTING FACTORS**

<table>
<thead>
<tr>
<th>Organ or Tissue</th>
<th>Weight Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonads</td>
<td>0.25</td>
</tr>
<tr>
<td>Breast</td>
<td>0.15</td>
</tr>
<tr>
<td>Red Bone Marrow</td>
<td>0.12</td>
</tr>
<tr>
<td>Lung</td>
<td>0.12</td>
</tr>
<tr>
<td>Thyroid</td>
<td>0.03</td>
</tr>
<tr>
<td>Bone Surfaces</td>
<td>0.03</td>
</tr>
<tr>
<td>Remainder</td>
<td>0.30*</td>
</tr>
<tr>
<td>Whole Body</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*Remainder – 0.30 results from 0.06 for each of 5 “remainder” organs (excluding the skin and lens of the eye) that receive the highest doses.

**YALE-NEW HAVEN HOSPITAL: INSTRUCTIONS TO FILM BADGE USERS**

Film badges are an important part of the radiation safety program at Yale-New Haven Hospital. The results from the film badges are used to measure your personal exposure, and also to identify radiation exposure trends within your department and in the hospital as a whole. In order to maintain a safe radiological environment, your cooperation with the film badge program is essential. If you are issued a film badge or other dosimeter, please follow the instructions below.

1. Radiation monitoring badges are distributed on the first of the month to all Hospital departments. Identify the person in your department who distributes the film badges. You should exchange your film badge with them within a week after the arrival of new badges.

2. Wear your radiation monitor **AT ALL TIMES DURING DUTY**. Your monitor is supposed to measure your exposure at work. If you don't wear it at all times, it will not represent a true measure of your occupational exposure. You may not always anticipate when exposures may occur.

3. The monitor must be placed in the holder so it can be worn properly. Make sure the monitor is clipped into the holder properly. The two notches in the badge must be aligned with the two clips on the holder. Radiation monitors are sensitive to heat, moisture, and light. Do not allow your monitor to go through the laundry, be left in a hot car on a sunny day, or puncture the protective packet. All these may effect the accuracy of results.

4. Do not share your monitor with someone else. If someone needs a new monitor or has lost their’s, contact the Radiation Safety Officer (RSO) at 688-2950 for a replacement.

5. Do not wear your monitor if you personally undergo a diagnostic or therapeutic procedure. The monitor is meant to measure your occupational exposure only. If you wish to know what doses you may receive from a medical procedure, contact the RSO. The RSO can supply average dose estimates for these studies.

6. If you are involved in fluoroscopic procedures and are issued only one monitor, wear it at the collar outside of your protective apron. If you are issued two monitors, the monitor designated "WAIST" should be worn under the apron at the waist, the other monitor should be worn at the collar outside of the apron.

7. Ring monitors are issued to people who may receive exposures to the hands. If you are issued one ring it should be worn on the hand which is closest to the source of radiation for the longest time. The face of the ring badge should be worn so it points toward radiation source if possible. Please be consistent in wearing your ring monitors, they can provide the RSO with clues as to where exposures are occurring so protective measures can be improved. Rings should be worn under gloves to...
prevent them from becoming contaminated. If you need sterile rings, they can be soaked in a liquid sterilizing solution and rinsed in sterile water before use.

8. The radiation monitor results are examined monthly by the RSO for evidence of excessive or unusual exposures. The results are examined quarterly by the Radiation Safety Committee to maintain exposures **As Low As Reasonably Achievable (ALARA)**. If your exposure is greater than expected you will be notified by the RSO and an investigation into the circumstances of the exposure will be conducted. Depending on the results of the investigation, new equipment or procedures may be recommended to keep exposures ALARA.

9. Copies of the monitor results are distributed to the individual departments for posting. Exposures greater than 10% of the quarterly limits are highlighted in yellow. Exposures greater than 30% of the quarterly limits are highlighted in orange or red. On the back of the report, you will find information explaining the report and the information it contains. You may also request your cumulative exposure history at any time from the RSO directly.

10. Yale-New Haven Hospital follows the recommendations of the National Council on Radiation Protection and Measurements (NCRP) and the regulations of the United States Nuclear Regulatory Commission, Title 10, Part 20, concerning maximum permissible doses. These limits are listed below:

<table>
<thead>
<tr>
<th>Type of Exposure</th>
<th>Maximum Permissible Exposure</th>
<th>ALARA GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Level I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Total Effective Dose Equivalent (Includes deep whole body dose plus weighted single organ doses)</td>
<td>1,250 mRems/3 months or 5,000 mRems/year</td>
<td>(millirem/Quarter)</td>
</tr>
<tr>
<td>Lens of the Eye</td>
<td>3,750 mRems/3 months or 15,000 mRems/year</td>
<td>or 125 375</td>
</tr>
<tr>
<td>Individual Organ Limit (Includes hands, forearms, feet and ankles)</td>
<td>12,500 mRems/3 months or 50,000 mRems/year</td>
<td>or 1,250 3,750</td>
</tr>
<tr>
<td>Declared Pregnant Occupationally Exposed Personnel</td>
<td>500 mRems/9 months</td>
<td>less than 50 mR/month</td>
</tr>
</tbody>
</table>

11. The ALARA program tries to maintain exposures below 10% of the limits listed above. Within the Hospital, these levels are generally easily achievable with proper techniques and use of protective equipment. Past experience at Yale-New Haven Hospital has shown that 96% of all badged personnel receive less than 10% of the annual limits.

12. If you are actively planning a pregnancy or become pregnant, notify the RSO as soon as possible. Request an appointment with the RSO so you can review your past exposure history to determine if further measures are needed to minimize dose to the fetus.

13. If you are not familiar with radiation safety techniques, contact the RSO. The RSO can provide you with the information you need to minimize your exposure.

14. You can contact the RSO at 688-2950 or at Winchester Bldg. Rm. 204

MJB (Jul07)
PROFESSIONAL APPEARANCE

General Dress Code Requirements
Be aware that your personal appearance is as important in good patient care as are your words and actions. Professional dress codes are designed to assure appropriate clothing for the work involved, as well as to project the necessary clean and professional image that is so valuable in building patient confidence.

An established dress code serves two purposes:
- Creates a professional atmosphere that ultimately leads to patient confidence.
- Provides for and maintains staff and student safety.

General Requirements:

Attire: Uniform attire should be properly maintained. Uniforms must be clean and free of stains, wrinkles and odors. Tattoos must be covered. Practical shoes should be well constructed.

Hair: Hair longer than shoulder length will be securely tied back to keep it from coming into contact with patients. Hairstyles are to be conducive to the professional atmosphere of the clinical affiliate. Hair ornaments, such as bows, decorative barrettes or combs may not be worn with the student uniform.

Personal Hygiene: Individual hygiene practices should assure the lack of personal odors that may be offensive to others. Male students are to be clean shaven. If a student has a beard or mustache it must be neat, clean and well-trimmed.

Jewelry: For purposes of safety and protection, earrings must not extend beyond ear lobes and ornamental rings are not permitted in direct patient care areas. Necklaces, excessive rings and ornamental jewelry of any kind are not permitted. Any type of nose, facial, tongue, or visible body jewelry is not permitted during clinical labs and at the clinical site. These may be hazardous to the patient, as well as the student.

Fingernails: Fingernails shall be kept at a length of no more than ¼ inch, as recommended by the CDC, clean and well-manicured for both patient protection and good infection control (the ¼ inch measurement pertains to the white part of the nail extending from the nail bed at the distal end of the finger). Nail polish, if worn, must be neatly maintained (free of cracks and chips). Polish must be either clear or pastel in color. Bright or dark colors are not acceptable. Rhinestones, sparkles, designs or foreign bodies/nail jewelry are not permitted. Artificial nails and nail tips are prohibited.

Cosmetics: Cosmetics, including perfume/cologne/after shave is not to be worn.

Identification: Radiation monitors and student ID tags must be worn at all times. Lanyards are not allowed. All IDs must be visible and attached to attire/lab coat.

Smoking, chewing tobacco or gum is not permitted in the clinical setting.
Radiation Therapy Program Specific Dress Code Includes:
Designated shirt with the Program logo, designated white lab jacket with Program logo, designated pants, clean white shoes or plain white non-canvas sneakers (no high-tops), white socks. The program uniform may not be altered in anyway.

Other Required Supplies: The student is also required to have the following:

- a black one (1) inch three (3) ring binder for the Clinical Practicum. This binder must contain: time cards, monthly evaluation, rotation schedule and any clinical handouts. Students may choose to keep a copy of health physical form, current PPD, Influenza vaccination and BSL certification in this binder. This binder must be present at the clinical site at all times while the student is in clinical.
- a small notebook that will fit in the student’s lab coat pocket for clinical notes.

Program faculty and Clinical staff/supervisors reserve the right to dismiss or restrict a student from the clinical setting for failure to comply with the dress code and/or extremes in personal grooming. A student who does not comply with the Dress Code while at any of the clinical affiliates will be dismissed from the affiliate site until the next clinical day, will receive a written warning and student’s clinical evaluation for that rotation will be affected. Each day the student is out of compliance with the Dress Code will result in a loss of CTO time.

CLINICAL GUIDELINES

Clinical Rotation Evaluations:
Students must complete objectives and fulfill competencies in accordance with the syllabus and clinical evaluation guide. Students will be evaluated on a regularly scheduled basis by the primary evaluator in his or her assigned area. The purpose of the evaluation is to measure the student’s clinical knowledge and problem solving skills. The review must be an interactive one with both the evaluator and student discussing and critiquing performance in regard to clinical competency and maintenance. Signatures are required.

The written evaluation is next submitted to the clinical coordinator/instructor, who may in turn review it with the student to assure understanding and to offer direction to improve areas of deficiency. Signatures are required.

All evaluations are then forwarded, reviewed and signed by the program director (or his/her designee) before being filed in the student’s record.

A student who fails 2 or more rotation clinical in a semester or summer session will result in program dismissal and receive a grade of F for clinical. A student who fails the clinical rotation evaluation during winter intersession will result in program dismissal and receive a grade of F for clinical.

Keeping Your Own Records:
Students must keep a copy of their clinical evaluation sheets and recorded hours for their personal records at their expense. This concept is necessary to both verify hours and for reference when applying for employment. Clinical records and evaluations cannot be removed from the college once they are submitted.
**Supervision Procedure:**
*Direct Supervision - Student supervision under the following parameters:*

A qualified Radiation Therapist reviews the procedure in relation to the student’s achievement.

A qualified Radiation Therapist evaluates the condition of the patient in relation to the student’s knowledge.

A qualified Radiation Therapist is present during the conduct of the procedure.

A qualified Radiation Therapist reviews and approves the procedure.

A qualified Radiation Therapist is present during student performance of any repeat of any unsatisfactory radiograph/digital image or scan.

**Imaging/Treatment Sign Off:**
No student, regardless of competency level, will perform any diagnostic or treatment procedure without first reviewing the request with an ARRT certified staff radiation therapist. No student will pass a radiograph/digital image or scan, complete a treatment without the written verification of an ARRT certified staff radiation therapist. All radiographs, scans and treatments must be reviewed and initialed by the supervising therapist. **There are no exceptions.**

**Repeat Standard:**
No student will repeat a radiograph/digital image or scan without the direct consultation and supervision of an ARRT certified staff radiation therapist. **There are no exceptions.**

**Goals For Radiation Therapy Clinical Practice:**
The clinical practicum in the Radiation Therapy Program serves a twofold purpose. First, the student will learn to perform all procedures and patient interaction skills. Secondly, the clinical practicum will allow the student to develop the maturity necessary to face the responsibilities the student will meet as a future therapist and employee.

The student is expected to treat the clinical practicum as if it were a job. The only way the faculty can assess the student’s skills and anticipated behavior as a therapist is by observing the student’s performance in the clinic. The habits the student develops during the time spent in this program are habits that will follow the student in the future as an employed therapist.

Employers are reluctant to hire and the faculty will be hesitant to recommend those students who have a history of excessive absenteeism or tardiness. The student should remember this throughout his/her training period. In conclusion, the student’s attitude and dedication while in the Program will affect not only his/her grades, but also the student’s opportunities after graduation.

**Lines of Authority:**
Respect lines of authority, recognizing that reliable execution of the physician’s orders for the patient is essential and a proper medical ethic. In the clinical setting, observe the appropriate line of authority with respect to clinical assignments and activities. The chief therapist or the
supervising therapists are the immediate authority in the clinical setting. These individuals work with and under the guidance of the Clinical Coordinator and Program Director.

**Confidentiality:**
Students must never disclose confidential information (anything pertaining to the medical history, diagnosis, treatment, and prognosis) to anyone not directly involved in the care of the patient. Failure to respect this code constitutes a violation of the “Right to Privacy Act,” is professionally unacceptable, as well as potentially compromising from a medical/legal aspect. Students may not discuss the diagnosis or prognosis with the patient, family members, or family friends.

**Radiation Protection and Safety:**
Make it your personal responsibility to practice all appropriate radiation protection procedures for yourself, the patient, and other members of the health care team. This includes utilizing personnel radiation monitoring devices, observing rules such as utilization of equipment safety devices, protective shielding and clothing, safety precautions with respect to radioactive materials, measures for protection of non-medical assisting personnel, and all other radiation protection measures.

In addition to radiation protection practices, observation of all appropriate general safety, fire regulations, and institutional regulations in effect for medical asepsis should be considered part of your personal responsibility in delivering safe, competent patient care. Make it your responsibility to know and understand these regulations.

**Student Initiative:**
Some behaviors that demonstrate initiative and a willingness to participate include:

Your attentiveness to those who are explaining procedures, case studies or other like situations to either you or others in your vicinity.

Asking questions pertinent to the clinical situation.

Recognizing and learning the major duties and responsibilities applicable to your assigned clinical area, followed by consistent performance of these duties without the need for a constant reminder.

Recognizing when your assistance is needed in an area other than your assigned area, and recognizing when it is appropriate for you to leave your assigned area to help others.

**Following Orders:**
Proper professional conduct calls for you to follow the instructions of your immediate supervisors. Questions, conflicts and concerns which you may have with respect to what is required of you in the clinical setting are never debatable at the time of a patient procedure in the presence of a patient. Should you have concerns about clinical requirements in affiliates, such matters should be brought to the attention of the supervisor, clinical instructor, or Program Director in an orderly and professional manner as soon as possible after the immediate patient care requirements have been met.
**Dependability/Accountability:**
Proper medical care depends upon all members of the health care team knowing their responsibilities and being in the right place at the right time. You are expected to be prompt, to give advance notice if it is unavoidable that you’ll be late or absent from class or clinic. Steady and reliable attendance is expected. Keep your absence from your clinical experience to a minimum. Absence should only be for the most serious of reasons. In recognizing that even though you are a student, you still perform a role in the department. You should recognize your responsibility to the department and inform them with sufficient advance notice of any expected absence or tardiness on your part. You will need to demonstrate a sense of responsibility and dependability with respect to the use of time, equipment, and materials at your disposal in the classroom, laboratories, and clinical affiliates.

**Accepting Critique/Limitations:**
Since you will be in a learning capacity for some time, there is no need to feel hesitant about asking questions, seeking clarification, or advice and assistance at any time if it is necessary with any aspect of your training. Also, constructive critical analysis of your work and progress is an essential part of the educational process. You will have the opportunity to comment freely and respond to the periodic evaluative reports made by faculty and clinical instructors. Make an effort to take necessary constructive criticism in stride and benefit from it.

**Medical Records:**
From an ethical and medical/legal standpoint, proper medical record notation and record keeping is a fundamental responsibility and obligation of the health care professional. Proper form, legibility, accuracy, correct terminology, avoidance of jargon and irrelevancy are all aspects of good record keeping.

**Attitude Towards Patients:**
A patient must feel that those participating in his/her medical care are competent, confident, and otherwise worthy of the trust placed in them. The impression that you give to the patient as to your level of professionalism is an important factor in engendering a feeling of confidence and trust. The successful completion of a procedure, and to some extent, the probability of recovery of the patient is dependent upon the patient having faith in his/her ability to recover, and having faith in those he/she has entrusted to participate in his/her medical care. The patient’s estimation of your professionalism is a key factor in his/her development of faith. Your ability to recognize in yourself what your real feelings, attitudes, and motivations are, and your ability to correctly recognize how your behaviors are being interpreted by the patient are important tasks which you must master. Behaviors which patients interpret as earmarks of professionalism may include:

Let the patient know that you are fully aware of what is occurring. Explain each step of the procedure to the patient as you perform it.

Keep an interested expression on your face. Never underestimate the power and great value of a pleasant attitude and a smile. Focus on what is occurring here and now. Do not daydream or think about anything except the patient’s needs and the performance of the examination.

Maintain composure at all times. If you encounter a situation where you are not sure about what to do next, excuse yourself from the patient and ask for assistance in a manner which will not destroy the patient’s trust in you. Do not leave the patient alone; however make arrangements to have someone attend the patient in your absence.
Physical deformity, unsightly wounds, unpleasant odors, and the like are conditions over which the patient has little or no control. Thus, the patient’s physical appearance must be accepted with no visible display of distaste or displeasure. Perhaps it will help to remember that such patients are generally deeply embarrassed with respect to their personal appearance, and suffer greatly as a result of being the source of distaste and disgust.

**Communicating with Patients:**
At all times provide your patients with the basic conditions which are their due as human beings as well as patients. Attention to important details, such as addressing the patient by name and introducing yourself and any other person participating in the procedure is your duty. With the possible exception of small children, patients are not to be called by their first names or familiar endearments. Use the prefix Mr., Mrs., Ms., etc. and the patient’s last name.

The patient should always be treated courteously and in a manner consistent with his or her age. Further, it is the patient’s right to have the procedure explained, and to know what is expected of him or her. Providing for maximum privacy, comfort and safety for the patient and his/her belongings and considerations should never be overlooked.

Patients frequently need to talk, and it is entirely appropriate for you to be an empathetic and encouraging listener. However, you should make an effort to avoid becoming involved in discussions of the relative merits or failures of various physicians, hospitals, nurses, clinics, and other health care professionals. It is unacceptable professional conduct to engage in gossip about other institutions or medical personnel.

You should not allow the patient to put you on the spot with respect to the details of his/her diagnosis or treatment. In such instances, admit honestly that you are not the doctor, and cannot assume that role.

Never put off a patient who has a desire to know what it is his/her right to know. If the information sought is within your power and authority to relate, then do so. If it is not, then assist the patient in knowing whom to contact and how to get the information and assistance he/she may need. The limits and extent of your authority in these matters may vary from situation to situation, but the basic requirement for all of us is to be prepared to deal with the patient’s questions with honesty, tact, and humanity.

**Honesty and Integrity:**
Nothing characterizes you more completely than the role of trust you assume when you assume the care of other human beings. In the personal therapeutic relationship that exists between caregiver and client, practitioner and patient, there is no room for small, medium, or large dishonesties of mind, spirit, or substance. From being honest with oneself with respect to one’s talents (and limitations), to the most exquisite honesty and care in making treatment records, or reporting events related to patient care, the onus is on us to be worthy of the trust placed in us as caregivers, and to exemplify the quality of character such a profession demands. Nothing characterizes us more, or serves us better in our professional lives as the quality of our honesty and integrity.
Additional Clinical Guidelines:

1. Always ARRIVE A FEW MINUTES EARLY, or at least on time. Traffic, weather, broken alarm clocks, parking problems, etc. are not good excuses. You need to leave earlier in bad weather, listen to traffic reports in the morning, and investigate the parking situation at each affiliate before you arrive. You are not allowed to come in early just so you can leave early without obtaining permission from your clinical supervisor AND the Program Director in advance.

2. You must always notify the therapist you are working with, the clinical supervisor, AND the Clinical Coordinator when you are going to be late, leaving early, or absent. It is not the Clinical Coordinator's responsibility to notify the clinical affiliate when you have scheduled time-off. The student is responsible for reminding/notifying the clinical staff.

3. You must be a RELIABLE and DEPENDABLE student if you want a good job reference in the future. Be ready to begin work in the clinic immediately upon arrival.

4. Be ORGANIZED!!! Buy a date book, and look ahead to the following week. Put all of your clinical assignments, deadlines, exam dates, meeting dates, etc. in the date book. You are responsible for knowing where you have to be at all times. Missing the first day of a rotation is unacceptable. The excuse, “I forgot that I was supposed to be in Bridgeport this rotation” is an unsatisfactory response.

5. Show INITIATIVE!!! Check the schedule, set-up the room for the next procedure without being told, stock rooms (linens, supplies, etc.). Do anything that you can to make the day go smoother without being told, and don’t stop stocking rooms when you become more competent in other clinical tasks. Adequate supplies are an integral part of being able to run a room efficiently.

6. ASK the therapists to teach you during slow times.

7. Don’t ask to leave early because it’s slow; find something to do.

8. Schedule doctor appointments, etc. at the very beginning or the very end of the day. Notify the Clinical Coordinator well in advance. Try to make all appointments during your breaks on College days, evenings, or weekends if at all possible! You must also let your therapist know if the Clinical Coordinator has given you permission to arrive late or leave early.

9. ALWAYS keep your therapist/clinical supervisor informed of your whereabouts.

10. Take notes for each room, and study them the night before you begin your next rotation in that room. If you have trouble with a particular clinical task(s) that you know you should have mastered already, see the Clinical Coordinator about possible tutoring or extra help.

11. You must RETAIN what you learn in all of your RDT courses and clinical labs and be able to apply the knowledge to the clinical setting.
12. **DO NOT LEAVE THE DEPARTMENT** (to eat, study, smoke, etc.) except when you have been excused by your supervising therapist.

13. Eat breakfast at home!!! You are not allowed to arrive at 8:00am, ask if there’s anything to do, and then leave to have breakfast in the cafeteria.

14. Constantly check your room’s schedule.

15. Help out in other rooms, if needed, when your room is slow.

16. **DO NOT STUDY DURING CLINICAL TIME**, unless there is absolutely nothing else to do and you have exhausted every option to learn something clinically related. You need to set aside time to study at home.

17. Do not read novels, non-radiation therapy related magazines, etc. during clinical time.

18. Always be **PREPARED** for clinic. There is no excuse for not having a pen, a black Sharpie, ruler, a lab coat, proper dress code, etc.

19. Lab coats, pants, skirts, and shirts should always be clean and pressed. Shoes should always be polished.

20. You must ask the therapist and hand him/her a competency form before you attempt a competency, not after.

21. Gossiping and negative discussions regarding the Program, the College, fellow students, Faculty, staff or clinical site will not be tolerated. Gossiping makes a bad impression. Remember that this is a 2-year job interview. Disciplinary sanctions will be invoked if complaints are made by the clinical staff regarding inappropriate discussions.
CLINICAL COMPETENCY

Graduates of the GCC Regional Radiation Therapy Technology Program will, at the completion of their training be competent in the following areas:

- Technical Skills Level One, Two, & Three
- Patient Care Skills, Level One & Two
- Behavioral Skills
- Professional Objectives
- Mandatory & Elective Treatment Set-ups - Rx Units
- Simulator Skills Objectives
- Mandatory Simulator Set-ups
- Stereotactic Radiosurgery
- Gamma Med Skills
- CTCL Procedure Skills
- Cyberknife & Gamma Knife Observations
- TBI Procedure Skills
- Craniospinal Axis
- Dosimetry Skills
- Brachytherapy Procedures
- Beam Modification
- Computer Tomography
- CPR

Details can be located in the Student Evaluation Manual.

The above skills are designed to comply with the "Essentials and Guidelines of an Accredited Educational Program for the Radiation Therapy Technologist."
CLINICAL EDUCATION
THE EVALUATION SYSTEM

Rationale

The clinical aspect of the radiation therapy profession is of utmost importance. Clinical skills must be performed daily in an accurate, professional and caring manner. The GCC Regional Radiation Therapy Program has developed competencies and an evaluation system to meet these standards. Clinical education is broken down into distinct categories.

Technical skills
Patient care skills
Behavioral skills
Professional objectives
Radiographic Anatomy
Medical Terminology

In addition, clinical competencies have been developed regarding:

Mandatory/Elective setups (Rx & simulator)
Simulator/Computer Tomography skills
Dosimetry skills
Gamma-med skills
CTCL skills
Stereotactic Radiosurgery
Cyberknife and Gamma Knife observations
TBI skills
Craniospinal Axis
Brachytherapy procedures
Clinic experience
Beam Modification

The student is instructed and gains knowledge in a logical sequential manner. Basic skills are taught and learned before complex ones. The student first develops all individual skills needed to perform complete procedures and setups. Once these individual skills are mastered, the student then proceeds to be tested in an orderly manner. Once the student attains competency in any area, they shall maintain and practice their skills.

At the completion of the program, the student will have demonstrated and documented entry level clinical skills.
HOW TO UTILIZE THE SYSTEM

On day one of each and every rotation, the student must meet with the clinical supervisor or a designated staff member and FILL OUT THE STUDENT INTENT FORM designating the clinical performance objectives for the rotation.

Forms to be completed every rotation:

- Students intent form
- Clinical assignment summary sheet
- Technical skills evaluation
- Patient care skills
- Behavioral skills
- Comment sheet
- Professional objectives (continuing education)

Form to be completed to match clinical assignments:

- Technical skills – Rx units and simulator
- Simulator/Computer Tomography skills
- Dosimetry skills – Jan. 2nd yr
- Gamma-med skills
- CTCL skills
- Stereotactic Radiosurgery
- Cyberknife and Gamma Knife
- TBI skills
- Craniospinal Axis
- Brachytherapy procedure
- Clinical experience
- Beam Modification
- Medical Terminology
- Radiographic Anatomy
- Rx Setups – Mandatory/Elective, Feb. 1st yr….
- Simulator Setups - Mandatory, Feb. 1st yr….

During the rotation, the student observes, assists and demonstrates each skill as it is taught and acquired. Each assigned area is considered a “Clinical Lab” and each therapist is a clinical instructor. Strengths are discussed, weak areas are addressed.

During the last week of the rotation, the student is evaluated according to the expected clinical performance objectives for the rotation.

On the last day of the rotation, the supervising therapist fills out and discusses the evaluation with the student pointing out strengths as well as weaknesses. Failed objectives are documented. Original evaluation forms are sent to the program director. Students will have to make a copy of the evaluation form for their own records.
TECHNICAL SKILLS ONE-OBSERVATION/ASSIST
Treatment Units and CT Simulator

Student Name____________________________________________________________
Month & Year of Training__________________________________________________
Clinical Facility___________________________________________________________
Clinical Assignment_______________________________________________________
Supervising Therapist______________________________________________________

While in the clinical setting, under the direct supervision of a supervising therapist, the student consistently is able to:

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>
| 1. Identify and locate all safety interlocks to include:  
  -Emergency OFF switches  
  -Radiation OFF switches  
  -Door controls/interlock  
  -Treatment couch emergency operation  
  -Over-ride switch  
  -Limit switches  
  -Collision Ring  
  -Motor Reversal  
  -Radiation Monitoring Device | ___ | ___ | ___ | __________ |
<p>| 2. Keep the treatment room well-stocked with supplies and linen, keeping it clean and neat. (Refer to posted list of specific room supplies.) | ___ | ___ | ___ | __________ |
| 3. Check the condition of all treatment accessory devices and report malfunctions to supervising therapists. | ___ | ___ | ___ | __________ |
| 4. Identify all patient communication devices and properly operate the closed circuit T.V monitor and intercom system. | ___ | ___ | ___ | __________ |</p>
<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Assist in reviewing digital images, KV/KV and CBCT.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>6. Identify basic radiographic anatomy on port films/simulator films/digital images with assistance: (Lungs, Ribs, Vertebral bodies, Diaphragm, Heart, Aortic Arch, EAM, Clavicle, Mandible, and Maxilla).</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>7. Observe and assist with machine warm ups, recording daily readings, identifying and reporting variations to the therapist. (students responsibility to make appt)</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>9. Observe and assist with machine Q.A. procedures</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>10. Identify the names and responsibilities of Radiation Therapy staff</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>11. Identify and locate patient treatment documents in paper chart/electronic chart:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Informed consent</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- RT# &amp; Patient Unit #</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Treatment prescription</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Daily treatment record</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Progress notes</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Elapsed days</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Daily, reeval, conedown &amp; total dose</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Field size</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Weight graph</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Pathology Report</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Blood values</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Treatment field #</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Technical set-up notes</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- DRR’s</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
<tr>
<td>- Appointment cards</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>__________</td>
</tr>
</tbody>
</table>
### OBJECTIVES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Familiarize themselves with the layout of the department (dressing rooms, waiting rooms, rest rooms, clinic, file room, crash cart, fire extinguisher, and fire evacuation route etc).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>State department specific policies. (call a code, fire code, lockdown procedure) (Ref: Clinical Supervisor)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Identify and explain the x and y axis of the radiation beam.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Complete department specific patient and equipment safety inservice. (See inservice form)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Observe and assist in the preparation of the room for each patient before entering according to the technical notes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Set the correct collimator field size.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Position the patient properly on the couch knowing its limitations, e.g. head-foot, Rt &amp; Lt, with correct lock down position.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Make sure there is no clothing covering the treatment area.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Re-enforce marks accurately.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Observe and assist with all patient set-ups.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source of knowledge: Orientation, Supervising Therapist, RDT I, Q.A.W & L*
**TECHNICAL SKILLS**  
**LEVEL TWO**  
Treatment units and Simulator

Student Name____________________________________________________________
Month & Year of Training__________________________________________________
Clinical Facility_______________________________
Clinical Assignment_______________________________________________________
Supervising Therapist______________________________________________________

While in the clinical setting, under the direct supervision of a supervising therapist, the student consistently is able to:

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The student has maintained all Technical Level One Skills</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Perform machine warm-ups

2. Perform routine Q.A. procedures
   - Light field size vs. CFS
   - Crosshair symmetry
   - Crosshair check
   - Wall Laser
   - Ceiling laser alignment
   - ODI verification
   - Gantry rotation verification
   - Collimator rotation verification
   - Read gauges in cabinet

3. Properly prepare the room for the patient's setup according to the remarks column & technical setup sheet

4. Use correct custom block tray for each treatment field.
<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Accurately position the patient using correct immobilization device</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Vac Lock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Head holder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Aquaplast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Prone Pillow</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Leg immobilizer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-S-Frame</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Breast Board</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Lock down bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Set the patient to the correct TSD for enface field.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Set up the patient to the correct TSD/TAD using the ODI (mech pointer) and side lights (isocentric setup) for all set ups.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Accurately match light field to treatment area marked on patient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Correctly align and insert accessory device.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Biteblock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Bolus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Blocks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Wedge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Compensator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Correctly use digital imaging by pulling out EPID or arms for KV/KV or CBCT.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>13. Verify treatment fields by acquiring portal images.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________________________</td>
</tr>
<tr>
<td>14. Identify basic radiographic anatomy on port films/simulator films/digital images w/assistance. Airway, carina, mastoid air cells, sphenoid sinus, sella turcica(pituitary fossa), anterior and posterior clinoid process, maxillary sinus, frontal sinus, ethmoid air cells and sternal notch.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________________________</td>
</tr>
<tr>
<td>15. Identify and explain the thickness of bolus needed and d-max for the treatment machine.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________________________</td>
</tr>
<tr>
<td>16. Accurately tattoo patient.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________________________</td>
</tr>
<tr>
<td>17. Assist the therapist with all set-ups.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

*Source of knowledge: Supervising therapist, Q.A., RDT I, Orientation, W& L*
**TECHNICAL SKILLS**  
**LEVEL THREE**  
Treatment units and Simulator

Student Name ________________________________________________________  
Month & Year of Training _____________________________________________  
Clinical Facility _____________________________________________________  
Clinical Assignment _________________________________________________  
Supervising Therapist _______________________________________________  

While in the clinical setting, under the **direct** supervision of a supervising therapist, the student **consistently** is able to:

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student has maintained all Technical Level One &amp; Two Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Check the patient's chart for digital image corrections before treatment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Recognize patient's clinical progress and complications.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Demonstrate knowledge of when to withhold treatment until consultation with physician.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Accurately position and set-up the patient to the correct TSD using 3-points, ODI/ distance indicator, side lasers/lights for all isocentric treatments.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Identify errors in the technical set-up, report immediately to supervising therapist and discuss appropriate action guidelines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Program and operate treatment unit/simulator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
<td>---------------------------</td>
</tr>
<tr>
<td>7.  Accurately calculate a simple meterset for a single field or parallel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>opposed, using a calculator followed by computer verification.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Submit w/monthly evaluation.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.  Accurately recalculate a meterset for increased or decreased daily TD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>followed by computer verification(Submit w/monthly evaluation.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.  Accurately recalculate a meterset for a change in distance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>followed by computer verification. (Submit w/monthly evaluation.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Accurately recalculate a meterset for a change in field size followed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by a computer verification. (Submit w/monthly evaluation.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Accurately calculate a geometric gap. (Submit w/monthly evaluation.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Accurately calculate PF magnification. (Submit w/monthly evaluation.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Execute a digital image correction.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Identify basic radiographic anatomy on port films/simulator films</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>digital images w/assistance. Cervical, thoracic, lumbar, sacrum,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>coccyx, vertebral bodies, pelvic bones, extremities, hyoid bone,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>epiglottis. Locate areas of soft tissue organs: prostate, bladder,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>uterus, rectum, small &amp; large bowel, ovaries, pancreas, spleen,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>stomach, liver, kidneys, mediastinum.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operate the diode system. Record diode reading in the patient's chart.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
<td>----------</td>
</tr>
<tr>
<td>18. Demonstrate and /or discuss the rationale for the following:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Use of asymmetric jaws</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>- Multileaf collimation</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>- Use of record and verify system</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>- On-line portal imaging</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>- Dynamic Wedge</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>- Fixed field fluoroscopy (freeze frame)</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>- Central axis blocking</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>- Angling of collimator, gantry or couch</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>- Feathering/moving gap technique</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
</tbody>
</table>

| 19. Perform the following Q.A. procedures:                                |     |    |     |          |
|   - Output/constancy check                                                 | ___ | ___| ___ |          |
|   - Light beam vs. x-ray beam                                              | ___ | ___| ___ |          |
|   - SSD/SAD readout devices                                                | ___ | ___| ___ |          |
|   - Gantry rotation readout devices                                        | ___ | ___| ___ |          |
|   - Collimator rotation readout devices                                    | ___ | ___| ___ |          |
|   - Treatment couch isocenter                                             | ___ | ___| ___ |          |
|   - Linear scales on treatment tables                                     | ___ | ___| ___ |          |
|   - Operate patient communication devices                                  | ___ | ___| ___ |          |
|   - Patient chart check (chart round check list)                           | ___ | ___| ___ |          |
|   - Condition of treatment accessories                                    | ___ | ___| ___ |          |

| 20. Demonstrate Mandatory/Elective set-ups                                |     |    |     |          |
|   (See Rx set-up objective sheet.)                                        | ___ | ___| ___ |          |

| 21. Maintain and refine set-ups                                           |     |    |     |          |

*Source of knowledge: Supervising therapist, RDT II, Dosimetry, RDT III, RDT IV, ONC I, ONC II.
PATIENT CARE SKILLS LEVEL ONE

ALL AREAS

TO BE COMPLETED EACH MONTH

Student Name

__________________________________________

Month and Year of Training

_____________________________________________

Clinical Assignment

_____________________________________________

Supervising Therapist

__________________________________________

Clinical Supervisor

__________________________________________

Patient Care Skills: LEVEL ONE

While in the clinical setting, under the direct supervision of a supervising therapist and by the end of the rotation, the student will be consistently able to perform all the following objectives with assistance:

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check patient’s chart for recent progress notes, CBC, port film/EPID corrections, and weight. State normal blood values and cutoffs, and platelets.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>2. Correctly identify and greet patients addressing patient by name, check photo ID and/or patient identity band.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>3. Listen and converse with the patient in a confidential caring way, respecting their privacy at all times while observing HIPPA.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>4. Apply Standard Precaution policies to all tasks performed.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>5. Move patients using proper body mechanics taking care of all tubes, IV’s and pumps.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td>COMMENT</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
<td>---------</td>
</tr>
<tr>
<td>6. Assist the patient into the room and onto the patient support assembly (PSA) (treatment table) allowing as much comfort to the patient as possible.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Provide proper draping of the patient as necessary.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Change linen or table paper after each patient and maintain appropriate storage and cleanliness of all equipment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. State the actions you would take for the following medical emergencies:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Shock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Respiratory failure and Cardiac Failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Airway obstruction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Convulsive Seizure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fainting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Diabetic reactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cerebral Vascular Accident/Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PATIENT CARE SKILLS - LEVEL TWO
ALL AREAS
TO BE COMPLETED EACH MONTH

Student Name____________________________________________________________
Month & Year of Training__________________________________________________
Clinical Facility__________________________________________________________
Clinical Assignment_______________________________________________________
Supervising Therapist______________________________________________________

Patient Care Skills: LEVEL TWO

While in the clinical setting, under the direct supervision of a supervising therapist and by the end of the rotation, the student will be consistently able to perform all the following objectives with assistance:

**OBJECTIVES**

<table>
<thead>
<tr>
<th>The student has maintained all Patient Care Level One Skills</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe the patient's daily condition and administer or withhold treatment as necessary, checking for: side effects, blood values, and weight.*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Briefly describe the actions you would take &amp; medical management if a patient was experiencing severe side effects, e.g.: decreased CBC, moist desquamation, diarrhea, nausea and vomiting.*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Inform the patient of appropriate instructions pertaining to his/her treatment regarding: Skin care, Diet, Wound care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source of knowledge: Supervising Therapist, RDT I&II, W & L.
### BEHAVIORAL SKILLS
**TO BE COMPLETED EACH MONTH**

Student Name____________________________________________________________

Month & Year of Training____________________________________________________

Clinical Facility__________________________________________________________

Clinical Assignment_______________________________________________________

Supervising Therapist_____________________________________________________  

While in the clinical setting, under the **direct** supervision of a supervising therapist, the student **consistently** is able to:

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Be cooperative and receptive to suggestions and new ideas.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Be willing to take instruction, discipline, correction, guidance, and direction.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Be able to interact well with department staff in a pleasant, courteous, friendly and tactful manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Support and provide a positive environment for patients and staff, respecting differences between hospitals and personnel.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Foster mature, professional relationships with staff and peers using effective oral communication skills.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Respect ethnic, cultural, religious and physical diversity among patients, staff and peers.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBJECTIVES</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
<td>----------</td>
</tr>
<tr>
<td>7. Actively establishes a rapport with and gains the confidence and cooperation of the patients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Respect the authority of all personnel at all times.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Be willing and able to lend assistance to staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Assume full responsibility for actions &amp; be proactive at all times.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Be relied upon to follow through on clinical assignments.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Consistently follow through on tasks within the expected level of competence.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Actively participate in clinical learning opportunities and continuing education. (See continuing education record.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Be dependable, on time or early.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Call in promptly when not attending.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Comply with program and departmental policies.(Ref.Student guide/CI supervisor)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Wears required I.D. and film badge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Comply with program's dress code.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
While in the clinical setting under the direct supervision of the program director, clinical coordinator, clinical supervisor or a designated staff therapist, the student will demonstrate the ability to complete the following **MANDATORY SETUP (S) WITH 100% ACCURACY**.

**MANDATORY SETUPS (12)** will commence in the student’s 6th month of training (Feb. 1st yr.).

**ELECTIVE SETUPS (9)** will commence in the student’s 6th month of training (Feb. 1st yr.).

February, March, April - 3 treatment setups *per rotation.*

May - 4 treatment setups *per rotation.*

June – 10 treatment setups *per rotation.*

July – 10 treatment setups *per rotation.*

August - 12 treatment setups *per rotation.*

September and October - 4 to 5 treatment setups *per rotation.*

November and December - 4 to 5 treatment setups *per rotation.*

January, February, March, April and May - 4 to 5 treatment setups *per rotation.*

**ALL TREATMENT SETUP** competencies must be repeated twice to achieve competency.

**FAILURE TO ACHIEVE THE ABOVE REQUIREMENTS WILL RESULT IN DISMISSAL FROM THE PROGRAM.**

**MANDATORY TREATMENT SETUPS (12)**

**BRAIN**
- Primary
- Metastatic

**HEAD AND NECK**
- Multiple Fields to include Supraclavicular

**CHEST**
- AP/PA
- Multiple Fields

**BREAST**
- Tangential Only
- Tangentials with Supraclavicular

**ABDOMEN**
- AP/PA
- Multiple Fields

**PELVIS**
- Multiple Fields Supine

**SKELETAL**
- Spine
- Extremity

**ELECTRON FIELDS**
- Single

**ELECTIVE TREATMENT SETUPS (9)**

**HEAD AND NECK**
- Laterals only

**BREAST**
- Tangentials with Supraclavicular and Posterior Axilla Boost
- Tangentials with Supraclavicular and Internal Mammary

**ABDOMEN**
- AP/PA—does not include treatments for metastatic spine disease
- Para-aortics

**PELVIS**
- AP/PA—does not include treatments for metastatic spine disease
- Inguinal
- Multiple Fields Prone

**ELECTRON FIELDS**
- Abutting Fields
*Students must choose 8 out of the 9 elective treatment setups

**PARTICIPATORY PROCEDURES**

**TBI**
Craniospinal Axis
Brachytherapy

**ASSISTS**
CTCL Skills
Gamma-Med
Stereotatic Radiosurgery

**OBSERVATION**
Cyberknife
Gamma Knife

**CLINICAL EXPERIENCE**
Dosimetry
Clinic Experience
Beam Modification

- Students must complete all 12 mandatory treatment setups.
- Students must complete 8 out of the 9 elective treatment setups.
- All treatment setups must be successfully completed by March of the senior year.
- All treatment setups must be repeated twice to demonstrate competency.
- Students must complete all participatory procedures by March of the senior year. Utilize additional area specific forms.
• Students must complete CTCL skills, Gamma-Med skills, Stereotatic Radiosurgery by March of the senior year. Utilize additional area specific forms.
• Student must complete Gamma Knife and Cyberknife observation by March of the senior year. Utilize additional area specific forms.
• Students must complete all clinical experiences by March of the senior year. Utilize additional area specific forms.
• Individual set-up evaluation form, a patient specific and a diagram must be completed for each treatment set-up.

Objectives

Review chart prior to setup

Set-up instructions
Digital imagaes
Photographs
Review the isodose plan and treatment prescription prior to implementation
Verify the treatment plan is consistent with the prescription and can be accurately implemented in the treatment room
Physician’s notes
Blood values
Weight
Verify MLC’s/custom blocks/wedges

Prepare treatment room

Couch
Immobilization devices
Accessory devices
• Identify and greet the patient properly.
• Assist the patient into the Rx. Room.
• Assist the patient onto the treatment couch.
• Explain the procedure to the patient (including breathing instructions for gating).
• Confirm patient understanding.
• Position the patient correctly according to the setup instructions & couch limitations (couch indexing).
• Drape the patient properly.
• Immobilize the patient for treatment as required.

Wingboard
Headholder
S frame
Aquaplast
Vac Lock
Breast board
S Frame
Others
Objectives Cont

- Set the field size.
- Reproduce the setup.
  - Distance (TSD/TAD)
  - Marks to light field
  - Side lights
  - Shielding
  - Shielding placement
  - Gantry angle
  - Couch angle
  - Correct wedge
  - Wedge placement
  - Bolus

Compensating filter

- Recognize any setup discrepancies.
- Correct the setup (if needed).
- Inform the patient that therapist is leaving the room and Rx. will begin

Console preparation and treatment

Set appropriate controls
  - M. U.
  - Wedge information
  - Other:

Activate machine to:
  - Deliver dose
  - Clear fault(s) as needed
  - Recognize any deviations in delivery of treatment and take appropriate action

- Monitor the patient.
- Add and record the dose.
- Check the treatment prescription.
- Record any pertinent data.
- Take verification film as necessary using EPIID or KV/KV or CBCT.
- Return to room and treat next appropriate field.
- Assist patient from couch and confirms next appointment with patient.
- Disassemble setup.
- Perform cleanup of equipment and accessory devices as required.
# SETUP COMPETENCY

## TREATMENT UNITS
### MANDATORY SETUPS

Student Name__________________________________________________________

Month & Year of Training_________________________________________________

Clinical Facility__________________________________________________________

Treatment Area Setup_____________________________________________________

### OBJECTIVES

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Reviews chart prior to set up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.</td>
<td>Set up instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Films</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Photographs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td>Review the isodose plan and treatment prescription prior to implementation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td>Verify the treatment plan is consistent with the prescription and can be accurately implemented in the treatment room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td>Physician’s notes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G.</td>
<td>Blood values</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.</td>
<td>Weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td>Verify MLC’s/custom blocks/wedges</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2. | Prepares treatment room |     |    |         |
| A. | Couch |     |    |         |
| B. | Immobilization devices |     |    |         |
| C. | Accessory devices |     |    |         |

| 3. | Identifies and greets the patient properly. |     |    |         |

| 4. | Assists the correct patient into the Rx room. |     |    |         |

| 5. | Assists the patient onto the treatment couch. |     |    |         |

| 6. | Explains the procedure to the patient (including breathing instructions for gating). |     |    |         |

| 7. | Confirms patient understanding. |     |    |         |

| 8. | Positions the patient correctly according to the setup instructions and couch limitations (couch indexing). |     |    |         |

| 9. | Drapes the patient properly. |     |    |         |
### SETUP OBJECTIVES CONT.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Immobilizes patient for treatment as required.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Wingboard</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>B. Correct headholder</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>C. S frame</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>D. Aquaplast</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>E. Vac Lock</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>F. Breast board</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>G. Other________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Sets appropriate field size.</td>
<td></td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>12. Reproduces the setup (as required.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Correct distance (TSD/TAD)</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>B. Marks to light field</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>C. Side lights</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>D. Correct shielding</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>E. Correct shielding placement</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>F. Correct gantry angle</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>G. Correct couch angle</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>H. Correct wedge</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>I. Correct wedge placement</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>J. Bolus</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>K. Compensating filter</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>L. Recognizes any setup discrepancies.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>M. Corrects setup (if needed.)</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>13. Informs patient he/she is leaving the room and Rx. will begin.</td>
<td></td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>14. Console preparation and treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Sets appropriate controls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. M.U.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>2. Wedge information</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>3. Other________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Activates machine to deliver dose</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>C. Clears fault(s) as needed</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>D. Recognize any deviations in delivery of treatment and take appropriate action</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>E. Monitors patient</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>F. Adds and records dose</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>G. Checks prescription</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>H. Records any pertinent data</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>I. Takes verification film using EPID or KV/KV or CBCT</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
</tbody>
</table>
15. Returns to room and treats next appropriate field following steps 11-14

16. Assists patient from couch & confirms next appointment with patient.

17. Disassemble setup.

18. Perform cleanup of equipment and accessory devices as required.
SIMULATOR SETUP OBJECTIVES SHEET

MANDATORY SETUPS

Under the direct supervision of the clinical supervisor or a supervising therapist, the student will demonstrate the ability to complete the following simulations with 100% accuracy.

MANDATORY SETUPS will commence to be achieved in the student’s 6th month of training (February 1st yr.). 3 PER ROTATION.
SIMULATOR SETUP competencies must be repeated twice to achieve competency.

FAILURE TO ACHIEVE THE ABOVE REQUIREMENTS WILL RESULT IN DISMISSAL FROM THE PROGRAM

MANDATORY SETUPS (7)
Brain
Head and Neck
Chest
Breast
Abdomen
Pelvis
Skeletal

- Students must complete the 7 mandatory set-ups.
- All simulator set-ups must be repeated twice to demonstrate competency.
- Mandatory and Elective set-ups must be successfully completed by March of the senior year.
- Individual set-up evaluation forms, patient specific and a diagram must be completed for each simulator set-up.
- All simulator competencies must be demonstrated on patients.
OBJECTIVES

- Reviews all available data prior to setup.
- Prepares a NP folder/navigate electronic chart
- Prepares the simulator room appropriately for setup.
- Greets/assists/identifies the correct patient into the simulator. Check consent form.
- Assists the patient onto the simulator table.
- Explains the procedure to the patient.
- Confirms understanding
- Positions the patient correctly according to physician’s instructions or accepted procedure for the treatment field.
- Drapes the patient properly.
- Immobilizes patient for simulation as required.
- Utilizes surface anatomy to center field over general area and straighten patient.
- Utilizes programmable lasers.
- Takes a field separation as needed.
- Place the patient at the appropriate TSD/TAD
- Sets up preliminary field as required or
- Performs/assists in scan to establish appropriate field.
- Take scout films and determine scan area, slice thickness according to prescription.
- Sets proper exposure technique.
- Has scan approved or corrected by physician.
- Corrects scan as required.
- Marks patient appropriately.
- Take necessary measurements/shifts as required.
- Takes placement x-rays for implants as required.
- Records all information on the “tech sheet/computer in-put & acquire patient information.
- Inform patient of skin care instructions.
- Arranges or calls supervisor to schedule treatment time.
- Assist patient from the simulator room.
- Disassembles setup.
- Performs clean up of equipment and delivers labeled devices as required to appropriate treatment unit.
SETUP COMPETENCY

Student Name____________________________________________________________
Month & Year of Training____________________________________________________
Clinical Assignment________________________________________________________
Supervising Therapist________________________________________________________
Clinical Supervisor_________________________________________________________

Setup________________

**OBJECTIVE**

1. Reviews all available data prior to setup.  
   YES NO NA COMMENT
2. Prepares a N.P. folder/navigate electronic chart.  
   YES NO NA COMMENT
3. Prepares the simulator room appropriately for setup.  
   YES NO NA COMMENT
4. Greets/assists/identifies the correct patient into the simulator. 
   Checks the consent form.  
   YES NO NA COMMENT
5. Assists the patient onto the simulator table.  
   YES NO NA COMMENT
6. Explains the procedure to the patient.  
   YES NO NA COMMENT
7. Confirms understanding.  
   YES NO NA COMMENT
8. Positions the patient correctly according to physician’s instructions 
   or accepted procedure for the treatment field.  
   YES NO NA COMMENT
9. Drapes the patient properly.  
   YES NO NA COMMENT
10. Immobilizes patient for simulation as required. 
    YES NO NA COMMENT
<table>
<thead>
<tr>
<th>SETUP OBJECTIVES CONT.</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Utilizes surface anatomy to center field over general area and straighten patient.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>12. Utilizes programmable lasers.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>13. Takes a field separation as needed.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>14. Place the patient at the appropriate TSD/TAD.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>15. Sets up preliminary field as required OR</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>16. Perform/assists in scan to establish appropriate field.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>17. Take scout films and determine scan area, slice thickness according to prescription.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>17. Sets proper exposure technique.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>21. Has scan approved or corrected by physician.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>22. Corrects scan as required.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>23. Marks patient appropriately.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>24. Take necessary measurements/shifts as required.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>____________</td>
</tr>
<tr>
<td>SETUP OBJECTIVES CONT.</td>
<td>YES</td>
<td>NO</td>
<td>NA</td>
<td>COMMENT</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>----</td>
<td>---------</td>
</tr>
<tr>
<td>25. Takes placement x-rays for implants as required.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>26. Records all information on the “tech” sheet or via computer.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>27. Inform patient of skin care instructions.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>28. Arranges or calls supervisor to schedule treatment time.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>29. Assists patient from the simulator room.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>30. Disassembles setup.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
<tr>
<td>31. Performs clean up of equipment and labels devices as required and delivers to appropriate treatment unit.</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td></td>
</tr>
</tbody>
</table>
REGIONAL RADIATION THERAPY PROGRAM
GATEWAY COMMUNITY COLLEGE

EXIT COMPETENCY

Student___________________________________________________________
Clinical Education Center_____________________________________________
Evaluator__________________________________________________________
Clinical Supervisor_______________________________
Date______________________________________________________________

PERFORMANCE RATING

- Unsuccessful in Meeting Performance Expectations = 0
- Inconsistently Meets Performance Expectations        = 1
- Successfully Meets Performance Expectations          = 2*
- Exceeds Performance Expectations                            = 3
- Not Achievable                                                           = N/A

GOAL: The student demonstrates the ability to provide quality patient care in the Treatment of disease using ionizing radiation. The student is able to perform the technical and patient care skills, which include the following responsibilities and duties:

*A minimum score of 2 for each objective is required to pass.

PROFESSIONALISM

1. Demonstrates respect for the patient’s confidentiality of medical records and privileged knowledge (HIPPA). 0 1 2

2. Protects the patient’s “Bill of Rights”. 0 1 2

3. Applies the profession’s code of ethics in all aspects of clinical practice. 0 1 2

4. Refrains from practicing procedures for which one does not have appropriate training and education. 0 1 2

5. Demonstrates and maintains a flexible stance towards patients, visitors and staff as well as technology and bureaucracy. 0 1 2
6. Maintains a professional appearance. 0 1 2

7. Attendance and punctuality is excellent
   **EXCEEDS STANDARD**: Consistently arrives early and prepares for patients. 0 1 2 3

8. Demonstrates the ability to remain friendly, flexible, cooperative during all work conditions, especially during moments of stress. 0 1 2

9. Approaches interpersonal relationships in a manner which avoids antagonisms and reduces conflicts, maintains a strong team spirit and demonstrates a professional work ethic. 0 1 2

10. Responds in a positive manner to constructive criticism. 0 1 2

11. Accepts additional assignments as required.
   **EXCEEDS STANDARD**: Actively seeks additional work. 0 1 2 3

12. Assists other staff when personal work assignments are complete.
   **EXCEEDS STANDARD**: Volunteers to work additional hours to assist staff. 0 1 2 3

13. Pursues appropriate continuing education. 0 1 2

**PATIENT CARE, MANAGEMENT, AND EDUCATION**

1. Provides comfort measures and facilitates the preservation of the patient’s self image and dignity. 0 1 2

2. Provides support and encouragement to the patient and family
   **EXCEEDS STANDARD**: Makes every effort to provide a supportive environment for patient’s and family. 0 1 2 3
3. Provides patient and family education to maximize patient compliance with the plan of care. Provides skin care instructions. Verbally reinforces the advice of the radiation oncologist regarding side effects, medications, nutrition, and proper care.

**EXCEEDS STANDARD:** Identifies barriers to learning and takes appropriate action.

4. Monitors patient’s physical and psychological response to treatment, recognizes complications and makes referrals to appropriate medical staff.

**EXCEEDS STANDARD:** Develops and implements a strategy that fosters prevention, healing, and comfort.

5. Detects, documents and reports significant changes in patient’s condition.

6. Anticipates patient care needs as related to the illness and therapy.

**EXCEEDS STANDARD:** Anticipates the needs of patient’s based on age specific needs.

7. Prepares patients for procedures, explaining the details of the treatment, audio-visual communication, positioning and immobilization, duration of treatment, and addressing any concerns and special needs in a positive and attentive manner minimizing anxiety.

8. Displays confidence and a working knowledge of treatment techniques around patients.

9. Sets priorities while coordinating and meeting the multiple needs and requests of patients.

10. Practice standard precautions and infection control techniques which helps prevent the spread of disease and provides a safe environment.
11. Uses proper body mechanics, appropriately handling medical equipment when transferring or moving patients. 0 1 2

12. Monitors the patient audio-visually at all times during treatment. 0 1 2

13. Identifies the signs and symptoms of medical emergencies and takes appropriate action. 0 1 2

ADMINISTERING AND MONITORING RADIATION THERAPY TREATMENTS

1. Participates effectively in a therapeutic team approach to provide optimum patient care. 0 1 2

2. Coordinates daily activities, devote complete attention to all necessary tasks involved in treatment delivery. 0 1 2

3. Takes initiative to collect information on all new patients on a daily basis. Gets paper/electronic charts ready, along with all pertinent information, prior to caring for patients. EXCEEDS STANDARD: Always well prepared in advance for all patients. 0 1 2 3

   Reviews all port films/digital images at the beginning of the day to assure proper treatment. Identifies corrections that must be made prior to caring for the patient, to ensure accuracy and efficiency. 0 1 2

4. Administers treatment accurately and safely. Before initiating treatment, checks the daily treatment setting (MU or Time) vs. Prescription, and delivers prescribed dose. EXCEEDS STANDARD: Identifies discrepancies and notifies Supervisor. 0 1 2 3

6. Schedules simulations, blood tests, etc. in a timely fashion. 0 1 2
7. Assesses patient’s condition prior to treatment reporting untoward effects, reactions, and therapeutic responses, to appropriate medical staff.  

8. Withholds treatment when the patient’s condition warrants it and consults with radiation oncologist before proceeding.

9. Accurately performs dose calculations and interprets treatment plans.  
   **EXCEED STANDARD:** Recognizes and reports a discrepancy or error in a treatment plan or dose calculation.

10. Monitors doses to normal tissues within the irradiated volume to assure that tolerance levels are not exceeded.

11. Reads patient’s progress notes prior to treatment in order to implement any changes in the treatment plan.

12. Accepts responsibility for, and is cognizant of changes in the treatment prescription, treatment parameters, dosimetry changes, and implements such changes.

13. Always maintains audio-visual communication with the patient during treatment.

14. Takes timely verification films/digital images and makes accurate corrections when necessary and documents it in the chart and on the film or computer.

15. Assures the daily radiation treatment record documents each treatment, is accurate, legible, complete and is able to do chart checks and prepare for chart rounds. 
   **EXCEEDS STANDARD:** Identifies previous errors and follows appropriate action guidelines.

16. Remains attentive during procedures and demonstrates the ability to handle unexpected situations calmly and effectively.
17. Maintains written and verbal communications with the health care team, to assure continuity of care. 0 1 2

18. Operates, and understands the function of treatment equipment and accessory devices. Recognizes problems and takes appropriate action. 0 1 2

19. Is knowledgeable of and accurately follows and implements treatment methods and protocols. 0 1 2

20. Constructs, prepares, and utilizes immobilization devices, beam directional devices which facilitate treatment delivery. 0 1 2

21. Accurately and efficiently schedules patient’s appointments. 0 1 2

22. Prioritizes work for efficiency, ensuring adequate time for the patient and the procedure. 0 1 2

23. Accurately knows how to bill patients. 0 1 2 N/A

**RADIATION PROTECTION AND EQUIPMENT SAFETY PROCEDURES**

1. Wears proper personnel monitoring device at all times. 0 1 2

2. Applies principles of radiation protection at all times to ensure the safety of patients, staff, and the public. 0 1 2

3. Maintains a working knowledge of basic methods of radiation protection, i.e. door control and interlock, shielding blocks, beam collimation, and emergency controls. 0 1 2
4. Recognizes real or potential safety and radiation hazards and immediately takes appropriate action. 0 1 2

5. Maintains and assures the appropriate conditions, orderliness and cleanliness, of the patient areas in the department. 0 1 2

6. Participates in a total quality management system to ensure safe and accurate patient care. 0 1 2
COMMENTS ON OVERALL CLINICAL PERFORMANCE
EXIT COMPETENCY

Supervising Therapist comments about student performance__________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Action Taken____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Comments________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

__________________________________________ Date
Student Signature

__________________________________________ Date
Supervising Therapist

__________________________________________ Date
Clinical Coordinator

__________________________________________ Date
Program Director

__________________________________________ Date
Clinical Supervisor
EXIT COMPETENCY CRITERIA

1. Scheduled in April or May of the senior year.

2. Scheduled in advance by the student with the clinical coordinator, clinical supervisor and supervising therapist.

3. All exit competencies will be scheduled on a treatment unit.

4. Consist of six consecutive days.

5. Students must pass all previous clinical evaluations and have competencies handed in before scheduling an exit competency.

6. In the event of an incomplete exit competency, the student may arrange to repeat it in June.
# Appendix A

## FRESHMAN YEAR

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Fall Semester</strong></td>
<td></td>
</tr>
<tr>
<td>ENG* 101</td>
<td>Composition</td>
<td>3</td>
</tr>
<tr>
<td>RST* 200</td>
<td>Cross Sectional Anatomy</td>
<td>3</td>
</tr>
<tr>
<td>MAT* 115</td>
<td>Mathematics for Science &amp; Technology</td>
<td>3</td>
</tr>
<tr>
<td>PHY* 111</td>
<td>Physics for Life Sciences</td>
<td>4</td>
</tr>
<tr>
<td>RDT* 101</td>
<td>Intro to Radiation Therapy I</td>
<td>3</td>
</tr>
<tr>
<td>RDT* 111</td>
<td>Clinical Practicum I</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Winter Intersession</strong></td>
<td></td>
</tr>
<tr>
<td>RDT* 113</td>
<td>Clinical Internship I</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Spring Semester</strong></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>Fine Arts</td>
<td>3</td>
</tr>
<tr>
<td>PSY* 111</td>
<td>General Psychology I</td>
<td>3</td>
</tr>
<tr>
<td>COM* 171</td>
<td>Fundamentals of Human Communication</td>
<td>3</td>
</tr>
<tr>
<td>RST* 213</td>
<td>Radiation Physics</td>
<td>3</td>
</tr>
<tr>
<td>RDT* 102</td>
<td>Radiation Therapy II</td>
<td>3</td>
</tr>
<tr>
<td>RDT* 112</td>
<td>Clinical Practicum II</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Summer Session</strong></td>
<td></td>
</tr>
<tr>
<td>RDT* 126</td>
<td>Clinical Internship II</td>
<td>3</td>
</tr>
</tbody>
</table>

## SOPHMORE YEAR

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Fall Semester</strong></td>
<td></td>
</tr>
<tr>
<td>RDT* 201</td>
<td>Radiation Oncology I</td>
<td>3</td>
</tr>
<tr>
<td>RDT* 202</td>
<td>Radiation Therapy III</td>
<td>3</td>
</tr>
<tr>
<td>RDT* 211</td>
<td>Clinical Practicum III</td>
<td>2</td>
</tr>
<tr>
<td>RDT* 205</td>
<td>Dosimetry &amp; Computer Asst. Treatment Plan.</td>
<td>3</td>
</tr>
<tr>
<td>Elective</td>
<td>Humanities</td>
<td>3</td>
</tr>
<tr>
<td>RDT* 218</td>
<td>Clinical Internship III</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Winter Intersession</strong></td>
<td></td>
</tr>
<tr>
<td>RDT* 222</td>
<td>Radiobiology and Protection</td>
<td>3</td>
</tr>
<tr>
<td>RDT* 223</td>
<td>Radiation Physics II</td>
<td>3</td>
</tr>
<tr>
<td>RDT* 212</td>
<td>Clinical Practicum IV</td>
<td>2</td>
</tr>
<tr>
<td>RDT* 203</td>
<td>Radiation Oncology II</td>
<td>3</td>
</tr>
<tr>
<td>RDT* 204</td>
<td>Radiation Therapy IV</td>
<td>3</td>
</tr>
<tr>
<td>RDT* 224</td>
<td>Senior Seminar</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Credit Hours 68
Appendix B

THE AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS and THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS

CODE OF ETHICS

February 2003

1. The radiologic technologist conducts herself or himself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

2. The radiologic technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.

3. The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socio-economic status.

4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.

5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.

8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.

9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient’s right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.
Appendix C

RADIATION THERAPY-CODE OF ETHICS

♦ The radiation therapist advances the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

♦ The radiation therapist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease of illness and without discrimination on the basis of sex, race, creed, religion or socioeconomic status.

♦ The radiation therapist assesses situations, exercises care, discretion and judgment; assumes responsibility for professional decisions and acts in the best interest of the patient.

♦ The radiation therapist adheres to the tenets and domains of the Scope of Practice for radiation therapists’.

♦ The radiation therapist actively engages in lifelong learning to maintain, improve, and enhance professional competence and knowledge.
Appendix D

AMERICAN HOSPITAL ASSOCIATION-THE PATIENT CARE PARTNERSHIP:
UNDERSTANDING EXPECTATIONS, RIGHTS AND RESPONSIBILITIES

This document replaced the “Patient’s Bill of Rights” in 2003, and is distributed to patients in the form of an easy to read brochure.

1. **High quality hospital care.** Our first priority is to provide you with the care you need, when you need it, with skill, compassion and respect. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of doctors, nurses and others involved in your care, and you have the right to know when they are students, residents or other trainees.

2. **A clean and safe environment.** Our hospital works hard to keep you safe. We use special policies and procedures to avoid mistakes in your care and keep you free from abuse and neglect. If anything unexpected and significant happens during your hospital stay, you will be told what happened, and any resulting changes in your care will be discussed with you.

3. **Involvement in your care.** You and your doctor often make decisions about your care before you go to the hospital. Other times, especially in emergencies, those decisions are made during your hospital stay. When decision-making takes place, it should include:
   a. **Discussing your medical condition and information about medically appropriate treatment choices.** To make informed decisions with your doctor, you need to understand:
      i. The benefits and risks of each treatment.
      ii. Whether your treatment is experimental or part of a research study.
      iii. What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life.
      iv. What you and your family will need to do after you leave the hospital.
      v. The financial consequences of using uncovered services or out-of-network providers.
      vi. Please tell your caregivers if you need more information about treatment choices.
   b. **Discussing your treatment plan.** When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or experimental treatment, you may be asked confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.
   c. **Getting information from you.** Your caregivers need complete and correct information about your health and coverage so that they can make good decisions about your care. That includes:
      i. Past illnesses, surgeries or hospital stays.
      ii. Past allergic reactions.
iii. Any medicines or dietary supplements (such as vitamins and herbs) that you are taking.

iv. Any network or admission requirements under your health plan.

d. **Understanding your health care goals and values.** You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your doctor, your family and your care team knows your wishes.

e. **Understanding who should make decisions when you cannot.** If you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a “living will” or “advance directive” that states your wishes about end-of-life care; give copies to your doctor, your family and your care team. If you or your family need help making difficult decisions, counselors, chaplains and others are available to help.

4. **Protection of your privacy.** We respect the confidentiality of your relationship with your doctor and other caregivers, and the sensitive information about your health and health care that are part of that relationship. State and federal laws and hospital operating policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information from our records about your care.

5. **Preparing you and your family for when you leave the hospital.** Your doctor works with hospital staff and professionals in your community. You and your family also play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet and therapy plans. Your family may need to help care for you at home. You can expect us to help you identify sources of follow-up care and to let you know if our hospital has a financial interest in any referrals. As long as you agree that we can share information about your care with them, we will coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

6. **Help with your bill and filing insurance claims.** Our staff will file claims for you with health care insurers or other programs such as Medicare and Medicaid. They will also help your doctor with needed documentation. Hospital bills and insurance coverage are often confusing. If you have questions about your bill, contact our business office. If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, we will try to help you and your family find financial help or make other arrangements. We need your help with collecting needed information and other requirements to obtain coverage or assistance.
Appendix E

THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS-ELIGIBILITY FOR CERTIFICATION

In accordance with ARRT’s "Equation for Excellence," candidates for ARRT certification must meet basic requirements in the three components of the equation:

1. Ethics
2. Education
3. Examination

Ethics
Every candidate for certification and every applicant for renewal of registration must, according to the governing documents, "be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics," and they must "agree to comply with the ARRT Rules and Regulations and the ARRT Standards of Ethics." ARRT investigates all potential violations in order to determine eligibility.

Issues addressed by the Rules of Ethics include convictions, criminal procedures, or military court martials as described below:

- Felony;
- Misdemeanor;
- Criminal procedure resulting in a plea of guilty or nolo contendere (no contest), a verdict of guilty, withheld or deferred adjudication, suspended or stay of sentence, or pre-trial diversion.

Juvenile convictions processed in juvenile court and minor traffic citations not involving drugs or alcohol DO NOT need to be reported.

Additionally, candidates for certification are required to disclose any honor code violations that may have occurred while attending school.

Further specific information may be found on this website and in the handbooks for each discipline.

Education
Eligibility for certification also specifies the satisfaction of educational preparation requirements.

For the primary pathway to certification, eligibility requires the successful completion of the respective discipline’s formal educational program that is accredited by a mechanism acceptable to ARRT. Candidates must also demonstrate competency in didactic coursework and an ARRT-specifed list of clinical procedures.
For post-primary pathway to certification, candidates must hold registration in a supporting category and document ARRT-specified clinical experience. Further details may be found in the handbooks available for each of the post-primary certification disciplines.

**Examination**
Finally, eligibility requires candidates for certification, after having met all other qualifications, to pass an examination developed and administered by the ARRT. The exams assess the knowledge and cognitive skills underlying the intelligent performance of the tasks typically required of staff technologists practicing within the respective disciplines. Exam content is specified on this website and in the respective handbook for each discipline.

Go to [www.arrt.org](http://www.arrt.org) for detailed information.
Appendix F

RADIOLOGIC TECHNOLOGY PROGRAMS-TECHNICAL STANDARDS

The Gateway Community College Radiology Program has established technical standards that must be met by each student admitted into the Program. Each student must be able to:

1. Operate treatment equipment that may include lifting and reaching.

2. Verbally communicate in a clear and concise manner while operating equipment, positioning patients, and performing other duties as assigned.

3. Read and apply appropriate instructions in treatment charts, procedure requisitions, treatment prescriptions, notes and records.

4. Lift a minimum of fifty (50) pounds of weight (treatment cones, cassettes and ancillary aids used for patient treatment), up and over head level.

5. Move a patient and equipment into accurate positions to insure proper exposure/treatment.

6. Move immobile patients from stretcher to treatment table with assistance from departmental personnel.

7. Understand and apply clinical instructions given.

8. Input clinical data into treatment console and computers.

9. Monitor patients during treatment procedures.

10. Monitor audio and video equipment during treatment procedures.

11. Monitor equipment and background sounds during equipment operations.

12. Complete all required competencies in a manner that demonstrates accuracy, consistency, and retention of learned skills and information.
Appendix G

**Declaration of Pregnancy**  (Student completion of this Declaration of Pregnancy form is voluntary.)

**Student Data:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Declaration Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Established Conception Date:</th>
<th>Film Badge #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Established Delivery Date:</th>
<th>Phone – Work:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department Mail Address:</th>
<th>Home:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Radiation History Review:**

<table>
<thead>
<tr>
<th>Radiation Sources:</th>
<th>Dx X-ray:</th>
<th>Nuclear Medicine:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rx X-ray:</th>
<th>Sealed Sources:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other?:</th>
<th>Min. (mRem)</th>
<th>Avg. (mRem)</th>
<th>Max. (mRem)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on:  

<table>
<thead>
<tr>
<th>Individual</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Fetal Dose Pre-Declaration**

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>mRem</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

Total Before:  

**Fetal Dose Post-Declaration**

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>mRem</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

Total After:  

**Recommendation:**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Declaration of Pregnancy:**

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>RSO Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix H

EMERGENCY EVACUATION

1. Everyone in the building must evacuate when an alarm sounds and/or upon verbal notification by authorized personnel.
   
   — All persons in classrooms should be directed to move in an orderly manner to the designated exits posted on the Emergency Action Plan chart located on the wall of the room’s egress.
   
   — If time and safety permits, close all doors.
   
   — If your assigned exit is blocked, keep calm and seek nearest exit.
   
   — When outside of building proceed away from the building and stay out of roadways and areas utilized by emergency personnel.
   
   — Remain outside of the building until the security staff authorizes re-entry.

2. The Early Learning Center evacuated to the Temple Street Garage.

3. Gateway Garage evacuated to the Crown Street sidewalk.

4. Persons with a physical/mobility disability, who cannot exit, should be accompanied to the rescue area and where they shall wait for the emergency personnel to arrive and evacuate them. The rescue areas are as follows:
   
   ▪ Second Floor Bridge-stairwell/escalator
   ▪ Third Floor Bridge-stairwell
   ▪ Fourth Floor Bridge-stairwell

LOCKDOWN PLAN

1. If a lockdown occurs, proceed to nearest office or classroom. If already in office or classroom, stay there.

2. If time and safety permits, close and lock all doors.

3. Shut off lights and stay out of sight.

4. Dial 911 (9-911 from college phone) or call GCC Security 203-285-2246/203-285-2611 (X2246/X2611)

5. Do not leave your location until you are given an “all clear” sign by an authorize person – Police, Fire or Security Staff.

6. STAY:
   
   ▪ CALM
   ▪ QUIET
• WAIT

Reporting Procedures

A. Campus Security Department: **ON CAMPUS** dial X52246  
   **OFF CAMPUS** dial 203-285-2246

B. In a medical or police emergency in which Security cannot be reached, 
   **dial 911** (**9-911** from college phone)

C. When calling, stay calm and carefully explain the problem and location to the Dispatcher.

D. **Do not hang up until told to do so.**

E. Notify the Security Department of any emergency situations.

E. Keep calm. Keep others calm.
Appendix I

Standards for an Accredited Educational Program in Radiation Therapy

EFFECTIVE JANUARY 1, 2011

Adopted by:
The Joint Review Committee on Education in Radiologic Technology - April 2010

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these STANDARDS.

Copyright © 2010 by the JRCERT
Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiation Therapy are designed to promote academic excellence, patient safety, and quality healthcare. The STANDARDS require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.
- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.
- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:
- Major strengths related to the standard
- Major concerns related to the standard
- The program’s plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program’s compliance with the STANDARDS.
Standards for an Accredited Educational Program in Radiation Therapy

Table of Contents

Standard One: Integrity .................................................................................................................. 4
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.

Standard Two: Resources .......................................................................................................... 22
The program has sufficient resources to support the quality and effectiveness of the educational process.

Standard Three: Curriculum and Academic Practices .............................................................. 34
The program’s curriculum and academic practices prepare students for professional practice.

Standard Four: Health and Safety ............................................................................................... 47
The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Standard Five: Assessment ........................................................................................................ 55
The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Standard Six: Institutional/Programmatic Data ........................................................................ 62
The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

Awarding, Maintaining, and Administering Accreditation ...................................................... 71
Standard One

Integrity

Standard One: 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.

Objectives:

In support of Standard One, the program:

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

1.2 Provides equitable learning opportunities.

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiation Therapy and the avenue to pursue allegations of non-compliance with the STANDARDS.

1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, academic policies, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.
1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.15 Has procedures for maintaining the integrity of distance education courses.
1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

Explanation:
High ethical standards help assure that the rights of students, faculty, and staff are protected. Policies and procedures must be fair, equitably applied and promote professionalism.

Required Program Response:
- Describe the procedure for making related policies and procedures known.
- Provide copies of policies and procedures that assure equitable treatment of students, faculty, and staff.

Possible Site Visitor Evaluation Methods:
- Review of student handbook
- Review of employee/faculty handbook
- Review of course catalog
- Review of student records
- Interviews with faculty
- Interviews with students
- Interviews with staff
1.2 Provides equitable learning opportunities for all students.

Explanation:
The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all students regarding learning activities and clinical assignments. For example, if an opportunity exists for students to observe or perform tomotherapy, then all students must be provided the same opportunity. If evening and/or weekend rotations are utilized, this opportunity must be equitably provided for all students.

Required Program Response:
Describe how the program assures equitable learning opportunities for all students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of master plan of education
- Review of course objectives
- Review of student clinical assignment schedules
- Interviews with faculty
- Interviews with clinical supervisors
- Interviews with clinical staff
- Interviews with students
1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

Explanation:
Programs must have a process in place to provide timely, appropriate, and educationally valid clinical experiences to all students admitted to the program. Students must have sufficient access to clinical education settings that provide a wide range of procedures for competency achievement. Clinical education settings may include hospitals and free-standing radiation therapy centers. With the exception of observation site assignments, students must be provided the opportunity to complete required program competencies during clinical assignments. Clinical placement must be non-discriminatory in nature and solely determined by the program.

A meaningful clinical education plan assures that activities are educationally valid and prevents the use of students as replacements for employees. The maximum number of students assigned to a clinical education setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical education setting cannot exceed the total number of linear accelerators and simulators.

Students assigned to dosimetry, patient care, and/or advanced treatment modalities are not included in the calculation of the authorized clinical capacity. Once the students have completed these assignments/rotations, the program must assure that there is sufficient clinical staff to support the students upon reassignment to the radiation therapy department.

The utilization of clinical assignments such as patient transport, block/mold room, nursing, brachytherapy, and treatment planning should be limited.

Additionally, traditional programs that require students to participate in clinical education during evenings and/or weekends must assure that:

- students’ clinical clock hours spent in evening and/or weekend assignments must not exceed 25% of the total clinical clock hours.
- program total capacity is not increased through the use of evening and/or weekend assignments.

The JRCERT defines the operational hours of traditional programs as Monday - Friday, 5:00 a.m. - 7:00 p.m.

Required Program Response:
- Describe the process for student clinical placement.
- Provide current student assignment schedules in relation to student enrollment.
- Describe how the program assures that the number of students assigned to the clinical education setting does not exceed the total number of linear accelerators and simulators.
- Describe how the program assures that all students have access to a sufficient variety and volume of procedures to achieve program competencies.
- Submit evening and/or weekend rotation(s) calculations, if applicable.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review listing of enrolled students in relation to clinical assignments, including evening and/or weekend, if applicable
- Review of clinical placement process
- Review of student clinical records
- Interviews with faculty
- Interviews with clinical supervisors
- Interviews with students
1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

*Explanation:*
This limitation helps assure that students are treated ethically. For the safety of students and patients, not more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary on the student’s part.

*Required Program Response:*
- Describe the process for assuring that time limitations are not exceeded.
- Provide documentation that required student clinical assignments do not exceed ten (10) hours in any one day and the total didactic and clinical involvement does not exceed forty (40) hours per week.

*Possible Site Visitor Evaluation Methods:*
- Review of master plan of education
- Review of published program materials
- Review of student schedules
- Interviews with faculty
- Interviews with clinical supervisor(s)
- Interviews with clinical staff
- Interviews with students
1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

Explanation:
 Appropriately maintaining the security and confidentiality of student records and other program materials protects the student’s right to privacy. Student records must be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). If radiation monitoring reports contain students’ dates of birth and/or social security numbers, this information must be maintained in a secure and confidential manner.

Required Program Response:
Describe how the program maintains the security and confidentiality of student records and other program materials.

Possible Site Visitor Evaluation Methods:
- Review of institution’s/program’s published policies/procedures
- Review of student academic and clinical records
- Tour of program offices
- Tour of clinical education setting(s)
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with clinical supervisor(s)
- Interviews with clinical staff
- Interviews with students
1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

**Explanation:**
A grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have procedures to provide students an avenue to pursue grievances. The procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, clinical supervisors, radiation therapy department director). The procedure must assure timely resolution. The program must maintain a record of the student’s formal grievance and its resolution. Records must be retained in accordance with the institution’s/program’s retention policies/procedures.

**Required Program Response:**
Provide a copy of the grievance procedure.

**Possible Site Visitor Evaluation Methods:**
- Review of institutional catalog
- Review of student handbook
- Review of formal grievance records, if applicable
- Interviews with faculty
- Interviews with students
1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiation Therapy and the avenue to pursue allegations of non-compliance with the STANDARDS.

Explanation:
The program must assure students are cognizant of the STANDARDS and must provide contact information for the JRCERT.

Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contact of the JRCERT should not be a step in the formal institutional/program grievance procedure. The individual must first attempt to resolve the complaint directly with institution/program officials by following the grievance procedures provided by the institution/program. If the individual is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT.

Required Program Response:
- Describe the procedure for making students aware of the STANDARDS.
- Describe how students are provided contact information for the JRCERT.

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Interviews with faculty
- Interviews with students
1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.

Explanation:
Maintaining published information regarding the program’s current policies, procedures, and offerings provides interested parties with an accurate overview of program requirements and expectations.

Required Program Response:
Provide program publications that reflect program policies, procedures and offerings.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student handbook
- Interviews with faculty
- Interviews with students
1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, academic policies, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

Explanation:
The institutional and/or program policies must be published and made available to students, faculty, and the general public to assure that they are adequately informed. Policy changes must be made known to students, faculty, and the general public in a timely fashion. It is recommended that revision dates be identified on program publications.

Student clinical obligations (e.g., drug screening, background checks, and associated fees) must be clearly identified in appropriate program publications. Additionally, if evening and/or weekend clinical assignments are required or if students must travel to geographically-dispersed clinical education settings, this information must also be included.

Required Program Response:
- Describe how institutional and/or program policies are made known to students, faculty, and the general public.
- Provide publications that include these policies.

Possible Site Visitor Evaluation Methods:
- Review of institutional materials
- Review of published program materials
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with Registrar
- Interviews with students
1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

Explanation:
Program accountability is enhanced by making its mission statement, goals, and student learning outcomes available to the program’s communities of interest. This may be accomplished in a variety of ways, including program publications and/or a Web site.

Example:

Mission:
The mission of the radiation therapy program is to prepare competent, entry-level radiation therapists able to function within the healthcare community.

Goal: Students will be clinically competent.
Student Learning Outcomes: Students will position patients as directed in treatment record/plan. Students will operate equipment to deliver prescribed therapeutic dose. Students will utilize radiation safety.

Goal: Students will demonstrate communication skills.
Student Learning Outcomes: Students will demonstrate written communication skills. Students will demonstrate oral communication skills.

Goal: Students will develop critical thinking skills.
Student Learning Outcomes: Students will recognize setup discrepancies. Students will design a treatment plan.

Goal: Students will model professionalism.
Student Learning Outcomes: Students will demonstrate work ethics. Students will summarize the value of life-long learning.

Required Program Response:
- Describe how the program makes its mission statement, goals, and student learning outcomes available to students, faculty, administrators, and the general public.
- Provide copies of publications that contain the program’s mission statement, goals, and student learning outcomes.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

Explanation:
Communities of interest are defined as institutions, organizations, groups, and/or individuals interested in educational activities in radiation therapy. Obtaining formal feedback on program operations, student progress, employer needs, etc. from communities of interest allows the program to determine if it is meeting expectations and assures continuous program improvement. The program can use a variety of tools to obtain this feedback.

Required Program Response:
- Describe the process of obtaining feedback.
- Provide representative samples of appropriate meeting minutes, evaluations (e.g., course and faculty), and surveys (e.g., graduate and employer).

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes
- Review of evaluations
- Review of surveys
- Interviews with members of various communities of interest
1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Non-discriminatory practices assure applicants have equal opportunity for admission. Statistical information such as race, color, religion, gender, age, disability, national origin, and any other protected class may be collected; however, this information must be voluntarily provided by the student. Use of this information in the student selection process is discriminatory.

Required Program Response:
- Describe how admission practices are non-discriminatory.
- Provide institutional and/or program admission policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students
1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

**Explanation:**
Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures.

**Required Program Response:**
- Describe the implementation of institutional and program admission policies.
- Provide institutional and program admission policies.

**Possible Site Visitor Evaluation Methods:**
- Review of published program materials
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students
1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Recruitment and employment practices that are non-discriminatory assure fairness and integrity. Equal opportunity for employment must be offered to each applicant. Employment practices must be applied equitably to all faculty.

Required Program Response:
- Describe how non-discriminatory employment practices are assured.
- Provide copies of employment policies and procedures that assure non-discriminatory practices.

Possible Site Visitor Evaluation Methods:
- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty
1.15 **Has procedures for maintaining the integrity of distance education courses.**

*Explanation:*
Programs that offer distance education must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to: secure log-ins, pass codes, and/or proctored exams. These processes must protect the student’s privacy. Student costs associated with distance education must be disclosed.

*Required Program Response:*
- Describe the process for assuring the integrity of distance education courses.
- Provide published program materials that outline procedures for maintaining integrity of distance education courses.
- Provide published program materials that identify associated fees for students enrolled in distance education courses.

*Possible Site Visitor Evaluation Methods:*
- Review of published program materials
- Review the process of student identification
- Review of student records
- Interviews with faculty
- Interviews with students
Summary for Standard One

1. List the major strengths of Standard One, in order of importance.

2. List the major concerns of Standard One, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Two:

Resources

Standard Two: The program has sufficient resources to support the quality and effectiveness of the educational process.

Objectives: In support of Standard Two, the program:

Administrative Structure

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

2.3 Provides faculty with opportunities for continued professional development.

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Learning Resources/Services

2.5 Assures JRCERT recognition of all clinical education settings.

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

2.8 Provides access to student services in support of student learning.

Fiscal Support

2.9 Has sufficient ongoing financial resources to support the program’s mission.

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.
2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

Explanation:
The program’s relative position in the organizational structure helps facilitate appropriate resources and assures focus on the program. To operate effectively, the program must have sufficient institutional administrative support. Both organizational structure and administrative support enable the program to meet its mission and promote student learning.

Required Program Response:
- Describe the program’s relationship to the organizational and administrative structures of the sponsoring institution and how this supports the program’s mission.
- Provide institutional and program organizational charts.

Possible Site Visitor Evaluation Methods:
- Review of organizational charts of institution and program
- Review of meeting minutes
- Review of published program materials
- Review of master plan of education
- Interviews with faculty and institutional officials
- Interviews with clinical supervisor(s)
2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

Explanation:
An adequate number of faculty promotes sound educational practices. A full-time program director is required. Faculty teaching loads and release time must be consistent with those of comparable faculty in other health science (allied health) programs in the same institution.

Additionally, a full-time equivalent clinical coordinator is required if the program has more than five (5) active clinical education settings or more than thirty (30) students enrolled in the clinical component. The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical supervisors.

A minimum of one clinical supervisor must be designated at each recognized clinical education setting. The same clinical supervisor may be identified at more than one site as long as a ratio of one full-time equivalent clinical supervisor for every ten (10) students is maintained.

Required Program Response:
- Provide, if available, institutional policies in relation to teaching loads and release time.
- Describe faculty teaching loads and release time in relation to a comparable health science (allied health) program within the institution.
- Describe the adequacy of the number of faculty and clinical staff to meet identified accreditation requirements and program needs.

Possible Site Visitor Evaluation Methods:
- Review institutional policies in relation to teaching loads and release time
- Review of master plan of education
- Review of position descriptions
- Review of clinical education settings
- Interviews with faculty
- Interviews with clinical supervisor(s)
- Interviews with students
2.3 Provides faculty with opportunities for continued professional development.

Explanation:
Continued professional development results in more knowledgeable, competent, and proficient faculty. Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty.

Required Program Response:
Describe how continued professional development opportunities are made available to faculty.

Possible Site Visitor Evaluation Methods:
- Review of institutional and program policies
- Review of program budget or other fiscal appropriations
- Review of evidence of faculty participation in professional development activities
- Interviews with administrative personnel
- Interviews with faculty
2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

*Explanation:*
Clerical support services necessary to assist in meeting educational, program, and administrative requirements of the program must be provided as appropriate.

*Required Program Response:*
Describe the availability and use of clerical support services.

*Possible Site Visitor Evaluation Methods:*
- Review of program’s staffing plan
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
2.5 **Assures JRCERT recognition of all clinical education settings.**

*Explanation:*
JRCERT recognition helps assure an appropriate learning environment for student clinical education. All clinical education settings must be recognized by the JRCERT. Recognition of a clinical education setting must be obtained prior to student placement. A minimum of one (1) clinical supervisor must be identified for each recognized clinical education setting.

An observation site is used for student observation of the operation of equipment and/or procedures. If the program uses observation sites, these sites do not require recognition by the JRCERT. These sites provide opportunities for observation of clinical procedures that may not be available at recognized clinical education settings. Students may not assist in, or perform, any aspects of patient care during observational assignments.

Facilities where students are participating in service learning projects or community-based learning opportunities do not require recognition.

**Required Program Response:**
- Assure all clinical education settings are recognized by the JRCERT.
- Describe how observation sites, if used, enhance student clinical education.

**Possible Site Visitor Evaluation Methods:**
- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical supervisors
- Interviews with clinical staff
- Interviews with students
2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

Explanation: Learning environments are defined as places, surroundings, or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms and laboratories. Provision of appropriate learning environments facilitates achievement of the program’s mission. Although a dedicated classroom and/or laboratory are not required, scheduled accessibility to facilities conducive to student learning must be assured. Faculty office space should be conducive to planning and scholarly activities. Space should be made available for private student advisement.

Required Program Response: Describe how classrooms, laboratories, and administrative and faculty offices facilitate the achievement of the program’s mission.

Possible Site Visitor Evaluation Methods:
- Tour of the classroom, laboratories, and administrative and faculty offices
- Interviews with faculty
- Interviews with students
2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

*Explanation:*
The review and maintenance of learning resources promotes student knowledge of current and developing therapeutic technologies. The program must provide learning resources to support and enhance the educational program. These resources must include:
- a print or electronic library with a variety of materials published within the last five years,
- computer access, and
- additional learning aids (e.g., educational software, classroom/laboratory accessory devices, etc.).

The JRCERT does not endorse any specific learning resources.

*Required Program Response:*
- Describe the available learning resources.
- Describe the procedure for review and maintenance of learning resources.

*Possible Site Visitor Evaluation Methods:*
- Tour of learning facilities
- Review of learning resources
- Review of surveys
- Review of meeting minutes
- Interviews with faculty
- Interviews with students
2.8 Provides access to student services in support of student learning.

Explanation:
The provision of appropriate student services promotes student achievement. At a minimum, the program must provide access to information for:

- personal counseling,
- requesting accommodations for disabilities as defined by applicable federal (Americans with Disabilities Act) and state laws, and
- financial aid.

Additional student services may be provided at the discretion of the program. These services should be sufficient to assure student learning.

All services provided must be made known to students and the general public.

Required Program Response:
- Describe the students’ access to student services.
- Provide published program materials that outline accessibility to student services.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Interviews with faculty
- Interviews with students
2.9 Has sufficient ongoing financial resources to support the program’s mission.

Explanation:
Adequate, ongoing funding is necessary to accomplish the program’s mission and to support student learning. The sponsoring institution must demonstrate ongoing financial commitment to the program and its students by providing adequate human and physical resources.

Required Program Response:
- Describe the adequacy of financial resources.
- Provide copies of the program’s budget and/or expenditure records.

Possible Site Visitor Evaluation Methods:
- Review of program budget and/or other fiscal appropriations
- Interviews with administrative personnel
- Interviews with faculty
2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

Explanation:
A gatekeeper is defined as an agency holding responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid. The program must comply with USDE requirements to participate in Title IV financial aid.

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must: maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources, have a monitoring process for student loan default rates, have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures, and inform students of responsibility for timely repayment of Title IV financial aid.

Required Program Response:
- Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:
  - recent student loan default data and
  - results of financial or compliance audits.
- Describe how the program informs students of their responsibility for timely repayment of financial aid.

Possible Site Visitor Evaluation Methods:
- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
Summary for Standard Two

1. List the major strengths of Standard Two, in order of importance.

2. List the major concerns of Standard Two, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Three

Curriculum and Academic Practices

Standard Three: The program’s curriculum and academic practices prepare students for professional practice.

Objectives:

In support of Standard Three, the program:

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

3.3 Provides learning opportunities in current and developing therapeutic and/or imaging technologies.

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.6 Maintains a master plan of education.

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

3.9 Evaluates program faculty and clinical supervisor performance regularly to assure instructional responsibilities are performed.
3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

Explanation:
The program’s mission statement should be consistent with that of its sponsoring institution. The program’s mission statement should clearly define the purpose or intent toward which the program’s efforts are directed. Periodic evaluation assures that the program’s mission statement is effective.

Required Program Response:
- Provide a copy of the program’s mission statement.
- Provide meeting minutes that document periodic reevaluation of the mission statement.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of meeting minutes
- Review of master plan of education
- Interviews with faculty
3.2  Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

Explanation:
The well-structured curriculum must be comprehensive, appropriately sequenced, include current information, and provide for evaluation of student achievement. A competency-based curriculum allows for effective student learning by providing a knowledge foundation prior to performance of procedures. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. In essence, competency-based education is an ongoing process, not an end product.

Programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:
- the latest American Society of Radiologic Technologists professional curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors following review
  and recommendation by the JRCERT Standards Committee.

Use of a standard curriculum promotes consistency in radiation therapy education and prepares the student to practice in the professional discipline. At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make good decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is at the discretion of the program.

The program must submit the latest curriculum analysis grid (available at www.jrcert.org).

Required Program Response:
- Describe how the program’s curriculum is structured.
- Describe the program’s competency-based system.
- Submit current curriculum analysis grid.
- Describe how the program’s curriculum is delivered, including the method of delivery for distance education courses.
- Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track).

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Review of didactic and clinical curriculum sequence
- Review of analysis of graduate and employer surveys
- Interviews with faculty
- Interviews with students
- Observation of a portion of any course offered via distance delivery
- Review of part-time, evening and/or weekend curricular track, if applicable
3.3 Provides learning opportunities in current and developing therapeutic and/or imaging technologies.

**Explanation:**
The program must provide learning opportunities in current and developing therapeutic and/or imaging technologies. It is the program’s prerogative to decide which technologies should be included in the didactic and/or clinical curriculum. Programs are not required to offer clinical rotations in developing therapeutic and/or imaging technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

**Required Program Response:**
Describe how the program provides opportunities in developing technologies in the didactic and/or clinical curriculum.

**Possible Site Visitor Evaluation Methods:**
- Review of master plan of education
- Interviews with faculty
- Interviews with students
3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

Explanation:
Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

Required Program Response:
Describe the relationship between the program length and the terminal award offered.

Possible Site Visitor Evaluation Methods:
- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students
3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

Explanation:
Defining the length of didactic and clinical courses facilitates student transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic and all clinical courses, respectively.

Required Program Response:
- Describe the method used to award credit hours for lecture, laboratory and clinical courses.
- Provide a copy of the program’s policies and procedures for determining credit hours and an example of how such policy has been applied to the program’s coursework.
- Provide a list of all didactic and clinical courses with corresponding clock or credit hours.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students
3.6 Maintains a master plan of education.

_Explanation:_
A master plan provides an overview of the program and allows for continuity among, and documentation of, all aspects of the program. In the event of new faculty and/or leadership to the program, the master plan provides the information needed to understand the program and its operations.

The plan should be evaluated annually, updated, and must include the following:
- course syllabi (didactic and clinical courses) and
- program policies and procedures.

While there is no prescribed format for the master plan, the component parts should be identified and readily available. If the components are not housed together, the program must list the location of each component. If the program chooses to use an electronic format, the components must be accessible by all program faculty.

_Required Program Response:_
- Identify the location of the component parts of the master plan of education.
- Provide a Table of Contents for the program’s master plan.

_Possible Site Visitor Evaluation Methods:_
- Review of master plan of education
- Interview with program director
- Interviews with faculty
3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

*Explanation:*
Appropriate advisement promotes student achievement. Student advisement should be formative, summative, and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

*Required Program Response:*
- Describe procedures for advisement.
- Provide sample records of student advisement.

*Possible Site Visitor Evaluation Methods:*
- Review of students’ records
- Interviews with faculty
- Interviews with clinical supervisor(s)
- Interviews with students
3.8 **Documents that the responsibility of faculty and clinical staff are delineated and performed.**

Full-time Program Director:

- Assures effective program operations,
- Oversees ongoing program assessment,
- Participates in budget planning,
- Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development, and
- Assumes the leadership role in the continued development of the program.

- **Full-time Clinical Coordinator:**
  - Correlates clinical education with didactic education,
  - Evaluates students,
  - Participates in didactic and/or clinical instruction,
  - Supports the program director to help assure effective program operation,
  - Coordinates clinical education and evaluates its effectiveness,
  - Participates in the assessment process,
  - Cooperates with the program director in periodic review and revision of clinical course materials,
  - Maintains current knowledge of the discipline and educational methodologies through continuing professional development, and
  - Maintains current knowledge of program policies, procedures, and student progress.

- **Full-Time Didactic Program Faculty:**
  - Prepares and maintains course outlines and objectives, instructs and evaluates
students, and reports progress,

Participates in the assessment process,

Supports the program director to help assure effective program operation,

Cooperates with the program director in periodic review and revision of course materials, and maintains appropriate expertise and competence through continuing professional development.
Part-Time Didactic Program Faculty:

Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

Participates in the assessment process, when appropriate,

Cooperates with the program director in periodic review and revision of course materials, and

Maintains appropriate expertise and competence through continuing professional development.

- Clinical Supervisor(s):

Is knowledgeable of program goals,

Understands the clinical objectives and clinical evaluation system,

Understands the sequencing of didactic instruction and clinical education,

Provides students with clinical instruction and supervision,

Evaluates students’ clinical competence,

Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development, and

Maintains current knowledge of program policies, procedures, and student progress.

- Clinical Staff:

Understand the clinical competency system,

Understand requirements for student supervision,

Support the educational process, and

Maintain current knowledge of program policies, procedures, and student progress.

Explanation:
The clear delineation of responsibilities facilitates accountability. Faculty and clinical staff responsibilities must be clearly delineated and must support the program’s mission.
Full- and part-time status is determined by, and consistent with, the sponsoring institution’s definition. For other than regular academic terms (i.e., summer session) when students are enrolled in didactic courses, the program director must be available to fulfill the responsibilities of the position. Additionally, when students are enrolled in clinical courses, the clinical coordinator must be available to fulfill the responsibilities of the position.

**Required Program Response:**
Provide documentation that faculty and clinical staff positions are clearly delineated.

**Possible Site Visitor Evaluation Methods:**
- Review of position descriptions
- Review of handbooks
- Interviews with faculty and clinical staff to assure responsibilities are being performed
- Interviews with students
3.9 Evaluates program faculty and clinical supervisor performance regularly to assure instructional responsibilities are performed.

**Explanation:**
The performance of didactic faculty and clinical supervisors must be regularly evaluated. Evaluation assures that instructional responsibilities are performed and provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness. Evaluation results must be shared in a timely manner with program faculty and clinical supervisors to assure continued professional development.

**Required Program Response:**
- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty and clinical supervisors.
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical supervisors.

**Possible Site Visitor Evaluation Methods:**
- Review of program evaluation materials
- Review of clinical supervisor evaluation
- Interviews with administrative personnel
- Interviews with program faculty
- Interviews with clinical supervisor(s)
- Interviews with students
Summary for Standard Three

1. List the major strengths of Standard Three, in order of importance.

2. List the major concerns of Standard Three, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Four

Health and Safety

Standard Four: The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Objectives:

In support of Standard Four, the program:

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
   - Written notice of voluntary declaration,
   - Option for student continuance in the program without modification, and
   - Option for written withdrawal of declaration.

4.3 Assures that students employ proper radiation safety practices.

4.4 Assures that all radiation therapy procedures are performed under the direct supervision of a qualified practitioner.

4.5 Assures sponsoring institution’s policies safeguard the health and safety of students.

4.6 Assures that students are oriented to clinical education setting policies and procedures in regard to health and safety.
4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

Explanation:
Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must maintain and monitor student radiation exposure data. This information must be made available to students within thirty (30) school days following receipt of data. The program must have a published protocol for incidents in which dose limits are exceeded.

Required Program Response:
- Describe how the policies are made known to enrolled students.
- Describe how radiation exposure data is made available to students.
- Provide copies of appropriate policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with students
4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:

- Written notice of voluntary declaration,
- Option for student continuance in the program without modification, and
- Option for written withdrawal of declaration.

*Explanation:*
Appropriate radiation safety practices help assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The policy must include appropriate information regarding radiation safety for the student and fetus. The program must allow for student continuance in the clinical component of the program without modification. The program may offer clinical component options such as: (1) clinical reassignments and/or (2) leave of absence.

*Required Program Response:*
- Describe how the pregnancy policy is made known to accepted and enrolled female students.
- Provide a copy of the program’s pregnancy policy.

*Possible Site Visitor Evaluation Methods:*
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical supervisor(s)
- Interviews with students
4.3 Assures that students employ proper radiation safety practices.

Explanation:
The program must assure that students are instructed in the utilization of therapeutic equipment, accessories, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic radiation safety practices prior to assignment to clinical education settings. As students progress in the program, they must become increasingly proficient in the application of 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 practitioner who is readily available. Programs are encouraged to develop policies regarding safe and appropriate use of energized laboratories by students.

Required Program Response:
- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Provide the curriculum sequence.
- Provide policies/procedures regarding radiation safety.

Possible Site Visitor Evaluation Methods:
- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of student handbook
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with clinical supervisor(s)
- Interviews with clinical staff
- Interviews with students
4.4 Assures that all radiation therapy procedures are performed under the direct supervision of a qualified practitioner.

Explanation:
Direct supervision assures patient safety and proper educational practices. All radiation procedures require direct supervision. The JRCERT defines direct supervision as student supervision by a qualified practitioner (e.g., registered radiation therapist, credentialed medical physicist, licensed radiation oncologist) during all aspects of the procedure. Students must always be directly supervised.

Required Program Response:
- Describe how the direct supervision requirement is enforced and monitored in the clinical education setting.
- Provide documentation that the program’s direct supervision requirement is made known to students, clinical supervisors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical supervisor(s)
- Interviews with clinical staff
- Interviews with students
4.5 Assures sponsoring institution’s policies safeguard the health and safety of students.

Explanation:
Appropriate sponsoring institutional policies and procedures assure that students are protected. These policies must, at a minimum, address emergency preparedness, harassment, communicable diseases, and substance abuse. Policies and procedures must meet federal and/or state requirements as applicable. Enrolled students must be informed of policies and procedures.

Required Program Response:
Provide program policies that safeguard the health and safety of students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students
4.6 Assures that students are oriented to clinical education setting policies and procedures in regard to health and safety.

Explanation:
Appropriate orientation assures that students are cognizant of clinical policies and procedures. The policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

Required Program Response:
- Describe the process for orienting students to clinical education settings.
- Provide documentation that students are apprised of policies and procedures specific to each clinical education setting.

Possible Site Visitor Evaluation Methods:
- Review of orientation process
- Review of student records
- Interviews with faculty
- Interviews with clinical supervisor(s)
- Interviews with students
Summary for Standard Four

1. List the major strengths of Standard Four, in order of importance.

2. List the major concerns of Standard Four, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Five

Assessment

Standard Five: The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Objectives:
In support of Standard Five, the program:

Student Learning
5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Program Effectiveness
5.2 Documents the following program effectiveness data:
   • Five-year average credentialing examination pass rate of not less than 75 percent at first attempt,
   • Five-year average job placement rate of not less than 75 percent within six months of graduation,
   • Annual program completion rate,
   • Graduate satisfaction, and
   • Employer satisfaction.

5.3 Makes available to the general public the program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Analysis and Actions

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.
5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Explanation:
Assessment is the systematic collection, review, and use of information to improve student learning and educational quality. An assessment plan helps assure continuous improvement and accountability. Minimally, the plan must include a separate goal in relation to each of the following: clinical competence, critical thinking, professionalism, and communication skills. The plan must include student learning outcomes, measurement tools, benchmarks, and identify timeframes and parties responsible for data collection.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
Provide a copy of the program’s current assessment plan.

Possible Site Visitor Evaluation Methods:
- Review of assessment plan
- Review of assessment tools
- Interviews with faculty
5.2 Documents the following program effectiveness data:

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt,
- Five-year average job placement rate of not less than 75 percent within six months of graduation,
- Annual program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

**Explanation:**

Credentialing examination, job placement, and program completion data must be reported annually on JRCERT Program Effectiveness Data (PED) form. Graduate and employer satisfaction data must be collected as part of the program’s assessment process.

Credentialing examination pass rate is defined as the number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists certification examination or an unrestricted state licensing examination compared with the number of graduates who take the examination.

Job placement rate is defined as the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences.

Program completion rate is calculated by dividing the number of students who complete the program within a cohort by the number who enrolled in the cohort initially and subsequently (for example, transfer students or re-admits). Students who leave or do not graduate on time for any reason, such as medical leave, personal choice, or course failure, are considered as not completing the program with the original cohort.

\[
PCR = \frac{\text{# of graduates in the cohort}}{\text{# of students initially enrolled in cohort} + \text{# of transfer students or re-admits}}
\]

Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogative of the program.

**Required Program Response:**

- Provide a copy of the program’s current PED form.
- Provide outcome data in relation to graduate and employer satisfaction.

**Possible Site Visitor Evaluation Methods:**

- Review of PED form
- Interviews with faculty
5.3 Makes available to the general public the program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

*Explanation:* Program accountability is enhanced by making its effectiveness data available to the program’s communities of interest and the general public. The JRCERT will post five-year average credentialing examination pass rate, five-year average job placement rate, and annual program completion rate at [www.jrcert.org](http://www.jrcert.org). The program must publish the JRCERT URL ([www.jrcert.org](http://www.jrcert.org)) to allow the public access to this data.

*Required Program Response:* Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address.

*Possible Site Visitor Evaluation Methods:*
- Review of program publications
- Review of Web site
- Interviews with faculty
- Interviews with students
5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

Explanation:
Analysis of student learning outcome data and program effectiveness data allows the program to identify strengths and areas for improvement to bring about systematic program improvement. This analysis also provides a means of accountability to communities of interest. It is the program’s prerogative to determine its communities of interest.

The analysis must be reviewed with the program’s communities of interest. One method to accomplish this would be the development of an assessment committee. The composition of the assessment committee may be the program’s advisory committee or a separate committee that focuses on the assessment process. The committee should be used to provide feedback on student achievement and assist the program with strategies for improving its effectiveness. This review should occur at least annually and must be formally documented.

For additional information regarding assessment, please refer to [www.jrcert.org](http://www.jrcert.org).

Required Program Response:
- Describe how the program analyzes student learning outcome data and program effectiveness data to identify areas for program improvement.
- Describe how the program shares its student learning outcome data and program effectiveness data with its communities of interest.
- Describe examples of changes that have resulted from the analysis of student learning outcome data and program effectiveness data and discuss how these changes have led to program improvement.
- Provide a copy of the program’s actual student learning outcome data since the last accreditation award. This data may be documented on previous assessment plans or on a separate document.
- Provide documentation that student learning outcome data and program effectiveness data has been shared with communities of interest.

Possible Site Visitor Evaluation Methods:
- Review of student learning outcome data and program effectiveness data to support the assessment plan
- Review of representative samples of measurement tools used for data collection
- Review of aggregate data
- Review of meeting minutes related to the assessment process
- Interviews with faculty
5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Explanation:
Identifying and implementing needed improvements in the assessment plan leads to programmatic improvement and renewal. As part of the assessment cycle, the program should review its assessment plan to assure that assessment measures are adequate and that the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every two years and be documented in meeting minutes.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
- Describe how this evaluation has occurred.
- Provide documentation that the plan is evaluated at least once every two years.

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes related to the assessment process
- Review of assessment committee meeting minutes, if applicable
- Interviews with faculty
Summary for Standard Five

1. List the major strengths of **Standard Five**, in order of importance.

2. List the major concerns of **Standard Five**, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Six

Institutional/Programmatic Data

Standard Six: The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

Objectives:

In support of Standard Six, the program:

Sponsoring Institution

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Personnel

6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

Clinical Education Settings

6.4 Establishes and maintains affiliation agreements with clinical education settings.

6.5 Documents that clinical education settings are in compliance with applicable state and/or federal radiation safety laws.

Program Sponsorship, Substantive Changes, and Notification of Program Officials

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.
6.1 Documents the continuing institutional accreditation of the sponsoring institution.

*Explanation:*
The goal of accreditation is to ensure that the education provided by institutions meets acceptable levels of quality. The sponsoring institution must be accredited by:

- an agency recognized by the United States Department of Education (USDE) and/or Council for Higher Education Accreditation (CHEA),
- The Joint Commission (TJC), or
- equivalent standards.

*Required Program Response:*
Provide documentation of current institutional accreditation for the sponsoring institution. This may be a copy of the award letter, certificate, or printout of the institutional accreditor’s Web page.
6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program’s energized laboratories.

Required Program Response:
Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.
6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

- Full-time Program Director:

  Holds, at a minimum, a master’s degree,

  Is proficient in curriculum design, program administration, evaluation, instruction, and academic advising,

  Documents three years clinical experience in the professional discipline,

  Documents two years of experience as a instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiation therapy or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Clinical Coordinator:

  Holds, at a minimum, a baccalaureate degree,

  Is proficient in curriculum development, supervision, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline,

  Documents a minimum of one year of experience as a instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiation therapy or equivalent i.e., unrestricted state license for the state in which the program is located).

- Full-time Didactic Program Faculty:

  Holds, at a minimum, a baccalaureate degree,

  Is qualified to teach the subject,

  Is knowledgeable of course development, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline, and
Holds American Registry of Radiologic Technologists current registration in radiation therapy or equivalent (i.e., unrestricted state license for the state in which the program is located).

- **Part-time Didactic Program Faculty**

  Holds academic and/or professional credentials appropriate to the subject content area taught and

  Is knowledgeable of course development, instruction, evaluation, and academic advising.

- **Clinical Supervisor(s):**

  Is proficient in supervision, instruction, and evaluation,

  Documents two years clinical experience in the professional discipline, and

  Holds American Registry of Radiologic Technologists current registration in radiation therapy or equivalent (i.e., unrestricted state license for the state in which the clinical education setting is located).

- **Clinical Staff:**

  Holds American Registry of Radiologic Technologists current registration in radiation therapy or equivalent (i.e., unrestricted state license for the state in which the clinical education setting is located).

**Explanation:**
Appropriate knowledge, proficiency, and certification (if appropriate) provide a foundation that promotes a sound educational environment.

Faculty and staff must possess academic and professional qualification(s) appropriate for their assignment. Clinical supervisors and clinical staff supervising students’ performance in the clinical component of the program must document ARRT registration (or equivalent) or other appropriate credentials. Appropriate credentials, other than ARRT registration (or equivalent), may be used for qualified health care practitioners supervising students in specialty areas (e.g., registered nurse supervising student performance of patient care skills or certified medical dosimetrist supervising treatment planning activities).

**Required Program Response:**
- For all program officials not previously identified on the program’s database, submit a request for recognition of program officials including a current curriculum vitae and documentation of current registration by the American Registry of Radiologic Technologists* or equivalent.
For all currently recognized program officials [program director, educational coordinator (if applicable), full-time didactic faculty, and all clinical preceptors], submit a current registration by the American Registry of Radiologic Technologists* or equivalent. *These may be copies of current registration cards or “ARRT Identification” page available at www.arrt.org.
6.4 Establishes and maintains affiliation agreements with clinical education settings.

Explanation:
Formalizing relations between the program and the clinical education setting helps assure the quality of clinical education by delineating appropriate responsibilities of the program and the clinical education setting. An appropriate termination clause assures that students will have an opportunity to complete the clinical education component. The JRCERT defines an affiliation agreement as a formal written understanding between an institution sponsoring the program and an independent clinical education setting.

An affiliation agreement must identify the responsibilities of all parties and, specifically, must address student supervision, student liability, and provide adequate notice of termination of the agreement. An affiliation agreement is not needed for clinical education settings owned by the sponsoring institution; however, a memorandum of understanding between the clinical education setting and the sponsoring institution is recommended. At a minimum, the memorandum should address responsibilities of both parties and student supervision.

Required Program Response:
Provide copies of current, signed affiliation agreements with each clinical education setting.
6.5 Documents that clinical education settings are in compliance with applicable state and/or federal radiation safety laws.

Explaination:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for each clinical education setting. Clinical education settings may be recognized by The Joint Commission (TJC) or an equivalent agency, or may hold a state-issued license.

Required Program Response:
Provide letters, certificates, or printouts of Web pages demonstrating the current recognition status of each clinical education setting.
6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

Explanation:
Programs must comply with JRCERT policies and procedures to maintain accreditation. JRCERT accreditation requires that the sponsoring institution has primary responsibility for the educational program and grants the terminal award.

Sponsoring institutions may include educational programs established in vocational/technical schools, colleges, universities, hospitals, or military facilities. The JRCERT also recognizes a consortium as an appropriate sponsor of an educational program. A consortium is two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program. The consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

The JRCERT does not recognize branch campuses. The JRCERT requires that each program location have a separate accreditation award.

Additionally, the JRCERT will not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor.

The JRCERT requires programs to maintain a current and accurate database. Updates should be reflected within thirty (30) days of effective change date. Additionally, the JRCERT requires notification of substantive changes within thirty (30) days of implementation.

Required Program Response:
- Report any database changes.
- Report any substantive change not previously submitted.
Summary for Standard Six

1. List the major strengths of Standard Six, in order of importance.

2. List the major concerns of Standard Six, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 2850  
Chicago, IL  60606-3182

2. Administrative Requirements for Maintaining Accreditation

a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical supervisor(s).

d. Paying JRCERT fees within a reasonable period of time.

e. Returning, by the established deadline, a completed Annual Report.

f. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to being placed on Administrative Probationary Accreditation and result in Withdrawal of Accreditation.
B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the Standards for an Accredited Educational Program in Radiation Therapy.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical education settings.

2. Accreditation Actions

JRCERT accreditation actions for Probation may be reconsidered following the established procedure.

JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure. Procedures for appeal are available at www.jrcert.org.

All other JRCERT accreditation actions are final.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

accreditation: Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL  60606-3182
(312) 704-5300
www.jrcert.org

curriculum: American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM  87123-3909
(505) 298-4500
www.asrt.org

certification: American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN  55120-1155
(651) 687-0048
www.arrt.org