SECTION I

GATEWAY COMMUNITY COLLEGE

ALLIED HEALTH PROGRAMS

POLICIES AND PROCEDURES
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ABOUT THIS STUDENT GUIDE

This Student Guide contains academic and general information and statements of policy in effect at Gateway Community College for the 2012-2013 year. It is each student’s responsibility to become thoroughly familiar with the Student Guide. The student will be held accountable for the rules, regulations and program policies and requirements it contains. Students in all disciplines of the Allied Health Division are required at all times and wherever located to abide by the following: Policy on Student Conduct published in the Gateway Community College Student Handbook on the College website (www.gwcc.commnet.edu), the Student Program Guide and the Gateway Community College Catalog; Affiliates’ code of conduct and department policies; and, the Code of Ethics of the pertinent professional organization (ARRT, NMTCB, ASRT, SNMTS, RDMS, etc.).

Student behavior with College and Clinical Affiliate faculty and staff, peers, technologists, 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, SNMTS, ARRT, SDMS and NMTCB 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 Guide 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 follows our stated policies.

STATEMENT OF NON-DISCRIMINATION

Gateway Community College will not discriminate against any person on the grounds of race, color, religious creed, sex, age, national origin, ancestry, present or past history of mental disability, marital status, mental retardation, sexual orientation, learning disability, or physical disability, including, but not limited to, blindness, or the prior conviction of a crime, unless the provisions of sections 46a-60(b), 46a-8(b), or 46a-81(b) of the Connecticut general statutes are controlling or there is a bona fide occupational or educational qualification excluding persons in one of the above protected groups. With respect to the foregoing, discrimination on the basis of sex shall include sexual harassment as defined in section 46a-60(8) of the Connecticut general statutes. Although it is recognized that there are bona fide occupational qualifications which provide for exception from employment prohibitions, it is understood these exceptions are to be applied pursuant to section 46a-68-33 of the administrative regulations. Further, the college will not discriminate against any individual on the grounds of political beliefs or veteran status.
Learning Disability Specialist
Long Wharf Campus, Room 152
(203) 285-2234
North Haven Campus, Room 120
(203) 285-2317
Dr. Vincent Tong, Affirmative Action Officer
North Haven Campus, Room 103A
(203) 285-2415
Mission Statement

The Division of Allied Health offers quality instruction in the following disciplines:

- Diagnostic Medical Sonography
- Dietetic Technology
- Exercise Science and Wellness
- Fitness Specialist Certificate
- Health Careers Pathway Certificate
- Nuclear Medicine Technology
- Pre-Dental Hygiene
- Radiation Therapy
- Radiography

According to the standards of our professional organizations, we prepare our students for entry-level positions and/or transfer. Our innovative programs and courses enhance career decisions and lifelong learning.

Goals

1. Promote the profession of Allied Health and increase student enrollment.
2. Collaborate with regional clinical education centers to provide comprehensive learning opportunities within the Allied Health field.
3. Provide developmental students with an individual course of study to enhance their academic skills in order to prepare for application to the program of their choice.
4. Offer a curriculum that assures competence in written and oral communication, scientific and quantitative reasoning, problem solving, and the tools for lifelong learning.
5. Integrate discipline specific didactic and clinical investigation to prepare students for an Allied Health career option.
6. Articulate with four-year institutions to provide an educational ladder using the certificate as the foundation for an AS/BS degree.
7. Promote ongoing professional development and lifelong learning through community education programs.
8. Meet department policy requirements as a means to determine effectiveness.
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<th>Date</th>
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<td><strong>FALL 2012</strong></td>
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<td>Summer 2012</td>
<td>Affiliate and Program Orientations</td>
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<tr>
<td>August 28</td>
<td>Last Day of Extended Registration</td>
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<td>August 29</td>
<td>Professional Day</td>
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<td>August 30</td>
<td>College Day, No Clinical</td>
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<td>September 3</td>
<td>Labor Day (College Closed), No Clinical</td>
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<td>September 4</td>
<td>First Day of Classes, Fall Clinical Begins</td>
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<td>September 11</td>
<td>Last Day to Add Classes (until 4:00PM)</td>
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<td>October 8</td>
<td>Columbus Day (College Closed), No Clinical</td>
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<td>October 26</td>
<td>Mid-Term Deficiency Reports Due from Faculty</td>
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<td>November 9</td>
<td>Last Day to Make Up Incomplete Grades from Spring 2012</td>
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<td>November 16</td>
<td>Last Day to Withdraw from Individual Classes</td>
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<td>November 21</td>
<td>Faculty Planning Day, No Classes or Clinical</td>
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<td>Thanksgiving (College Closed), No Clinical</td>
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<td>Thanksgiving Recess, No Classes or Clinical</td>
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<td>December 13</td>
<td>Last Day of Classes</td>
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<td>December 14-20</td>
<td>Final Examinations, No Clinical</td>
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<td>December 21-Jan 1</td>
<td>Christmas Break, No Clinical</td>
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<td>December 23</td>
<td>Last Day to Submit Final Grades (By 12:00 Noon)</td>
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<td>December 28</td>
<td>Semester Ends</td>
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<td><strong>SPRING 2013</strong></td>
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<td>January 2</td>
<td>Winter Clinical Internship Begins M-F, 40hrs per week</td>
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<td>January 21</td>
<td>Martin Luther King Day (College Closed), No Clinical</td>
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<td>Last Day of Extended Registration before Classes Begin/Last day</td>
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<td>of Winter Clinical Internship I &amp; III</td>
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<td>January 23</td>
<td>Professional Day, No Classes or Clinical</td>
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<td>January 24</td>
<td>College Day, No Classes or Clinical</td>
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<td>January 25</td>
<td>First Day of Classes/Clinical</td>
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<td>February 1</td>
<td>Last Day to Add Classes (Until 4:00PM)</td>
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<td>February 18</td>
<td>President’s Day (College Closed), No Clinical</td>
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<td>March 5</td>
<td>Last Day to Make Up Incomplete Grades from Fall 2012</td>
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<td>March 15</td>
<td>Mid-Term Deficiency Reports Due from Faculty</td>
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<td>March 25-30</td>
<td>Spring Recess, No Classes or Clinical</td>
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<td>April 12</td>
<td>Last Day to Withdraw from Individual Classes</td>
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<td>Last Day of Classes/Clinical</td>
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<td>May 10-16</td>
<td>Final Examinations, No Clinical</td>
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<td>May 17</td>
<td>Summer Clinical Internship II Begins M-F, 40 hrs/week</td>
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<td>May 20</td>
<td>Last Day to Submit Final Grades (By 12:00 Noon)</td>
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<td>Graduation</td>
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<td>May 27</td>
<td>Memorial Day (College Closed), No Clinical</td>
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<td>Semester Ends</td>
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<td>Independence Day (College Closed), No Clinical</td>
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<td>July 15-26</td>
<td>Summer Vacation Freshman Students</td>
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<td>Aug 23</td>
<td>Freshman-Summer Clinical Internship Ends</td>
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*All dates are subject to change*
REPORTING ABSENCE OR TARDINESS:
Please follow procedure according to Program policy.* In addition:
1. Call within one half hour of the scheduled shift.
2. Personally contact your Clinical Supervisor and Clinical Coordinator.

Reference: Program Guide on Attendance

Gateway Community College                  Telephone
Marcia Doran, Allied Health Dept. Chair      (203)285-2390
Gina Finn, Program Director, Radiation Therapy (203)285-2392
Veronica Cardinale, Clinical Coordinator    (203)285-2402

Please see Section II for a detailed list of Radiation Therapy Program contact information.

Students are not allowed to contact college or affiliate staff/faculty via their home/personal telephones or emails.
GATEWAY COMMUNITY COLLEGE
PROGRAM POLICIES

These policies apply to all students in any of the four disciplines: Diagnostic Medical Sonography, Nuclear Medicine Technology, Radiation Therapy and Radiography.

A. **DRESS CODE** (See Section II for Program specific requirements for dress)

B. **STUDENT ATTENDANCE POLICY**

1. Students are scheduled for eight (8) hours of clinical practicum per day. Please report to your clinical assignment on time and be ready to start when your shift begins. Any variation in hours worked must be presented to the Clinical Coordinator who will approve or deny the request at his/her discretion.

   College personnel must approve permanent change in hours worked. Request for a change in hours must be made in writing and will be granted or denied at the discretion of the Program Director.

2. 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.

   The student’s daily record is an individual time card. It is the student’s responsibility to sign in and out each day including lunch breaks. At the end of the rotation, these hours are then tallied and recorded on the coordinator’s master clinical time sheet. 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. If you are at the clinic, it is your responsibility to sign the time card 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 policy for the program.

3. 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 college reserves the right to alter the assignment schedule as needed to insure all students have adequate rotations in all areas.
4. 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 education and/or staffing concerns.

5. Accurate attendance sheets MUST be submitted at the end of each rotation. Please note that these 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 attendance records will result in program dismissal.**

6. Reporting a Non-Scheduled Day-Off or Tardiness: Students who will be unable to report to clinical duty at the start of their scheduled shifts are expected to notify their Clinical Coordinators and the Supervisor/Technologist assigned to the clinical area within one half hour of the scheduled shift.

**Note: See program specific attendance policy**

C. **USE OF CTO AND UCTO TIME**

1. Students will be allotted five (CTO) days per year. Students may only take CTO time in 4 or 8 hour increments. When students wish to use their CTO hours, they must schedule the time off with the Clinical Coordinator in advance. **No more than one 1 CTO day per rotation may be scheduled.** Consecutive CTO days will be approved or denied at the discretion of the Coordinator/Director based on:
   a. consistent progress and level of competency;
   b. the student’s previous and future rotations;
   c. the merit of the request.

2. Calling in sick or not showing up for a clinical shift, or leaving early constitutes an unscheduled CTO day (UCTO) from the clinic. Students may not accrue more than two (2) UCTO days per term. UCTO days in excess of two per semester and must be made up before the end of the semester and may result in disciplinary action. In addition, the semester clinical grade may be affected if excess UCTO days are not made up by the end of the semester. (See course syllabi and catalog for Clinical Internship I, II, III, IV and internships).

An absence of 2 or more consecutive days requires a physician’s note before returning to your clinical assignment. A student absent without notification to, or approval by the Clinical Coordinator for three (3) consecutive days on which the student was scheduled for clinical duty is considered a voluntary resignation without notice. If a student exceeds the allotted 5 CTO days per calendar year and/or 2 UCTO days per term (including winter and summer sessions), the excess must be made up after requesting permission from the Clinical Coordinator and receiving an assigned date and location. The student will receive a failing grade for the attendance portion of the clinical grade for that semester. Students may not carry unused or owed clinical time from one year to the next.

Note: Bridgeport Hospital call (203) 384-3585 after 6:30 am
D. MAKE UP TIME
1. Students who exceed 5 UCTO days in a given year may be afforded the opportunity to make up the excess time at the discretion of the Clinical Coordinator. The student must submit a request for make-up time to the Clinical Coordinator, and receive approval and be assigned a date and clinical site. Make up time is for the sole purpose of bringing the student back into compliance with the program policies. **Time cannot be made up without appropriate authorization.** These hours will not be credited to the original 5 CTO days. Students cannot bank or add time to their CTO balance by “making up” hours in advance. At no time will a student be allowed to have a balance in excess of 5 CTO days. Any owed time must be made up before the student will be allowed to graduate.

E. Bereavement Time
1. It is the policy of the Allied Health Division to grant students reasonable bereavement time off without loss of CTO days when a death occurs in a student’s immediate family.
   
   a. **Definitions**
   Immediate Family - spouse, 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.

   b. **Guidelines**
   **Benefit Provisions - Death in Immediate Family**
   When a death occurs in a student’s immediate family, the bereaved student will be granted bereavement time off up to three consecutive days to attend the funeral, to make arrangements relating to the death and as emotional stress or other circumstances require. The Program Director reserves the right to require verification of the death and relationship.

   Additional bereavement time off that is necessary may be granted per the Program Director.

F. 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 and will not be guaranteed readmission. 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. This request must be made in writing to the Program Director. Students on leave who wish to re-enroll must comply with the Readmission Policy (see Section R).
G. SCHOOL CLOSINGS
See GCC Student Handbook, Section on School Closings. School Closing
Hotline: 203-285-2049. The first College class begins at 8:00am. For example, if
there is a 90-minute delay, the College opens at 9:30am. Therefore, a 90-minute delay
results in the cancellation of the 8am classes, the remainder of the classes for the day
begin on time as scheduled. In addition, cancellations are reported to the following radio
and TV stations: WICC-AM660, WEZN-FM99.9, WELI-AM960, WEBC-FM107.9,
WKCI-FM101.3, WTNH-Ch.8, WTIC-Ch. 3 & 30.
Closing on Clinical Days: Students follow the GCC closing/delay schedule for academic
AND clinical days. The clinical affiliate staff members do not have the authority to allow
students to be excused from attending clinical due to inclement weather. Students can use
their available CTO time if they are concerned about driving conditions. If the student
chooses to use CTO time due to inclement weather a full 8 hours will be deducted from
their CTO bank.

H. CLINICAL ROTATION EVALUATIONS
1. 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.

2. 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.

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

4. A student who fails to fulfill the required objectives or competencies in any given
term will receive a grade of F for the clinical which may result in immediate
dismissal from the program.

I. 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 for both verifying hours
when original sheets are “lost” or misplaced and for reference when applying for
employment. Clinical records and evaluations cannot be removed from the college once
they are submitted.
J. **SUPERVISION POLICY**

1. **Direct Supervision** - Student supervision under the following parameters:

   a. A qualified Radiographer/Sonographer/Radiation Therapist/Nuclear Medicine Technologist reviews the procedure in relation to the student’s achievement.

   b. A qualified Radiographer/Sonographer/Radiation Therapist/Nuclear Medicine Technologist evaluates the condition of the patient in relation to the student’s knowledge.

   c. A qualified Radiographer/Sonographer/Radiation Therapist/Nuclear Medicine Technologist is present during the conduct of the procedure.

   d. A qualified Radiographer/Sonographer/Radiation Therapist/Nuclear Medicine Technologist reviews and approves the procedure.

   e. A qualified Radiographer/Sonographer/Radiation Therapist/Nuclear Medicine Technologist is present during student performance of any repeat of any unsatisfactory radiograph.

2. **Indirect Supervision**

   For Radiography, Diagnostic Medical Sonography, Nuclear Medicine: supervision provided by a qualified radiographer/sonographer/nuclear medicine technologist immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the presence of a qualified radiographer/sonographer/nuclear medicine technologist adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

K. **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 technologist/therapist. No student will pass a radiograph or scan, or complete a treatment without the written verification of an ARRT, ARDMS certified technologist/therapist. All radiographs, scans and treatments must be reviewed and initialed by the supervising technologist/therapist. **There are no exceptions.**

L. **REPEAT POLICY**

   No student will repeat a radiograph or scan without the direct consultation and supervision of an ARRT, ARDMS certified staff technologist. **There are no exceptions.**
M. PREGNANCY POLICY - VOLUNTARY NOTIFICATION

Pregnancy during the course of the Program may present problems for Program completion in the expected time due to the number and variety of courses in the Program curriculum and the necessary clinical assignments required of students in meeting the clinical educational objectives for each clinical course. If the student has difficulty maintaining the routine schedule of the Program, advancement and completion will be jeopardized. All Program requirements must be completed in order for a student to graduate. The Program Director cannot sign the certification/registry board exam application(s) 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 (this 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.

The pregnancy policy 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 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. 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 under 0.5 rem during the period of gestation.

All clinical days/hours missed by the student must be made up. This will result in a delay in the completion of the Program.

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.

If a leave of absence is taken, the student must then comply with the Readmission Policy (see Section R). 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.
Declaration of Pregnancy
(Student completion of this Declaration of Pregnancy form is voluntary.)

Student Data:
Name: ___________________________
Established Conception Date: ___________________________
Established Delivery Date: ___________________________
Department: ___________________________
Department Mail Address: ___________________________
Supervisor: ___________________________

Declaration Date: ___________________________
Film Badge #: ___________________________
Phone – Work: ___________________________
Home: ___________________________
Phone: ___________________________

Radiation History Review:
Radiation Sources: ___________________________
Dx X-ray: ___________________________
Rx X-ray: ___________________________
Other?: ___________________________
Nuclear Medicine: ___________________________
Sealed Sources: ___________________________

Min. (mRem) Avg. (mRem) Max. (mRem)
Monthly: ___________________________
Quarterly: ___________________________
Annually: ___________________________

Based on: ___________________________
Individual records
Group

Fetal Dose Pre-Declaration

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Total Before: ___________________________

Fetal Dose Post-Declaration

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Total After: ___________________________

Recommendation: ___________________________

Declaration of Pregnancy:
Student Signature: ___________________________
Date: ___________________________
RSO Signature: ___________________________
Date: ___________________________
A. **PERSONAL HEALTH REQUIREMENTS**

N1. **HEALTH SCREENING POLICY**
All students are required to submit a current medical examination report by a physician submitted by **July 16th** (Midstate, Yale & Bridgeport policy) that states the applicant is in good physical and emotional health and free of communicable diseases. A Bridgeport Hospital substance screening is required within six weeks prior to the beginning of classes in order to begin the program. In accordance with Bridgeport Hospital policy any student who fails a drug screening will be ineligible to practice at that site; all students are required to rotate through all clinical education affiliates. Therefore the student will not be eligible for graduation.

Each student must provide the Program Director, and in some cases the clinical affiliate, with documentation of a PPD (tuberculosis) test and the results on an annual basis. Each student must have current (within the last year) documentation of PPD results on file at the College. Non-compliance will result in removal from the clinical affiliate, and may result in a disciplinary sanction.

N2. **STANDARD PRECAUTIONS AND HIPAA**
Students enrolled in the Radiation Therapy will 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. The defined policy is located in the office of the designated clinical supervisor or through the Personnel Health Center at the clinical affiliate. Students will be provided with this information during the program orientation and may also have site specific orientation regarding these policies.

According to the Board of Trustees Policy Manual, Policy 2.10 (revised February, 1994), “students and employees involved in the direct delivery of health care services and those who might otherwise come in contact with blood and other body fluids (such as in science laboratories or allied health practica) shall at all times follow the guidelines regarding precautions to be taken in the handling of such fluids disseminated by the Department of Health Services or other approved guidelines.”

O. **PROSCRIBED CONDUCT**
Students in all disciplines of the Allied Health Division are required at all times and wherever located to abide by the following: Policy on Student Conduct published in the Gateway Community College Student Handbook on the College website (www.gwcc.commnet.edu), the Student Program Guide and the Gateway Community College Catalog; Affiliates’ code of conduct and department policies; and, the Code of Ethics of the pertinent professional organization (ARRT, NMTCB, ASRT, SNMTS, RDMS, etc.).

Student behavior with College and Clinical Affiliate faculty and staff, peers, technologists, 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, SNMTS, ARRT, SDMS and NMTCB Codes of Ethics.
Clinical Affiliates:
Allied Health 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 Board of Trustees of Community Colleges Policy on Student Discipline can be found in the Gateway Community College Student Handbook. For purposes of this policy, violence is defined as an overt act or threat of harm to a person or property, or any act that poses a substantial threat to the safety or any person or property. Premises is defined as any space owned or leased by the Community Colleges or any of its constituent units, including vehicles and any location where College or system business or activities are conducted. Conduct that may violate this policy includes, but is not limited to the following:

- Intimidating, harassing or threatening behaviors
- Physical abuse, including hitting, slapping, poking, kicking, punching, grabbing, etc.
- Verbal abuse, including yelling, shouting, use of sexually, racially or ethnically charged epithets, etc.
- Vandalism
- Carrying or possessing weapons or dangerous instruments of any kind on Gateway Community College or Affiliate premises, unless properly authorized

Using such weapons
- Any other act that a reasonable person would consider to constitute a threat of violence, including oral or written statements, gestures or expressions that communicate a direct or indirect threat of physical harm

Program rules of student behavior:
The following list of general Program rules of student behavior are by no means definitive and do not preclude a student from being required to comply with additional rules and standards as required by the Program and/or Clinical Affiliate to which they are assigned once notified of the additional rule or standard:

A. Conduct that damages, destroys or obstructs College property, College activities or the property or activities of others wherever located or conducted.
B. Unauthorized possession or attempted possession of College property or property of another person.
C. Acts of racism or harassment, including sexual harassment, which violate the Policy of the Board of Trustees on racism and acts of intolerance.
D. Falsification or misinterpretation of any type of documentation, including but not limited to: Program documents, College or education records, evaluations, reports, transcripts, or personal/military records. The altering or falsifying clinical records, plagiarism and/or cheating will not be tolerated and will normally result in immediate dismissal from the Program.
E. Making a false statement or providing false testimony or evidence at any official College hearing or to any College official.
F. Violations of conditions of a sanction imposed through College and/or Program disciplinary procedures.

G. Conduct that constitutes a danger to the personal safety of other members of the College community including guests or licensees of the College, faculty, affiliate employees, students and patients. Intentionally causing or attempting to cause injury, threatening, intimidating or failure to behave in a respectful manner are included in the meaning of this provision.

H. Negligence and/or acts of omission that may harm a patient’s self and/or dignity.

I. Insubordination or refusal by a student to follow instructions concerning Program/Clinical matters, including failure to follow directions and instructions, and inappropriate response to constructive criticism.

J. Failure to abide by safety rules and policies (including the Health Insurance Portability and Accountability Act – HIPAA).

K. The use of profanity or abusive language towards faculty, staff, hospital staff, patients, and peers.

L. The use, possession or being under the influence of any illegal drug or alcohol.

M. Improper attire or inappropriate appearance.

N. Smoking in non-designated areas. We do require students not to come to clinical smelling like tobacco products, therefore the student may be asked to leave the clinical education affiliate.

**Program disciplinary procedures:**

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.

The Program disciplinary procedures may be initiated upon receipt by the Program Director of, but not limited to, the following: written evaluation, verbal report from Affiliate Clinical 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 proceedings.

Upon receipt of the report of a violation by a student, the Program Director will provide the student an opportunity to meet. The purpose of the meeting is to inform the student of the reported violation and to provide the student an opportunity to submit information for the Program Director’s consideration of whether the student has committed the reported violation. The decision of the Program Director as to whether the student committed the reported violation and the appropriate sanction is final.
**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. One disciplinary written warning,
3. Clinical/Academic disciplinary probation,
4. Programmatic dismissal.

Sanctions imposed normally are based upon the severity of the violation and the prior behavior of the student. Normally sanctions imposed are progressive in nature. However, when, in the judgment of the Program Director, the violation by a student or the student’s prior record in the Program or at the College warrants, more severe sanctions may be imposed, including dismissal from the Program.

In addition, in appropriate circumstances, the Director may recommend to the College’s Dean of Students that the reported behavior of the student be addressed under the Policy on Student Conduct, which may lead to the student’s suspension or expulsion from the College.

**Behavior that Endangers:**

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, the Clinical Affiliate may remove the student from the patient area and refer the student immediately to the Program Director and Dean of Students at the College.

The Clinical Affiliate may temporarily or permanently remove a student from their site for unacceptable performance, impairment, health status or failure to comply with their policies. If the Clinical Affiliate does raise a concern about a student, that communication will go first to the Clinical Coordinator/Program Director who will share it with the appropriate Allied Health Division personnel.

An investigation by the Program/Division will ensue when a student has been temporarily or permanently removed from the Clinical Affiliate. The student must immediately deliver their film badge and hospital ID to the Clinical Coordinator/Program Director when they are removed from the Clinical Affiliate. The student will not be assigned to another clinical site during the investigation.

If 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.

A student who is removed from a Clinical Affiliate will normally be dismissed from the Program, and will not be eligible for re-admittance to an Allied Health Program at any time.
P. **ACADEMIC REQUIREMENTS**
The Program requires a minimum grade of C (75%) in each and all math, science and Program specific courses to continue in the Program. Further, the student will successfully complete all of the Program’s published clinical competencies and course objectives for each given semester and summer and winter internships, as well as pass task objectives for each rotation.

RADIATION THERAPY PROGRAM
GRADES AND QUALITY POINTS

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Q. **CONTINUATION OF CLINICAL ASSIGNMENTS AND DIDACTIC EDUCATION**
To remain eligible for continuation of Program studies, students must maintain a minimum grade of C (75%) in each and all math, science and Program specific courses. A student whose GPA falls below the minimum requirement (2.0) will be dismissed from the Program. A student must wait at least one semester before applying for readmission. Dismissed students who wish to seek readmission must comply with the Readmission Policy (see Section R). A student who earns an academic failure or withdraws from one or more RDT courses will be eligible for admission/readmission to the Allied Health Program as a new student only once.

* The Program Director reserves the right to deny readmission to those students whose academic and/or clinical performance does not meet program standards (see GCC Student Handbook, Academic Standards).
R. **READMISSION**
In order to be readmitted into the Radiation Therapy Program (RDT):

1. An application for readmission must be received by the Program within 12 months of dismissal or withdrawal from the Program;
2. All applicants for readmission must have successfully completed the first semester of the RDT Program; and
3. All of the requirements of the standards for admission to the RDT Program and of the readmission policy (see below) must be satisfied at the time of re-entry.

**Readmission Policy:**

1. Any applicant for readmission who has previously withdrawn or been dismissed from the RDT Program for more than 12 months will not be considered for readmission. (However, an applicant for readmission who has withdrawn or been dismissed for more than 12 months, may apply to the Program as a beginning student and, if admitted, will be required to repeat or audit all RDT and/or RST courses previously taken.)

2. A student who receives a final grade of F (Fail) in any RDT clinical internship or practicum is ineligible for readmission to the Program.

3. Consideration for readmission to the Program can only occur if there are available openings, clinical resources, and faculty.

4. Readmission applications must be submitted by April 1 for the fall and spring semesters and by November 1 for the summer session.

5. Readmission to the RDT Program is based on the faculty’s review of (but not limited to) the following:
   - past academic and clinical evaluations,
   - a current GPA of 2.75 or above,
   - successful fulfillment of the readmission procedure, and
   - a letter describing evidence of interim efforts made on the candidate’s part to strengthen the areas of weakness.

6. Readmission applications are evaluated individually, and readmission may be made subject to special conditions to be met by readmitted students.

7. As outlined in the withdrawn/dismissed student’s academic advising plan, he/she must attend 8 hours of clinical practicum per week during the semester prior to the semester he/she wishes to be considered for readmission. The schedule will be determined by the Clinical Coordinator. A timecard must be maintained and signed by the supervising technologist every week.

8. Any applicant for readmission who has withdrawn or been dismissed due to academic deficiencies will be required to take a comprehensive exam for previously taken courses, and must score a minimum of 75% to be readmitted.
9. 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.

10. Students may only be readmitted once into the RDT Program.

11. An applicant who was previously dismissed from the RDT Program due to academic failure (C- or less) in a RDT, Radiologic Science, math or science course and is readmitted will be required to repeat the course.

12. RDT courses may be repeated only once. A final grade of C- or less in a RDT course being repeated and/or failing a clinical internship or practicum may result in permanent dismissal from the RDT Program.

13. Students may be required to repeat/audit RDT courses previously taken.

S. REVIEW OF ACADEMIC STANDING  (Appeal of grade)
Students in the Allied Health Programs will follow the policy as stated in the College Student Handbook, Policy on Student Rights for both didactic and clinical grades.

T. GRADUATION REQUIREMENTS
In addition to the College’s general requirements for graduation, students of all the Allied Health Programs must have completed all science and Program specific courses with a C (75%) or better. Students must also have completed all clinical assignments, objectives and competencies required by the specific Program to be registry eligible. See Section II of this guide for Program specific criteria.

U. TELEPHONE USAGE/ CELL PHONE USAGE
Use of telephones at clinical education centers for personal matters should be limited. Personal pagers, if worn, must be set so that the alarm is inaudible while at the clinical education center. The use of cellular phones is strictly prohibited due to the interference with patient monitors. Therefore cellular phones should be kept off while in the clinical setting and classroom. The use of video/audio recording devices or other technology which includes text messaging may not be used at the clinical sites. All activities at the clinical sites are subject to these polices and failure to comply with these policies will subject the individual up to and including termination from the Program in accordance with due process. THERE ARE NO EXCEPTIONS.
V. 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

In order to maintain this accreditation, the program must strictly follow the Standards for an Accredited Educational Program in Radiologic Sciences 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. 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.
1. The Radiologic Technologist conducts himself/herself 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 the 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.
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 healthcare 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 healthcare 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.
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 overhead 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.
I. POLICY

It is the policy of all clinical affiliates to adhere to both State and Federal regulations regarding the use of ionizing radiation and provision 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

All students who are occupationally exposed to ionizing radiation and who, in any calendar quarter, receive or are 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).

III. ADMINISTRATIVE GUIDELINES

A. Monitoring of radiation exposure - Radiation monitors will be issued to all technical and professional personnel who in the course of their work may receive doses greater than 10% of the maximum permissible limit. Personnel monitors will be issued once per month or quarterly by the Radiation Safety Officer (RSO). Exposures that exceed 30% of the maximum permissible limit will be reported to the individuals involved and the RSO will undertake to determine the cause of this exposure and methods to reduce it.

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 RSO’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. Occupationally exposed students, i.e.; those who are monitored for radiation exposure, or 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.

At the time of this meeting, or subsequently, the student may decide to formally declare her condition to the program/clinical affiliate(s) by signing a letter that includes her name, social security number and estimated date of conception. Formal notification requires the program/clinical affiliate(s) to 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 (see Table 1). 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 Affiliate(s) 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 Affiliate(s) will not be required to limit the dose to the fetus to 0.05 rem per month.

IV. RESPONSIBILITY

A. Radiation Safety Officer

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

B. Occupationally Monitored Students

Shall be responsible for wearing their radiation monitors as instructed during all scheduled clinical training 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, working as an employee, 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 or Clinical Coordinator/Instructor within one week after receipt of replacement monitors.

C. Radiation Safety Officer:
Michael Bohan – 203-688-2950
V. DISCIPLINARY ACTION

A. Failure to return the radiation monitor to the RSO or Clinical Coordinator/Instructor within one week of the last day of the month shall be considered a minor offense in accordance with GCC Policy O located in this supplement to the Student Handbook and may result in a disciplinary sanction. Late return of monitors and/or loss of monitors may result in a disciplinary sanction.

B. Tampering with the radiation monitor or exposing it to ionizing or other radiation so as to cause a false positive reading shall be considered a serious offense in accordance with GCC Policy O and will result in immediate dismissal from the Program.

| TABLE I |
| NRC Dose Limiting Recommendations (1994) |

| Annual Limit (Rem) |

| Monthly Limit (Rem) | Gestation Limit (Rem) |

| 1. Total Effective Dose Equivalent (Waist Badge Wearers-Deep Dose) | 5 |
| 2. Head; Lens of Eye (Collar Badge-Wearers-Deep Dose) | 15 |
| 3. Hands and forearms; feet and ankles (Ring Badge Wearers) | 50 |
| 4. Skin of the whole body (Waist and Collar Badges-Shallow Dose) | 50 |
| 5. Embryo-fetus exposures | 0.05 | 0.5 |
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.

4. 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 affect the accuracy of results.

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

6. 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.

7. 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.

8. 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.
9. 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 are 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.

10. 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.

11. 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>ALARA GOALS</th>
<th>Level I</th>
<th>Level II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Exposure</td>
<td>Maximum Permissible Exposure</td>
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<tr>
<td>(millirem/Quarter)</td>
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</tr>
<tr>
<td>Total Effective Dose Equivalent</td>
<td>1,250 mRems/3 months or 5,000 mRems/year</td>
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<td>Lens of the Eye</td>
<td>3,750 mRems/3 months or 15,000 mRems/year</td>
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<tr>
<td>Individual Organ Limit</td>
<td>12,500 mRems/3 months or 50,000 mRems/year</td>
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<td>Declared Pregnant</td>
<td>500 mRems/9 months</td>
<td>less than 50 mR/month</td>
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<td>Occupationally Exposed Personnel</td>
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</table>

12. 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.

13. 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.
14. 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.

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

MJB (May05)
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-specified 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.
SECTION II

Radiation Therapy
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**RADIATION THERAPY**

**CONTACT PERSONS AND TELEPHONE NUMBERS**

**REPORTING ABSENCE OR TARDINESS:**
Please follow procedure according to Program policy.* In addition:
1. Call within one half hour of the scheduled shift.
2. Personally contact your Clinical Supervisor and Coordinator.

<table>
<thead>
<tr>
<th>Gateway Community College</th>
<th>Telephone</th>
</tr>
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<tbody>
<tr>
<td>Marcia Doran, Allied Health Dept. Chair</td>
<td>(203)285-2390</td>
</tr>
<tr>
<td>Gina Finn, Program Director, Radiation Therapy</td>
<td>(203)285-2392</td>
</tr>
<tr>
<td>Veronica Cardinale, Clinical Coordinator</td>
<td>(203)285-2402</td>
</tr>
<tr>
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<td>(203)996-5869</td>
</tr>
<tr>
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<td>(203)996-5870</td>
</tr>
<tr>
<td></td>
<td>(203)464-8037</td>
</tr>
</tbody>
</table>

*Reference: Program Guide on Attendance*

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

All students are required to rotate to all clinical education affiliates. Students are responsible for transportation and parking expenses.

*Please see Section II for a detailed list of Radiation Therapy Program contact information.*
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.
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:

- Evaluate and assess treatment delivery components.
- Provide radiation therapy treatment delivery services to cure or improve the quality of life of patients by accurately delivering a prescribed course of treatment.
- Evaluate and assess daily the physiological and psychological responsiveness of each patient to treatment delivery.
- 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.
- Meet the criteria to apply for the American Registry of Radiologic Technologists (ARRT) certification exam
**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, quality performance, professional performance and 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.
Comprehensive Practice:
Radiation therapy is performed by competent radiation therapists who deliver care to the patient in the therapeutic setting and are responsible for the simulation, treatment planning, and administration of a prescribed course of radiation therapy and/or hyperthermia. Radiation therapists assume direct responsibility for the well-being of the patient preparatory to, during, and following the delivery of daily treatment. Additional related settings where radiation therapists practice include education, management, industry, and research.

Radiation Therapy Clinical Performance Standards

Standard One – Assessment
The practitioner collects pertinent data about the patient and the procedure.

Standard Two – Analysis/Determination
The practitioner analyzes the information obtained during the assessment phase and develops an action plan for completing the procedure.

Standard Three – Patient Education
The practitioner provides information about the procedure and related health issues according to protocol.

Standard Four – Performance
The practitioner performs the action plan.

Standard Five – Evaluation
The practitioner determines whether the goals of the action plan have been achieved.

Standard Six – Implementation
The practitioner implements the revised action plan.

Standard Seven – Outcomes Measurement
The practitioner reviews and evaluates the outcome of the procedure.

Standard Eight – Documentation
The practitioner documents information about patient care, the procedure, and the final outcome.

Radiation Therapy Quality Performance Standards

Standard One – Assessment
The practitioner collects pertinent information regarding equipment, procedures, and the work environment.

Standard Two – Analysis/Determination
The practitioner analyzes information collected during the assessment phase to determine the need for changes to equipment, procedures, or the work environment.

Standard Three – Education
The practitioner informs the patient, public, and other health care providers about procedures, equipment, and facilities.

Standard Four – Performance
The practitioner performs quality assurance activities.

Standard Five – Evaluation
The practitioner evaluates quality assurance results and establishes an appropriate action plan.

Standard Six – Implementation
The practitioner implements the quality assurance action plan for equipment, materials, and processes.
Standard Seven – Outcomes Measurement
The practitioner assesses the outcome of the quality management action plan for equipment, materials, and processes.

Standard Eight – Documentation
The practitioner documents quality assurance activities and results.

Radiation Therapy Professional Performance Standards

Standard One – Quality
The practitioner strives to provide optimal patient care.

Standard Two – Self-Assessment
The practitioner evaluates personal performance.

Standard Three – Education
The practitioner acquires and maintains current knowledge in clinical practice.

Standard Four – Collaboration and Collegiality
The practitioner promotes a positive, collaborative practice atmosphere with other members of the health care team.

Standard Five – Ethics
The practitioner adheres to the profession’s accepted ethical standards.

Standard Six – Research and Innovation
The practitioner participates in the acquisition and dissemination of knowledge and the advancement of the profession.
This curriculum 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.
## FRESHMAN YEAR

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Credit Hours</th>
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<td>ENG* 101</td>
<td>Composition</td>
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<td>RST* 200</td>
<td>Cross Sectional Anatomy</td>
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<td>MAT* 115</td>
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<td>PHY* 111</td>
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<td>RDT* 126</td>
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## SOPHMORE YEAR

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<td>Radiation Oncology I</td>
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<tr>
<td>RDT* 202</td>
<td>Radiation Therapy III</td>
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<td>RDT* 211</td>
<td>Clinical Practicum III</td>
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<td>RDT* 205</td>
<td>Dosimetry &amp; Computer Asst. Treatment Plan.</td>
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<td>RDT* 223</td>
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Total Credit Hours 68
Textbooks: Required and Reference


GENERAL
DRESS CODE
REQUIREMENTS

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, meaning clean and pressed. 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 and accessories are to be conducive to the professional atmosphere of the clinical affiliate.

**Personal Hygiene:** Appropriate levels of daily personal hygiene should be maintained including bodily cleanliness. Facial hair must be 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. 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 and/or cologne are to be used in moderation.

**Gum:** Gum chewing is not allowed in any patient care area.

**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.
**White Uniform Shoes**
Closed-toe, regulation white leather uniform shoes or white leather low-top sneakers. Shoes must be all white with no colored stitching and laces. **Absolutely no high-top sneakers.**

**Hosiery**
White socks are to be worn.

**White Lab Jacket**
Each student must have one lab jacket, short style with GCC logo only.

**Polo Shirts**
Gray, three button, collared piqued shirts with GCC logo only.

**Slacks/Trousers**
Navy blue uniform pants.
Clinical Time: All time spent in the radiotherapy department directly or indirectly involving clinical assignments.

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

Length of Day: Clinical Time

In general, hours are 8:00 a.m. to 5:00 p.m. with an hour for 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.

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.

It is advisable that you call the affiliate hospital before your rotation to verify the hours of operation.

Clinical Attendance

Time Sheet – In the student’s clinical notebook.

Absent and Late Procedures - When absent or late, please follow the procedure below.

1. Call the hospital a half hour prior to shift starting. (see telephone-listing page).
2. Ask for the Clinical Supervisor. If unable to contact the supervisor, the secretary answering the phone will take the pertinent information or leave a message on voicemail.
3. State the reason for your absence. Ask that your clinical assignment therapist be notified.
4. Call the Clinical Coordinator and leave a message on the phone voicemail.
5. An absence of two or more days requires a Physician’s note, or clearance by Affiliate Site Personnel Health (if applicable) before returning to your clinical assignment.

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.

If it is absolutely necessary that the student needs time off during a clinical day, it must be taken in a four (4) or eight (8) hour block (a.m. or p.m.) and the clinical coordinator and clinical supervisor should be notified at least 24 hours prior to the scheduled absence.
**Didactic Attendance**

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. The College does not require that faculty administer a uniform system of attendance regulations. For purposes of record keeping, all instructors should keep attendance.

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.

**Student’s Change of Address**

It is very important that the hospital, 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 from the student is required.

**Goals for Radiation Therapy Clinical**

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.

**Clinical Hours/Assignments**

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 expected to attend clinical practicum in 8-hour shifts on scheduled clinical days.
Clinical Practice Guidelines for Radiation Therapy Students

A. 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.

B. 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.

C. 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.

D. 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.
E. 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.

F. 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.

G. 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.

H. 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.

I. 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.

**J. 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.
K. **Personal Appearance**
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. Don’t chew gum.

L. **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.

M. **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. Do not leave personal items in the staff bathroom. You should only use your lockers to store personal items. Please remember that the clinical supervisors and the Program Directors have the combinations to your lockers, so do not leave anything in your lockers that you would not want anyone to see.
7. ASK the therapists to teach you during slow times.

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

9. 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.

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

11. 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.

12. 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.

13. DO NOT LEAVE THE DEPARTMENT (to eat, study, smoke, etc.) except when you have been excused by your supervising therapist.

14. 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.

15. Constantly check your room’s schedule.

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

17. 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.

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

19. 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.

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

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

22. 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.
RADIATION THERAPY
CLINICAL COMPETENCY

*Details can be located in the Student Evaluation Manual.
Graduates of the GCC Radiation Therapy 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 Treatment Set-ups - Rx Units
- Simulator Skills Objectives
- Mandatory Simulator Set-ups
- Elective Simulator Set-ups
- Gamma Med Skills
- CTCL Procedure Skills
- Stereotactic Radiosurgery or Cyberknife
- TBI Procedure Skills
- Craniospinal Axis
- Dosimetry Skills
- Brachytherapy Procedures
- Beam Modification
- Computer Tomography
- CPR
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 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

In addition, clinical competencies have been developed regarding:

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

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, he/she shall maintain and practice these 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:

- Student 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 skills  
Dosimetry skills – Jan. 2nd yr  
Gamma-med skills  
CTCL skills  
Stereotactic Radiosurgery or Cyberknife  
TBI skills  
Craniospinal Axis  
Brachytherapy procedure  
Clinical experience  
Beam Modification  
Computer Tomography  
Rx Setups - Mandatory, Feb. 1st yr….  
Simulator Setups - Mandatory/Elective, 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, supervising therapist completes 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 Clinical Coordinator. Students will have to make a copy of the evaluation form for their own records.
CALCULATION OF CLINICAL GRADE

FRESHMEN
A student must receive a “Yes” or “N/A” for all rotation objectives in order to pass.

Technical Skills:
- Level One: All Yes’s/NA’s=Pass for each rotation
- Level Two: Two or more No’s=Failure for rotation
- Level Three: April/May-2 or more No’s=Failure for rotation
- Summer rotations: All Yes’s/NA’s=Pass for each rotation

Patient Care & Behavioral Skills: All Yes’s/NA’s=Pass for each rotation

SENIOR
A student must receive a “Yes” or “N/A” for all rotation objectives in order to pass.

Technical Skills:
- Level One: All Yes’s/NA’s=Pass for each rotation
- Level Two: All Yes’s/NA’s=Pass for each rotation
- Level Three: All Yes’s/NA’s=Pass for each rotation

Patient Care & Behavioral Skills: All Yes’s/NA’s=Pass for each rotation

<table>
<thead>
<tr>
<th>Year</th>
<th>Season</th>
<th>Session</th>
<th>If Passed</th>
<th>If Failed</th>
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<tbody>
<tr>
<td>Freshmen</td>
<td>Summer</td>
<td>Orientation</td>
<td>Move on to Clinical</td>
<td>Program dismissal</td>
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<td></td>
<td>Fall</td>
<td>September</td>
<td>Move on to Winter</td>
<td>2 or more rotation evaluation failures=</td>
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<td>October</td>
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<td>program dismissal</td>
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<td></td>
<td>Winter</td>
<td>3 Week Clinical</td>
<td>Move on to Spring</td>
<td>Program dismissal</td>
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<td>Spring (Assigned to at least 2 different clinical sites)</td>
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<td>2 or more rotation evaluation failures=</td>
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<td>Summer (Assigned to at least 2 different clinical sites)</td>
<td>June (3 Weeks)</td>
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<td>2 or more rotation evaluation failures=</td>
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<td>July (3 Weeks)</td>
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<td>program dismissal</td>
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<td></td>
<td>August (3 Weeks)</td>
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<td>Senior</td>
<td>Fall</td>
<td>September</td>
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<td>2 or more rotation evaluation failures=</td>
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<td>Winter</td>
<td>3 Week Clinical</td>
<td>Move on to Spring</td>
<td>Program dismissal</td>
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<td>Spring</td>
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<td>1 rotation evaluation failure=</td>
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<td>April</td>
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<td>program dismissal</td>
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<td>EXIT COMPS</td>
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Note:
According to the RDT Student Program Guide, Policy R, Readmission Policy, #9 Radiation Therapy courses may be repeated only once. A final grade of C- or less in a Program specific course being repeated and/or failing a clinical internship or practicum results in permanent severance from the Radiation Therapy Program.

Revised 2/10/05
STUDENT CLINICAL ASSIGNMENTS

Supervisor will, on the 1st day of the evaluation period, select the most appropriate clinical area for the student from the list of options below. Two or more may be combined at the discretion of the supervisor.

- **TREATMENT UNIT**
- **CTCL**
- **BRACHYTHERAPY**
- **ORTHO VOLTAGE**
- **CLINIC EXPERIENCE**
- **TBI**
- **GAMMA-MED**
- **SIMULATOR**
- **BEAM MODIFICATION**
- **CLINICAL DOSIMETRY**
- **OTHER**

<table>
<thead>
<tr>
<th>Month</th>
<th>Hospital and Machine</th>
<th>Therapists worked with</th>
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<tbody>
<tr>
<td>September</td>
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</table>
TECHNICAL SKILLS-OBSERVATION/ASSIST
Sept. & Oct. (1st yr)
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:

OBJECTIVES YES NO N/A COMMENTS

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

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
<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 all dark room procedures:</td>
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<tr>
<td>- Turn the processor on and off</td>
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<td>- Identify location of stored film</td>
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<td>Flash and develop film</td>
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<td>- Duplicate films</td>
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<td>- Observe Q.A. check</td>
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<td>6. Assist in labeling films (name, date, field ID, etc.) or review digital</td>
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<td>images</td>
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<td>7. Identify basic radiographic anatomy on port films/simulator films with</td>
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<td>assistance: (Lungs, Ribs, Vertebral bodies, Diaphragm, Heart, Aortic Arch,</td>
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<td>EAM, Clavicle, Mandible, and Maxilla)</td>
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<td>8. Observe and assist with machine warm ups, recording daily readings,</td>
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<td>identifying and reporting variations to the therapist</td>
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<tr>
<td>9. Observe and assist with machine Q.A. procedures</td>
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<tr>
<td>10. Identify the names and responsibilities of Radiation Therapy staff</td>
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<td>11. Identify and locate patient treatment documents:</td>
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<tr>
<td>- Chart</td>
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<tr>
<td>- RT# &amp; Patient Unit #</td>
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<tr>
<td>- Daily treatment record:</td>
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<tr>
<td>- Elapsed days</td>
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<td>- Daily &amp; total dose</td>
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<tr>
<td>- Field size</td>
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<tr>
<td>- Formula</td>
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<tr>
<td>- Treatment field #</td>
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<tr>
<td>- Technical set-up notes</td>
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<tr>
<td>- Informed consent</td>
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<tr>
<td>- Treatment prescription</td>
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<tr>
<td>- Diagrams</td>
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<td>- Progress notes</td>
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<td>- Blood record</td>
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<tr>
<td>- Weight graph</td>
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<tr>
<td>- Pathology Report</td>
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<tr>
<td>- Port film jacket</td>
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<tr>
<td>- Flash cards</td>
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<tr>
<td>- Appointment cards</td>
<td></td>
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</tr>
<tr>
<td>OBJECTIVES</td>
<td>YES</td>
<td>NO</td>
<td>NA</td>
<td>COMMENT</td>
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<tr>
<td>----------------------------------------------------------------------------</td>
<td>-----</td>
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<tr>
<td>12. Familiarize themselves with the layout of the department (dressing</td>
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<tr>
<td>rooms, waiting rooms, rest rooms, clinic, file room, etc.)</td>
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<tr>
<td>13. State department specific policies. (Ref: Clinical Supervisor)</td>
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<tr>
<td>14. Identify and explain the x and y axis of the radiation beam</td>
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<tr>
<td>15. Complete department specific patient and equipment safety in-service</td>
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<tr>
<td>(See in-service form)</td>
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<tr>
<td>16. Observe and assist in the preparation of the room for each patient</td>
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<tr>
<td>before entering according to the technical notes</td>
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<td>17. Set the correct collimator field size</td>
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<tr>
<td>18. Position the patient properly on the couch knowing its limitations,</td>
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<tr>
<td>e.g. head-foot, Rt &amp; Lt, mylar/window opening</td>
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<tr>
<td>19. Make sure there is no clothing covering the treatment area</td>
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<td>20. Re-enforce marks accurately</td>
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<td>21. Monitor patients visually during treatment</td>
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<tr>
<td>22. Observe and assist with all patient set-ups</td>
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</tr>
</tbody>
</table>

*Source of knowledge: Orientation, Supervising Therapist, RDT I, Q.A. Text Chp.*
Evaluation Form
Pass___
Fail___

TECHNICAL SKILLS - OBSERVATION/ASSIST
LEVEL TWO (November 1st year)
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>MAINTAIN ALL LEVEL ONE OBJECTIVES</strong></td>
<td>___</td>
<td>___</td>
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<td>________</td>
</tr>
<tr>
<td>1. Perform machine warm-ups</td>
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<tr>
<td>2. Perform routine Q.A. procedures:</td>
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<td>__________</td>
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<tr>
<td>- Light field size vs. CFS</td>
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<tr>
<td>- Crosshair symmetry</td>
<td>___</td>
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<td>__________</td>
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<tr>
<td>- Crosshair check</td>
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<tr>
<td>- Wall Laser</td>
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<tr>
<td>- Ceiling laser alignment</td>
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<tr>
<td>- ODI verification</td>
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<tr>
<td>- Gantry rotation verification</td>
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<tr>
<td>- Collimator rotation verification</td>
<td>___</td>
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<tr>
<td>3. Properly prepare the room for the patient's setup according to the remarks column &amp; technical setup sheet</td>
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<tr>
<td>4. Correctly align the template</td>
<td>___</td>
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<tr>
<td>OBJECTIVES</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td>COMMENTS</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>5.  Accurately position the patient using correct immobilization device:</td>
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<tr>
<td>- Alpha Cradle</td>
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<tr>
<td>- Head holder</td>
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<tr>
<td>- Aquaplast</td>
<td>___</td>
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<tr>
<td>- Prone Pillow</td>
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<tr>
<td>- Leg immobilizer</td>
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<tr>
<td>- Other</td>
<td>___</td>
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<tr>
<td>6.  Set the patient to the correct TSD for enface field</td>
<td>___</td>
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<tr>
<td>7.  Set up the patient to the correct TSD/TAD using the ODI (mech pointer) and side lights (isocentric setup) for an AP/PA field or bilateral field</td>
<td>___</td>
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<tr>
<td>8.  Accurately match light field to treatment area marked on patient</td>
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<tr>
<td>9.  Set the correct collimator angle for treatment</td>
<td>___</td>
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<tr>
<td>10. Correctly align and insert accessory device:</td>
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<tr>
<td>- Biteblock</td>
<td>___</td>
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<tr>
<td>- Bolus</td>
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<tr>
<td>- Blocks</td>
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<tr>
<td>- Wedge</td>
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<tr>
<td>- Compensator</td>
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<tr>
<td>- Other</td>
<td>___</td>
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<tr>
<td>11. Assist with port film/digital images corrections</td>
<td>___</td>
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<tr>
<td>12. Use the correct cassette when port filming the patient</td>
<td>___</td>
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<tr>
<td>13. Properly insert cassette into film holder using correct orientation when port filming the patient</td>
<td>___</td>
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<tr>
<td>14. Hang and label films properly with assistance or review digital images</td>
<td>___</td>
<td>___</td>
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<tr>
<td></td>
<td>OBJECTIVES</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
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<tr>
<td>15.</td>
<td>Identify basic radiographic anatomy on port films/sim films w/assistance: airway, carina, mastoid air cells, sphenoid sinus, sella turcic (pituitary fossa), anterior and posterior clinoid process, maxillary sinus, frontal sinus, ethmoid air cells and sternal notch</td>
<td></td>
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<tr>
<td>16.</td>
<td>Identify and explain the thickness of bolus needed and d-max for the treatment machine</td>
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<tr>
<td>17.</td>
<td>Accurately tattoo patient</td>
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<tr>
<td>18.</td>
<td>Assist the therapist with all set-ups</td>
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</tbody>
</table>

*Source of knowledge: Supervising therapist, Q.A. Text, RDT I, Orientation
**TECHNICAL SKILLS**  
**LEVEL THREE (April 1st year)**  
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>MAINTAIN ALL LEVEL ONE/TWO OBJECTIVES</strong></td>
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</tr>
<tr>
<td>1. Check the patient’s chart for port film/digital image corrections before treatment</td>
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<tr>
<td>2. Recognize patient's clinical progress and complications</td>
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<tr>
<td>3. Demonstrate knowledge of when to withhold treatment until consultation with physician</td>
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<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>
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<tr>
<td>5. Identify errors in the technical set-up, report immediately to supervising therapist and discuss appropriate action guidelines</td>
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<tr>
<td>6. Program and operate treatment unit/simulator</td>
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<tr>
<td>OBJECTIVES</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td>COMMENTS</td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>7. Accurately calculate a simple meter set for a single field or parallel opposed, using a calculator followed by computer verification (Submit w/monthly evaluation.)</td>
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<td>8. Accurately recalculate a meter set for increased or decreased daily TD followed by computer verification (Submit w/monthly evaluation.)</td>
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<tr>
<td>9. Accurately recalculate a meter set for a change in distance followed by computer verification (Submit w/monthly evaluation.)</td>
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<tr>
<td>10. Accurately recalculate a meter set for a change in field size followed by a computer verification (Submit w/monthly evaluation.)</td>
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<tr>
<td>11. Accurately calculate a geometric gap (Submit w/monthly evaluation.)</td>
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<tr>
<td>12. Accurately calculate PF magnification (Submit w/monthly evaluation.)</td>
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<tr>
<td>13. Execute a port film/digital correction*</td>
<td>___</td>
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<tr>
<td>14. Accurately hang &amp; label radiographic films</td>
<td>___</td>
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<tr>
<td>15. Identify basic radiographic anatomy on port films and simulator films w/assistance: cervical, thoracic, lumbar, sacrum, coccyx, vertebral bodies, pelvic bones, extremities, hyoid bone, epiglottis. Locate areas of soft tissue organs: prostate, bladder, uterus, rectum, small &amp; large bowel, ovaries, pancreas, spleen, stomach, liver, kidneys, mediastinum.</td>
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<tr>
<td>16. Set up a block tray</td>
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<tr>
<td>17. Operate the diode system. Record diode reading in the patient's chart</td>
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</tbody>
</table>
OBJECTIVES

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>18. Demonstrate and/or discuss the rationale for the following:</td>
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<tr>
<td>- Use of asymmetric jaws</td>
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<tr>
<td>- Multileaf collimation</td>
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<tr>
<td>- Use of record and verify system</td>
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<tr>
<td>- On-line portal imaging</td>
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<tr>
<td>- Dynamic Wedge</td>
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<tr>
<td>- Fixed field fluoroscopy (freeze frame)</td>
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<tr>
<td>- Central axis blocking</td>
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<tr>
<td>- Angling of collimator, gantry or couch</td>
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<tr>
<td>- Feathering/moving gap technique</td>
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<tr>
<td>19. Perform the following Q.A. procedures:</td>
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<tr>
<td>- Output/constancy check</td>
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<tr>
<td>- Light beam vs. x-ray beam</td>
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<tr>
<td>- SSD/SAD readout devices</td>
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<tr>
<td>- Gantry rotation readout devices</td>
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<tr>
<td>- Collimator rotation readout devices</td>
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<tr>
<td>- Treatment couch isocenter</td>
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<td>- Linear scales on treatment table’s</td>
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<tr>
<td>- Patient communication devices</td>
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<tr>
<td>- Patient chart check (chart round check list)</td>
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<tr>
<td>- Condition of treatment accessories</td>
<td></td>
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<tr>
<td>20. Demonstrate Mandatory/Elective set-ups (See Rx set-up objective sheet.)</td>
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<tr>
<td>21. Maintain and refine set-ups</td>
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</tbody>
</table>

*Source of knowledge: Supervising therapist, RDT II, Dosimetry (RDT 205), RDT III, RDT IV, ONC I, ONC II.
PATIENT CARE SKILLS-LEVEL ONE
ALL AREAS
BE TO COMPLETED EACH MONTH
Evaluation Period Sept.-Oct. (1st year)

Student Name____________________________________________________________
Month & Year of Training____________________________________________________
Clinical Facility__________________________________________________________
Clinical Assignment_______________________________________________________
Supervising Therapist_____________________________________________________

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>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check patient's chart for recent progress notes, adequate CBC, port film corrections, and weight stability. State normal blood values for RBC's, HCT, HGB, WBC, and differential, platelets</td>
<td>___</td>
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<tr>
<td>2. Correctly identify and greet patients addressing patient by name checking photo ID, and/or patient identity band</td>
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<tr>
<td>3. Listen and converse with the patient in a confidential caring way, respecting their privacy at all times</td>
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<tr>
<td>4. Apply Standard Precautions policies to all tasks performed</td>
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<tr>
<td>5. Move patients using proper body mechanics taking care of all tubes, IV's, and pumps</td>
<td>___</td>
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</tr>
<tr>
<td>OBJECTIVES</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
<td>COMMENTS</td>
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<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>
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<tr>
<td>7. Provide proper draping of the patient as necessary</td>
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</tr>
<tr>
<td>8. Change linen or table paper after each patient and maintain appropriate storage and cleanliness of all equipment</td>
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</tr>
<tr>
<td>9. State the actions you would take for the following medical emergencies:</td>
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<td>______________</td>
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<tr>
<td>- Shock</td>
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<tr>
<td>- Respiratory failure &amp; cardiac failure</td>
<td></td>
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<tr>
<td>- Airway obstruction</td>
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<tr>
<td>- Convulsive seizure</td>
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<tr>
<td>- Fainting</td>
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<td>______________</td>
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<tr>
<td>- Diabetic reactions</td>
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<td>______________</td>
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<tr>
<td>- Cerebral vascular accident/stroke</td>
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<td>______________</td>
</tr>
</tbody>
</table>
PATIENT CARE SKILLS - LEVEL TWO
ALL AREAS
TO BE COMPLETED EACH MONTH
Evaluation Period November (1st Year)

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:

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAINTAIN ALL LEVEL ONE OBJECTIVES</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>_________</td>
</tr>
</tbody>
</table>

1. Describe the patient's daily condition and administer or withhold treatment as necessary, checking for: side effects, blood values, and weight*  
   ___  ___  ___  _________

2. Briefly describe the actions you would take & medical management if a patient was experiencing severe side effects, e.g.: decreased CBC, moist desquamation, diarrhea, nausea and vomiting*  
   ___  ___  ___  _________

3. Inform the patient of appropriate instructions pertaining to his/her treatment regarding: skin care, diet, wound care  
   ___  ___  ___  _________

4. State the typical side effects of radiation treatment  
   ___  ___  ___  _________

*Source of knowledge: Supervising Therapist, RDT I&II, Treatment Technique Guide
Evaluation Form

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>NA</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Be cooperative and receptive to suggestions and new ideas</td>
<td>___</td>
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</tr>
<tr>
<td>2. Be willing to take instruction, discipline, correction, guidance, and direction</td>
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<tr>
<td>3. Be able to interact well with department staff in a pleasant, courteous, friendly and tactful manner</td>
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<tr>
<td>4. Support and provide a positive environment for patients and staff, respecting differences between hospitals and personnel</td>
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<tr>
<td>5. Foster mature, professional relationships with staff and peers</td>
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<tr>
<td>6. Respect ethnic, cultural, religious and physical diversity among patients, staff and peers</td>
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</tr>
<tr>
<td>OBJECTIVE</td>
<td>YES</td>
<td>NO</td>
<td>NA</td>
<td>COMMENTS</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>7. Actively establishes a rapport with and gains confidence and cooperation of the patients</td>
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<tr>
<td>8. Respect the authority of all personnel at all times</td>
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<tr>
<td>9. Be willing and able to lend assistance to staff</td>
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<tr>
<td>10. Assume full responsibility for actions.</td>
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<td>11. Be relied upon to follow through on clinical assignments</td>
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<tr>
<td>12. Consistently follow on tasks within the expected level of competence</td>
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<td>13. Actively participate in clinical learning opportunities and continuing education (See continuing education record.)</td>
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<td>14. Be dependable, on time or early</td>
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<td>15. Call in promptly when not attending</td>
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<tr>
<td>16. Comply with Program &amp; departmental policies (Ref. Student Guide/ Clinical Supervisor.)</td>
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<tr>
<td>17. Wear required I.D. &amp; film badge.</td>
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<tr>
<td>18. Comply with Program’s dress code.</td>
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</table>
CLINICAL PERFORMANCE OBJECTIVES
MANDATORY Treatment SETUPS
Feb. 1st yr.…. 

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 (20) will commence in the student’s 6th month of training (Feb. 1st yr.).
February, March, April - 3 treatment setups per rotation.
May - 5 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.

TREATMENT SETUPS Competencies must be repeated twice to achieve competency.

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

MANDATORY TREATMENT SET-UPS (15)
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
♦ AP/PA
♦ Multiple Field Supine
♦ Multiple Field Prone
SKELETAL
♦ Spine
♦ Extremity
ELECTRON FIELDS
♦ Single
ELECTIVE TREATMENT SETUPS (6)

HEAD AND NECK
- Laterals only

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

ABDOMEN
- Para-aortics

PELVIS
- Inguinal

ELECTRON FIELDS
- Abutting Fields

PARTICIPATORY PROCEDURES
  TBI
  Craniospinal Axis
  Brachytherapy

ASSISTS
  CTCL Skills
  Gamma Med-Skills

OBSERVATION
  Stereotatic Radiosurgery or Cyberknife

CLINICAL EXPERIENCE
  Dosimetry
  Clinic Experience
  Beam Modification

- Students must complete 15 mandatory treatment set-ups.
- Students must complete 5 out of the 6 elective treatment set-ups.
- All treatment set-ups 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 and Gamma-Med skills by March of the senior year. Utilize additional area specific forms.
- Students must complete either Stereotatic Radiosurgery or 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
- Films
- Photographs
- Physician’s prescription
- Physician’s notes
- Blood values
- Weight
- Set up block tray (NP)

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.
- Confirm patient understanding.
- Position the patient correctly according to the setup instructions & couch limitations.
- Drape the patient properly.
- Immobilize the patient for treatment as required:
  - Tape
  - Headholder
  - Bite Pb
  - Aquaplast
  - Alpha cradle
  - Slant board
  - Others
- 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
Objectives cont.

♦ 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

♦ Monitor the patient.
♦ Add and record the dose.
♦ Check the treatment prescription.
♦ Record any pertinent data.
♦ Take verification film as necessary.
♦ Return to room and treat next appropriate field.
♦ Assist patient from couch.
♦ 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__________________________________________________

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reviews chart prior to set up</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>A. Set up instructions</td>
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<tr>
<td>B. Films</td>
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<tr>
<td>C. Photographs</td>
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<tr>
<td>D. Physician’s prescription</td>
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<tr>
<td>E. Physician’s notes</td>
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<tr>
<td>F. Blood values</td>
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<tr>
<td>G. Weight</td>
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<tr>
<td>H. Set up block tray (NP)</td>
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<tr>
<td>2. Prepares treatment room</td>
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<tr>
<td>A. Couch</td>
<td></td>
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<tr>
<td>B. Immobilization devices</td>
<td></td>
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<tr>
<td>C. Accessory devices</td>
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<tr>
<td>3. Identifies and greets the patient properly.</td>
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<tr>
<td>4. Assists the correct patient into the Rx room.</td>
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<tr>
<td>5. Assists the patient onto the treatment couch.</td>
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<td>6. Explains the procedure to the patient.</td>
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<td>7. Confirms patient understanding.</td>
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<td>8. Positions the patient correctly according to the setup instructions and couch limitations.</td>
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<tr>
<td>9. Drapes the patient properly.</td>
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<tr>
<td>10. Immobilizes patient for treatment as required</td>
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<tr>
<td>A. Tape</td>
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<tr>
<td>B. Correct headholder</td>
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<tr>
<td>C. Bite Pb</td>
<td></td>
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<tr>
<td>D. Aquaplast</td>
<td></td>
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<tr>
<td>E. Alpha cradle</td>
<td></td>
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<tr>
<td>F. Slant board</td>
<td></td>
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<tr>
<td>G. Other__________</td>
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<tr>
<td>SETUP OBJECTIVES CONT.</td>
<td>YES</td>
<td>NO</td>
<td>NA</td>
<td>COMMENT</td>
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<tr>
<td>------------------------</td>
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<tr>
<td>11. Sets appropriate field size.</td>
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<tr>
<td>12. Reproduces the setup (as required)</td>
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<tr>
<td>A. Correct distance (TSD/TAD)</td>
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<tr>
<td>B. Marks to light field</td>
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<tr>
<td>C. Side lights</td>
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<tr>
<td>D. Correct shielding</td>
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<tr>
<td>E. Correct shielding placement</td>
<td></td>
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<tr>
<td>F. Correct gantry angle</td>
<td></td>
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<tr>
<td>G. Correct couch angle</td>
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<tr>
<td>H. Correct wedge</td>
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<tr>
<td>I. Correct wedge placement</td>
<td></td>
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<tr>
<td>J. Bolus</td>
<td></td>
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<tr>
<td>K. Compensating filter</td>
<td></td>
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<tr>
<td>L. Recognizes any setup discrepancies</td>
<td></td>
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<tr>
<td>M. Corrects setup (if needed)</td>
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<tr>
<td>13. Informs patient he/she is leaving the room and Rx will begin.</td>
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<tr>
<td>14. Console preparation and treatment</td>
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<tr>
<td>A. Sets appropriate controls</td>
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<tr>
<td>1. M.U.</td>
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<tr>
<td>2. Wedge information</td>
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<tr>
<td>3. Other</td>
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<tr>
<td>B. Activates machine to deliver dose</td>
<td></td>
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<tr>
<td>C. Clears fault(s) as needed</td>
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<tr>
<td>D. Monitors patient</td>
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<td>E. Adds and records dose</td>
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<tr>
<td>F. Checks prescription</td>
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<tr>
<td>G. Records any pertinent data</td>
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<td>H. Takes verification film/digital</td>
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<tr>
<td>15. Returns to room and treats next appropriate field following steps 11-14 (see supplemental sheets, steps 11-14).</td>
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<tr>
<td>16. Assists patient from couch.</td>
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<tr>
<td>17. Disassembles setup.</td>
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<tr>
<td>18. Performs cleanup of equipment and accessory devices as required.</td>
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</table>
SIMULATOR SETUP OBJECTIVES SHEET

MANDATORY/ELECTIVE 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 (Feb.1st yr.). 3 PER ROTATION.

SIMULATOR SETUP competencies must be repeated twice to achieve competency.

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 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.
OBJECTIVES

- Reviews all available data prior to setup.
- Prepares a NP folder.
- Prepares the simulator room appropriately for setup.
- Greets and assists the correct patient into the simulator.
- 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 policy for the treatment field.
- Drapes the patient properly.
- Immobilizes patient for simulation as required.
- Utilizes surface anatomy to center field over general area.
- Takes a field separation as needed.
- Places the patient at the appropriate TSD/TAD.
- Sets up preliminary field as required.
- Performs/assists in fluoro to establish appropriate field.
- Sets proper exposure technique.
- Takes film.
- Develops film.
- Labels film.
- Has film approved or corrected by physician.
- Corrects film as required.
- Marks patient appropriately.
- Takes necessary measurements as required.
- Takes contour films as required.
- Assists/performs with assistance all patient contours.
- Accurately prepares graph paper with appropriate lines/reference points.
- Accurately takes contour with solder/aquaplast, marking reference points and transfer to graph paper for recording.
- Accurately takes pertinent measurements of the patient.
- States which measurements are needed.
- States which in body plane the contour is taken.
- Submit copy of contour with evaluation, labeling all reference points, contour and other relevant information.
- Takes placement x-rays for implants as required.
- Records all information on the “tech” sheet/computer in-put & acquire patient information.
- Informs patient of skin care instructions.
- Arranges or calls supervisor to arrange treatment time.
- Assists patient from the simulator room.
- Disassembles setup.
- Performs clean up of equipment and necessary devices as required.
Student Name: ____________________________________________________________
Month & Year of Training: ________________________________________________
Clinical Assignment: _____________________________________________________
Supervising Therapist: ___________________________________________________
Clinical Supervisor: ______________________________________________________

Setup ___________  Mandatory Setup ________  Elective Setup ________

**OBJECTIVE**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
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<tr>
<td>TEST OBJECTIVES CONT.</td>
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<td>12. Takes a field separation as needed.</td>
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<td>13. Places the patient at the appropriate TSD/TAD.</td>
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<td>14. Sets up preliminary field as required OR</td>
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<td>15. Performs/assists in fluoro to establish appropriate field.</td>
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<td>16. Sets proper exposure technique.</td>
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<td>17. Takes film/digital images</td>
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<td>18. Develops film.</td>
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<td>20. Has film approved or corrected by physician.</td>
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<td>22. Marks patient appropriately.</td>
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<td>23. Takes necessary measurements as required.</td>
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<td>24. Takes contour films as required.</td>
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<tr>
<td>TEST OBJECTIVES CONT.</td>
<td>YES</td>
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<tr>
<td>25. Assists with/performs with assistance patient contours</td>
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<td>- Accurately prepares graph paper w/ appropriate lined reference points</td>
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<td>- Accurately takes contour with solder/aquaplast, marking references points &amp; transfer to graph paper for recording</td>
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<td>- Submits copy of contour with evaluation, labeling all reference points, contour and other relevant information.</td>
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<td>26. Takes placement x-rays for implants as required.</td>
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<td>27. Records all information on the “tech” sheet or via computer.</td>
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<td>28. Informs patient of skin care instructions.</td>
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<td>29. Arranges or calls supervisor to arrange treatment time.</td>
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<td>30. Assists patient from the simulator room.</td>
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<td>31. Disassembles setup.</td>
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<td>32. Performs clean up of equipment and necessary devices as required.</td>
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</table>
Name__________________

Date__________________

Knowledge Assessment

Title of treatment plan: ____________________________________________________________

1. State the disease to be treated, pathology and stage.

2. State the anatomical borders of the treatment area.

3. Name the normal critical tissues within the treatment volume and their toleration dose.
   (TD 5/5)

4. State which tissues /organs are included as part of the tumor volume.

5. In which plane was the contour taken?

6. State the type and energy of radiation to be used for treatment and the rationale.

7. State the purpose of the specific treatment plan and advantages, e.g.: specific beam arrangement to spare critical organs and rationale for accessory devices used (wedges, bolus etc).
8. State the disadvantages of the treatment plan.

9. Calculate meter sets for each treatment plan.

10. Calculate and state the daily/total dose received by normal critical tissues or organs within the treatment volume.

11. Explain why a heavier weighting (if applicable) is given to a particular beam.

12. Explain how the change in weighting affects the dose distribution at isocenter and Dmax.

13. Explain how the wedge angle (if applicable) is determined.

14. Explain the wedge angle “rule of thumb”.

15. Compare different wedge angle fields for a given treatment plan.
Knowledge Assessment
Irregular Fields

1. Define an irregular field and discuss the effect of significant blocking on the equivalent square.

2. Discuss the rationale for using the Clarkson method to determine the dose.

3. Describe the process of the Clarkson method.
Knowledge Assessment

Electron Beam Treatment Planning

1. Explain the problems which occurs when two electron fields abut.

2. Discuss the most appropriate applications for rotational electron beam therapy and compare to multiple enface fields.

3. Calculate the monitor units for various electron beam treatments.

4. Discuss the appropriate use of bolus when using electron beam therapy. Describe the effect bolus has on depth dose.

5. Identify advantages that electron beam therapy has over photon beams.

6. State the disadvantages of electron beam therapy when compared to photon beam therapy.
7. Discuss how the energy of an electron beam is selected for a particular tumor and give an example.

8. State the general rules for determining Dmax and maximum range in tissue of a particular electron beam.

9. Discuss the usual prescribed treatment depth for electron beam therapy.

10. Discuss the function of electron beam cones, typical sizes and appropriate CFS.

11. Discuss field shaping with lead cutouts, thickness of cutout, placement in cone or on skin.
Knowledge Assessment
Off-axis Calculation

1. State the purpose and importance for performing off-axis dose calculations.

2. Discuss the appropriate applications for off-axis dose calculations. Be specific: Disease, anatomical area, rationale.

3. Discuss the impact that off-axis measurements may have on the treatment plan.
Knowledge Assessment
Three Dimensional Treatment Planning

1. Discuss how CT is used in creating three-dimensional treatment planning process.

2. Discuss the advantages and disadvantages 3-D treatment planning.

3. Describe the process by which the target volume and critical organs are delineated on each of the scans.

4. Discuss the most appropriate applications of 3-D treatment planning.
Knowledge Assessment

Field Matching and Gap Calculations:

1. Calculate a gap between two posterior fields over the spine.

2. Calculate the gap between two parallel opposed fields (Hodgkin's Disease).

3. Discuss the methods of abutting fields for a 3-field head and neck plan (two laterals and an anterior supraclav). Calculate the angles required. Discuss central axis blocking.

4. Discuss the methods of matching the 3-field craino-spinal axis treatment ports. Calculate the necessary gap and angles. Discuss central axis blocking.

5. Discuss the appropriate use and methods of feathering.
Knowledge Assessment
Thermoluminescent Dosimetry

1. Describe the construction and contents of a TLD packet.

2. State the common application for TLD measurements and rationale and give an example. Be specific! Disease and location of TLD packet.

3. Describe the process of dose measurement after the TLD is exposed to radiation.

4. Discuss the accuracy of dose measurement with TLD'S.
Knowledge Assessment

Brachytherapy Treatment Planning

Title of Plan ________________________________

1. Explain the purpose and describe the necessary films required for the implant.

2. Observe and describe the steps involved from the point of implant, to the identification of seed on films, to computer input and dose calculation.
Knowledge Assessment

Fabricating ancillary devices

1. State the HVL in lead and cerrobend for the following radiation beams.

- 250 kV x-rays
- $^{60}\text{Co}$ γ-rays
- 4 MV x-rays
- 4 MeV electrons
- 6 MV x-rays
- 4 MeV electrons
- 10 MV x-rays
- 4 MeV electrons
- 18 MV x-rays
- 4 MeV electrons

2. For the beam listed above determine the thicknesses (in cm) of lead and cerrobend that attenuates the beam to 3-5% of original value.

3. Discuss the attenuation effect that straight edge shielding blocks and focused/divergent blocks have on the radiation beam.

4. Discuss the construction, composition and multiple applications for the use of bolus. Be specific.

5. Discuss the construction, composition, and function of compensating filters. Discuss the most common applications of compensating filters. Give specific examples.
Knowledge Assessment

Beam’s Eye View

1. Discuss the usefulness/advantages of using “Beam’s Eye View” for treatment planning.

2. Explain how to apply “Beam’s Eye View” to the simulation process.
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.  
   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.  

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

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

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

10. Responds in a positive manner to constructive criticism.  

11. Accepts additional assignments as required.  
   **EXCEEDS STANDARD:** Actively seeks additional work.  

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

13. Pursues appropriate continuing education.  

**PATIENT CARE, MANAGEMENT, AND EDUCATION**  

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

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.  

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.
   0 1 2 3

5. Detects, documents and reports significant changes in patient’s condition.
   0 1 2

6. Anticipates patient care needs as related to the illness and therapy.
   **EXCEEDS STANDARD:** Anticipates the needs of the patient’s based on age specific needs.
   0 1 2 3

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.
   0 1 2

8. Displays confidence and a working knowledge of treatment techniques around patients.
   0 1 2

9. Sets priorities while coordinating and meeting the multiple needs and requests of patients.
   0 1 2

10. Practices universal precautions and infection control techniques which helps prevent the spread of disease and provides a safe environment.
    0 1 2

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, devotes 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 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

4. 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

5. 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. 0 1 2

8. Withholds treatment when the patient’s condition warrants it and consults with radiation oncologist before proceeding. 0 1 2

9. Accurately performs dose calculations and interprets treatment plans.  
   **EXCEEDS STANDARD:** Recognizes and reports a discrepancy or error in a treatment plan or dose calculation. 0 1 2 3

10. Monitors doses to normal tissues within the irradiated volume to assure that tolerance levels are not exceeded. 0 1 2
11. Reads patient’s progress notes prior to treatment in order to implement any changes in the treatment plan. 0 1 2

12. Accepts responsibility for, and is cognizant of changes in the treatment prescription, treatment parameters, dosimetry changes, and implements such changes. 0 1 2

13. Always maintains audio-visual communication with the patient during treatment. 0 1 2

14. Takes timely verification films/digital images and makes accurate corrections when necessary and documents it in the chart and on the film or digital images. 0 1 2

15. Assures the daily radiation treatment record documents that each treatment is accurate, legible and complete and is able to do chart checks and prepare of chart rounds. **EXCEEDS STANDARD:** Identifies previous errors and follows appropriate action guidelines. 0 1 2 3

16. Remains attentive during procedures and demonstrates the ability to handle unexpected situations calmly and effectively. 0 1 2

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, accurately follows and implements treatment methods and protocols. 0 1 2

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

21. Accurately and efficiently schedules patients’ appointments. 0 1 2
22. Prioritizes work for efficiency, ensuring adequate time for the patient and the procedure. 0 1 2

23. Accurately prepares daily billing log and knows how to bill patients. 0 1 2 N/A

24. Prepares accurate monthly reports and other statistical data as required. 0 1 2 N/A

RADIATION PROTECTION AND EQUIPMENT SAFETY PROCEDURES

1. Wears proper personal 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’s performance

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Action Taken

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Student Comments

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Student Signature                                     Date

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Supervising Therapist                              Date

_________________________               _______________
Clinical Coordinator                                Date

_________________________               _______________
Program Director                                  Date

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Clinical Supervisor                                  Date
1. Scheduled on a treatment unit.

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

3. April/May of the senior year for six consecutive days.

4. Pass all previous clinical evaluations and all competencies must be completed before scheduling an exit competency.

5. In the event of an incomplete exit competency, the student may arrange to repeat it in May/June.
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

<table>
<thead>
<tr>
<th>Standard One: Integrity</th>
<th>4</th>
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<tbody>
<tr>
<td>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.</td>
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<tr>
<th>Standard Two: Resources</th>
<th>22</th>
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<tr>
<td>The program has sufficient resources to support the quality and effectiveness of the educational process.</td>
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<tr>
<th>Standard Three: Curriculum and Academic Practices</th>
<th>34</th>
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<tr>
<td>The program’s curriculum and academic practices prepare students for professional practice.</td>
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<tr>
<th>Standard Four: Health and Safety</th>
<th>47</th>
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<tbody>
<tr>
<td>The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.</td>
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<tr>
<th>Standard Five: Assessment</th>
<th>55</th>
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<td>The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.</td>
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<tr>
<th>Standard Six: Institutional/Programmatic Data</th>
<th>62</th>
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<tbody>
<tr>
<td>The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.</td>
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<thead>
<tr>
<th>Awarding, Maintaining, and Administering Accreditation</th>
<th>71</th>
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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.
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.
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.
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.
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.
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 an 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 an 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.

**Explanation:**
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.
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
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Chicago, IL 60606-3182
(312) 704-5300
(312) 704-5304 (fax)
mail@jrcert.org (e-mail)
www.jrcert.org

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