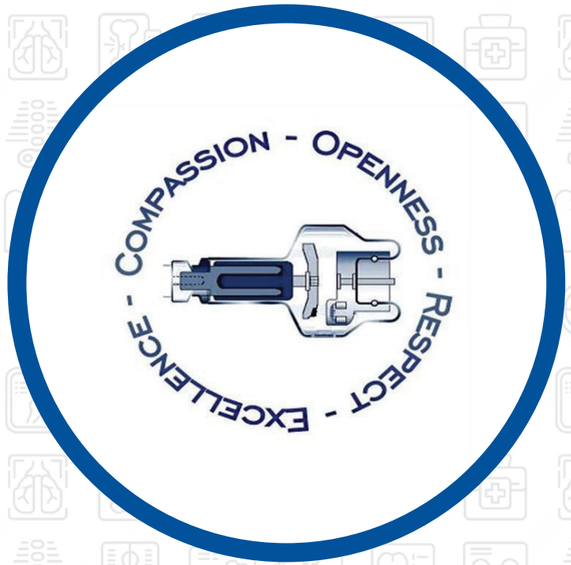
UnityPoint Health
Des Moines

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SCHOOL OF

RADIOLOGIC TECHNOLOGY

Clinical Practicum Syllabus

UnityPoint Health
Des Moines

CLN 101, CLN111, CLN121, CLN201, CLN221: CLINICAL PRACTICUM

COURSE SYLLABUS

Instructor:	Rachael Underwood, M.S.Ed., R.T.(R)(CT)(MR), (ARRT)
Term:	June 2026 - June 2027
Office Phone:	(515) 241-3486
Clinical Days:	See Schedule
E-Mail:	Rachael.Underwood@unitypoint.org
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Clinical Hours:	See Schedule
Office Hours:	Monday & Friday 7:00am-3:30 pm
	Tuesday, Wednesday, Thursday – Appointment

CLN101- CLINICAL PRACTICUM I

This course is designed to introduce students to the clinical environment and provide them with the opportunity to interact with staff radiographers and radiologists to begin developing clinical skills. Students begin developing critical thinking and problem-solving skills in the clinical areas as they begin to perform chest, abdomen, upper extremity and shoulder examinations learned in the classroom and practiced in the laboratory setting. Staff radiographers directly supervise students during this practicum. Clinical competency evaluations are required in Category I (chest and abdomen). Staff radiographer evaluations of students' cognitive, psychomotor, and affective behaviors in clinical are one method used to correlate classroom theory to clinical practice.

Pre-requisite: Meet admission requirements

CLN111 - CLINICAL PRACTICUM II

This course builds on CLN101 as students become more active participants in the clinical settings. Students continue to develop and demonstrate an increasing degree of competency in the clinical areas as they expand their positioning skills to include lower extremity, pelvic girdle, bony thorax, and pediatric imaging. Students will be assigned to evening rotations to expand their knowledge of radiology services and exposure to trauma examinations. Clinical competency evaluations are required in Category I (upper extremity and lower extremity) and Category II (decubitus abdomen and bony thorax). Staff radiographer evaluations of students' cognitive, psychomotor, and affective behaviors in clinical are one method used to correlate classroom theory to clinical practice.

Pre-requisites: RAD103; CLN101

CLN121 - CLINICAL PRACTICUM III

This course is designed to provide first year students with increasing independence, speed, and efficiency in their positioning skills with routine and trauma radiographic procedures. Critical thinking and problem-solving abilities are reinforced. Clinical competency evaluations are required in Category I (upper extremity and lower extremity), Category II (spine, bony thorax) and Category VI (pediatric and geriatric). Student completion of clinical performance evaluations are used to correlate classroom theory to clinical practice.

Pre-requisite: RAD113; CLN111

CLN201 - CLINICAL PRACTICUM IV

This course is designed to provide second year students with increasing independence, speed, and efficiency in their advanced radiographic positioning skills. Critical thinking and problem-solving abilities are reinforced. Clinical competency evaluations are required in Category III (contrast studies) and Category IV (portables and surgery). Evening rotations continue with the addition of weekend rotations during this course. Student completion of clinical performance evaluations are used to correlate classroom theory to clinical practice.

Pre-requisite: CLN121

CLN211 - CLINICAL PRACTICUM V

During this course students are preparing for the final term. Student's independence, critical thinking and problem-solving abilities are reinforced. Clinical competency evaluations are required in Category V (headwork) and Category VI (CT, trauma). For a student to graduate in June, all clinical performance evaluations, as well as all other clinical requirements, must be satisfactorily completed. Student completion of clinical performance evaluations are used to correlate classroom theory to clinical practice.

Pre-requisite: CLN201

CLN221 - CLINICAL PRACTICUM VI

Students in this term are completing clinical performance evaluations and preparing for graduation. During this term students will complete a Clinical Management rotation that will test the student's competency as an entry level radiographer. Completion of all mandatory and elective exams in Categories I, II, III, IV, V, and VI will be evaluated. For a student to graduate in June, all clinical performance evaluations, as well as all other clinical requirements, must be satisfactorily completed. Students who fail to complete the clinical requirements will have their program length extended until these are satisfactorily completed.

Pre-requisite: CLN211

EXPECTED AFFECTIVE BEHAVIOR

The following affective behaviors are expected at all times during the program and as professionals in the field of Imaging Sciences:

COMPASSION

Being committed to serving one's community and each other with care. Compassion toward others is demonstrated in one's efforts to promote health and well-being and relieve physical, emotional and spiritual pain and suffering. Demonstrating compassion also requires respectful listening and a sensitivity and responsiveness to the needs of others.

OPENNESS

Being committed to communicating with others in an effective and honest manner. Openness is also demonstrated by a willingness to be flexible and receptive to new thoughts and ideas. To celebrate the diversity in the one we care for and those we work with.

RESPECT

Being committed to treating others with dignity. Recognizing the value and uniqueness of each patient and family that one is privileged to care for. Respect is demonstrated when one fosters a professional and caring environment that honors the well-being of the whole person and the family unit. Respect requires that one strive to educate and empower each individual so that they may achieve their highest level of physical, emotional and spiritual wellness. Respect for human and healthcare resources is demonstrated when one is a wise steward of individual talents and skills as well as financial and community resources.

EXCELLENCE

Being committed to exceeding the expectations of patients, families and community. Excellence is demonstrated by a passion for quality, zest for improvement and a commitment to maintaining the highest standard of service and compassion. One demonstrates his/her commitment to excellence by seeking out new growth opportunities.

HONESTY

Speaking truth and creating trust in minds of others. This includes all varieties of communication, both verbal and non-verbal. Honesty implies a lack of deceit. A statement can be strictly true and still be dishonest if the intention of the statement is to deceive its audience. Similarly, a falsehood can be spoken honestly if the speaker believes it to be true. Conversely, dishonesty can be defined simply as behavior that is performed with intent to deceive. Lying by commission, lying by omission, fraud, and plagiarism are all examples of this sort of behavior. Other examples can be doing one thing and telling the other, as if one is hiding something. Honesty is typically considered virtuous behavior and has strong positive connotations in most situations.

INTEGRITY

Adherence to moral and ethical principles; soundness of moral character; honesty.

SELF-CONFIDENCE

An individual's belief that they can successfully perform a desired behavior within his/her competency level.

RELIABILITY

Ability of a person to perform and maintain his/her functions in routine circumstances, as well as unexpected circumstances.

DEPENDABILITY

Is a value showing the reliability of a person to others because of his/her integrity, truthfulness, and trustfulness, traits that can encourage someone to depend on him/her.

NON-JUDGMENTAL BEHAVIOR

Not making or expressing an opinion regarding a person or thing; impartial. Avoiding or tending to avoid making value judgments; tolerant, liberal, etc.

ACCOUNTABILITY

A form of trustworthiness; the trait of being answerable to someone for something or being responsible for one's conduct

NOTE: Adherence to the ASRT Code of Ethics is an expectation. The Code of Ethics is available at www.asrt.org

References:

1. Wikipedia.com
2. http://dictionary.reference.com/browse/integrity
3. http://www.google.com/search
4. http://www.yourdictionary.com/nonjudgmental
5. www.iowahealth.org
6. http://www.thefreedictionary.com/accountability

PURPOSE

The purpose of performing clinical assessments are as follows:

1. To identify student's progress in the clinical setting.
2. For students to know what is expected in the clinical area.
3. Document correlation between didactic and clinical education
4. Allows for objective evaluation of students.

BASIC CLINICAL OBJECTIVES

The student should be able to:

1. Perform and/or assist with each radiographic procedure assigned to that room.
2. Perform independently in areas of successful completion in Category Evaluation.
3. Be able to:

   A. Evaluate each requisition/ exam order.

   B. Demonstrate proper physical facility readiness.

   C. Demonstrate proper patient-radiographer relationship.

   D. Demonstrate correct positioning skills.

   E. Manipulate equipment effectively.

   F. Show evidence of radiation protection.

   G. Evaluate the radiographic image for:

      - Anatomical parts
      - Proper alignment
      - Radiographic technique
      - Image identification
      - Evidence of radiation protection
4. Observe and perform radiographic examinations.

DEFINITIONS

Category	A series of related radiographic examinations that exemplify an area of the human body, i.e., upper extremity.
Competency	The ability to function within a realm of limited supervision and assume those duties and responsibilities set forth in course and clinical objectives.
Competency Evaluation (Test-Out)	Procedure by which a student's performance and resulting image is evaluated.
Final Competency Evaluation (FCE)	A series of non-related radiographic views that exemplify the human body. An examination from each area must be successfully completed. If a student fails an FCE, any previous completed competencies will be removed, and the student will need to repeat those competencies, Practice and Test-Out.
Simulation	The student shall perform the examination on a live subject (not a patient) and simulate the exposure. Student must demonstrate **100% accuracy**. A radiograph of the area in question shall be used in the image evaluation section of the evaluation form and be critiqued by the student.
Direct Supervision	A radiographer will be present in a radiographic control area of a specific installation (x-ray machine). All mobile, surgical, fluoroscopic, and repeat procedures must be done under direct supervision.
Indirect Supervision	A radiographer will be available in an adjacent room or location where the examination is performed.
Additional Clinical Examinations	Radiographic examinations completed by the student after completion of the Competency Evaluation.
Retention Test	Announced or Unannounced demonstration of clinical skills on those radiographic examinations that have been learned at that point of the student's education. If a student fails a Retention Test, any previous completed competencies will be removed, and the student will need to repeat those Practices and/or Test-Out.
Clinical Management	Last term students will demonstrate the ability to organize patient flow and workload to ensure that procedures are completed in a timely manner. All areas of Clinical Management must be completed with a score of 94% as a Graduation Requirement.
Demerits	If a student does not follow the behaviors that are expected by the program, he or she will receive a Demerit. (See the Corrective Discipline Policy and Procedures section of the syllabus, pages 9-11). Once the student receives 5 demerits, their Clinical Practicum letter grade will drop by one.
Merits	If a student goes "above and beyond" what is expected of them, he or she will receive a Merit. The Merits will be given as hours that can be added back to STO banks. Examples of behaviors that will earn Merits include but are not limited to a complementary letter from a patient, volunteering for a special clinical experience, specific kudos from a supervising technologist.

Program faculty reserve the right to determine what constitutes a merit or demerit. Their decision is final. Students receiving a demerit will be counseled regarding their behavior to assist them in improving the behavior. Merits cannot be used to reverse a Demerit.

CORRECTIVE DISCIPLINE POLICY AND PROCEDURES

POLICY: The ultimate objective of effective discipline is to rectify misconduct in a just and constructive way and to reduce the likelihood of its recurrence.

The offenses listed in this guide for general action are not to be considered as the only offenses for which disciplinary action may be taken. Offenses that may occur, whether listed in this guide or not, are to be evaluated on an individual basis and disciplinary action taken that would be appropriate to the circumstances surrounding the offense. This disciplinary guide is provided as a point of reference in helping to determine appropriate action.

Step A - Verbal warning with notation in department records of students (s) involved, offense committed, and date the verbal warning was given + 1 Demerit

Step B - Written warning using warning notice + 2 Demerits

Step C - One to five-day suspension + 4 Demerits

Step D – Dismissal from program

OFFENSE/ DISCIPLINARY ACTION	1st	2nd	3rd	4th
Habitual tardiness	A	B	C	D
Not following procedure for clocking in/ out correctly	A	B	C	D
Clocking in/out from an unauthorized computer. This constitutes fraud.			C	D
Being absent for a scheduled school day without proper notification, unless there is a valid reason for not doing so		B	C	D
Being absent for three consecutive scheduled school days without proper notification.			C	D
Failure to report to assigned clinical area after clocking in.		B	C	D
Unauthorized or unnecessary time spent away from the assigned clinical area. Unnecessary visiting or extended visiting during school hours.	A	B	C	D
Disrespectful behavior, comments, actions toward faculty, staff, or other students	A	B	C	D
Student stating, he/she "does not need to perform an examination" or words to that effect (i.e., not performing a test-out and/or additional exam because the student already met competency requirements).			C	D
Exhibiting inappropriate behaviors at clinical sites (i.e., surfing the Internet, doing homework when patients need exams, general laziness, cell phone usage, etc.)		B	C	D
Unjust or unprofessional gossip, criticism, discourtesy or sexual harassment, which contributes toward reducing morale of patients, visitors, students, or employees. (This includes any of the above listed activities through any Social Media formats.)			C	D
Using the internet for reasons not related to the Radiological Sciences	A	B	C	D

Found holding imaging receptors during any radiographic procedure.		B	C	D
Failure to correctly wear radiation monitoring device according to UnityPoint Health® - Des Moines (UPH-DM) and State of Iowa law.		B	C	D
Failure to have radiation monitoring badge when at an off-site clinical rotation.		B	C	D
Absolute refusal to comply with instructions of authorized supervisor (insubordination).			C	D
Use of abusive or threatening language			C	D
Horseplay or disturbing others at school.	A	B	C	D
Fighting or attempting bodily injury to another employee or student on UPH-DM or clinical site premises.			C	D
Sexual harassment of patients, visitors, students, or employees. (This includes any of the above listed activities through any Social Media formats.)			C	D
Violation of established safety rules		B	C	D
Not following Program's Dress Code	A	B	C	D
Continued poor grooming or poor hygiene	A	B	C	D
Sleeping during school hours.		B	C	D
Smoking in "No Smoking" area.	A	B	C	D
Consuming, having unauthorized possession of, or being under the influence of intoxicants, non-medically prescribed drugs or narcotics while on UPH-DM or clinical site premises.			C	D
Unauthorized use of property belonging to UPH-DM, clinical site, patients, visitors, students, or employees.		B	C	D
Unauthorized use of classroom equipment for purposes not related to school.		B	C	D
Unauthorized removal of property belonging to UPH-DM, clinical site, patients, visitors, students, or employees.				D
Willfully damaging, destroying, defacing, or wasting property or supplies of UPH-DM, clinical site, students, patients or employees.			C	D
Carelessly damaging, destroying, defacing, or wasting property or supplies of UPH-DM, clinical site, students, patients or employees.		B	C	D
Knowingly falsifying the time record of another student or Employee, knowingly falsifying your time record, or conspiring with another person to falsify information on your time record.			C	D
Infractions of the programs Academic Dishonesty Policies and Procedures		B	C	D
Willfully falsifying UPH-DM personnel or payroll records.				D
Willfully submitting false information, or willfully withholding information, for the purpose of obtaining enrollment.				D
Unauthorized possession of firearms, other weapons, or explosive on UPH-DM or clinical site premises.				D
Violation of UPH-DM or clinical site rules.	A	B	C	D
Violation of UPH-DM or clinical site Parking Policy.	A	B	C	D
Failure to return library materials on time	A	B	C	D
Vending, soliciting, or collecting contributions for any purpose whatever at any time on the premises, unless authorized by the program director.			C	D
Gambling, immoral, or indecent conduct		B	C	D
Conviction for a felony without parole while in the program				D
Four (4) warnings for any combination of offenses during a twelve-month period.			C	D

PATIENT SAFETY	1st	2nd	3rd	4th
HIPAA violation		C	D	
Entering patient information into an unauthorized program. Students are not to enter names, medical record numbers or any other patient identifiers into Trajecsys.	A	B	C	D
Performing a repeat radiograph without direct supervision by a registered radiographer			C	D
Violating the "direct/indirect supervision" policies			C	D
Student performing an examination when not on scheduled school time			C	D
Failure to log off computer/workstation when finished using			C	D
Performing a mobile/portable examination without direct supervision by a registered radiographer			C	D
Performing an examination in surgery or fluoroscopy without direct supervision by a registered radiographer			C	D
Signing a patient consent form either as first or second signature			C	D
Not maintaining clinical competency – determined by performance on retention test, FCE, and/or staff evaluation comments	A	B	C	D
Using social media as a means to discuss patient information, whether patient is identified or not. Students are not to post any information related to classroom and/or clinical situations on Facebook, through texting, tweeting or any other social media			C	D
Violation of ASRT Code of ethics/scope of practice.			C	D

The above list is **Not Inclusive.**

The Program Director and Clinical Coordinator may add offenses if deemed necessary.

PROCEDURE FOR CLINICAL EDUCATION

1. Classroom	Instruction, worksheets, quizzes, other assignments
2. Clinical Lab	Simulate positioning with instruction.
3. Challenge Lab	Simulate positioning with a composite score of at least 93%. Students may ask the instructor one question per position.
4. Clinical Participation	Observe, learn, and assist staff radiographers. Students may attempt exams learned in class under direct supervision.
5. Clinical Practices	Students must be directly supervised by a registered radiographer: • 2 practice exams in Category I - VI before attempting the next step. • 3 practice exams in Category III before attempting the next step. Student must perform most of the exam with minimal assistance. This includes 100% of the patient positioning and 100% of the equipment operation. Students may ask 2 questions for clarification or make 2 errors that need to be corrected by the evaluator.
6. Competency Evaluation (Test-Out)	Students must demonstrate 100% accuracy (Test-Out) with no assistance on Category I – VI Competencies. The evaluating radiographer cannot offer any assistance with positioning, equipment operation, or any other portion of the procedure. The student is not allowed to ask any questions.

If a student does not successfully pass a clinical competency evaluation **after three attempts:**

1. The instructor will assist the student with remedial didactic education.
2. The student will expose a phantom and/or label a radiographic image.
3. The student will simulate positioning on a student.
4. The student will practice positioning to gain additional expertise.
5. The student will be re-evaluated by the Clinical Coordinator/ clinical instructor.

If category competency evaluations are **not completed in the allotted time frame:**

1. The student will receive a written notice concerning this matter.
2. Lowering the clinical education grade by one letter grade.
3. Students not completing a clinical competency evaluation within 30 days of the completion date will be evaluated by the Clinical Coordinator and program director. The student may be terminated from the program for failure to abide by the clinical competency completion time schedule.

Students may perform radiographic examinations in which they have passed their Competency Evaluation with indirect supervision. Indirect supervision means a registered radiographer is in an adjacent room or location where the examinations are performed.

Fluoroscopic, mobile, and surgical procedures must always be performed with direct supervision by a registered radiographer.

REPEAT RADIOGRAPHIC EXAMINATIONS

All and any repeat examinations are to be directly supervised by the Clinical Coordinator, clinical instructor, or an ARRT registered staff radiographer. Students are not allowed to be supervised by non-registered radiographers or by limited technologists.

CLINICAL PRACTICUM GRADE

The UnityPoint Health-Des Moines School of Radiologic Technology is a six-term program. Each term the students' clinical performance is graded based on several factors including, but not necessarily limited to, attendance and punctuality, number of clinical competencies, clinical performance evaluations, positioning retention test and final clinical evaluations.

20% - attendance and punctuality
50% - number of completed competencies
10% - clinical performance evaluations
20% - final clinical evaluations and positioning retention test (if applicable)

1st Year Clinical Education Grade	2nd Year Clinical Education Grade
CLN101 – Clinical Practicum I	CLN 201– Clinical Practicum IV
CLN111 – Clinical Practicum II	CLN 211– Clinical Practicum V
CLN 121 – Clinical Practicum III	CLN 221– Clinical Practicum VI

PROCEDURE FOR CLOCKING-IN/CLOCKING-OUT:

1. The student will log into the following website: https://www.trajecsys.com
2. Upon reading any posted communications, the student will select the Clock in/out link on the left-hand side
3. On the Pull-Down Menu, choose the clinical site that you are assigned to
4. Click on the Clock In or Clock Out button

Students are only allowed to clock in/out using a computer at the approved clinical sites. Students found clocking in/out at an unapproved computer will be subjected to disciplinary action.

- If the student is unable to clock in/out for any reason they must contact the Clinical Coordinator as soon as possible.
- If a student consistently forgets to clock in/out appropriately, disciplinary action will be followed.
- If the Clinical Coordinator cannot be reached, the student must contact the Program Director.

If a student must leave an off-site rotation for any reason, he/she must call the Clinical Coordinator or Program Director to inform them that they must leave and must clock-out while they are gone from that site. The student must then clock-in when they return.

If a student is asked to leave an off-site by the staff, he or she must return to Iowa Methodist Medical Center and meet with the Program Director and/or Clinical Coordinator to discuss the situation.

ATTENDANCE & PUNCTUALITY

POLICY: Students are expected to be on time for clinical and classroom sessions.

PROCEDURE:

1. All students must clock in when they arrive to their clinical rotation and clock out when they leave the rotation

   a. IMMC Campus –
   i. Routine Rotations – 7:30 am until 3:30 pm
   ii. Evening Rotation – 3:30 pm until 11:00 pm unless:
   - There is class time the same day as clinical time.
   - If the student has class at 1:00pm, student will leave clinical at 9:00pm.
   - If the student has class the following morning, they will leave at 9:00pm.

   iii. Weekend Rotation- 8:00 am – 6 pm Sunday and Saturday

   b. Iowa Lutheran Campus - 7:30 am until 3:30 pm

   c. Methodist West Hospital - 7:30 am – 3:30 pm

   d. Altoona Family Clinic- 8:00 am – 4:00 pm

   e. Iowa Radiology (Clive and MOB) - 8:00 am – 4:00 pm

2. The time recorded on the time record shall be considered official
3. Students are NOT allowed to have someone sign-in for them or sign-in for someone else – disciplinary action will be taken if this occurs
4. Students **must notify** the Program no later than 60 minutes after the beginning of their shift to report an absence or if they are going to be late. This can be accomplished by emailing both the Program Director and Clinical Coordinator or by calling in. When calling in, the student must speak directly to the Program Director or Clinical Coordinator. Students may email the coordinator about an absence or tardy at any time prior to the beginning of their shift; however, they may not call in sooner than 30 minutes prior to the beginning of their shift. Students may leave a message on the Program Director's or Clinical Coordinator's voicemail only if they are not available; however, all effort should be made to speak to one of them.
5. Students must notify Clinical Coordinator if leaving their shift early, by calling or email.

Schedules are subject to change.

Students will be given prior notice to changes and will be scheduled on Campus for no more than 40 hours per week (class and clinical) and no less than 37.5 hours per week.

Any students not complying with the above policies will be disciplined as follows:

First Offense	Documentation of verbal counseling and warning + 1 Demerit
Second Offense	Written counseling and warning + 2 Demerits
Third Offense	Suspension for 3 days* + 4 Demerits
Fourth Offense	Dismissal from the program

* The 3 days missed will be calculated into the clinical attendance grade. STO will be deducted. Students do not receive credit for missed work and may be required to make up the clinical rotation(s) missed.

TARDINESS AND ABSENCES

Students are expected to be in their assigned clinical area on time. Students who demonstrate habitual tardiness or unplanned absences will be disciplined as follows:

2nd Tardy in a Week **4th Tardy in a Term** **3rd Call-in w/o 24hr notice**	Documentation of verbal counseling and warning + 1 Demerit
3rd Tardy in a Week **5th Tardy in a Term**	Written counseling and warning + 2 Demerits
4th Tardy in a Week **6th Tardy in a Term**	Suspension for 3 days* + 4 Demerits
7th Tardy in a Term	Dismissal from the program

Students will automatically have 1 hour of time deducted from their bank if they are not clocked in by their scheduled time. ALL late arrivals will be considered a tardy unless the student has given the Clinical Coordinator or Program Director, at least a 24-hour notice that he or she will be late.

STUDENT MAKE-UP TIME

Students are allowed to make-up 20 hours of time that has been missed during clinical rotations. Clinical hours missed by students will need to be made up after the date that the hours were missed. Students will have one week (7 school days) following the missed clinical time to make-up the missed hours. Time will need to be made up during normal clinical hours (No holidays) and will need to be fulfilled in the same rotation that was missed. Any hours not made up within the 7 days, will be deducted from the students' STO bank. Student make-up time will need to be discussed with and approved by the Clinical Coordinator. **Approval is not guaranteed. Same day "Early Out" STO hours are not eligible to be made up.**

Students may choose to attend clinical during scheduled school breaks to complete required clinical competencies. This must be scheduled with the Clinical Coordinator and will be approved on a case-by-case basis. Approval is not guaranteed. Time spent in clinical during breaks will not be added to the student's STO bank.

ATTENDANCE AND PUNCTUALITY – GRADE SCALE

Twenty percent of the student's clinical grade is determined by the number of clinical hours missed. When calculating this portion of the clinical grade, the following guidelines will be followed:

Points Given	Grade	Hours Missed	Points Given	Grade	Hours Missed	Points Given	Grade	Hours Missed
100	A	0 - 10	93	B+	23 – 24	86	C+	35
99	A	11 – 12	92	B	25 – 26	85	C	36
98	A	13 – 14	91	B	27 – 28	84	C	37
97	A	15 – 16	90	B	29 – 30	83	C	38
96	A	17 – 18	89	B	31 – 32	82	C	39
95	A	19 – 20	88	B	33	81	C	40
94	A-	21 – 22	87	B-	34	0	F	More than 40

If a student takes time out of Clinicals to make up a test or lab, the time missed from clinical will be deducted from the student's STO Bank.

The clinical rotations that are assigned during the program are considered **Clinical Competencies,** therefore, **students who miss more than half of a clinical rotation will be required to repeat the rotation by graduation.**

The student must make up at least half of the clinical hours scheduled in that rotation. If the student does not have the opportunity to repeat the rotation by graduation due to scheduling conflicts, he/she will need to return after graduation to repeat the rotation. In the event a student does not complete clinical requirements by the end of the regular 24-month program, he/she will receive an Incomplete (I) for CLN221.

Beginning the week after graduation, the student will be required to attend clinical until the competencies have been completed or the timeframe allotted for an incomplete has expired – whichever comes first. Clinical assignments during this timeframe may include weekend and evening assignments (not to exceed 40 hours/week) – this is to assure that currently enrolled students do not have their rotations negatively impacted and to maintain radiographer/student ratios. Failure to successfully complete required clinical competencies during this timeframe will result in termination from the program. The student is expected to participate in the total clinical responsibilities of his/her assigned rotation.

The following is a list of the expected clinical rotations:

1st Term	2nd - 3rd Term	4th Term	5th- 6th Term
General Radiography	General Radiography	Iowa Lutheran Radiology	General Radiography
Mobile Radiography	Mobile Radiography	Surgical Radiography	Surgical Radiography
Patient Transport	Interventional Radiology	Mobile Radiography	Mobile Radiography
Radiology Reception Desk	Surgical Radiography	Evening Rotations	Emergency Room Radiology
Iowa Lutheran Radiology	Iowa Lutheran Radiology	Iowa Radiology	Iowa Lutheran Radiology
Endoscopy	Endoscopy	Computed Tomography	Fluoroscopy
Emergency Room Radiology	Evening Rotations	Elective Rotation	Iowa Radiology
Advance Modality	Emergency Room Radiology	Emergency Room Radiology	Computed Tomography
PACS	Elective Rotation	Fluoroscopy	Evening Rotation
Altoona Family Clinic	Methodist West	Endoscopy	Clinical Management
Methodist West	Altoona Family Clinic	Methodist West	Methodist West
Patient Holding	Cardiac/Vascular Lab	Weekend Rotation	Weekend Rotations

CLINICAL ROTATION DESCRIPTIONS

GENERAL RADIOGRAPHY

Students will have the opportunity to observe, learn, and assist registered radiographers with a wide range of radiographic procedures including chest, abdomen, extremities and spines. Students will also have the opportunity to complete Category I, II and IV clinical competencies.

EMERGENCY ROOM

Students will observe, learn, and assist registered radiographers with a wide range of radiographic procedures on patients who have been admitted through the Emergency Room. This allows exposure to patients who may be severely injured, in severe pain and/or severely ill. Students will learn how to use critical thinking and problem-solving skills to obtain diagnostic radiographic images. Students have the opportunity to complete Category I, II, IV and V clinical competencies.

METHODIST WEST

The students will participate in general radiography, fluoroscopic examinations, surgical and mobile radiography, and emergency room radiography. Students will be given the opportunity to complete Categories I, II, III, IV, V and VI clinical competencies.

IOWA LUTHERAN

Students will gain the experience of learning different routine protocols based on a different department. Students will participate in general radiography, fluoroscopic examinations, surgical and mobile radiography, and emergency room radiography. Students will be given the opportunity to complete Categories I, II, III, IV, V and VI clinical competencies. This allows the program to offer a clinical education that is fair and equitable.

MOBILE RADIOGRAPHY

Students will travel to patients' hospital rooms to observe, learn, and assist registered radiographers with radiographic procedures on those patients who are too ill or injured to come to the radiology department. 2nd Year Radiography Students will also have the opportunity to complete the Mobile Radiography portion of their Category IV clinical competencies.

PATIENT TRANSPORT

Students will learn the proper way of transporting a patient from their hospital rooms or other hospital departments to the radiology department. Focus is placed on proper body mechanics and patient transfer techniques.

RADIOLOGY RECEPTION DESK/ PICTURE ARCHIVING SYSTEM

Students are given the opportunity to learn from the radiology receptionist and our imaging processors. The student will learn proper phone etiquette, how to schedule radiographic exams, the proper way to greet a patient, and how to transfer a patient's radiographic images onto CD.

Students will assist the PACS administrators with digital image quality control, digital image transferring techniques, and assisting the physicians of the medical system with problems they may be having with their patients' images. This rotation will help the student with understanding the constant changing field of digital radiography.

CLINICAL PRACTICUM SYLLABUS

PATIENT HOLDING

Students will be assigned to a nurse to learn the process of admitting a patient for an advanced radiographic procedure. Emphasis will be placed on patient care needs, obtaining a clinical history, and obtain vital signs. Students will correlate what they have learned in RAD099 – Patient Care to the clinical setting.

FLUOROSCOPY

Students will learn the process of obtaining radiographic images using fluoroscopy. They will correlate the didactic education of RAD120 – Contrast Media in Radiologic Imaging in the clinical setting. Students will have the opportunity to observe, learn, and assist registered radiographers with contrast procedures such as upper gastrointestinal studies, small bowel studies, lower gastrointestinal studies, and multiple examinations of the urinary system. Students will complete Category III and the Optional Special Contrast Procedures of Category VI clinical competencies.

OPERATING ROOM/PORTABLE

Under direct supervision students will take part in mobile radiography while assisting with the workload in surgery to perform exams such as Spine Fusions, Laparoscopic Cholecystectomies, & Surgical Reductions. The students will have the opportunity to complete their surgical and mobile clinical competencies from Category IV.

ENDOSCOPY

Students will operate the mobile fluoroscope, with direct supervision of a registered radiographer, to perform exams such as Bronchography and ERCPs. The students will have the opportunity to complete their ERCP clinical competency from Category IV.

ADVANCED MODALITY

Students are given the opportunity to rotate through specialty areas such as CT, MRI, Mammography, Ultrasound, Angiographic Procedures, Nuclear Medicine and Radiation Oncology. This allows newly enrolled students the chance to see if they have any interest in these advanced areas.

SURGICAL RADIOGRAPHY

Students will operate the mobile radiographic and mobile fluoroscopic equipment, with constant direct supervision by a registered radiographer, to obtain numerous surgical and post-surgical procedures. 2nd Year students will have the opportunity to complete the surgical component of their Category IV clinical competencies.

EVENING ROTATIONS

Students will complete rotations that will be during the evening hours, 3:30 pm until 11:00 pm. Students will concentrate on experience with acutely injured patients and with those patients who are considered to be Level I and Level II traumas. Students will also be able to interact with in-patients and perform a wide variety of general and fluoroscopic examinations. Students may have the opportunity to complete their Categories I, II, III, IV, V and VI clinical competencies with emphasis placed on the Trauma section of the Category VI clinical competencies.

WEEKENDS

Students will complete rotations that will be Sunday and the following Saturday, 8:00 am until 6:00 pm. Students will have the opportunity to perform a wide variety of general and fluoroscopic examinations. Students may have the opportunity to complete their Categories I - VI clinical competencies with emphasis placed on the Trauma section of the Category VI clinical competencies.

IOWA RADIOLOGY

Students will rotate through an outpatient diagnostic center. This rotation is designed to allow the students another perspective of the field of radiology. Students will complete many different radiographic procedures ranging from extremities to more complicated fluoroscopic procedures such as arthrograms, barium enemas, and upper GIs. Students may have the opportunity to complete their Categories I, II, III, IV, V and VI clinical competencies.

COMPUTED TOMOGRAPHY

2nd year students will be given the opportunity for a more extensive rotation through the sectional imaging modality of CT than they had during their Advanced Modality rotation as a 1st term student. Students will complete a 2-week rotation in which they will be required to complete some basic CT competencies.

INTERVENTIONAL RADIOGRAPHY

Students will be rotating through the Angiographic Suites of the IMMC radiology department. They will be shown the process of obtaining radiographic images of the arterial system as well as observe minimally invasive procedures such as PICC line insertions, stent placements, and PTAs. Cardiac

CATHETERIZATION AND VASCULAR LAB

Students will rotate through the Cardiac and Vascular Lab at IMMC. There they will observe the process of obtaining diagnostic images of the coronary arteries and heart and the process of other diagnostic procedures such as right heart catheterization, cardiac output, and electrophysiology. Students will also have the opportunity to observe therapeutic procedures.

MAGNETIC RESONANCE IMAGING

Students will rotate through MRI at Lutheran and IMMC. They will learn about MRI safety measures. They will observe and assist with the acquisition of sectional images of the patient using magnetic fields and radio waves.

ELECTIVE ROTATIONS

Throughout the program, students will be allowed to choose a rotation they would like to participate in during a given week. Students are given several of these and may choose any area, including specialty areas, as long as there is no student in that rotation already.

Electives can also be used to “make-up” a rotation if a student has missed more than the allotted time of one of the above required rotations. Students are required to make arrangements with the Clinical Coordinator for their elective rotations no later than the week prior to the rotation. If the student has not met with the Clinical Coordinator prior to the elective rotation, the Clinical Coordinator will assign the student to an area for that week.

Any changes in the clinical schedule, rotations, or any elective rotations chosen must be approved by the Clinical Coordinator.

NUMBER OF CLINICAL COMPETENCIES

The number of clinical competencies completed will compose 50% of the clinical education grade. This portion of the grade will be evaluated as follows:

End of 1st Term – Categories I Minimum of 2 to pass CLN101			End of Second Term – Categories I & II Minimum of 11 to pass CLN111			End of Third Term Categories I & II Minimum of 25 to pass CLN121		
Points Given	**Grade**	**Completed Comps***	**Points Given**	**Grade**	**Completed Comps***	**Points Given**	**Grade**	**Completed Comps***
100	A	More than 8	100	A	More than 24	100	A	More than 37
99	A	8	99	A	24	99	A	37
95	A	7	98	A	23	98	A	36
92	B	6	97	A	22	97	A	35
90	B	5	96	A	21	96	A	34
88	B	4	95	A	20	95	A	33
85	C	3	92	B	19	92	B	32
83	C	2	91	B	18	91	B	31
0	F	Less than 2	90	B	17	90	B	30
			89	B	16	89	B	29
			88	B	15	85	C	28
			85	C	14	84	C	27
			84	C	13	83	C	26
			83	C	12	82	C	25
			82	C	11	0	F	Less than 25
			0	F	Less than 11			

End of Fourth Term – Categories II, III, & IV Minimum of 8 to pass CLN201			End of Fifth Term – Categories III, IV, V, & VI Minimum of 13 to pass CLN211			End of Sixth Term – Categories IV, V, & VI Minimum of 23 to pass CLN221		
Points Given	**Grade**	**Completed Comps***	**Points Given**	**Grade**	**Completed Comps***	**Points Given**	**Grade**	**Completed Comps***
100	A	More than 12	100	A	More than 17	100	A	More than 27
95	A	12	95	A	17	95	A	27
92	B	11	92	B	16	92	B	26
88	B	10	88	B	15	88	B	25
85	C	9	85	C	14	85	C	24
81	C	8	81	C	13	81	C	23
0	F	Less than 8	0	F	Less than 13	0	F	Less than 23

This component of the clinical education grade will be dropped by one letter grade if the student does not complete the clinical competency categories in the allotted time.

This includes the Additional Examinations that are required at the end of each term.

The student will receive an Incomplete for their clinical grade and will be placed on clinical probation. They will have 30 calendar days from the due date to complete the required competencies. If the student does not complete the required competencies within the 30 days, he or she may be dismissed from the program. The clinical grade will be figured from the number of competencies completed by the due date of each Category not from the extended 30 days.

These numbers may be adjusted each term due to overall volume of patient exams

CLINICAL COMPETENCY RECORDS

Students will track their own clinical competencies in Trajecsys. At the end of each day, students will log into Trajecsys and enter Practices, Test-outs and Additional exams that have been completed during their day. This information will be kept on the Daily Log sheet or Skill Summary. When logging this information students are not to enter patient names, medical record number or any other patient identifiers into Trajecsys.

The Daily Log sheet and Skill Summary information will be checked by the Clinical Coordinator every two weeks. All Practice and Test out evaluations must be filled out by the supervising radiographer within 7 days of completion.

If any discrepancies are found, they will be deleted, and the student will have to redo the exams. This includes missing logs by the student, even if a technologist has entered a competency on their behalf. This information will be used as a permanent record of clinical competencies and will go in the student files at the time of their graduation.

HOMEWORK DURING CLINICAL

Homework in the clinical rotation should be limited. During down time, students may read assigned chapters from their textbooks while in their clinical rotation. Down time is defined as a block of time when there are no patients scheduled; in between patients after preparations have been made for the next patient; or at the end of the day when all patient exams have been completed and the student is waiting for add-on patients.

Students may be allowed to work on worksheets or projects if they have informed the supervising technologist and Clinical Coordinator. Any student that does not comply with the policy will be subject to disciplinary actions as stated in the Corrective Discipline Policy and Procedures section of the Clinical Practicum Syllabus.

The program director and Clinical Coordinator reserve the right to revoke homework privileges if deemed necessary.

CLINICAL PERFORMANCE EVALUATIONS - CPE

A portion of the clinical education grade will be from the clinical performance evaluations. Through a progressive clinical evaluation system, skills evaluated include, but not be limited to:

- Promptness
- Application of knowledge
- Organization of clinical responsibilities
- Communication skills
- Dependability
- Relationship with others
- Professional appearance
- Critical Thinking and Problem Solving
- Radiation protection skills
- Trauma skills

CPEs must be turned into the program director within two weeks of completion of the rotation. If an evaluation is not turned in within that time frame, the student will receive a 10% deduction in the score. If an evaluation has not been turned in within four weeks, the student will receive a "0" for that week and the student will need to repeat the rotation by graduation. If the student does not have the opportunity to repeat the rotation by graduation due to scheduling conflicts, he/she will need to return after graduation to repeat the rotation.

Students are also responsible for completing evaluations on their supervising radiographer. As stated above, the student must turn in the radiographer evaluations to the program director within two weeks of completion of the rotation. If an evaluation is not turned in within that time frame, the student will receive a 10% deduction in the score of their CPE for the corresponding week. If an evaluation has not been turned in within four weeks, the student will receive a "0" on the CPE for that corresponding week.

POSITIONING RETENTION TEST

Throughout the term the Clinical Coordinator will randomly have students simulate on fellow classmates on randomly chosen radiographic examinations that they have learned so far. The Positioning Retention Tests are unannounced, so the students are encouraged to maintain competency in all exams learned by practicing with fellow classmates during "down time".

FINAL CLINICAL EVALUATIONS - FCE

At the end of each term, students will be scheduled for a Final Clinical Evaluation. They will be required to simulate randomly chosen radiographic examinations that have been taught during that term, as well as examinations learned in prior semesters.

CRITERIA FOR PERFORMANCE EVALUATION

1. **Evaluation of Requisition**
   - A. Identify procedures to be performed
   - B. Recall the patient's name
   - C. Identify mode of transportation to the clinical area
2. **Physical Facility Readiness**
   - A. Provide clean table/Exhibit orderly cabinets and storage space
   - B. Have appropriate size image receptors available
   - C. Turn machine "on", warm up room and be prepared for exposures
   - D. Turn tube in position necessary for the exam
   - E. Stock linens
   - F. Have all appropriate supplies stocked in assigned exam room
3. **Patient and Radiographer Relationship**
   - A. Demonstrate proper hand hygiene
   - B. Select the correct patient on equipment
   - C. Assist patient to radiographic room
   - D. Assist patient onto radiographic table
   - E. Keep patient clothed and/or draped for modesty/Have patient gowned properly
   - F. Talk with patient in a concerned, professional manner
   - G. Give proper instructions for moving and breathing
   - H. Follow proper isolation procedures when appropriate and universal precautions
4. **Positioning Skills**
   - A. Position the patient correctly on table or vertical bucky
   - B. Align center of part to be demonstrated to the center of the image receptor
   - C. Center and angle CR to the center of the image receptor
   - D. Oblique patient correctly if required
   - E. Remove unwanted anatomical parts or artifacts from the area being imaged
5. **Equipment Manipulation**
   - A. Turn tube from horizontal to vertical (and vice versa)
   - B. Move the bucky tray and utilize locks
   - C. Insert/remove image receptors from bucky tray
   - D. Select factors at control panel/ Use a technique chart/ Measure patient if needed
   - E. Identify the film with "R", "L", and other appropriate identifications
   - F. Fill syringes using aseptic technique, when required
   - G. Select proper Image receptor size
   - H. Adapt for technique changes in FFD, grid ratio, collimation, etc.
6. **Evidence of Radiation Protection**
   - A. Cone or collimate to part
   - B. Use gonad shields, if appropriate
   - C. Demonstrate utilization of lead apron and gloves, if appropriate
   - D. Wear film badge as required
   - E. Select proper exposure factors/ Adjust technique for motion, when appropriate

CRITERIA FOR IMAGE EVALUATION

Radiograph(s) Demonstrate:

1. Anatomical Part(s):
   - A. Part is shown in proper perspective
   - B. No motion is present
2. Proper Alignment:
   - A. IR/Film centered
   - B. Part centered
   - C. Tube centered
   - D. Patient obliqued or rotated correctly

Standard Radiographic Exposure:

3. Radiographic Techniques
   - A. Chart was used correctly (proper contrast and density)
   - B. Compensation of factors for pathology
4. Film Identification and/or Other Identifications
   - A. "R", "L" markers in the correct place
   - B. Minute or hour markers visible
   - C. Patient information and date can be identified
   - D. Student's initials correctly located and visible
5. Radiation Protection – Per facility policy
   - A. Cone or collimation limits visible
   - B. No repeats
   - C. Gonad shields in place (if utilized)

If a student chooses to use any images that they have taken or interesting images that they have seen during their clinical rotations as part of an assignment for their classes, he/she must remove ALL patient identification from the images before they are handed in.

This is done for patient confidentiality and HIPAA.

Any student who does not remove patient identification will receive a 5% deduction in the grade for that assignment.

FIRST YEAR STUDENTS- CLINICAL CATEGORIES

CATEGORY I

ALL REQUIRED BY GRADUATION	
THORACIC VISCERA	**LOWER EXTREMITIES**
Routine Adult Chest (PA and Lateral)	Cross-Table (Horizontal Beam) Lateral Hip (Dan-Miller)
Wheelchair/Stretcher AP Chest	Femur
ABDOMEN	Foot
Supine and Upright Abdomen Series	Hip, AP & Lateral
UPPER EXTREMITIES	Knee
AC Joints	Lower Leg
Clavicle	Os Calcis
Elbow	Patella (3-View Knee)
Finger and Thumb	Pelvis
Forearm	Toe
Hand	Trauma Lower Extremity
Humerus	**GERIATRIC EXAMINATIONS 65 years old Physically/ cognitively impaired due to aging**
Scapula	
Shoulder	Geriatric Chest
Trauma Shoulder (Scapular Y/ Transthoracic/Axillary)	Geriatric Lower Extremity
Trauma Upper Extremity	Geriatric Hip or Pelvis
Wrist	Geriatric Upper Extremity

- One week prior to the end of the **1st term**, students must have completed competency evaluations on Routine Chest and Abdomen Series.
- One week prior to the end of their **2nd term,** the student must have completed at least 11 competency evaluations out of Category I. Students may count Pediatric Exams from Category VI as part of the required competencies.
- One week prior to the end of their **3rd term,** the students must have completed at least 25 competency evaluations from Categories I & II. Students may count Pediatric Exams from Category VI as part of the required competencies. No Portables.
- All other examinations listed for Category II must be completed by graduation.

Trauma examinations are those in which the patient was injured within 24 hours AND requires positioning modifications.

CATEGORY II

ALL REQUIRED BY GRADUATION
THORACIC VISCERA
Chest, Decubitus or Lordotic
Upper Airway (Soft-Tissue Neck)
ABDOMEN
Abdomen, Decubitus
SPINE
Cervical Spine (AP/Lateral/Odontoid)
Thoracic Spine
Lumbar Spine (AP/Lateral/Spot)
Sacrum and Coccyx
Sacroiliac Joints
Scoliosis Series
BONY THORAX
Ribs
Sternum
GERIATRIC EXAMINATIONS 65 years old - Physically/cognitively impaired due to aging
Geriatric Spine

- Need to complete competency evaluations on cervical, thoracic, lumbar spines, decubitus abdomen and ribs by one week prior to the end of the **4th term** of the second year.
- All other examinations listed for Category II must be completed by graduation.

Trauma examinations are those in which the patient was INJURED within 24 hours and requires positioning modifications.

SECOND YEAR STUDENTS- CLINICAL CATEGORIES

CATEGORY III

REQUIRED: ALL GI + 4 ELECTIVES
GASTROINTESTINAL
Contrast Enema, Plain or Air (BE)- Single or Double
Esophagus- Single or Double - NOT swallow study
Small Bowel
Stomach
ELECTIVES
Arthrography
Cystogram
Geriatric Fluoroscopic Procedure
Hysterosalpingogram
Lumbar Puncture
Myelogram

Category III GI exams require 3 Practice exams before the Test-Out

- Must complete competency evaluations on all GI exams one week prior to the end of the **5th term** of the 2nd year.
- All required, plus 4 Elective exams must be completed by graduation. Elective exams only require documentation of 2 Practices and 1 Test-Out.

Category III exams may be completed on adult or pediatric patients. Students must make sure to observe the differences in the procedure (supplies setup, patient instructions, assistance) between the two age groups during their Practice exams.

Remember: All mobile, surgical, fluoroscopic, and repeat procedures must be directly supervised by a registered radiographer.

CATEGORY IV

ALL REQUIRED BY GRADUATION
Adult Portable Chest
Adult Portable Extremity
ERCP
Level 1 or Level 2 Trauma Alert
Pediatric Portable Chest (6 years of age or younger)
Pediatric Portable Extremity (6 years of age or younger)
Portable Hip/Pelvis
Portable KUB or Abdomen – NOT FOR TUBE PLACEMENT
Reduction in Surgery (requiring manipulation to obtain more than one projection)
Surgical C-arm Procedure (requiring manipulation around a sterile field)
Cervical Fusion: C-Arm or CR
Fluoroscopy – C-Arm (Bronchoscopy, port placement, pacemaker, etc.)
Hip Pinning/ TFN (Proximal femur with PA and Lateral projections)
Laminectomy: C-Arm or CR
O-arm
Operative Cholangiogram
Retrograde Pyelography

Remember: All mobile, surgical, fluoroscopic, and repeat procedures must be directly supervised by a registered radiographer.

CATEGORY V

REQUIRED: SKULL+1
REQUIRED
Skull
ADDITIONAL HEADWORK
Facial bones
Mandible
Nasal Bones
Panelette/Orthopantogram
Sinuses
Facial bones
Temporomandibular Joints

- Need to complete all the Required Clinical Competency Evaluations listed above by graduation, plus at least one more from Additional Headwork.
- If unable to obtain all exams by the end of the 6th term, exams will need to be simulated, but DO NOT count towards completed competencies grade.

CATEGORY VI

ALL REQUIRED BY GRADUATION
Cross-Table (Horizontal Beam) Lateral C-Spine
Cross-Table (Horizontal Beam) Lateral L-Spine
Cross-Table (Horizontal Beam) Lateral T-Spine
CT Routine Abdomen/Pelvis
CT Routine Chest
CT Routine Head
CT Routine Neck or Spine
Pediatric Abdomen
Pediatric Chest
Pediatric Lower Extremity
Pediatric Upper Extremity
Trauma Head Work (must include cross table lateral)

TIME SCHEDULE FOR CLINICAL COMPETENCIES

FIRST YEAR STUDENTS

CATEGORY	COMPLETED BY
I	One Week Prior to the End of 3rd Term

SECOND YEAR STUDENTS

CATEGORY	COMPLETED BY
II	One Week Prior to the End of 4th Term
III	One Week Prior to the End of 5th Term
IV, V & VI	One Week Prior to Graduation

ADDITIONAL REQUIRED EXAMINATIONS

The following is a list of the number of required exams each student will need to complete after successfully passing their clinical competency (Test-Out) for each term.

One Week Prior to the end of each term	1	2	3	4	5	6
Chest (PA/Lateral)	5	10	10	10	10	10
KUB/Abdomen	2	5	5	5	5	5
AP Chest (Stretcher or Wheelchair) Not portable		5	10	10	10	10
Upper Extremity		2	5	10	10	10
Lower Extremity		2	5	10	10	10
Hip/Pelvis		1	3	5	5	5
Geriatric Chest		2	2	2	2	5
Geriatric Extremities		1	2	3	3	3
Spines			1	5	5	5
Bony Thorax (Ribs, Sternum, Scapula)				2	2	2
Headwork					1	2
Gastrointestinal					5	5
Genitourinary					5	3
Geriatric Fluoroscopic Procedures					2	5
Portable CXR					5	10
Portable Abdomen					2	5
Portable Extremities					2	5
Portable Hip/Pelvis					2	5
Pediatric CXR					2	2
Pediatric Abdomen					2	2
Pediatric Extremities					2	5
Abdomen (Decubitus)						1
Surgical Procedures						10
Trauma Procedures						3
CT Procedures						3

When completing additional exams listed above, the student must have completed at least one additional of each of the following:

Upper Extremities	Lower Extremities	Spines
Finger	Toe	Cervical Spine
Hand	Foot	Thoracic Spine
Wrist	Ankle	Lumbar Spine
Elbow	Lower Leg	
Humerus	Femur	
Shoulder		
Forearm		
Clavicle		

EXAMPLE OF CLINICAL PRACTICUM GRADING SHEET

Student John Doe

Course CLIN111 - Clinical Practicum II

			Points
20% -	Attendance and Punctuality		
	Total Hours Missed - 21	94 x .20	18.8
50% -	Number of Completed Competencies		
	Total Number of Completed Competencies – 19	92 x .50	46.0
10% -	Clinical Performance Evaluations (CPE)		
	Average CPE Score – 88%	88 x .10	8.8
20% -	Positioning Retention Test and Final Clinical Evaluations		
	Average Score – 95%	95 x .20	19

Total Points	92.6/100
CLN111 %	93%
Clinical Grade	**B+**

Demerits:

2/1 ~ Failure to follow calling-in policy	1
3/5 ~ Improper dress code (2nd Offense)	2
4/2 ~ 6th Tardy in a Term	4
5/6 ~ Violating the "direct/indirect supervision"	4
Total Demerits	11

Final clinical grade - after Demerit adjustment: **F**

(Drop 1 letter grade for every 5 demerits)