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SECTION I: GLOSSARY

Clinical Education, Minor…….. The portion of the educational program conducted in a health care facility that provides the opportunity for students to translate theoretical and practical knowledge into cognitive, psychomotor and affective skills necessary for patient care in the advanced modality. It consists of three advanced clinical practicum courses.

Clinical Experience, Minor…….. The means by which a candidate for an advanced registry examination demonstrates and documents successful performance of a subset of advanced clinical procedures in accordance with ARRT requirements for certification in the advanced modality.

Clinical Notebook, Minor…….. A notebook containing clinical policies, information and forms. The clinical notebook is kept with the student at the clinical site and is used to organize certain paperwork for the semester. The notebook is turned into the Minor Track Instructor at the end of semesters six – eight for a grade.

Clinical Participation, Minor….. A series of three (3) advanced clinical education courses designed to rotate the student through a variety of settings within their advanced modality in a clinical affiliation to develop performance skills.

Clinical Quiz …………………… A quiz given over policy and various radiographic topics. These quizzes are available on line, the honor code applies.

Direct Supervision …………….. All clinical assignments in minor track rotations shall be carried out under the direct supervision of qualified radiographers. The parameters of direct supervision are:

1. A radiographer reviews the request for examination in relation to the student's achievement;
2. A radiographer evaluates the condition of the patient in relation to the student's knowledge;
3. A radiographer is present in the room during the conduct of the exam;
4. A radiographer reviews and approves any images.

e*Value…………………….. The programs online clinical record keeping system. www.e-value.net

Final Clinical Grade…………… The final grade received in clinical. The clinical grade includes an assignment and work ethic grade. It incorporates such qualities as knowledge of discipline, organizational and technical skills, dependability and reliability, industriousness and initiative, rapport with patients and co-workers, professionalism, etc.

Grand Rounds…………………. Morning conferences for the radiology department; covering a variety of imaging topics. Students should attend as directed on their syllabi.

Honor Code ………………….. A pledge by the student to do their own work on all clinical assignments, quizzes, etc. The student also pledges not to falsify records. Breaking the honor code has serious consequences including suspension and expulsion.
No Call No Show (NCNS)….. Failing to contact the clinical site or the Minor Track Instructor when the student will be absent from clinical. Students must contact the appropriate personnel prior to the start of the scheduled shift to avoid grade deductions. Each NCNS results in a letter grade deduction of the clinical grade.

Performance Objectives……. Objectives to be achieved each semester that focus on the actual performance of certain duties. The staff technologists, clinical instructors, and faculty will monitor the successful completion of these objectives. Checklists covering these objectives are on e*Value or distributed to the student.

Practicum………………… The last year of clinical and that portion of clinical education in the student’s minor track. MRI, CT, IR, Women’s Health, Education or Management.

PxDx………………………. A part of e*Value where students document exams, repeats, vital signs, etc.

Radiographic Examination…… A series of images produced with medical imaging techniques to demonstrate anatomical structures.

Recommended Additional Clinical Time… A recommendation by the faculty or clinical personnel that the student participate in additional clinical time to improve their skills.

Record Keeping……………. The accurate completion and organization of clinical documentation in e*Value and the clinical notebook.

Remedial Education …………..The portion of the educational program where the student obtains additional instruction, practice and reevaluation.

Seminars ………………….. Lectures given for continuing education to registered technologists. Seminars are used to familiarize the student with continuing education requirements of the registered technologist.

Simulation ………………….. An examination on a live subject (not a patient) with a simulated exposure.

Student Clinical Evaluations….. Evaluations completed by the technologists and/or faculty with whom the student worked. The student’s performance and affective behavior are evaluated. It is the student’s responsibility to be sure their evaluations have been completed on e*Value by the Clinical Instructor/Supervisor.

Student Evaluation of Clinical……Ongoing online evaluations of the clinical areas by students in the program. They provide students an avenue to provide input regarding their rotations so program faculty can evaluate the educational integrity of the areas. These evaluations are assessed by the Minor Track Instructor and shared with the program faculty and radiology administrators/supervisors of the clinical sites. Positive comments are often shared with the clinical sites. These are completed on e*Value.
Work Ethic...................... An aspect of the final clinical grade that takes into consideration the student’s attendance, tardiness and compliance to dress code policies, etc.

Written Clinical Assignments… Assignments that typically include study questions, case studies, and worksheets.
SECTION II: GENERAL INFORMATION

INTRODUCTION
Students enrolled in the Emory University Medical Imaging Program will be responsible for observing university rules and regulations as stated in the current and any subsequent university catalog and student handbook, in addition to those applicable to their clinical affiliation assignments. Clinical facilities are considered an integral part of the university campus for student clinical assignments.

The rules and regulations stated in this handbook represent a contractual agreement between Emory University and the Medical Imaging student for the duration of the program. Failure to comply with the rules and regulations in this handbook will affect student evaluations and grades and may result in dismissal from the Medical Imaging Program if the student shows no improvement or makes no attempt to correct errors after counseling. If rules and regulations change or are updated, the student will be notified in advance.

PURPOSE
The major goal of a program in Medical Imaging is to enable the student to develop skills that will allow him or her to perform the duties of a Radiologic Technologist successfully. In the case of specialty modalities, a further goal is to enable the student to develop advanced skills to perform the duties of an RT with advanced certification. The first step in this process is the acquisition of knowledge through classroom and laboratory learning experiences. It is then necessary to practice these skills until they are mastered.

Participation in the specialty clinical area is expected to be active, with the student assisting the staff technologist with advanced procedures, then actually performing the procedure under direct supervision by the technologist.

COURSE SYLLABI
Each semester the student will have access to the Clinical Course Syllabus. The syllabus will contain the course description, objectives, requirements, assignments, etc. The Minor Track Instructor or designee will explain the syllabus at each semester.

CLINICAL ASSIGNMENT
Students enrolled in the Emory University Medical Imaging Program and accepted into a specialty minor track will be scheduled and rotated through the various clinical assignments by the Minor Track Instructor in consultation and agreement with the clinical sites. These assignments are in accordance with the Master Plan of Clinical Education. The Master Plan is subject to change due to the addition, consolidation or deletion of clinical education settings but rotations will be as equitable as possible.

Your clinical assignment for the entire semester will be posted and you will be given a copy. The schedule is prepared so that there will be an orderly flow in the department, adequate supervision and an adequate and equal clinical education experience for the students. It is the student’s responsibility to read and abide by all clinical assignment schedules. Failure to do so will affect the student’s personal time and/or grade.

Students may be employed while enrolled in the Medical Imaging Program provided the work does not interfere with regular academic and clinical responsibilities. Due to the amount of time required to be successful in the program it is recommended that the students not work more than twenty hours per week.
PARKING
Students must adhere to these parking requirements:
- Clifton Campus: Parking while at the Clifton Campus sites is through the Emory parking office.
- Egleston: Students may not park at the CHOA parking deck at Egleston; the deck is very congested. Students will use their regular Emory parking facilities.
- Wesley Woods: Students will park in the employee area at Wesley Woods.
- Executive Park: Students will park in the lot at the adjacent 57 building.
- EUH-Midtown: Students will park in the “F” lot using their student ID.
- Resurgens St. Joe: Students will sign out a deck card from Kim Greenberg and return it immediately upon completion of the rotation.

Any site not listed has general parking at the facility that the student may use as directed by the staff.

ROUTINE DAY SHIFT CLINICAL HOURS
Students will work these hours during a typical week: Most specialty clinical rotations will be scheduled Monday – Friday. Some evening and/or weekend shifts may occur. Hours may vary slightly.

SUMMER SEMESTER*:
**8 hours/week (96 hours) – Minor Track Practicum (Days/Times to be announced)

FALL SEMESTER*:
**8 – 12 hours/week – Minor Track Practicum (Days/Times to be announced)
(192 hours)

SPRING SEMESTER*:
**12 – 16 hours/week – Minor Track Practicum (Days/Times to be announced)
(256 hours)

**Practicums may be done as a block of time rather than 8 – 16 hours/week

HOLIDAYS
The Medical Imaging Program observes the following holidays:
- Martin Luther King's Birthday (1 day)
- Memorial Day (1 day)
- July 4th (1 day)
- Labor Day (1 day)
- Thanksgiving (2 days)
- Christmas (2 days)

ATTENDANCE
Medical Imaging students will attend ALL Clinical Assignments as scheduled by the Clinical Faculty. Students will be required to clock in and out of all clinical assignments on e*Value in order to keep an accurate record of clinical attendance and clinical hours. Clock in and out times must reflect the actual time the student arrived and was ready to work. Clocking in on time when you actually arrive late or clocking out on time when you leave early, is considered a falsification of clinical records and is a serious offense. e*Value does track IP addresses.

Clinical instructors or supervisors in special modalities at the site must verify your attendance through e*Value. It is the student’s responsibility to check these records weekly to see that they have been
validated. The clinical faculty member assigned to the site, or your Minor Track Instructor should be notified if there are problems.

In the event that a clinical instructor/supervisor is unavailable to sign the student in or out, students will still clock in/out in e*Value but they should call the minor track instructor from a clinical site phone and leave a message. The faculty member’s name is used for the supervisor in e*Value. The voice mail system will record the time and location of the call. **DO NOT CALL FROM A CELL PHONE.**

When a student fails to follow the procedures for documenting clinical time; clinical time may be lost. See e*Value section on hour tracking policies.

Absences affect the quality of achievement in theory and practical applications. Excessive or unexcused absences will NOT be tolerated. Students that miss ANY specialty clinical time in a semester (with the exception of the student’s final semester in which personal time is granted) will be required to make up that time as scheduled by the Minor Track Instructor. **Unless the clinical time missed is due to a documented extenuating circumstance, the clinical grade will be calculated based on the initial time missed.** Failure to comply with attendance policies will result in clinical probation and possible prevention of registration for the next clinical semester.

- **Absences:** If you will be absent, notify the Minor Track Instructor and the Clinical Instructor or Site Supervisor at your assigned clinical site prior to the scheduled shift to avoid a letter grade reduction. If you become ill while at your clinical assignment or if you need to leave early for some other reason, you must notify the site supervisor and the Minor Track Instructor before you leave. Absences and failure to follow proper notification policies affect the final clinical grade as outlined in Section VI.

- **Tardiness:** If unavoidable circumstances will result in the student being more than thirty minutes late, please call the program office and the supervisor or Clinical Instructor at the clinical site. The student should clock in at the actual time that they arrive. Excessive tardiness will not be tolerated. Tardiness affects the final clinical grade as outlined in Section VI. Students that fail to inform the clinical site and program within a reasonable amount of time that they will be more than 30 minutes late will receive a letter grade drop. Students are expected to be ready to work at the start of the shift, not just arriving to the area. Any time missed due to tardiness must be made up.

- **Lunch:** Lunch schedules will be assigned at the discretion of the clinical supervisor when students are on clinical assignments. Lunch breaks are limited to 45 minutes during full day shifts. There are no lunch breaks during part day rotations. No make-up time is allowed during lunch breaks; students may not forego their lunch in order to leave early. **Students should eat breakfast prior to starting day shifts.**

- **Extended absences:** Any extended absence greater than one week will require written confirmation from a physician of ability to return to full clinical duties. Extended absences due to **severe illness, injury or family emergency** will be looked at on an individual basis by the Program faculty and/or Progress and Promotions Committee, to determine if grade penalties will be incurred or if make up time will be allowed. In the event of an extended absence it may be necessary to make up missed clinical time. Insufficient clinical hours will result in receiving a grade of "Incomplete" for that semester. The "Incomplete" cannot be changed until all clinical hours are completed. If the incomplete is not removed prior to the start of the next semester the student will not be allowed to register for the next clinical course. Extraordinary circumstances
will be reviewed on a case-by-case basis.

- **Full performance of duties**: Students must be able to perform all activities required to be a full functioning radiographer. Therefore, if an illness, injury, condition, etc. prevents the student from performing the required activities, including but not limited to lifting, pushing, pulling, etc., the student may not attend clinical. In order to return to clinical a full release from the student’s doctor is required.

- **Semester break clinical time**: In order to complete required minor track clinical experiences, students may be allowed to attend extra clinical during finals week or the first week of the semester break at the discretion of the program faculty and clinical affiliate. Proper supervision must be available; all clinical policies must be adhered to. Going to a clinical site without the Minor Track Instructor’s (or designee) approval is a supervision violation and will result in a reprimand and no credit for time, assignments or exams completed.

- **Make up time**: Occasionally, students will be allowed to make up time missed due to a documented extended illness or extenuating circumstance such as a funeral, jury duty, acute illness, etc. The student must request make up time in writing and provide documentation. This make up time may only be done over semester breaks and/or at the discretion of the Minor Track Instructor and clinical affiliate. All clinical policies apply. Make up time due to these extenuating circumstances will be applied towards the clinical grade. Going to a clinical site without the Minor Track Instructor’s (or designee) approval is a supervision violation and will result in a reprimand and no credit for time, assignments or exams completed.

- **Volunteer clinical time**: Students are allowed to volunteer at clinical sites on their own time to gain more experience or to gain exposure to different modalities. Students must first get approval from the Clinical Coordinator or Minor Track Instructor, who will in turn contact the clinical site for their approval and to ensure proper supervision will be available. Volunteer clinical time will not be approved if it conflicts with other scheduled student rotations or proper supervision is not available. All clinical policies apply. Failure to attend the scheduled time without an acceptable excuse will lead to forfeiture of future opportunities. Going to a clinical site without the Minor Track Instructor’s (or designee) approval is a supervision violation and will result in a reprimand and no credit for time, assignments or exams completed. Exams done during this time will be applied to the semester that follows.

- **Recommended Additional Clinical Time**: In the event that a faculty member or a clinical instructor feels that a student would benefit from participating in more clinical time, a memo/e-mail will be sent to the program and/or student stating the reason for the additional time. The student may or may not agree with the recommendation; however, students should understand that the additional time recommendation is done for their own benefit. Choosing not to take advantage of the recommendation may be an indication of the student’s desire to be successful. All clinical policies will apply.

- **Religious observances**: The program recognizes that some students may have special needs in the scheduling of clinical duties because of religious beliefs and practices. Therefore students who anticipate conflicts with regularly scheduled clinical rotations must notify the Minor Track Instructor in writing at least 15 calendar days in advance of the conflicting date. The student will be able to make up the clinical time during the semester break or at the discretion of the Minor Track Instructor. The student and Minor Track Instructor will work together to schedule the make up time. All policies apply.
DRESS CODE

The personal appearance and demeanor of Medical Imaging Students at Emory University reflect both the University and Program Standards and are indicative of the student's interest and pride in the profession. The appropriate uniform, as described below, should be worn while on the clinical assignment.

Failure to comply with the dress code may result in the student being dismissed from the clinical setting until proper attire is worn. All clinical time missed due to noncompliance with the dress code will affect the attendance section of the work ethic grade. After one warning, each dress code violation will affect the work ethic grade.
It is also important to give a favorable impression to patients, physicians, and visitors while walking through the clinical sites before or after your shift or when in the department to do assignments, pick up images, etc. Therefore inappropriate attire, such as shorts, blue jeans, midriffs, tank tops, tee shirts with slogans, sandals, etc. should be avoided. Review the hospital and departmental dress code in the back of this section for further clarification.

- **Uniforms**
  
  **Clinical Rotations:**
  Black scrub uniform with required embroidery, **short** white lab coat/jacket (sport coat length) with patch, black or white shoes, white or black socks/hose. Students may wear **plain** (no logos) white or black undershirts or turtlenecks under their uniform tops. Uniforms must be kept clean and pressed at all times. Faculty, clinical instructors and or supervisors reserve the right to deem uniforms inappropriate, send the student home and/or require different uniforms.

  Scrub tops must be embroidered with the preapproved Emory Medical Imaging logos. Uniforms must be purchased through the Emory Bookstore.

  Lab coats are to be worn at **ALL** times when outside of the radiology department, except at Egleston since white lab coats may intimidate the pediatric patient. Students may remove their lab coat while performing procedures in the department, however they should keep it on as much as possible. Students will be supplied with one patch and the student will sew it onto the right sleeve of their lab coat as instructed by the faculty. Students can purchase additional patches at $5.00 each from the clinical coordinator.

  Hospital-purchased surgery uniforms will be worn **only** as required by the clinical site. White lab coats or jackets should be worn over the scrubs when the student is not in the surgery suite. Surgical masks, bonnets, and booties are not to be worn outside of the required area. No student may wear or carry hospital-purchased scrub attire away from the hospital complex.

  If a student is splashed with blood or body fluids, contact the department supervisor so a temporary set of scrubs can be issued. Be sure to inform the program faculty so a dress code violation is not given.

  Shoes should be polished and should be flat; white or black uniform shoes or tennis shoes are acceptable. Tennis shoes should be plain; they should not be adorned with colorful stripes etc. Socks and hose are required and should be in good shape. Open toed shoes are not permitted, clogs are permitted.

- **Name Badge**
  Students must identify themselves to patients and wear an identification name badge in **plain view** while on clinical assignment. The University provides name badges at the beginning of training but the student must purchase replacement badges. Absence of I.D. badges is considered a dress code violation.

- **Radiation Badges (MRI students are exempt)**
  The student must always wear two dosimeters while on clinical assignment. The collar dosimeter should be worn near the neck and outside of the fluoroscopy apron during fluoroscopy procedures. The body dosimeter is to be worn at the waist level along the midline of the body and under the fluoroscopy apron during fluoroscopy procedures. Dosimeters must be changed prior to the 5th working day of each month and must be turned in on time. Late submission will result in the student being assessed a $40.00 late fee. Students will remit this fee to the program. Students will review and initial their dosimetry reports when the reports are received from the radiation safety office.
• **Clinical Notebook**
The student must have the clinical notebook with them during **ALL** clinical rotations to avoid a dress code violation.

• **Jewelry**
For sanitary and safety purposes, jewelry must be kept to a minimum and must be inconspicuous. Earrings must be small and close to the ear lobes. Only two earrings/ear are allowed. Necklaces must be short and should never touch a patient. Only one ring may be worn on each hand. Body piercing that is visible to the customer such as tongue rings, eyebrow rings, nose rings, pierced fingernails etc. may not be worn while on clinical rotations. Ear gauges are not allowed.

• **Hairstyles**
Hairstyles must be simple and kept out of the eyes. Long hair must be worn in a fashion that will never touch the patient. Hair must be neatly groomed and must be a natural looking color. (e.g. black, blonde, brown, red, gray, white.) Extreme hairstyles and unnatural colors are not allowed. If a hair band, hair bow or turban must be worn, it must be kept simple and must be white. Beards and mustaches must be neatly trimmed.

• **Fingernails**
For sanitary purposes fingernails must be short, no longer than 1/4 inch and must be neatly trimmed and clean. Students may NOT wear any fingernail polish or false fingernails of any kind while in clinical. False fingernails are not acceptable when providing direct patient care, performing invasive procedures, or when preparing compounded or infusion solutions. There have been documented outbreaks of infections due to Pseudomonas, Serratia & Yeast due to artificial nails.

• **Cosmetics and Fragrances**
Cosmetics and fragrances may be used only in moderation. Fragrances are not allowed at Children’s Healthcare of Atlanta.

• **Smoking**
Smoking is prohibited inside all medical buildings. Smoking is NOT permitted at many of the campuses. Students that smell of smoke will be sent home by certain facilities. This will affect the student’s personal time, dress code, and their work ethic grade.

• **Tattoos**
All tattoos must be kept covered while on clinical rotations.

• **Cell phones and electronic devices**
Students may carry cell phones but they may **NOT** be turned on while at clinical. Students may only use the cell phones in the event of an emergency or while they are on break or at lunch provided they are in a non-patient/non-workflow area. Cell phones may never be used in restricted areas. Students using cell phones during patient care activities will be reprimanded, given a dress code violation and may be suspended. Students may not take any pictures in the clinical affiliate with their electronic devices, doing so may result in immediate dismissal.

In addition, the use of PDA phones, “smart-phones”, digital music devices, laptop computers, or other similar/comparable device used for communication or internet access (Departmental computers, Treo, Blackberry, iPad, iPhone, iPod Touch, iPod, etc.) are not to be turned on or used while in the clinical setting for personal use. If the student wishes to use any of the devices listed or implied above during the scheduled lunch break, he/she must do so in an area away from patient care or departmental workflow areas.

**Exception:** Students may use their iPods/smart phones for clinical documentation. All sounds must be off. At all other times the devices must be off. These devices are part of the students
uniform so must be with the student at each clinical day. Responding to e-mails, surfing etc while using the devices for clinical documentation is NOT allowed.

- **Text Messaging, Twitter, Facebook, e-mail**
  Students may NOT text message, use Twitter, Facebook or e-mail while in clinical.

- **Code Cards**
  Must be carried with the student during all clinical rotations. (Will be provided by program.)

- **CPR**
  All students must be current in American Heart Association Healthcare Provider CPR. If a student certification lapses during the program they may not go to clinical until it is updated. All attendance penalties will apply.
SECTION III: PROFESSIONAL CONDUCT

The Emory University School of Medicine takes great pride in the development and accomplishments of its students and the practitioners it graduates. It is a combination of academic success and professional development that provides the cornerstone of a fine practitioner. To that end, various safeguards are in place to monitor and access the progress, performance and promotion of students. All conduct standards in the Medical Imaging Program Student Handbook apply to all clinical courses.

Professional conduct is expected from students at all times. Professionalism is an essential component of all clinical evaluations and is a primary factor of success considered by the Program Faculty. Also be aware that certain unprofessional behaviors could make the student ineligible to take the National Registry Exam. Students should review registry policies and the Standard of Ethics at www.arrt.org upon admission to the program.

PROFESSIONAL BEHAVIOR

Medicine is a profession entrusted with the care of patients and hence, students in medical school must conduct themselves in a professional manner. In the belief that medical personnel are called to the highest standards of honor and professional conduct and understanding that this responsibility begins at the inception of one’s medical education rather than upon receipt of a medical degree, the students of the Emory University School of Medicine must uphold the following standards. These standards are intended to promote an atmosphere of honesty, trust, and cooperation among the students, the faculty, the staff, their patients, and society.

STANDARDS OF PROFESSIONALISM

Appropriate behavior includes, but is not in any way limited to honesty, trustworthiness, professional demeanor, respect for the rights of others, personal accountability, and concern for the welfare of patients— all of which are outlined below.

Honesty – Being truthful in communication with others.

Trustworthiness – Being dependable; following through on responsibilities in a timely manner; maintaining the confidentiality of patient information.

Professional Demeanor – Being thoughtful and kind when interacting with patients, their families, other members of the healthcare team, and all others; Striving to maintain composure under pressures of fatigue, professional stress or personal problems; Maintaining a neat and clean appearance and dress in attire that is reasonable and accepted as professional to the patient population served.

Respect for the rights of others – Dealing with staff, and peer members of the health team in a considerate manner and with a spirit of cooperation; Acting with an egalitarian spirit toward all persons encountered in a professional or non-professional setting, regardless of age, race, color, national origin, disability, religion, gender, sexual preference, socioeconomic status, or veteran/Reserve/National Guard status; Respecting the rights of patients and their families to be informed and share in patient care decisions; Respecting patients’ modesty and privacy.

Personal accountability – Participating responsibly in patient care to the best of one’s ability and with appropriate supervision; Undertaking clinical duties and persevering until they are complete; Notifying the responsible person if something interferes with one’s ability to perform clinical tasks effectively; compliance with University Policies and Procedures in an honest and forthright manner.

Concern for the welfare of patients – Treating patients and their families with respect and dignity both in their presence and in discussions with others; Discerning accurately when supervision or advice is needed and seeking these out before acting; Recognizing when one’s ability to function effectively is compromised and asking for relief or help; Not using alcohol or drugs in a way that could compromise patient care or one’s own performance; Not engaging in romantic, sexual, or other nonprofessional
relationships with a patient, even upon the apparent request of a patient.

**EVALUATION OF PROFESSIONAL CONDUCT**

The medical school faculty of Emory University has established standards for determining the ethical fitness of medical students to participate in the medical profession. The evaluation of professionalism, separate to and as part of academic performance, is considered for all medical students during each and every course and clerkship. The Standards of Professionalism are described in the Medical Imaging Program Student Handbook. Some specific examples of professional conduct include:

i.) Concern for the welfare of patients as evidenced by thoughtful and professional attitude in obtaining history and physical examinations; avoidance of foul language, offensive gestures or inappropriate remarks with sexual overtones; treatment of patients with respect and dignity both in their presence and in discussions with peers; manifestation of concern for the total patient.

ii.) Concern for the rights of others, as shown by dealing with professional and staff personnel and with peer members of the health care team in a considerate manner and with a spirit of cooperation; acting with an egalitarian spirit towards all persons regardless of race, color, religion, sex, sexual orientation, national origin, veteran’s status, disability, or age; assuming an appropriate and equitable share of duties among peers.

iii.) Responsibility to duty, which involves: effectively undertaking duties with alacrity [eagerness, enthusiasm and promptness are synonyms] and persevering until complete, or notifying a responsible more senior person of a problem; punctual attendance for class, small groups, rounds, conferences and other clinical duties, or offering appropriate explanation when unable to be present; notifying the Dean’s Office, course directors, and/or supervising house officers of absence or inability to carry out duties; seeing patients regularly and assuming responsibility for their care with appropriate supervision; identifying emergencies and responding appropriately; and being available to faculty or staff personnel when on duty.

iv.) Trustworthiness, exhibited by being truthful and intellectually honest in communications with others; accepting responsibility for meeting multiple demands by establishing proper priorities and by completing work necessary for the optimal care of patients; discerning accurately when supervision or advice is needed before acting; maintaining confidentiality of information concerning patients.

v.) Professional demeanor, which means a neat and clean appearance in attire, that is reasonably acceptable as appearing professional to the patient population;

vi.) Maintaining equilibrium under pressures of fatigue, professional stress, or personal problems; avoiding the effects of alcohol or drugs while on duty.

Unprofessional behavior by a student should be reported to the clinical director, program director, or the Executive Associate Dean, as appropriate. Unprofessional behavior or violations of the code of conduct are addressed as described in the Medical Imaging Program Student Handbook.

**MEDICAL IMAGING PROGRAM SPECIFIC STANDARDS**

In addition to standards developed by the school of medicine, the program has developed specific standards for students in the Medical Imaging Program.

- **Professional Ethics**

All persons who work in a hospital share the responsibility of observing a code of ethics, which requires truthfulness, honesty and personal integrity in all human activities. In general, the following applies to all hospitals, clinics, and students:

1. Doctors alone have the training and legal right to diagnose and treat human illnesses and injuries.
2. All information concerning patient or hospital/clinic business must be held in strict confidence. Students are not to discuss outside the hospital or clinic, or even with other students or employees, any information concerning any patient. Students are expected to maintain patient confidentiality in a professional manner. When patients ask questions concerning their exams, always tell them to consult their physician.
3. Students are not to burden patients or other employees with their own personal problems.
• **Professional Conduct**

The following are some of the rules, which will govern each student's conduct during clinical hours. The purpose of these rules is not to restrict the rights of individuals, but to define and maintain the rights of all individuals.

Discipline for violation of these rules may range from a verbal warning to a written reprimand to dismissal, depending upon the type of violation and the circumstances surrounding the offense.

**All Medical Imaging Students will:**
1. Report to the clinical assignment in an alert condition and remain that way throughout the assignment.
2. Not be in the possession of drugs or liquor, nor engage in their use while on clinical assignment.
3. Not be in the possession of weapons while on clinical assignment.
4. Conduct themselves with respect to common decency and morality.
5. Be present and prompt to all clinical assignments.
6. Report to the clinical assignment in the proper complete uniform.
7. Refrain from chewing gum while on clinical assignment.
8. Smoke only in designated areas.
9. Eat in designated areas only.
10. Conduct themselves professionally while on clinical assignment.
11. Refrain from arguing with the clinical personnel or faculty. Discussion is appropriate but only away from the patients.
12. Use appropriate language when conversing with patients and personnel.
13. Refuse any type of gratuity or "tip" from a patient or patient's family.
14. Conduct personal conversations away from patients.
15. Respect all property.
16. Remain in the designated clinical assignment at all times.
17. Use the clinical affiliation telephone only in the event of an emergency.
18. Accept assignments equal to your abilities and take directions from the Clinical Instructors and supervisors.
20. Sign in and out on the attendance record truthfully.
21. Receive personal visitors only in cases of emergency.
22. Not loiter in the Radiology Department of the clinical affiliate at times not specified for clinical assignment.
23. Refrain from using cell phones or other electronic communication devices in the vicinity of any patient, workflow area, or during any procedure.
24. Only use PACS to view images of patients who are in their direct care or when using images for class assignments as directed by faculty.
25. SMILE!

**VIOLATION OF PROFESSIONAL SUITABILITY**

An unsatisfactory suitability evaluation will result in a counseling session and written documentation of events leading to the student’s unsatisfactory evaluation. A serious offense may result in suspension or dismissal while less serious events may result in a warning, probation, and/or grade reduction.

The following scale has been developed by the Medical Imaging Program to inform the students of violations of conduct standards and probationary practices.

**VIOLATION OF PROFESSIONAL SUITABILITY**

An unsatisfactory suitability evaluation will result in a counseling session and written documentation of events leading to the student’s unsatisfactory evaluation. A serious offense may result in suspension or dismissal while less serious events may result in a warning, probation, and/or grade reduction.
The following scale has been developed by the Medical Imaging Program to inform the students of violations of conduct standards and probationary practices.

<table>
<thead>
<tr>
<th>Violation</th>
<th>Incident Number</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Violation of Supervision</td>
<td>1</td>
<td>Written Reprimand</td>
</tr>
<tr>
<td>Requirements</td>
<td>2</td>
<td>Suspension **</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Dismissal</td>
</tr>
<tr>
<td>2. Unprofessional Demeanor</td>
<td>1</td>
<td>Counseling</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Written Reprimand/Probation</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Suspension **</td>
</tr>
<tr>
<td>4. Excessive Absences *</td>
<td>1</td>
<td>Counseling/Probation/Required make up</td>
</tr>
<tr>
<td>(&gt; 24 hours/semester)</td>
<td>2</td>
<td>Suspension**/ Required make up</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Dismissal</td>
</tr>
<tr>
<td>3. Falsification of Clinical</td>
<td>1</td>
<td>Written Reprimand/Probation</td>
</tr>
<tr>
<td>Records (Depending on Severity)</td>
<td>2</td>
<td>Probation/ Suspension**</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Dismissal</td>
</tr>
<tr>
<td>5. Unauthorized Absences *</td>
<td>1</td>
<td>Written Reprimand</td>
</tr>
<tr>
<td>(NCNS – No Call No Show)</td>
<td>2</td>
<td>Probation</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Suspension**</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Dismissal</td>
</tr>
<tr>
<td>6. Excessive Tardiness *</td>
<td>&gt;3/semester</td>
<td>Counseling</td>
</tr>
<tr>
<td></td>
<td>&gt;3/semester 2x’s in a row</td>
<td>Probation</td>
</tr>
<tr>
<td></td>
<td>&gt;3/semester 3x’s in a row</td>
<td>Dismissal</td>
</tr>
<tr>
<td>7. Dress Code Violation *</td>
<td>1</td>
<td>Warning</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Counseling</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Reprimand</td>
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<tr>
<td></td>
<td>4</td>
<td>Suspension**</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Dismissal</td>
</tr>
<tr>
<td>8. Hygiene Violation</td>
<td>1</td>
<td>Counseling</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Reprimand</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Suspension**</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Dismissal</td>
</tr>
<tr>
<td>9. Cell Phone/Electronic devices/</td>
<td>1</td>
<td>Written Reprimand, Dress Code violation</td>
</tr>
<tr>
<td>Texting *</td>
<td>2</td>
<td>Suspension**, Dress Code violation</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Dismissal</td>
</tr>
<tr>
<td>10. Honor Code Violations</td>
<td>1</td>
<td>Written Reprimand, Probation, Grade penalties</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Suspension**</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Dismissal</td>
</tr>
<tr>
<td>11. Picture taking</td>
<td>1</td>
<td>Reprimand/Possible dismissal/Probation</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Dismissal</td>
</tr>
<tr>
<td>12. PAC’s violation</td>
<td>1</td>
<td>Dismissal</td>
</tr>
</tbody>
</table>

Any serious violation of professional ethics may result in immediate dismissal.

*Realize also that some violations impact the work ethic grade as discussed in section VI.
**Time missed due to suspensions must be made up at the discretion of the Minor Track Instructor. Any suspension will lead to an automatic one letter grade deduction in the clinical course it occurs.

In addition to the previous scale, clinical site supervisors or instructors may send a student home from a clinical site for violation of professional conduct. The following actions should result in an immediate call from the site to the Clinical Coordinator or Program Director.

- Patient safety issues
- Insubordination
- Altered Mental Status
- Under the influence

The first offense for any of the above listed reasons:

- Student’s personal time is used for missed clinical time up to 2 days
  - If the student has no personal time left grade penalties will apply.
- Minor track instructor will place the student at an alternate site before the 3rd clinical day.
  - It may not be possible to send the student to a similar type of clinical site.

Second or subsequent offenses for any of the above listed reasons:

- Alternate clinical site will not be provided.
- Student will miss the remainder of the clinical rotation during which the incident occurred.
- Grade penalties will apply.

Clinical sites may refuse to allow a student to attend clinical at their site if they have violated conduct standards. If this happens it may not be possible for a student to complete the required competencies to graduate.

**ACADEMIC STANDING AND ACADEMIC DISMISSAL**

Students earning a grade of “D” in a clinical course will be required to retake the course in which the “D” was earned. Achievement of a grade of “C” will be required when the course is repeated; however, the initial grade of “D” will remain on the student’s official transcript. Repeating a course means the student will have to interrupt the program of full-time study and graduation will be delayed for one year. During the intervening year, individualized plans of study will be developed jointly by the student and the Program Director.

Achievement of two or more grades of “D” in medical imaging courses will automatically result in exclusion from the program.

Achievement of one grade of “F” or “IF” in any medical imaging course will automatically result in exclusion from the program.

Students experiencing clinical or personal difficulty may withdraw from a course. Withdrawals will only be granted prior to mid-term and a grade of W (withdrawal without penalty) or WF (withdrawal failing) will be assigned as appropriate. Withdrawing from a course means the student will have to interrupt the program of full-time study and graduation will be delayed for one year. During the intervening year, individualized plans of study will be developed jointly by the student and the Program Director.

**GRADE POINT AVERAGE REQUIREMENT**

A 2.0 average must be maintained in each semester to remain in good academic standing and to continue in the program without interruption of full-time status.

A cumulative GPA of at least 2.0 (didactic and clinical) is required for graduation.
CLINICAL PROBATION
Students may be placed on clinical probation for violation of policies, misconduct, absenteeism, or tardiness. Specific requirements for continuation will be looked at on an individual basis and included on the probation form.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

All students will be required to attend HIPAA privacy training before beginning their clinical education. Students will also be required to satisfactorily complete the University HIPAA competency check by the deadline date. Students will be required to sign confidentiality agreements and are subject to all rules, regulations and laws regarding patient privacy.

Our Compliance Pledge
As a member of the Emory Healthcare team, we each pledge to:

- Follow all laws, regulations and EMORY HEALTHCARE policies. The laws, regulations and ethical principles that govern health care are complicated.
- Ask questions if the rules are unclear. If the rules are unclear, ask your supervisor, other management or call the office of compliance programs at 404-778-2757. Keep asking until you get a satisfactory answer.
- Act when you think something is not right. When you think something is not right, discuss the issue with your supervisor. If you are not comfortable doing that, or you are not satisfied with the response, go to higher management in your area. If you still are not comfortable, call the office of compliance programs at 404-778-2757 or the EMORY HEALTHCARE Trust Line at 1-888-550-8850.
- Be a part of the solution if a problem is found. When a problem is identified, EMORY HEALTHCARE needs you to help solve the problem. Immediate and long-term correction is critical to making sure a problem is not repeated.
- Engage in ethical conduct and expect ethical conduct from others. Participate only in those activities of which you are sure you and EMORY HEALTHCARE can be proud.

The following guidelines will help you do the right thing:

- If you know or think something is wrong, don't do it, even if someone is pressuring you.
- If you are concerned about something you are doing or are worried that it might be discovered, stop get advice, report the concern and redirect your actions so that you know you are doing the right thing.
- Students may not look up any patient images unless they are involved in direct patient care or they have received permission from a course instructor for an assignment.
- Students may not look up their own images.
SECTION IV: OBJECTIVES

During clinical rotations students are expected to achieve a variety of objectives. This section explains general and attitudinal objectives that relate to all clinical rotations. Students will find specific objectives for minor track rotations in the advanced clinical practicum syllabi. Prior to all clinical rotations students should review all objectives relevant to the area.

GENERAL
The clinical courses and laboratory experiences are designed to familiarize you with the many aspects of Medical Imaging. Specifically, we desire that you:
1. Acquire expertise and proficiency in a wide variety of diagnostic radiographic procedures by applying classroom theory to the actual practice of technical skills on specified levels of competency.
2. Develop and practice professional work habits and appropriate interpersonal relationships with patients and other members of the health care team.
3. Acquire a broad knowledge of anatomy and physiology.
4. Learn the principles and proper operation of many types of imaging equipment and accessories.
5. Learn to properly evaluate the requisition, identify the patient, and demonstrate proper patient care in preparing the patient for his exam.
6. Follow proper procedures to maintain the room in a clean, tidy and well-supplied manner.
7. Learn the correct method of positioning.
9. Learn nursing procedures and sterile techniques pertinent to radiology.
10. Acquire a basic background in computer operations, office procedures and department administration.
11. Participate in continuing education activities.
12. Become proficient in digital imaging techniques including PACS.
13. Learn the appropriate response to emergencies by familiarizing themselves with the location of the crash carts, notification systems and phone numbers.
15. Evaluate images.
16. Provide proper clinical documentation for all work.

ATTITUDINAL
These objectives reflect desired behavior patterns, attitudes, beliefs, values and tendencies to act in a prescribed manner. They are relative to any and all assignments.
1. The student will conduct him/herself in a professional manner at all times.
2. The student will be properly groomed, adhering strictly to the dress code as outlined in the student handbook.
3. The student will practice good communication skills in their interactions with patients and department, clinical, and hospital personnel.
4. The student will act and respond to patients and staff in a responsible manner.
5. The students' attitude will be one of concern, cooperation and interest in their relationship with the patient and the staff with which they are working.
6. The student will organize their work so that the exam is expedited efficiently with maximum patient care and minimum patient discomfort.
7. The student will be punctual and will notify the appropriate personnel when there is a possibility of being late.
8. It is very important in the field of imaging to be able to anticipate situations that may arise in the department and be able to cope in a professional and responsible manner.
9. The student will accept personal responsibility.
10. The student will follow the proper procedures to register a grievance. Problems in clinic will be addressed to the clinical faculty. Problems related to the school will be submitted to the educational coordinator. Remember that the faculty is always available and open to communication with the students.
SECTION V: CLINICAL EDUCATION MASTER PLAN

Students will rotate through areas of their chosen field of expertise
  CT – Computed Tomography
  IR – Interventional Radiology
  MRI – Magnetic Resonance Imaging
  Women’s Health – Mammography and Bone Density

TOTAL MINOR TRACK PRACTICUM CLINICAL HOURS:
  Approximately 544 hours MRI, CT, IR, and WH

The student will be assigned to a clinical site or several clinical sites for a period of time each semester. The student will receive a specific rotation schedule each semester with specific dates.

Students may not rotate through the exact clinical sites or for the exact amount of time as other students; however, all students will rotate through areas where they will receive comparable clinical experiences.
SECTION VI: MINOR TRACK CLINICAL GRADING SYSTEM

Each semester the specialty clinical grade is comprised of a work ethic grade and the satisfactory completion of assignments. Each student begins with a grade of A.

- **Work Ethic and Attendance grading scale**

  Any time missed during your minor track clinical assignment during the first two semesters must be made up. During the final semester students may take up to 10 hours of personal time. (subject to change.) The scheduling of make-up time is typically during finals week and is made at the discretion of the Minor Track Instructor. Missed clinical time will be excused, at the discretion of the Minor Track Instructor, if supporting documentation is provided, i.e., doctor's note, legal notice, or if sent home by a Clinical Instructor due to illness. This documentation must be presented to the Minor track instructor within 1 week following the absence. No grade penalty will be incurred for excused clinical absences. Missed clinical time will be unexcused if supporting documentation is not provided or is not acceptable; this is at the discretion of the Minor Track Instructor.

  A grade penalty will be incurred for unexcused clinical absences. In the 3rd semester this is above the 10 hours of personal time.

  - Up to 8 hours = 1 letter grade deduction
  - 8.1 – 12 hours = 2 letter grade deduction
  - 12.1 – 16 hours = 3 letter grade deduction
  - > 16 hours = failure of clinical course

  Grade penalties will be issued for tardiness. You are considered tardy if between 1 and 60 minutes late for your clinical assignment. If more than 60 minutes late without an acceptable excuse, the time will count toward unexcused clinical absence (see requirements above). Tardies greater than 60 minutes due to extenuating circumstances may be excused and made up at the discretion of the Minor Track Instructor. Tardies not made up will count toward absences and during Spring semester will be deducted from personal time.

  - 1 tardy = Time must be made up the same day as long as patient flow permits without a grade penalty.
  - 2 – 3 tardies = 1 letter grade deduction and time must be made up the same day as long as patient flow permits.
  - 4 – 5 tardies = 2 letter grade deduction and time must be made up the same day as long as patient flow permits.
  - 6 – 7 = 3 letter grade deduction and time must be made up the same day as long as patient flow permits.
  - > 7 tardies = failure of clinical course

  *Dress code violation, No call late, Failure to follow the schedule*

  - 0 – 1 = no penalty
  - 2 – 3 = 1 letter grade deduction
  - 4 – 5 = 2 letter grade deduction
  - 6 – 7 = 3 letter grade deduction
  - Greater than 7 = F

  Leaving the clinical site without permission or No Call No Show

  1 letter grade deduction/occurrence

- **Assignments:** Clinical assignments are explained on the semester syllabus.

  - **Assignment grading scale**
    - 88 or better = No letter grade deduction
    - 78 – 87 = 1 letter grade deduction
    - 73 – 77 = Two letter grade deduction
SECTION VII: PROTECTION POLICIES

ACCIDENTS
All accidents that occur while on Clinical Assignment resulting in patient, hospital personnel, or personal injury and/or damage to equipment must be reported immediately to the Clinical Supervisor and Program Director. An accident (INCIDENT) report must be filed at the site if the incident so warrants.

Students should report to Student Health for minor injuries but should report to an Emergency Room if the injury is serious. For after hours care, call Student Health at 404-727-7551 and follow the instructions given. The student will be responsible for all fees.

1. For serious injuries call applicable emergency number or go straight to the emergency room.
2. For minor injuries call Student Health immediately 404-727-7551 and follow their instructions.
3. For exposure to infectious diseases follow the procedure outlined below.
4. Some sites will have the student seen by employee health.
5. Students will fill out an incident report/STARS report as instructed by supervisor. Students are generally considered visitors, not employees.

All injuries, accidents, needle sticks etc., must be reported to the Program Director and Clinical Coordinator as soon as possible.

INFECTION CONTROL POLICY
Students will not be permitted to participate in the care of any patient infected with Ebola or similar diseases.

Any needle sticks, contact with blood/body fluids, exposure to TB or other infectious diseases must be reported to the supervisor at the clinical site, the Program Director and Student Health (404-727-7551). The following protocol applies:

Needle-Sticks and Other Blood/Body Fluid Exposures
1. Always observe Standard Precautions (Universal Precautions).
2. If you have an exposure to blood or other body fluids (e.g., needle stick, cut), immediately clean the wound with soap and water.
3. Exposed oral and nasal mucosa should be decontaminated by vigorously flushing with water. Exposed eyes should be irrigated with clean water or sterile saline. Eyewash facilities can be accessed quickly in the emergency department for each hospital.
4. Follow the protocol of the hospital in which the incident occurred to the fullest including all follow-up (through the hospital’s Employee Health Service). It is especially important that you report your exposure to the hospital’s Employee Health Service as soon as possible so that a timely evaluation can be performed. Additionally, your exposure may guide future preventive efforts (e.g., education, training, selection of devices). If prophylactic medications are indicated, it is recommended they be initiated as soon as possible after the exposure, ideally within two hours.
5. If you are uncertain of the procedures for reporting and obtaining care at the facility where your exposure occurred, call the Woodruff Health Sciences (WHSC) Needlestick Hotline for assistance at 404-727-4736.
6. Acute serology should be drawn to establish one’s baseline antibody titers to hepatitis B virus (if you have not previously been determined to be HBsAb positive [immune to Hepatitis B]) and, if
indicated, to HIV and/or Hepatitis C Virus [HCV] (if the source patient is HIV-positive or HCV-positive).

7. Depending on the results of one’s serology and the baseline serology of the patient (from which the incident occurred), you may need follow-up serologies as per the hospital protocol where the injury occurred.

8. If the source patient is HIV-infected, the administration of post-exposure prophylaxis (PEP or “prophylactic” antiretroviral medications) to decrease the risk of patient-to-health care worker transmission should be strongly considered. Medications may be initiated pending results of HIV serology on the source patient. If used, these medications should be taken as soon as possible after the needlestick injury. The hospitals have protocols and will counsel you and give advice as needed. PEP regimens are complicated; therefore be sure that the individual who manages your exposure consults with the Hospital Epidemiologist (see list below). **Again, call the WHSC Needlestick Hotline 404-727-4736 if you have any questions about management of the needlestick or other occupational exposure.**

9. The following list of specific areas and/or individuals should be contacted at the facility in which the exposure occurs:

**EMORY UNIVERSITY HOSPITAL - MIDTOWN:**
Daytime hours, Monday thru Friday (7 am to 4 pm):
Employee Health Service— 404-686-2352

After hours, and on weekends: Page Administrative Nursing Supervisor (PIC#11917)

Dr. Jesse Jacob, Division of Infectious Diseases
Office: 404-686-1564; Pager: 404-686-5500, ID# 16623; Home: 404-876-4717
If you are unable to reach any of the above individuals, **call the WHSC Needlestick Hotline 404-727-4736.**

**EMORY UNIVERSITY HOSPITAL**
Daytime hours, Monday thru Friday (7 am to 4 pm):
Employee Occupational Health Services, HB 53 Emory Hospital 404-686-8587

After hours and on weekends: Page Administrative Nursing Supervisor (PIC#13087)

Emergency Room 404-712-7100

Dr. Bruce Ribner, Hospital Epidemiologist, Emory University Hospital and Emory Division of Infectious Diseases Office: 404-727-1580; Pager: 404-686-5500, PIC# 15326; Home: 404-417 0225

If you are unable to reach any of the above individuals, **call the WHSC Needlestick Hotline 404-727-4736.**

**CHILDREN’S HEALTHCARE OF ATLANTA (EGLESTON OR SCOTTISH RITE)**
Daytime hours, Monday thru Friday:
Employee Health, Digital Pager 1-800-682-4549 or Needlestick Hotline (ext 4444 at Egleston and ext 824444 at Scottish Rite)

After hours and on weekends: same as above.

Dr. Harry Keyserling, Pediatric Infectious Diseases
If you are unable to contact any of the above individuals, call the WHSC Needlestick Hotline 404-727-4736.

10. Any of the following physicians may be contacted for assistance and additional advice, but the injury should first be reported as outlined in #9, above, for immediate help.

Harry Keyserling, M.D., Egleston Hospital, 404-727-5642
Bruce Ribner, M.D., M.P.H. Emory University Hospital, 404-727-1580
J. William Eley, M.D., M.P.H., Medical School Administration, 404-712-9979
Jesse Jacob, M.D., Emory University Hospital, 404-686-1564

11. The cost of the follow-up and necessary medications may be borne by Emory University Affiliated Hospitals or may need to be submitted through the student’s health insurance. Any uncovered costs will be covered through the Office of Medical Education & Student Affairs if the following procedures are followed.

12. IMPORTANT: For medical students, initial evaluation of the exposure should be as above. Following this initial evaluation, all incidents and follow-up for exposures occurring at a hospital should be reported within 4 days to the Director of the Office of Medical Education & Student Affairs, Margo Kuisis, or her designee in the Office of Medical Education and Student Affairs at Emory University (404-727-5655 or margo.kuisis@emory.edu), i.e., incident report and follow-up plans.

PPD Conversions
PPD tuberculin skin tests will be performed every year (at a minimum) or at the time of exposure for medical students in their third and fourth years. Those with PPD conversions will be referred to an appropriate physician in the University Health Service for follow-up. Expense of drugs, x-rays, and laboratory testing will be covered as long as protocol (stated earlier in this document) is followed.

Guidelines on Students Infected with HIV/Hepatitis B/Hepatitis C
Emory University School of Medicine requires any student who is infected with Human Immune Deficiency Virus (HIV), Hepatitis B virus “e” antigen positive, or Hepatitis C virus to notify the Executive Associate Dean for Medical Education and Student Affairs of his/her positive status so that the School may help to define any limitations necessary on clinical rotations and make such accommodations as may be reasonable to permit the student’s continued matriculation.

The Executive Associate Dean for Medical Education and Student Affairs, or his/her designee, will make recommendations on a case-by-case basis, utilizing the best currently available scientific knowledge and any established recommendations from the U.S. Centers for Disease Control and Prevention and other applicable governmental guidelines regarding what, if any, limitations need to be applied to clinical activity. In conducting this evaluation and making such recommendations, the Executive Associate Dean will consult with the student, the student’s personal physician and others, including faculty of the School of Medicine, as determined appropriate to assist in this individualized judgment. Within the parameters of existing law the student’s confidentiality will be maintained during this process.

Reasonable efforts to assist the student in completing the requirements for their degree will be made by the School of Medicine. In addition, the student will be offered counseling concerning the options for the future selection of a career pathway in the profession of medicine.
More Specific Guidelines on Students Infected with Blood-Borne Pathogens

1. Students should be allowed to complete the degree if at all possible with an effort by all to maintain confidentiality to the degree that it is possible.

2. In such instances, the clinical Department Chairs need not be notified of the name of an individual student involved or the type of blood-borne pathogen involved. However, the Clerkship Director for the Departments of Surgery, Obstetrics/Gynecology, Emergency Medicine and any other Clerkship Directors (if indicated) will be informed of the name of the individual student so that any special assignments can be made if indicated. If the student is Hepatitis B “e”-antigen positive, the Clerkship Director will be given that data.

3. Students will be carefully counseled concerning their potential risk to patients and their risk to themselves. They will be instructed to be punctilious in the use of universal precautions and up-to-date hospital infection control techniques. They will be referred to appropriate physician caregivers for optimal follow-up and therapy.

4. The student will also be counseled carefully about future career plans based on current medical and legal data.

5. Invasive procedures considered as potential risks for Health Care Workers-to-Patient transmission by the Centers for Disease Control and Prevention will be strictly avoided by students who are Hepatitis B “e”-antigen positive. Students with other known blood-borne pathogens will be advised on a case-by-case basis. In general, because of their lack of experience, students with HIV or HCV infections will be advised like HBV-infected students. Recommended practices include double gloving and not performing any procedures that have been previously identified as associated with a risk of provider-to-patient HBV transmission.

6. The student will be allowed to withdraw without penalty from any clinical setting that the student feels might present a risk for infectivity.

7. HIV-positive students should undergo screening for Tuberculosis every six to twelve months and receive pneumococcal vaccine, annual influenza vaccine, and other appropriate preventive immunizations.

8. The student’s condition will be re-evaluated at least annually by the Dean to determine if any additional limitations are indicated. The student’s viral load, CD4 count and clinical status as well as the regimen of anti-retroviral therapy that is being employed can be useful in assisting in any decision making by the medical school if the student will allow the Executive Associate Dean to discuss the results with his/her health care provider.

Students who fail to show a response to Hepatitis B vaccination by serologic means will be counseled to see a physician to determine their Hepatitis B antigen status and to see if they are Hepatitis B “e”-antigen positive. If they are “e”-antigen positive, they will be encouraged to report this finding to the Office of the Executive Associate Dean, Medical Education & Student Affairs and then to be followed as per protocol.

LABORATORY SAFETY POLICY

Students will be required to participate in laboratory procedures throughout the course of study. To insure the safety of all students, the following laboratory rules must be followed. Failure to comply may result in disciplinary action.

1. Laboratory use is restricted to only those students enrolled in the Medical Imaging Program who have completed a laboratory orientation session.

2. Laboratory use is restricted to educational assignments only.

3. The laboratory will be open during regular program business hours. A faculty member must be present in the program office, lab or classroom while the students are in the laboratory.

4. Students will not allow non medical imaging program individuals in the lab.
5. General safety rules (use of electrical equipment, hazardous materials precautions, etc.) must be followed when utilizing the laboratory.
6. The door entering the laboratory must be closed during a radiographic exposure.
7. Warm-up procedures must be completed before any experiment or practice exposures are made.
   a. Three exposures of 80 kVp, 200 mA, 1 second, large focal spot.
8. All persons must go into the control area or darkroom with the door closed during a radiographic exposure.
9. All students must wear radiation-monitoring devices during all labs requiring an exposure.
10. Only phantoms or non-living objects may be used as subjects when actually performing an experiment or practice examination. X-raying live subjects in the lab or for lab experiments will result in expulsion from the program.
11. Care must be taken in the handling of phantoms. They are heavy and very expensive. Students must report any damage to the program faculty. Failure to do so may result in immediate dismissal.
12. Phantoms may only be used in the laboratory, they may not be checked out for use in other areas except during Imaging Equipment class. The students must check out the equipment from the course instructor and return them the same day.
13. Care must be taken in the handling of all other equipment and supplies.
14. All items must be returned to their designated place in the laboratory after use.
15. Students are responsible for the proper use of the processor.
   a. Water and power will be turned on to use.
   b. Water and power will be turned off after use.
   c. The lid to the processor will be propped open when the processor is off.
   d. Chemistry will be changed when needed.
   e. Feed tray is washed off.
   f. Crossover rollers cleaned DAILY by the last student using the lab.
16. Student radiographs must either be submitted to the appropriate faculty member or placed in the reject film container.
17. The laboratory must be kept neat and clean. Students are responsible for maintaining the laboratory when performing experiments or practice procedures.
   a. Cassettes shall be refilled and returned to the cassette credenza in the control area.
   b. The film bin shall be kept full and organized.
   c. Trash shall be discarded in an appropriate trash container.
   d. Safelights and overhead lights shall be turned off or unplugged when leaving the lab.
   e. After use, the table and upright bucky will be cleaned with antiseptic solution.
18. Any non-functioning equipment must be reported to a faculty member as soon as possible.

*These rules apply to all radiographic rooms that are used for any lab assignments.

**PREGNANCY POLICY**

**Disclosure of pregnancy is voluntary. Students are not required to declare pregnancy.**

The National Council on Radiation Protection (NCRP) recommends a total dose equivalent limit (excluding medical exposure) of 0.5 rem (5 mSv) for the embryo-fetus. Once a pregnancy becomes known, exposure of the embryo-fetus shall be no greater than 0.05 rem (0.5 mSv) in any month (excluding medical exposure).

For purposes of radiation protection, it is **recommended** by the National Council on Radiation Protection (NCRP) that persons involved in the use of ionizing radiation notify program officials immediately if pregnancy is suspected. It is possible to limit occupational exposure to less than 0.5 rem per entire
gestation period and prevent exceeding embryo-fetal dose equivalent limits through personnel monitoring, proper radiation safety instruction, and adherence to all radiation safety policies. In accordance with the NRC recommendations, the Medical Imaging Program at Emory University requests any student who suspects a pregnancy to notify the program faculty immediately.

As soon as a student confirms that she is pregnant, it is recommended that she notify the program faculty. Should the student choose to declare her pregnancy, she must do so, in writing, to the Radiation Safety Officer and submit documentation from her physician verifying her pregnancy and the expected delivery date. The Radiation Safety Officer will review the student's past exposure history, determine if radiation restrictions should be applied and counsel the student. A copy of the document "Guide for Instruction Concerning Prenatal Radiation Exposure" will be given to the individual as required by the State of Georgia, NRC, and OSHA. The student will sign documentation that this information has been received.

Following a declaration of pregnancy and counseling by the Radiation Safety Officer, the student must notify the program faculty, in writing, within ten working days of her decision on one of the following options:

1. Termination of enrollment in the program.
2. Withdrawal from the program for a period of one year after completion of the current semester with routine assignments in fluoroscopy, portables, surgery, and special procedures. The Radiation Safety Officer will issue a monthly fetal monitor for the individual to wear in addition to her regular dosimeters.*
3. Withdrawal from the program for a period of one year after completion of the current semester with limited assignments in fluoroscopy, portables, surgery, and special procedures. The Radiation Safety Officer will issue a monthly fetal monitor for the individual to wear in addition to her regular dosimeters.*
4. Withdrawal from the program for a period of one year without completion of the current semester.*
5. Deceleration to part-time status with withdrawal from clinical course work.*
6. Continuation of full-time status with reassignment of rotations** (as requested by the student) coordinated with the Minor Track Instructor. The Radiation Safety Officer will issue a monthly fetal monitor for the individual to wear in addition to her regular dosimeters.***
7. Continuation of full-time status without reassignment of rotations. All clinical and didactic duties and assignments must be performed as usual. The Radiation Safety Officer will issue a monthly fetal monitor for the individual to wear in addition to her regular dosimeters.

If a student chooses to withdraw from the program for one year, she must notify the program director of her intention to return to the program. Readmission will be based on space availability and the student's previous academic standing. It is understood that, upon her return, all clinical competencies and clinical rotations missed must be completed.

Withdrawal from the program for greater than one year will require the student to reapply in accordance with standard admissions procedures.

The student may revoke the Declaration of Pregnancy at any time if she believes that it is in her best interest to do so, and the lower dose limit for the embryo/fetus would no longer apply.

This policy is printed in the Clinical Handbook, discussed with all applicants prior to acceptance into the program, and reviewed with the entire class upon enrollment in the program. All prospective students are required to sign a form indicating their knowledge and understanding of this policy. This form is kept on file with the students' applications.
* Options 2-5 automatically extend the program of study by one full year.
** The program will make every effort to reassign the student as requested; however, the student must realize that reassignment may not be possible.
*** Option 6 may extend the program of study.

RADIATION MONITORING

In order to insure proper precautions against radiation accidents, all staff members and students are provided with dosimeters for radiation monitoring. It is recommended that the body badge be worn at the waist level along the midline of the body. The collar badge should be worn near the neck and outside of the fluoroscopy apron during fluoroscopy procedures.

Students must always wear dosimeters while on clinical assignment and when making an exposure in the lab. Dosimeters are changed around the 5th working day of each month and should be brought to the program office for exchange.

To further insure radiation safety practices, all radiography students will go through an annual radiation safety update.

RADIATION PROTECTION POLICY

The goal of radiation protection is to limit the probability of radiation induced diseases in persons exposed to radiation and in their descendants to a degree that is acceptable in relation to the benefits from the activities that involve such exposure (NCRP Report No. 107). Each student is required to exercise sound radiation practices at all times to insure safe working conditions for physicians, staff, faculty, other students and patients. Failure to comply with the Radiation Safety Standards may be grounds for disciplinary action or dismissal from the Program.

RADIATION SAFETY STANDARDS

1. Personnel Monitoring Devices: Personnel monitoring devices must be worn by all students assigned in a radiation area as specified below and/or in such instances as deemed necessary by the Radiation Safety Officer.

   A. Dosimeters shall be worn when:
      1. An individual enters or works in a radiation area where he or she may receive a dose in any calendar quarter more than 10% of the dose limits specified in 10CFR20, "Standards for Protection Against Radiation."
      2. Working with any apparatus (x-ray machine) capable of producing or emitting ionizing radiation. This includes equipment both in the laboratory as well as the clinical sites.

   B. Personnel Dosimeters:
      1. Two dosimeters shall be worn by all students who use fluoroscopy. The body badge should be worn on the inside of the lead apron and the collar badge should be worn on the outside of the lead apron.
      2. All dosimeters are to be obtained from the Program faculty at the beginning of each month. Dosimeters must be returned to the Radiation Safety Officer by the tenth day of each month and it is the student’s responsibility to exchange the dosimeters by this date.
Repeated failure to turn in both dosimeters by the required date may result in disciplinary action and the assessment of a late fee ($40 - subject to change).

3. Dosimeters will be processed on a scheduled monthly basis. The handling and processing of dosimeters is the responsibility of the Radiation Safety Officer. In the event that an overexposure is suspected, it is the responsibility of the student to notify Program faculty and the Radiation Safety Officer.

4. Permanent records of dosimeter readings will be maintained by the Radiation Safety Officer. The Program will keep exposure records for each student during their tenure in the program. All students will be required to initial dosimeter reports on a monthly basis. Students may request access to their records at any time. Should any student receive more than 50 mR in any month, the student will be counseled immediately regarding radiation protection practices. An annual report of exposure will also be provided to each student by the Radiation Safety Officer.

5. Lost or damaged dosimeters must be reported immediately to the Program faculty. A replacement dosimeter will be obtained from the Radiation Safety Officer as soon as possible. Students who repeatedly lose or damage their dosimeters will be assessed a fee for each dosimeter damaged or lost.

2. Protective Apparel: The following guidelines must be followed regarding the use of protective apparel.

A. Only persons who are necessary to the success of the examination may be present during radiographic exposures. These persons must wear lead aprons of at least 0.5 mm lead equivalence. All others must leave the room or move well within the confines of the control room.

B. A lead apron must be worn and a thyroid shield is recommended for students assisting the physician during fluoroscopic procedures.

C. Lead aprons and shields are to be placed on the appropriate apron racks after the procedure is completed. Lead aprons should not be folded.

D. Reproductive organ shielding should be used whenever possible for all patients undergoing examinations, as long as the clinical objectives of the examination are not compromised.

3. Pregnancy:

A. Patients

1. All women within childbearing age will be questioned as to the possibility of pregnancy and the last menstrual date.

2. Students will notify the supervising technologist and physician of pertinent information and will follow the protocol of the clinical site in documenting the information.

B. Students

1. Students will operate in accordance with the Medical Imaging Program Pregnancy Policy.

4. Miscellaneous:

A. The useful x-ray beam shall be limited to what is necessary for the examination being performed and shall in no instance exceed the dimensions of the image receptor. Evidence of proper collimation and/or shielding should appear on all radiographs.

B. The cumulative radiation timer is to be reset at the beginning of each fluoroscopic procedure. Thereafter, it will be reset only after it has completely run out of time and the audible signal has sounded.

C. Students should never take exposures on another student in the lab or clinical site.

D. Students must perform all procedures under direct supervision until competency has been achieved.
E. Students must perform all repeat images under the direct supervision of a registered radiographer.

F. A minimum of indirect supervision is required on all procedures the student has proven competency on.

5. **Exposure Limits:**
   A. Students must not exceed state and federal guidelines for radiation exposure.
   B. Students should operate according to ALARA guidelines in order to minimize exposure.

**CLINICAL ORIENTATION**

All students will orient themselves to the department the first day of their clinical rotation. Students will do this by reviewing the information on the Clinical Orientation checklist.

**SAFETY POLICIES – MISCELLANEOUS**

Students are required to adhere to all safety policies of the clinical education settings and the program facility. Safety training is discussed and evaluated in didactic classes and during orientation.

In addition, students will be required to know emergency codes, phone numbers, crash cart locations, fire extinguisher locations, fire alarm locations, and evacuation routes. Students will carry code cards on their person in clinical at all times. These will be initially provided by the program. Students must be prepared for emergencies.

Students will also hold current certification in Healthcare Provider CPR during the duration of the program. Students must provide a copy of their card before they will be allowed to begin clinical. All students will be responsible for re-certifying before their expiration date. Students whose certification expires may not attend clinical.

Students will be tested on safety policies throughout the program of study.

**TRANSPORTATION POLICY**

Transporting patients is an important task expected of all allied health professionals including radiographers. It requires acquired knowledge and skills. As such, it is a task in which students can and should be expected to participate in. Students may be expected to transport patients by all the various means such as wheelchair and stretcher. However, patient transportation should not dominate students’ daily clinical activities. Students are expected to employ proper body mechanics and standard precautions. Students must be familiar with the emergency procedures and phone numbers of the facility in the event an emergency situation arises during transport.

Until a student demonstrates the proper techniques and skills required to safely transport patients by the various modes of transportation (wheelchair, stretcher, etc) and general knowledge of the facility, all patient transportation shall be carried out under the direct supervision of qualified registered radiographer (R.T.ARRT), registered nurse (RN), or other qualified healthcare professional. In addition students **MUST** be directly supervised and assisted in transporting all ICU patients and patients on a respirator.

Once a student has demonstrated the skills and knowledge necessary, they may transport patients without direct supervision provided a technologist, nurse, or other qualified healthcare professional has reviewed the patient’s status and mode of transportation with the student and determined such transport is within the student’s abilities. Under no circumstances is a student to transport an ICU patient or an intubated patient without supervision and assistance. Students may transport patients on oxygen and with infusion
pumps. However, should an infusion pump alarm during transport the student should be able to contact a nurse or other responsible individual for immediate assistance.

**VENIPUNCTURE AND CONTRAST ADMINISTRATION**

The ASRT considers contrast administration and venipuncture within the radiologic technologist’s scope of practice “with appropriate clinical and didactic education where state statutes and/or institutional policy permit.” During the course of their minor clinical track rotations, CT and MRI students will be expected to develop these skills under the direct supervision of an RT, RN or MA for venipuncture and an RT for contrast administration, in accordance with institution policies. The student will, under direct supervision:

1. Independently complete routine peripheral IV insertion.
2. Demonstrate the ability to select the appropriate contrast medium per clinical site protocol.
3. Demonstrate the ability to draw up the dosage necessary per clinical site protocol.
4. Properly prepare and operate the power injector for intravenous contrast administration.

Students are required to complete the following:

A. Venipuncture Packet
B. Power Injector Check List

**SECTION VIII: E*VALUE**

Students are required to keep track of most of their clinical records on e*Value. [www.e-value.net](http://www.e-value.net)

Students (not required of RT-BMSc students) will purchase the iPod/iPhone app. “e*Value PxDx Case Logger” prior to the e*Value training day. Records can also be tracked via the web.

- Hour Tracking
- Student Clinical Evaluations
- Evaluations of the Clinical Sites
- Checklists
- Others may be added

Note that not all of the above requirements are applicable to minor track rotations.

The faculty members will provide training prior to the first rotations. Students also have access to training screen shots on Blackboard.

**Time Tracking – E*Value:** Students will keep track of their clinical time by clocking in and out using “Time Tracking” when in clinical. See example on the following page. You may use your iPods/Smart phone to access e*Value at sites with WIFI or you may use some of the site computers. Always ask first.

- Students who arrive late or leave clinical early must sign in or out at those times. Falsification of records is a serious offense and can result in dismissal from the program.
- Students should not leave any clinical site early without letting the program faculty know in advance. You must inform both the faculty member and the site if you are leaving early. Leaving without informing the program faculty or No Call No Show equals a 1 letter grade deduction/occurrence.

**I. Clock in and out:** Students will go into e*Value at the beginning and end of the shift at all sites and document their hours. (Some Resurgens sites are different: see section II) Students must log time records correctly for time to count.
1. Once you arrive at the site: Go to Time Tracking: Click on Clock in/Out 2.0
2. Enter task (Clinical Hours) (other tasks are available and will only be used occasionally)
3. Select the course: MI 261a Clinical Clerkship I – Fall I, etc.
4. Select the site: EUH, EUHM, TEC, EJCH, EP, etc.
5. Select the name of the instructor that signed you in.
   - If no one from the list is available, call the Clinical faculty member assigned to your site from the site phone, leave a message and put them down as supervisor.
   - The voice mail system will document the time and the location of the call.
   - **DO NOT CALL FROM YOUR CELL PHONE** as proper documentation will not exist.
   - If you called a faculty member in the morning you MUST call them to sign out in the afternoon.
   - At EUHM always put down Selena Banks Dickerson and sign in/out in their book.
6. Click on Clock in
   - When using your smart device always go to your browser to check the calendar under Time Tracking Clock in/out 2.0 to be sure you are clocked in and out. Do this every time!
7. At the end of the day:
   - Leave all the information as it was in the morning
   - If a different person signs you out at the end of the shift, enter the name of that person in the **comment section**.
     - If you called a faculty member in the morning; you must call them in the afternoon.
   - Click clock out before you leave the department.
   - After clocking out go to Time tracking calendar or Time tracking – Reports – verification and confirm that your time is correct for the day; if not contact the faculty member assigned to your site immediately.
8. Students must check on validation weekly, anything outstanding after 2 weeks may not count.
(Time Tracking - reports- verification) If you are having difficulty contact the faculty member assigned to your site.
II. Assignments: Students must complete various assignments while in their minor track clinical rotations (three semesters). These include such things as sterile procedures, pressure injector operation, peripheral pulse checks, use of ultrasound equipment, evaluation of pertinent patient lab values, care of tubes, catheters, and drains, etc.

1. Go to PxDx – Add New (Exhibit A)
   a. Fill in all areas with asterisks (if the clinical site doesn’t show up, click on the marshmallow with the green arrow)
   b. Ensure the correct Activity, Site, and Supervisor are selected
   c. Hit Next

2. Select “Minor Track – IR Procedures” under Group (Exhibit B, choose your minor track procedures as appropriate)
   a. Select the appropriate procedure under Procedure
   b. Select Role – Performed
   c. Hit Add
   d. Save Record

3. Records logged incorrectly will not count.

EXHIBIT A
III. Evaluations: Clinical Instructors (CI) will complete an on each minor track student
Approximately two weeks prior to the completion of the student’s rotation in the minor track, the Minor
Track Instructor will assign a student evaluation to a clinical instructor working with that student.
   a. The CI will go into e*Value with their password.
   b. Evaluations – To Be Completed (Exhibit C)
   c. Choose Edit Evaluation
   d. They will fill out the form and hit Submit. (Exhibit D)
      i. Students must view the evaluation by going to Evaluations – Reports (Exhibits E – G)
EXHIBIT D – EVALUATION FORM

EXHIBIT E – Evaluation Reports
Click Evaluations – Student Reports – About Students

EXHIBIT F – Evaluation Reports continued
Click Next

EXHIBIT G – Evaluation Reports continued
Click on View Evaluation; the completed evaluation form will display.

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<th>Link</th>
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<td>CC I Performance Objective Checklist - Hospital Rotation</td>
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<td>MLO 30: Clinical Clerkship</td>
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