Radiologic Technology
Program Handbook

Louisiana State University Eunice

June 2023

TABLE OF CONTENTS

CLINICAL EDUCATION PLAN

APPENDICES

SIGNED DOCUMENTS (A-E)

PROGRAM FORMS AND ADDITIONAL INFORMATION

CAMPUS POLICIES

CLINICAL SAMPLE DOCUMENTS

WELCOME

Welcome to Louisiana State University Eunice Radiologic Technology Program!

This handbook is prepared for use by students enrolled in the Associate of Science in Radiologic Technology Program and contains information specific to Radiologic Science Education at Louisiana State University Eunice. For general LSUE policies, see the LSUE General Catalog. The information contained within this handbook is not intended to be wholly independent, but instead, a complement to the LSUE General Catalog as well as the LSUE Student Handbook maintained and published by Louisiana State University Eunice.

The purpose of this handbook is to provide guidelines to aid the student through the program. In order to accomplish this, it is important that the student knows and understands exactly what is expected and understands the policies.

The information in this Handbook is subject to change due to changing circumstances; the policies as written may be modified, superseded, or eliminated. You will be notified of such changes from program faculty. Should the student need further clarification or have additional questions, he or she should contact the Program Director.

PROGRAM FACULTY

Program Director: A. Sonnier,MSRS RT.(R) ..... (337) 550-1275 asonnier@lsue.edu

Clinical Coordinator: M. Rodriguez, MHA, (CT), (BD), RT (R).....(337) 550-1340

Clinical Instructors:
A. Green, BA,RT (MR) (R) ---------- (337) 550-1274
R. Leeson, BS, RT (R)---------- (337) 457-6150
G. Williams, MBA, RT R)---------- (337) 550-1279

Division of Health Sciences, Business Technology, Public Protection and Safety

Dean for Health Science & Business Technology:
……(337) 550-1312

Clinical Facilitator :
..... (337) 550-1357

:
.....(337) 550-1311

CLINICAL EDUCATION SETTINGS

Opelousas General Health System …….. (337) 948-5127
Mercy Regional Medical Center …….. (337) 363-9485
Acadian Medical Center …….. (337) 580-7850
Our Lady of Lourdes Regional Medical Center ..... (337) 470-2011
OLOL Women's & Children's Hospital …….. (337) 470-5725
Iberia Medical Center…….. (337) 374-7166
Ochsner University Hospital & Clinics …….. (337) 261-6767
Ochsner Lafayette General Medical Center…….. (337) 289-7985
Ochsner Lafayette General Orthopdic Hospital…….. (337) 98ф-стол
Ochsner Lafayette General Orthopedic Hospital 3rd Floor…….. (337) 703-3233
Ochsner Lafayette General Imaging…….. (337) 289-8226
Ochsner Acadia General Hospital ---------- (337) 783-6584
Iberia Medical Center North Campus---------- (337) 376-5728
Our Lady of Lourdes Imaging ---------- (337) 470-7525
OLOL Heart Hospital---------- (337) 470-1607

PROGRAM MISSION

MISSION

The LSU Eunice Radiologic Technology Program is committed to providing a qualitative, comprehensive, and diverse education that enables students to become entry-level radiographers.

PHILOSOPHY

The Radiologic Technology Program at LSU Eunice is committed to the principle that individuals should have the opportunity to develop themselves through education commensurate with their capabilities and interests. The program strives to provide educational experiences, both clinical and didactic, which meet our students' diversified learning styles, needs, and goals.

VISION

The Radiologic Technology Program faculty members are committed in providing students with the highest quality of education with the most efficient use of the university resources. The program provides students with the opportunity to develop the skills necessary to become knowledgeable and competent in the field of radiography. The faculty provides guidance and feedback throughout the two-year enrollment to enhance the educational experience for the students. This enables the students to develop, mature, and reach their potential as radiographers.

GOALS AND OUTCOMES

GOAL 1. Students will be clinically competent.

Student Learning Outcomes:
- Students will apply positioning skills.
- Students will select technical factors.
- Students will utilize radiation protection.

GOAL 2. Students will demonstrate communication skills.

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

GOAL 3. Students will develop critical thinking skills.

Student Learning Outcomes:
- Students will adapt standard procedures for non-routine patients.
- Students will critique images to determine diagnostic quality.

GOAL 4. Students will model professionalism.

Student Learning Outcomes:
- Students will demonstrate professional conduct.
- Students will comprehend professional ethics.

PROGRAM AFFILIATIONS

Accreditation

The LSUE Radiologic Technology Program is accredited and evaluated by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The Joint Review Committee on Education in Radiologic Technology (JRCERT) promotes excellence in education and elevates the quality and safety of patient care through the accreditation of educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry.

The JRCERT is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT Standards incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the Standards as they are key factors for CHEA recognition.

There are established standards a program must be in compliance with to achieve accreditation. The Standards for an Accredited Educational Program in Radiologic Sciences (JRCERT, 2021) are as follows:

Standard One: The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Standard Two: The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Standard Three: The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Standard Four: The program's curriculum and academic practices prepare students for professional practice.

Standard Five: The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Standard Six: The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Students have the right to report program infractions of the STANDARDS to the JRCERT. (See Program Complaint Resolution Policy)

The Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive Suite 2850
Chicago, Illinois 60606-3182
312-704-5300
mail@jrcert.org

The Medical Radiation Health and Safety Act No. 485 requires that all persons in hospitals and clinics using radioactive materials or equipment emitting or detecting ionizing radiation on humans for diagnostic or therapeutic purposes is to be licensed by the state of Louisiana.

Students enrolled and attending a Board approved school of Radiologic Technology, who apply ionizing radiation to humans for necessary diagnostic or therapeutic purposes while under the supervision of a licensed practitioner or licensed Radiologic Technologist at the approved clinical affiliate of the sponsoring institution, are exempt from the licensure requirements. Students are exempt only for clinical hours required by the program. Students are not allowed to work in the capacity of a radiologic technologist at any hospital or clinic.

From the time you graduate from the program until your registry results are sent to the Louisiana State Radiology Technology Board of Education (LSRTBE), you will be able to work under a temporary permit. The temporary permits are issued one time and one time only.

The Program Director provides the application during March of the final semester. It is the student's responsibility to complete the application process, obtain the Program Director's signature, and submit the application with appropriate fees. The examination for State Licensure is the examination given by the ARRT. Graduates must allow the ARRT to release their examination results to the LSRTBE

Successful completion of the American Registry of Radiologic Technologists' (ARRT) examination in radiography and payment of a licensure fee will enable you to work at a hospital in the state.

An unsuccessful attempt of the American Registry of Radiologic Technologists examination will cancel any temporary permit issued by the LSRTBE; therefore, you will not be able to work at a hospital in the state until a passing score on the ARRT exam is reported to the LSRTBE. Graduates may then reapply for examination, but a license will not be issued by the State until all qualifications and requirements of successful completion of the ARRT examination have been met.

Questions regarding this matter should be forwarded to the Louisiana State Radiologic Technology Board of Examiners (LSRTBE) at (504) 838-5231.

Revised 5/20

American Society of Radiologic Technologists

ASRT Mission

The mission of the American Society of Radiologic Technologists is to advance and elevate the medical imaging and radiation therapy profession and to enhance the quality and safety of patient care.

ASRT Vision

The American Society of Radiologic Technologists will be the premier professional association for the medical imaging and radiation therapy community through education, advocacy, research and innovation.

ASRT Core Values

- **Commitment.**
  We share a common purpose and give our personal best to transform ASRT's vision into reality.
- **Leadership.**
  We guide and inspire internal and external stakeholders to achieve ASRT's mission and vision.
- **Integrity.**
  We practice transparency by telling the truth, obeying the law, acting ethically, fulfilling expectations and keeping promises we make.
- **Creativity.**
  We are adaptable and flexible to new possibilities and discoveries, and we provide an environment that encourages creative solutions.
- **Accountability.**
  Each of us stands responsible for achieving targeted outcomes, cost effectiveness and improved performance in all that we do.

ASRT
15000 Central Ave. SE
Albuquerque, NM 87123-3909
(505) 298-4500

www.asrt.org

Louisiana Society of Radiologic Technologists

The purpose of the LSRT shall be to advance the professions of radiation and imaging specialties, to maintain high standards of education, to enhance the quality of patient care, and to further the welfare and socioeconomics of Radiologic Technologists. In order to maintain high levels of ethical conduct, the LSRT adopts the Code of Ethics established by the American Society of Radiologic Technologists (ASRT) and the American Registry of Radiologic Technologists (ARRT).

(318)-235-6194

www.lsrt.net

PROGRAM ADMISSION

Requirements for Admission

Admission to the Radiologic Technology degree program is on a selective basis. Selection recommendations are made by the Division of Health Sciences and Business Technology Selection and Public Protection and Safety Committee to the Division Dean. The number of students selected each year will depend upon several factors, including the financial, personnel, and other resources available to the Radiologic Technology program. Students must meet the following minimum criteria to be considered for selection to the program:

- Meet the general admission requirements of the university.
- Complete the prerequisite courses with a grade point average of 2.50 or higher.
- Must have a minimum grade of "C" in all prerequisite courses.
- Have an overall grade point average of 2.00 or higher in all college work attempted.
- Submit to the Division of Health Sciences and Business Technology and Public Protection and Safety a completed Radiologic Technology Selection Application Form accompanied by all required documents. These materials must be received no later than March 1 of the year for which selection is being sought. Applications will be available by the end of January.
- Attend a scheduled orientation session during the month of April. Meeting the minimum criteria does not guarantee admission into the Radiologic Technology program. Eligible applicants will be considered on a competitive basis. Selection decisions for the Summer class are made at the conclusion of the prior Spring semester.

Selection

The Division of Health Sciences and Business Technology and Public Protection and Safety will admit classes in the Radiologic Technology degree program in the summer session of each year. Selection decisions will normally be made and communicated to students by the first week in June. Students not selected during the selection process and who seek admission in a subsequent class must resubmit the entire application and will remain subject to the eligibility requirements specified. Career counseling is available to students through the Office of Student Success Services. Students applying for selection will be required to complete the prerequisite courses listed below:

Courses Number	Description	Sem. Hrs.
Allied Health 1013	Medical Terminology	2
Radiologic Technology 1000	Introduction to Radiologic Technology	1
Mathematics 1015, 1020 (5 cr.), or 1021	Applied College Algebra or College Algebra	3
Biology 1160	Human Anatomy	3
Biology 1161	Human Anatomy Laboratory	1
English 1001	English Composition	3
Psychology 2070	Developmental Psychology of the Life Span	3
Physics 1001 or 2001	Principles of Physics or General Physics	3
Biology 2160	Human Physiology	3
Biology 2161	Human Physiology Laboratory	1

Prerequisite Total: 23

Criteria for Selection

The Selection Committee will consider relevant aspects of each applicant's credentials. Required prerequisite courses taken during the Spring semester are considered in the selection process. The following variables will be considered during selection:

- Completion of 23 hours of required prerequisite courses with a grade point average of 2.50 or higher.
- Allied Health Examination Score. (HESI)
- Overall academic record and cumulative GPA.
- Licensure/certification in a health care profession or a previously earned degree.
- Work experience in a health care profession.
- Number of hours completed at LSU Eunice.
- Number of prerequisite courses repeated.

Special Provisions and Requirements

In addition to meeting all other curricular requirements, Radiologic Technology students must:

(1) Meet immunization and physical examination requirements.
(2) Submit a completed Radiologic Technology program health form.
(3) Submit a negative drug screen report.
(4) Complete forms and submit fee for Level 1 criminal background investigations required by healthcare facilities.
(5) Maintain CPR Certification (CPR for the Health Care Provider) for the duration of the program.
(6) Assume responsibility for providing their own transportation to and from clinical agencies
(7) Continue to provide negative random urine drug screen.
(8) Submit all documents requested by the LSU Eunice Radiologic Technology program by the announced due dates of the first summer semester. Failure to submit requested documents by the due dates will prohibit continuance in the program.

Health information, background checks, initial drug screens, and random drug screens will be managed by the student through a secure on-line information management service for a fee that will be paid by the student. Students entering Radiologic Technology are advised that the American Registry of Radiologic Technologists (ARRT) requires every candidate for certification to "be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics," and they must "agree to comply with the ARRT Rules and Regulations and the ARRT Standards of Ethics." Issues addressed by the Rules Ethics include convictions, criminal procedures, or military court martials as described below:

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

Minor traffic citations involving drugs or alcohol must be reported. However, juvenile convictions processed in juvenile court do not need to be reported.

Additionally, candidates for certification are required to disclose whether they have ever had any license, registration, or certification subjected to discipline by a regulatory authority or certification board (other than ARRT). Primary pathway candidates must indicate any honor code violations that may have occurred while they attended school. Candidates becoming certified through the primary pathway may complete a preapplication to determine their ethics eligibility prior to enrolling in or during their educational program.

The Louisiana State Radiologic Technology Board of Examiners (LSRTBE) requires essentially the same documentation as the ARRT at the time of the credential application process once successfully reaching the last semester of the Radiologic Technology program. The LSRTBE will issue a temporary state permit for practice in the field of radiography, which during that time, allows a three-month window for the graduates of the program to take and pass the ARRT Board exam. Once the candidate's scores are received by the LSRTBE, a state license will be issued to replace the temporary permit for practice.

Revised 12/21

Background Check Policy

The Clinical Education Settings in which students of the Nursing & Allied Health programs attend require a background check upon entering their facilities. The data collected will only remain with the service provider. The Program Director, Clinical Coordinator, and a designated representative of Human Resources from each clinical education setting will have access to this information. Payment of the background check for the clinical students will be conducted upon entry into the program. Any criminal conviction which is found during the background investigation, that may deem a student unsuitable for clinical rotations, will be considered on a case-by-case basis. Additional information regarding the conviction may be required in order to make an informed decision.

Note: Background checks conducted by licensing agencies (i.e. ARRT and LSRTBE) are performed upon completion of the program. They are included with the fees of the respected applications.

Revised

5/20

Expenses

These values are APPROXIMATE. Please check with the University Bookstore and uniform shops since prices are subject to change. THIS LIST DOES NOT INCLUDE CAMPUS REGISTRATION OR CAMPUS PARKING DECALS.

First Year		**Second Year**	
Textbooks (List Price)	$560.00	Textbooks (List Price)	$470
RADT 1001	-	RADT 2091 –	
RADT 1091	-	RADT 2031 -	
RADT 1011	-	RADT 2033	
RADT 1021	-	RADT 2036	
RADT 1092	-	RADT 2092	
RADT 1012	-	RADT 2038 RADT	200.00
RADT 1022	-	2093	
RADT 1093	-	Exam Soft	122.00
Pre-Check	145.50	Drug Test	36.00
R/L Markers (2 pair)	38.00	LA Temp. License LA	10.00
Uniforms (est.)	250.00	License Fee	100.00
Shoes (est.)	85.00	ARRT Exam Fee	225.00
Patches (3)	15.00	Diploma Fee	45.00
Rad TechBootCamp	190.00	~~Cap & Gown~~	52.00
Trajecsys	$150.00	Picture Fee	43.00
Exam Soft	$122.00		
Revised 8/19, 12/21	Total $1555.50	Total	$ 1303.00

03/22

For help, contact the LSU Eunice Financial Aid Office, toll free statewide, 1-888-FOR-LSUE [1-888-367-5783], ext 282, or locally (337) 550-1282. For scholarship information, contact the Office of Student Affairs and Enrollment Services, ext 218, or (337) 550-1218.
Students should also visit the following website for complete financial aid information.
https://www.lsue.edu/financialaid/index.php

Retention/Progression Guidelines

Acceptance into the LSU Eunice Radiologic Technology program entitles the student to progress through the Radiologic Technology curriculum with the class to which the student is admitted. In order to be retained and progress in the radiologic technology clinical sequence, a student must:

1. Maintain an LSU Eunice and overall GPA of 2.00 or higher.

2. Maintain a GPA of 2.00 or higher in all required Radiologic Technology courses.

3. Complete all Radiologic Technology courses with a grade of "C" or better. The grading scale for all Radiologic Technology courses is: A 100-93; B 92-85; C 84-77; D 76-65; F 65-0.

4. Maintain current CPR certification (CPR for Health Care Providers) and annual TB testing.

5. Maintain health/immunization requirements.

Failure to successfully complete any Radiologic Technology course (excluding RADT 1000), for either academic or other reasons, will require that the student apply for readmission to the Radiologic Technology program if the student wishes to continue in the program. A student repeating a Radiologic Technology course must concurrently re-enroll in the co-requisite Radiologic Technology courses. Re-enrolling in a corequisite course in which the student had previously received a passing grade will not be counted as repeated Radiologic Technology course hours for the dismissal policy. The most recent grade earned will be the grade for the course. The purpose for requiring re-enrollment in co-requisite courses is to assure that Radiologic Technology students receive the most current health care information.

Revised 5/14

Reviewed 3/19

Requirements for Readmission

Any student in the Radiologic Technology Program whose enrollment is interrupted, either voluntarily or by compulsion, or who fails to earn a grade of "C" in a required Radiologic Technology course after the first successfully completed summer semester, may be considered for reentry to the program provided that the student is in good academic standing as defined in the "University Regulations" section of the LSU Eunice catalog. If any student receives a grade of "D", "F", "W", or "NC" for the first (summer) semester, the student would have to apply through the regular selection process.

Students wishing to reenter the LSU Eunice Radiologic Technology program must submit an application for reentry along with a written request to the Division of Health Sciences and Business Technology by July 15, for the fall semester; December 1, for the spring semester; and May 1, for the summer semester. A student will be considered for reentry only when there is clear evidence of potential to complete the requirements of the Radiologic Technology curriculum. In reviewing such requests, areas such as overall GPA, previous performance in didactic and clinical Radiologic Technology courses, skills re-validation, and grades earned in the behavioral, biological, and physical sciences may be considered. Submitting a request for re-entry does not guarantee acceptance into the Radiologic Technology program.

A student requesting re-entry into a radiography course must do so the next time the course is offered. If allowed to re-enter the student would begin in the semester he or she did not pass successfully. If not accepted, the student may request re-entry once more when the course is offered again (2 years from the first time the student enrolled in the course). After two (2) attempts, the student will not be considered again for re-entry into the radiography course. Therefore, the student would be required to apply for selection into the program. The overall resources available to the Radiologic Technology program will also be a consideration in readmission decisions. The decision of each applicant's status will be decided by a committee consisting of the following:

- Radiologic Technology Program Faculty members (permanent)
- Division Dean, Health Sciences, Business Technology, Public Protection and Safety ex officio

Under no circumstances will a student be considered for readmission when the student has earned more than one "D", "F", "W", or "NC" in a required Radiologic Technology course. Nor, will a student be allowed to re-enter the program if he or she was dismissed from a clinical setting.

Revised 2/16 Reviewed 3/19

Degree Requirements

In addition to fulfilling the "General Degree Requirements" specified in this catalog for all associate degree candidates, Radiologic Technology students must complete all required Radiologic Technology courses and general education courses with a grade of "C" or better. The last grade earned in a "repeated" course will be considered the grade of record for purposes of applying these requirements. Graduates of the program are awarded the Degree of Associate of Science in Radiologic Technology. After successful completion of this curriculum, the graduate will be eligible to sit for the national certification examination administered by the American Registry of Radiologic Technologists (ARRT).

Current CPR Certification (CPR for Health Care Providers or CPR for the Professional Rescuer from the American Heart Association) is a prerequisite for all radiologic technology courses.

Prerequisites

- ALLH 1013 - Medical Terminology Cr.: 2
- RADT 1000 - Introduction to Radiologic Technology Cr.: 1
- MATH 1015 (CMAT 1203) - Applied College Algebra Cr.: 3

  or MATH 1020 (CMAT 1213) - College Algebra Cr.: 5

  or MATH 1021 (CMAT 1213) - College Algebra Cr.: 3
- BIOL 1160 - Human Anatomy Cr.: 3
- BIOL 1061 - Human Anatomy Laboratory Cr.: 1
- ENGL 1001 (CENL 1013) - English Composition Cr.: 3
- PSYC 2070 (CPSY 2113) - Developmental Psychology of the Life Span Cr.: 3
- PHYS 1001 (CPHY 1013) - Principles of Physics Cr.: 3

  or PHYS 2001 (CPHY 2113) - General Physics Cr.: 3
- BIOL 2160 - Human Physiology Cr.: 3
- BIOL 2161 - Human Physiology Laboratory Cr.: 1

Total: 23

First Year

Summer Session

- RADT 1001 - Patient Care and Education Cr.: 2
- RADT 1091 - Applied Imaging I Cr.: 2

Total: 4

Fall Semester

- ENGL 1002 (CENL 1023) - English Composition Cr.: 3
- RADT 1011 - Imaging and Equipment Cr.: 3
- RADT 1021 - Imaging Procedures I Cr.: 5

• RADT 1092 - Applied Imaging II Cr.: 4

Total: 15

Spring Semester

• General Education mathematics course above the level of college algebra Cr.: 3

• RADT 1012 - Image Acquisition and Evaluation Cr.: 3

• RADT 1022 - Imaging Procedures II Cr.: 5

• RADT 1093 - Applied Imaging III Cr.: 4

Total: 15

Second Year

Summer Session

• RADT 2091 - Applied Imaging IV Cr.: 5

Total: 5

Fall Semester

• RADT 2031 - Advanced Imaging Procedures Cr.: 2

• RADT 2033 - Radiobiology and Radiation Protection Cr.: 2

• RADT 2092 - Applied Imaging V Cr.: 8

• General Education Fine Arts Elective Cr.: 3

Total: 15

Spring Semester

• RADT 2036 - Radiographic Pathology Cr.: 2

• RADT 2038 - Registry Review Cr.: 2

• RADT 2093 - Applied Imaging VI Cr.: 8

• General Education Humanities Elective Cr.: 3

Total: 15

Total Credit Hours: 92

- General Education: 35
- Radiologic Technology: 57

Revised 4/21

2+2 Agreement: Upon completion of the Associate of Science in Radiologic Technology, students meet the qualifications to participate in the 2+2 program established between LSU Eunice and Northwestern State University. For more information about this program, please consult with an LSU Eunice academic advisor and check out the following website: radiologicsciences.nsula.edu/rt-to-bsrs/

Revised 2/18 Reviewed 3/19

Grading Scale

Program Core Courses	General Education Courses
A= 93 - 100	A= 90-100
B= 85 - 92	B= 89-80
C= 77 - 84	C= 79-70
D= 65 - 76	D= 69-60
F= below 65	F= below 60

Dismissal

Students may be dismissed from a Radiologic Technology course and/or the Radiologic Technology program for any of the following reasons:

1. Earning a grade of “D”, “F”, “NC,” or “W” in a Radiologic Technology course.
2. Unsafe behaviors during clinical experiences.
3. Performance of unethical or illegal behaviors during clinical experiences.
4. Failure to comply with clinical agency policies and regulations.
5. A deliberate attempt to cover up any error or negligent performance during clinical experiences.
6. Cheating or plagiarism (see LSU Eunice’s Code of Student Conduct located in the Student Handbook).
7. Violation of the LSU Eunice Code of Student Conduct.
8. A positive report on any drug screen.
9. Failure to agree and abide by the Program’s Ethics and Confidentiality Policy.
10. Failure to follow the guidelines of the Program's Professional Conduct Policy.
11. Asked not to return by ANY of the assigned clinical settings where clinical experience is being achieved.
12. Committing a breach in the Radiologic Technology program policy on the conduct of social media usage.
13. Breech of patient or agency confidentiality by inappropriate management of information in any form.

The LSU Eunice faculty reserves the right to recommend termination of a Radiologic Technology student when health and/or personal conduct requires such action. If the student challenges the decision of being terminated from the program, he or she may challenge the due process at the Division level. (Refer to the Grievance Policy). Note: Students dismissed from the program are not allowed re-entry.

Revised 8/19, 8/21

LSUE EUNICE

DIVISION OF HEALTH SCIENCES AND BUSINESS TECHNOLOGY
RADIOLOGIC TECHNOLOGY PROGRAM

TECHNICAL PERFORMANCE STANDARDS

Radiography is a practice discipline with cognitive, sensory, affective, and psychomotor performance requirements. Based on those requirements, a list of "Technical Performance Standards" has been developed. Each standard has an example of an activity or activities that a potential student will be required to perform while enrolled in the radiography program. These standards are a part of each Radiography course and of a radiographer's professional role expectation.

PERFORMANCE	STANDARD	ESSENTIAL ACTIVITIES/TASKS (NOT ALL INCLUSIVE)
Critical Thinking	Critical thinking ability sufficient for safe clinical judgment.	• Identify cause-effect relationships in clinical situations. • Utilize patient assessment techniques to develop or alter radiographic procedures. • Interpret and carry-out written and verbal communication often in stressful, chaotic situations. • Prioritize tasks and make appropriate decisions related to situations. • Apply information in classroom to clinical setting, adapting to patient's needs.
Interpersonal Behavioral and Social Skills	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	• Establish rapport and maintain professional boundaries in relationships with patients, families, and colleagues. • Willingness to resolve conflict and to respond to feedback in a professional manner. • Function effectively under stress. • Adapt to changing environments (flexible schedules, emergency conditions, etc.). • Display compassion, professionalism, empathy, integrity, concern for others, interest, and motivation.
Communication	Communication abilities sufficient for interaction with others in verbal and written form.	• Effectively communicate in English with patients, families, and health care colleagues. • Explain radiographic procedures, initiate health teaching, document and interpret radiographic technology actions and patient/client resources. • Demonstrate ability to communicate orally concerning patients. • Read the patient's health record and/or physician orders. • Legibly write patient history. • Document own actions and patient responses as indicated.
Mobility/Dexterity	Ability sufficient to assist patients to move from room to room and surface to surface, move/ maneuver in small spaces, and provide safe and effective patient care in a timely fashion.	• Assist all patients with transfers to/from a variety of surfaces and provide proper positioning for the patient independently and safely. • Be able to push, pull, and lift 50 pounds independently. • Push a stretcher, wheelchair, or other transportation devices without injury to self, patient, or others with and without assistance. • Move a portable x-ray machine from one location to another, including turning corners, getting on and off elevators, and manipulating it in a patient's room unassisted.
Motor Skills	Fine and gross motor abilities sufficient to provide safe and effective care in a timely fashion.	• Manually move and position radiographic equipment with ease. • Maintain sterile technique when performing various procedures. • Perform various procedures requiring the use of hand and eye coordination. • Properly utilize radiographic supplies. • Demonstrate method for setting proper exposure factors. • Demonstrate endurance by standing for long periods (6-8 hours) of time wearing a lead apron and walking a distance of 3 miles.

LSUE EUNICE

DIVISION OF HEALTH SCIENCES AND BUSINESS TECHNOLOGY
RADIOLOGIC TECHNOLOGY PROGRAM

PERFORMANCE	STANDARD	ESSENTIAL ACTIVITIES/TASKS (NOT ALL INCLUSIVE)
Hearing	Auditory ability sufficient to monitor and assess patient's health needs.	• Detect and respond independently to monitoring alarms, signs of patient's distress and/or a patient's communication of distress. • Use the telephone to schedule exams, relay exam results and answer questions from other clinicians. • Must be able to respond to audible paging systems independently. • Respond independently to questions and instructions from other healthcare providers; in close proximity as well as at a distance of 20 feet, with and without the presence of extraneous noises. • Respond to verbal communication from patients and/or clinicians while the person is wearing an oxygen mask or a surgical face mask.
Visual	Visual ability sufficient for observation and assessment necessary in the operation of equipment and for safe patient care.	• Detect x-ray collimation light field and radiation field center independently. • Perceive and respond independently to warning signals from team members and/or patients of impending danger or emergency, i.e. a change in an individual's appearance, and/or an individual's physical communication of distress. • View controls, letters, numbers etc., of varying size, located on radiographic equipment and supplies independently. • View radiographic images, on a computer screen, and evaluate for quality acceptances standards independently.
Tactile	Tactile ability sufficient for patient assessment.	• Perform palpation, tactile assessment, and manipulation of body parts to insure proper body placement and alignment for radiographic procedures.
Mental	Mental ability sufficient for patient care, assessment, and operation of equipment.	• Be able to visually concentrate and focus attention, thoughts, efforts, and behavior on patients and equipment for varying periods of time. • Be able to respond to patients' changing physical conditions independently.
Emotional Behavioral	Emotional stability and appropriate behavior sufficient to assume responsibility/accountability for actions.	• Conduct themselves in a composed, respectful manner in all situations and with all persons • Work with teams and workgroups • Establish and maintain therapeutic boundaries • Demonstrate emotional skills to remain calm and maintain professional decorum in an emergency/stressful situation
Professional Attitudes and Interpersonal skills	Present professional appearance and demeanor; demonstrate ability to communicate with patients, supervisors, coworkers to achieve a positive and safe work environment. Follow instructions and safety protocols Honesty and integrity beyond reproach	• Demonstrate prompt and safe completion of all patient care responsibilities • Adapt rapidly to changing environment/stress • Exhibit ethical behaviors and exercise good judgment
Physical Endurance	Physical stamina to remain on task for up to 8 hours while standing, sitting, moving, lifting, and bending to perform patient care.	• Walk/stand for extended periods of time; turn, position, and transfer patients. • Manually resuscitate patients in emergency situations

Students accepted into the Radiologic Technology Program must be physically capable of successfully performing these standards related to the occupation safely, accurately and expeditiously. Students enrolled in the program who must seek medical attention must have a release stating that they are able to perform technical standards in the clinical setting.

Americans with Disabilities Act Statement

LSUE abides by Section 504 of the Rehabilitation Act of 1973, which stipulates that no student shall be denied the benefits of an education "solely by reason of a handicap." Disabilities covered by law include, but are not limited to, learning disabilities, psychological disabilities, health impairments, hearing, and sight or mobility impairments. Please contact the Office of Disability Services if a student's disability significantly impacts cognitive or physical abilities. The office provides "reasonable" accommodations for enrolled students with disabilities. Services are determined on the individual need of each student, their identified functional limitations that are a manifestation of their disability, and professional assessments and/or diagnosis. To register for accommodations, contact the Office of Disability Services, at ods@lsue.edu, Library Room 105, 550-1206, www.lsue.edu/ods.

Temporary Disabilities and Pregnancy:

A temporary disability is defined as one which is not permanent. It may be due to a broken bone, a recent surgery, non-permanent injury, pregnancy, etc. Accommodations for a temporary disability are made on a case-by-case basis and are based upon professional medical documentation provided by the student. Students with a temporary disability should contact Office of Disability Services (ODS) as soon as possible to make the request and be considered for accommodations.

ELIGIBILITY FOR SERVICES

A student is eligible for accommodations if they:

➢ Are qualified for the program

➢ Are a person with a disability

➢ Have self-identified to the University through the Office of Disability Services

➢ Have presented appropriate documentation regarding the disability to the University as required by the Office of Disability Services as a request for accommodations.

In order to receive accommodations, the student must submit a request, and provide documentation, which substantiates the functional limitations of their cognitive and/or physical abilities that impacts an academic environment. Once accommodations are determined, the student must:

➢ Step 1: Complete an Accommodated Service Application and Accommodated Service Agreement form each semester with: Office of Disability Services. Contact the Office of

Disability Services, Cassie Jobe-Ganucheau or Mary Kate Colligan, ods@lsue.edu, Library Room 105, 550-1380, www.lsue.edu/ods. (All forms are available via www.lsue.edu/ods).

➢ Step 2: Accommodations for otherwise qualified students with disabilities do not take effect until the student has completed registration with Disability Services and has provided the instructors with Accommodations Letters. The student must provide instructors with notice of three business days before use of accommodation(s).

**Disability Services cannot require instructors or anyone else to change a student's grade for assignments or exams given prior to the student notifying the instructor of an accommodation(s).

** Academic Accommodations are modifications or changes to limit the impact of a person's disability.

Reviewed 3/19 Revised 5/20 ,8 /21

CLINICAL POLICIES

The following polices are applicable to students while in the professional component of the program. Failure to comply with these polices will result in disciplinary action.

I. Professional Appearance

During clinical assignment, general appearance in uniform must be aesthetically pleasing; neat, clean, with uniform free from soil and wrinkles. When the student uniform is worn, you present not only yourself, but also LSU Eunice in general. More specific uniform codes may be required at the discretion of the Clinical Coordinator and/or the clinical agency to which the student is assigned.

An LSU Eunice patch and the name badge holder must be purchased from the University Bookstore. The name badge (picture ID) will be supplied by the program. The patch should be sewn two finger-widths below the left shoulder seam of your uniform and lab coat.

Lead Markers must be purchased from the University Bookstore. Each student MUST have a pair of approved "Right" and "Left" lead markers in their possession on site during clinical and laboratory assignments.

Each student MUST wear an OSL radiation monitoring device during clinical and laboratory assignments. Two OSLs will be issued to each student and will be provided by the program.

Shoes must be either ALL WHITE, BLACK, or GRAY tennis shoes. Crocs and Clogs are not allowed.

The uniforms used by the Radiologic Technology program are as follows:

	Item	Company	Number	Color
Uniform Top	Unisex V-Neck Tunic or Revolution	Cherokee	Unisex 4777 WW620 (Womens) or 4700 WW690 (Men's)	Grape
Uniform Pants	Unisex Drawstring Pant or Pull-On Pant or Men's Drawstring	Cherokee	Unisex 4100 or WW110 (Women's) WW140 (Men's) 4000 (Men's)	Grape
Labcoat	White	Cherokee	Ochsner Logo- Lafayette Bargain Store	

*Each student must wear a plain white crew neck t-shirt with a regular or ¾ length sleeve under the uniform top. Also, **ALL TATTOOS MUST BE COVERED.**

The following are OPTIONS if a lab coat is to be worn.

Lab Coat/Females Option #1	Lady's Snap Front Warm-Up Jacket	Cherokee	WW310	Grape
Lab Coat/Males	Unisex	Cherokee	CK-401	White

When ordering your uniform, please identify yourself as an LSU Eunice Student.

Uniforms may be purchased at the following locations **(BUT NOT LIMITED TO)**:

Church Point Pharmacy
300 N, Main
Church Point, LA 70525
(337) 684-5475

Lafayette Bargain Store
2015 W. University Ave.
Lafayette, LA 70506
(337) 232-7789

Scrubworx
1800 Kaliste Saloom, Suite,300
Lafayette, La 70508
(337) 983-2371

Parkers Workwear
414 N. Broadway St.
Jennings, LA 70546
(337) 824-5386

Tri-Parish Uniforms & More
947 Creswell Lane Opelousas,
LA 70570
(337) 948-7812

Sun Sports, Inc.
950 W. Laurel Ave.
Eunice, LA 70535
(337) 457-1484

*Note: Please allow 7 – 10 business days for shipments to arrive.
Some orders may take longer.

A. **Hair** should be neat, clean, and well groomed. Hair should be pulled back and off of the shoulders. Beards and mustaches must be neat and well groomed.
If one chooses to be clean-shaven, periodic excuses of **"**growing a beard" will not be accepted for unkept appearance. If you plan to grow a beard, start during a vacation period.

B. **Fingernails** must be of a moderately short length and well groomed. Acrylic nails and nail polish are prohibited.

C. Acceptable **jewelry** to be worn consists of a watch, wedding rings, choker style necklaces, and one pair of small stud earrings. Large hanging earrings or chains dangling from the neck are unacceptable. No other visible piercings are allowed. No visible tattoos are allowed. (No cell phones and no smart watches with phone/texting capabilities allowed.

D. Hospital issued surgical scrub attire is to be worn only in surgery, portable assignments, and special procedures. These scrubs are the property of the hospital and are not to be taken away from or worn outside of the hospital. Students must report to the assigned clinical education setting in their uniform**;** then change into hospital issued surgical scrubs.

E**.** Students are to practice good personal hygiene. Avoid the use of strong perfumes or shaving creams.

F. Uniforms should be worn only on campus and in the assigned clinical education setting. The LSU Eunice uniform and ID badge must not be worn if you are employed in a health care institution and not under the supervision of Program Faculty instruction.

Standards of Behavior

The prestige and standing of Louisiana State University Eunice is determined by not only its academic offerings, its faculty, and its physical facilities, but also by the reputation of its students. It is therefore expected that students will conduct themselves at all times to bring credit to themselves, to their family and community, and to LSU Eunice. Each student bears the responsibility of maintaining the most desirable and acceptable standards of behavior in all aspects of campus life. It is the responsibility of each student at LSU Eunice to know and observe all of the rules and regulations regarding student behavior. The LSU Eunice Student Handbook contains regulations and responsibilities applicable to the students. Students should consult the Handbook for details about their rights and obligations. The Code of Student Conduct is available at: http://www.lsue.edu/studentaffairs/documents/student-handbook.pdf

Revised 3/19

Professional Conduct

Students are to possess a professional attitude. They are to conduct themselves in an ethical and responsible manner. Professional conduct includes, but is not limited to, the following:

A. Each student MUST have a pair of approved "**Right"** and "**Left"** lead markers and an **OSL radiation** monitoring device in their possession during clinical and laboratory assignments. They ARE part of the uniform

B. Proper professional **language** is to be used at all times.

C. During clinical assignments, eating, drinking, etc. are limited to the lounge of each clinical facility.

D. Smoking is only permitted in designated areas.

E. **No cell phones and/or smart watches** with phone/texting capabilities are allowed during clinical hours.

F. Students must comply with each hospital's parking policy.

G. Loud or boisterous behavior will not be tolerated.

H. Students are not allowed to work in the capacity of a technologist and receive wages in the clinical affiliates, nor any other medical facility, before satisfying all of the requirements for graduation.

I. Students are responsible for the condition of the clinical room assignments. Equipment and work area must be clean. Any soiling or unsafe conditions, which cannot be corrected immediately, must be reported to a Registered Radiologic Technologist (RT), the Clinical Coordinator (CC), or Clinical Instructor (CI).

J. Students are not allowed to repeat an image projection or examination without a CC, CI, CP or RT present, regardless of the level of competency.

K. Students are not allowed to enter isolation rooms or any area where particulate Respirator masks are required (N95 masks).

L. **Incident Reports**: Students must complete a written description and report if an accident occurs involving a patient, a hospital employee, a visitor, or a student. The CC/CI should be informed immediately following the accident. The CC/CI will then inform the Program Director of the incident. In turn, the Program Director will inform the Division Dean of Health Sciences & Business Technology of the incident. The CC/CI will document the incident in the student's records kept at LSU Eunice.

M. **Social Media Usage and Patient Confidentiality**: Respecting and maintaining the right of confidentiality of all persons served during clinical practice experience is expected of LSU Eunice radiography students and faculty. Sharing of confidential or offensive information in any form through any means of social media or personal communication is prohibited. Offensive information consists of false information or any communication with a personal or sexual reference directed toward any persons served during clinical practice experience. Violation of this policy will result in dismissal from the LSU Eunice Associate of Science in Radiologic Technology degree program. (Refer to the Social Media Policy).

Revised 3/19

A. Code of Student Conduct: LSUE enforces discipline on campus to protect the academic environment of the campus and the health and safety of all members of the University community. To accomplish this objective, the University enforces standards of conduct for its students. Students who violate these standards can be denied membership in the LSUE community through imposition of disciplinary sanctions. The LSUE Code of Student Conduct can be found on the LSUE website http://www.lsue.edu/studentaffairs). The "Code of Conduct" is located under the heading of Student Affairs.
Revised 4/4/22

Outside Employment Policy

Outside employment is not encouraged because of the rigorous program structure. It is recognized that employment is necessary for some, but educational schedules and requirements MUST NOT be compromised because of this employment. Employment requiring a student to make diagnostic images will not be allowed by the program. Such employment may also deny the student the right to sit for the American Registry examination. Questions regarding this matter should be forwarded to the Louisiana State Radiologic Technology Board of Examiners (504) 838-5231. Reviewed 3/19

Program Records Policy

Student records will be maintained on a digital platform using Pre-Check, Trajecsys, and the campus Learning Management System (Moodle). Records that are not in digital format are kept in the student active files located in the office of the Program Director. Note: Clinical orientation signed documents are located in Microsoft TEAMS for faculty access. The following records maintained are:

A. Application records to the program including transcripts

B. Entry physical exam and immunization records.

C. Records of all courses required for graduation including the final grade for each course completed.

D. Clinical Evaluations, attendance records, competency records, simulation records, contact data sheet, and exam logs.

E. Counseling and Incident documents.

F. All Signed Documents.

G. Final exams.

LSUE maintains that the student records policy in compliance with the Family Educational Rights and Privacy Act (FERPA) of 1997. In accordance with LSUE's Policy on Family Educational Rights and Privacy Act, information about a student generally may not be released to a third party without the student's written permission. Exceptions under the law include state and federal educational and financial institutions, and law enforcement officials. The only records that will be released concerning students is that information that can be considered "directory" information such as field of study, name, address, telephone number, attendance, and degrees and awards. The ACT also permits students to review their educational records and to challenge the contents of those records.
Revised 8/19 Revised 5/20 Revised 4/22

Radiologic Technology Awards

At the Radiologic Technology Pinning Ceremony, students in the graduating class are honored with awards from various companies and hospitals. Awards given are:

A. Outstanding Clinical Student, Opelousas General Health System

B. Outstanding Clinical Student, Our Lady of Lourdes Regional Medical Center

C. Outstanding Clinical Student, Ochsner Lafayette General Health

D. Outstanding Scholastic Student, sponsored by Wayne LeBleu & Associates

E. Distinguished Senior Student (voted by classmates)

F. Mayci Breaux Memorial Scholarship, (awarded at Bengal Excellence night)

G. JRCERT Certificate of Excellence, (when applicable)

Revised 4/15 , 12/21, 4/22

ETHICS AND CONFIDENTIALITY POLICY

All LSU Eunice Division of Health Science & Business Technology students share the responsibility of observing a Code of Ethics. This Code of Ethics requires truthfulness, honesty, and integrity in all patient care activities performed by the student.

Information regarding patients is highly privileged and confidential. Duplicating or replicating (including but not limited to photocopying, tape recording, scanning) any aspect of the patient's record is prohibited. Information about patients should never be discussed casually or released to anyone. Persons inquiring whether someone is a patient should be informed that you cannot release such information. Students are bound from releasing this information by Federal mandate. Breach of confidentiality will result in a recommendation of dismissal from the program to the LSU Eunice Committee on Student Conduct.

LSU Eunice Division of Health Science & Business Technology students must maintain a professional relationship with patients. Associating with or fraternizing (including exchanging phone numbers and addresses) with patients while they are in your care is unprofessional and strictly prohibited.

All students must adhere to the LSU Eunice Ethics and Confidentiality Policy. The document must be signed and placed into the students' active files. Failure to comply will result in a recommendation for dismissal from the program.

All students must adhere to the ARRT Standards of Ethics, which can be accessed at www.arrt.org/ pdfs/governing-documents/standards-of-ethics.pdf. The "Code of Ethics" included within these Standards is located in Appendix S.

Revised 4/11 Reviewed 12/19 Revised 4/22

SEXUAL HARASSMENT POLICY

LSUE is committed to providing a learning, working, and living environment that promotes integrity, civility, and mutual respect in an environment free of discrimination on the basis of sex and sexual misconduct. Sexual misconduct is any sexual act or contact of a sexual nature that occurs, regardless of personal relationship, without consent of the other person(s), or that occurs when the person(s) is unable to give consent, or whose consent is coerced or obtained in a fraudulent manner.

Sexual misconduct includes, but is not limited to, dating violence, domestic violence, sexual assault, sexual discrimination, sexual exploitation, sexual harassment, and stalking.

Pursuant to Title IX, LSUE does not discriminate and prohibits discrimination on the basis of sex and sexual misconduct. Such protection extends to both employees and students. Any questions or inquiries concerning the application of Title IX should be referred to the Campus Title IX Coordinator, Room 122 Science Building, LSU Eunice P.O. Box I 129 Eunice, LA 70535: phone (337) 550-1214.

For more information on the policy governing sexual misconduct, please see P.S. 30 (Appendix U).

Revised 7/19

GRIEVANCE POLICY

It is the University's policy to provide students with well established appeal procedures for questioning the validity of any regulation, rule, policy, requirement, or procedure as it applies to the individual student. It is recognized that student dissatisfaction, which will result in an appeal, may range from a simple disagreement over the interpretation and application of a departmental rule, to a more severe dispute over the application of a particular University regulation to the student's own situation, to a very serious charge of discrimination or violation of constitutionally guaranteed rights. Although recognizing the wide range of possible complaints, and varying degrees of seriousness of complaints, the University has developed a uniform appeal procedure to be followed for all appeals, except those challenging traffic or parking summons or citations and grievances growing out of student employment. It is the University's basic philosophy that student appeals can best be, and, hence, should be, settled at the lowest possible administrative level and settled as quickly as practicable.

All Grievances will follow LSUE PS 8:
https://www.lsue.edu/policy-statements/documents/NO08.pdf

Revised 9/23

Failure to follow protocol:

If the student does not comply with all applicable steps in the Grievance Procedure,(PS 8 appendix V2) the student has failed to uphold their responsibility in exercising Student Due Process. If the student's performance in the course violates the LSU Eunice Code of Student Conduct, the student will be referred to the Dean of Student Affairs.

For Clinical Settings:

If the student is asked to leave the clinical setting, the Clinical Instructor must contact the Program Director regarding the incident prior to the student leaving the clinical setting. A meeting will be arranged to document and discuss the clinical incident. Program dismissal policies will be followed, and the incident will be documented on a student clinical incident from. Students may request to appeal using PS 8 in order to evaluate the information presented in relation to the course expectations.

The following are examples of established student appeal procedures, accompanied by sources of information on appeals procedures:

I. Academic Appeals

Academic Suspension Appeals. See the Registrar's Office Website at https://www.lsue.edu/registrar/index.php and click the "Academic Appeals Form" under the "Academic Forms" block.

II. Non-academic appeals

Equal Opportunity. See LSU Eunice Policy Statement 11: Equal Opportunity available at https://www.lsue.edu/policy-statements/documents/NO11.pdf.

Financial Aid Appeals. See the Financial Aid Website at click on the "Download a Financial Aid Appeals Form" button.

Parking & Traffic Ticket Appeals. See the Regulation of Vehicular Traffic Website at https://www.lsue.edu/policy-statements/regulation-vehicular-traffic.php. For Traffic Ticket Appeals, see https://www.lsue.edu/studentaffairs/documents/Traffic-Ticket-Appeal.pdf.

Sexual Misconduct. See the Title IX Website at https://www.lsue.edu/titleix/.

Violations of the Code of Student Conduct. See the Student Affairs Webpage at https://www.lsue.edu/studentaffairs/index.php or the Student Code of Conduct directly at https://www.lsue.edu/studentaffairs/documents/Code%20of%20Student%20Conduct.pdf

Program Complaint Resolution Policy

Students are to follow the following procedure if they wish to file a complaint about the program to the Joint Review Committee on Education in Radiologic Technology (JRCERT). The following are important notes for reporting allegations against a program:

1. The JRCERT cannot advocate on behalf of any student(s). An investigation into allegations of noncompliance addresses only the program's compliance with accreditation standards and will not affect the status of any individual student.

2. The investigation process may take several months.

3. The JRCERT will not divulge the identity of any complainant(s) unless required to do so through legal process.

Process

1. Before submitting allegations, the individual must first attempt to resolve the complaint directly with program/institution officials by following the due process or grievance procedures provided by the program/institution. Each program/institution is required to publish its internal complaint procedure in an informational document such as a catalog or student handbook. (Standard One, Objective 1.1)

2. If the individual is unable to resolve the complaint with program/institution officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the JRCERT:

Chief Executive Officer
Joint Review Committee on Education in Radiologic
Technology 20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182 Ph: (312) 704-5300
Fax: (312) 704-5304 e-mail: mail@jrcert.org

3.The Allegations Reporting Form must be completed and sent to the above address with required supporting materials. All submitted documentation must be legible.
4.Forms submitted without a signature or the required supporting material will not be considered.
5.If a complainant fails to submit appropriate materials as requested, the complaint will be closed.

The Higher Education Opportunities Act of 2008, as amended, provides that a student, graduate, faculty or any other individual who believes he or she has been aggrieved by an educational program or institution has the right to submit documented allegation(s) to the agency accrediting the institution or program.

The JRCERT, recognized by the United States Department of Education for the accreditation of radiography, radiation therapy, magnetic resonance, and medical dosimetry educational programs investigates allegation(s) submitted, in writing, signed by any individual with reason to believe that an accredited program has acted contrary to the relevant accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

The allegations reporting form can be reached at:

https://www.jrcert.org/wp-content/uploads/2022/12/Allegations-Reporting-Form.pdf

Revised 8/23

Professional Liability Insurance Policy

Student Professional Liability Insurance required by the clinical settings is provided by LSU Eunice. (Refer to Appendix S2 for LSU's position on this issue).
Revised 5/17 Reviewed 3/19

Medical Insurance Policy

LSU Eunice DOES NOT provide medical insurance for students in the clinical settings. The program advises the students to obtain their own medical insurance coverage for the duration of the clinical education experience.

Revised 4/19

Student Trip Policy

A Student Trip Travel form must be filled out by the Program Director for those students who wish to attend the LSRT (Louisiana Society of Radiologic Technologists) and other conference meetings. This is by the order of the Office of Risk Management.

Revised 3/19

Communicable Disease and Exposure Policy

A communicable disease is a disease that can be transmitted from one person to another. There are four main types of transmission including direct physical contact, air (through a cough, sneeze, or other particle inhaled), a vehicle (ingested or injected), and a vector (via animals or insects). The state of Louisiana has listed those diseases, which are reportable as communicable diseases. The current list of reportable diseases is as follows (2020):

Anthrax	Babesiosis	Botulism	Brucellosis
Chlamydia	Cholera	Coccidioidomycosis	Cryptosporidium
Cryptococcus	Cyclospora	Diptheria	E. coli
Giardiasis	Gonorrhea	Guillain-Barre’	Hemophilus
Hepatitis A, B, C, D, & E	HIV/AIDS	Influenza	
Legionella	Listeriosis	Lyme disease	Malaria
Measles	Meningococcal Infections	Mumps	Norovirus
Pertussis	Plague	Poliomyelitis	Psittacosis
Q fever	Rabies	Rubella	Salmonellosis

Severe acute respiratory syndrome-associated Coronavirus disease (SARS)(Covid19)	Shigellosis	Smallpox	Spotted fever rickettsiosis
Staphylococcal Invasive Disease (MRSA)	Streptococcal Group A & B	Syphilis	Tetanus
Toxic-shock syndrome	Trichinellosis	Tuberculosis	Tularemia
Typhoid fever	Vancomycin resistant Enterococcus (VRE)	Varicella	Vibriosis
Viral Hemorrhagic Fever	West Nile virus	Yellow Fever	NA

The program provides students enrolled information regarding the possibility of occupational exposure to communicable diseases, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) and Covid 19. Students receive instruction on the OSHA guidelines for bloodborne pathogens and infection control prior to the first Fall semester and as another in-service prior to the second Fall semester of the program. All students will be taught and will practice Universal/Standard Precautions in accordance with the current Centers for Disease Control and Prevention (CDC) guidelines. In addition, students are expected to adhere to the policies of the clinical affiliates. Students must report communicable illnesses/infections to the Program Director and Clinical Coordinator. The student must provide recommended time restrictions from school from their physician. Physician clearance after a period of infection is necessary before returning to school.

Students understand that the use of universal precautions is essential to protect themself, significant others, family members, patients/clients, and other health care workers from communicable diseases. Students understand that radiologic technology involves the study and care of people throughout the life span and that these people may be at any point along the wellness/illness continuum. By participating in caregiving activities, students understand that they may be exposed to communicable diseases, including Hepatitis B (“HBV”), Tuberculosis (“TB”), Human Immunodeficiency Virus (“HIV”) and Coronavirus.

Communicable diseases vary in their virulence, duration, mode of infection, and affects. In order to fully protect students, patients, and clinical staff, the student should do the following:

- Clinical students should wear a surgical mask when interacting with patients, or follow the guidance of the clinical preceptor. Cloth masks are not allowed at clinic.
- Each day, prior to your clinical assignment, check your temperature must be less than 100.4 to attend clinicals. If you have fever, cough, shortness of breath and any **two** of the following: Headache, chills, repeated shaking with chills, muscle pain, sore throat, new loss of taste or smell, **do NOT go to clinic**. You should follow the normal call-in procedure.
- Students suspecting exposure or contraction of any of the diseases (conditions) listed as a reportable disease by the State of Louisiana and the CDC must see a physician immediately.
- Students diagnosed with any diseases (conditions) stated above and as determined by their physician to be of short duration which may be transferred by air or contact, may **not** attend class and/or clinical, depending on physician's recommendations.
- Students diagnosed with communicable diseases that are of relatively long duration may **not** attend class and/or clinical, depending on physician's recommendations, and must present a written diagnosis to program officials.
- Students may return to clinical assignments once 24 hours have passed since recovery defined as a. Resolution of fever without the use of fever-reducing medications AND b. Improvement in respiratory symptoms (cough, shortness of breath), AND at least five (5) days have passed since symptoms first appeared.
- After returning to clinicals, the student should:
    - Wear a surgical facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 5 days after illness onset, whichever is longer
    - Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology oncology) until 5 days after illness onset
    - Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
    - Self-monitor for symptoms, and seek re-evaluation if respiratory symptoms recur or worsen.
- Depending on the severity of the disease, the type of the disease and the student's physician, the student may be required to submit documentation for an "I grade, Withdrawal, or Resignation." The student must initiate the appropriate process following the University guidelines. The student must submit a letter of intent to reenter the LSU Eunice Radiologic Technology Program to the Program Director by July 15 for re-entry in the fall semester, December 1 for the spring semester, and May 1 for the summer term.

Readmission will be dependent upon current student/faculty ratio and/or program resources. Note: Length of stay out of the Program may NOT exceed 2 years.

PPE- Video on how to don and doff
PPE https://utmb.ensemblevideo.com/hapi/v1/contents/permalinks/Nk9n7Q6H/view

Addtional information can be found at: http://publichealth.lacounty.gov/ACD/

The student's confidentiality will be protected.

Failure to comply with this notification policy will result in disciplinary action as determined by the program faculty.

Revised 3/21,8/22

Medical Emergencies and Student Health

The Office of Student Affairs and Enrollment Services (Acadian Center) and Campus Security (MX2) coordinate first aid services for students, faculty, and staff. All buildings on campus are equipped with emergency first aid response kits. Emergencies can be reported to any administrative office. The Office of Student Affairs also periodically offers training, seminars, and workshops regarding health and health-related issues of general interest to students.

Revised 3/19

Drug Free Camus Policy

It is the policy of LSU Eunice to maintain a drug-free campus environment. Both the workforce and students shall remain drug-free and free of other substance abuse. The illegal use, possession, dispensation, manufacture, or sale of controlled substances and alcohol abuse by students while on campus is prohibited. Students who are convicted of violating the policy will be subject to disciplinary action within 30 days, which could lead to suspension or expulsion from the campus. Anyone found to have violated the policy is also subject to referral to civil authorities as appropriate. LSU Eunice will assist employees and students seeking rehabilitation by providing names, addresses, and telephone numbers of substance abuse facilities. Alcohol and drug awareness programs will also be presented. For the complete policy, including provisions affecting all employees, inquire in the Office of Student Affairs.

All students must adhere to the LSU Eunice Substance Abuse & Drug-Free Campus Policy (Appendix F). The signature document must be signed and returned to the Program Director's office.

Revised 5/19

Student Substance Abuse Policy

Purpose

The intent of this policy is to promote a safe environment for students, faculty, and individuals who come in contact with Nursing and Allied Health Program students. Substance abuse testing is also a requirement of many affiliating clinical agencies. This policy is a supplement to the LSU Eunice Substance Abuse and Drug-Free Campus Policies. Further, students are required to comply with the drug testing/substance abuse policies of the clinical education sites to which they are assigned. This policy applies to all applicants and students of any LSU Eunice Health Sciences & Business Technology Nursing and Allied Health Programs ("Nursing and Allied Health Programs"). Nursing and Allied Health Programs are defined as those programs with a clinical component such as but not limited to Nursing, Respiratory Care, Radiologic Technology, and Diagnostic Medical Sonography.

Policy Statement

The unauthorized use of, possession of, or being under the influence of alcohol and the illegal use, abuse, possession, manufacture, dispensation, distribution of, or being under the influence of controlled or illegal drugs is prohibited while on campus; at a clinical site; travelling to or from a clinical site; or while engaged in any related activity of any Nursing and Allied Health Program on or off campus. This includes prescription drugs possessed or used in a manner inconsistent with a valid prescription. Compliance with this policy is a condition of your enrollment and participation in any Nursing and Allied Health Programs. Application to or enrollment in the Nursing and Allied Health Programs is deemed consent to the terms and conditions of this policy.

Schedule of Substance Abuse Testing

The Nursing and Allied Health Programs require all applicants for admission as well as students in its programs to submit to substance abuse testing under any or all of the following circumstances:

- Pre-admission and/or Final Selection Decision
- Random
- Reasonable Suspicion/For Cause
- After any accident or injury

Pre-Admission and Final Selection Decision

Substance Abuse testing is required for all applicants seeking admission to any of the Nursing and Allied Health Programs and admission is conditioned on a negative test. Testing will be conducted prior to a final admission decision and the applicant is responsible for the expense of the test. A pre-admission positive test will result in denial of admission. An applicant who tests positive in a pre-admission test may re-apply the following year.

Random Testing

Once admitted to a Nursing and Allied Health Programs, students may be subject to random substance testing at any time during the semester. The student is responsible for the expense of the test. Periodic testing of all or large groups of students of an Allied Health Program may be conducted; in such case, the order of testing will be randomly selected.

Reasonable Suspicion/For Cause Testing

A student may be subject to drug/alcohol testing if suspected of being under the influence of alcohol and/or drugs (including prescription drugs). Suspicion may be based on, but not limited to, any of the following:

1. Abnormal, aberrant or erratic behavior and/or physical symptoms
2. Evidence of drug tampering or theft
3. Individualized suspicion that you may be under the influence of alcohol and/or drugs
4. A report of drug/alcohol use or possession while in class or at a clinical site
5. Arrest or summons for a drug or alcohol related offense
6. Being identified as the subject of a criminal investigation regarding drugs/alcohol.
7. The appearance of impairment or intoxication

Procedure for Reasonable Suspicion/For Cause Testing:

The Program Director will review the basis for reasonable suspicion/cause testing and decide whether a student or students will be subjected to testing. A student tested based on reasonable suspicion/for cause will be suspended from all clinical activities pending the outcome of the test. If the test is negative, the student will be allowed to return to class and clinical activities. The student must make arrangements to make up missed work on the first day back to class or clinical rotation.

If the Program Director feels that a student is unable to transport himself/herself to the testing laboratory center for the substance abuse test, the Program Director will discourage the student from driving and

contact a name from the student's emergency contact list on the student's Contact Information Data Sheet. Once the emergency contact name has been notified, he/she will be asked to pick up the student and transport him or her to the testing laboratory center within 24 hours to conduct the test. Failure to be timely tested shall be considered as a refusal to test.

Post-Accident or Injury Testing

Students injured or otherwise involved in any accident or injury while participating in any activity related to a Nursing and Allied Health Program are subject to testing at the discretion of the Program Director.

Testing Facility

The program will use a certified testing laboratory center (Lab Corp) as a screening agency for collection, testing, and analysis. The student will be notified of the agency being used to perform all substance abuse testing.

Sample Collection

The testing agency will establish procedures for all specimen collections which will be performed in accordance with applicable federal and state regulations and guidelines to ensure the integrity of the specimens and proper chain of custody.

Test Procedure

- Student will pay the cost of all tests
- Student will be notified by the Program of the date and time for testing
- Student must provide photo proof of identification upon arriving at the specimen collection site
- The testing laboratory will report results to its Medical Review Officer
- Positive results will be reported to the student, the Program Director, and the Program Division Dean

Incomplete Test/Test Refusal

If the student does not complete a test in accordance with this policy and/or the procedure of the testing facility, the student will be denied admission to the program or, if already in the program, will be subject to discipline, including removal from the program under the provisions of the Code of Student Conduct. All LSU Eunice policies and practices affecting progression in the Nursing and Allied Health Programs will apply. Refusal to submit to testing in any category (preadmission, random, reasonable suspicion/for cause, post-accident) is grounds for denial of admission or discipline, including dismissal from the program, in accordance with the provisions of the Code of Student Conduct. Refusal to complete required documentation or information associated with testing is grounds for denial of admission, discipline or dismissal from the program.

Altered Samples

Attempting to tamper with, contaminate, or switch a sample or sample labels or documentation will be grounds for disciplinary action, including dismissal from the program in accordance with the provisions of the Code of Student Conduct.

Positive Test

If, during participation in the Nursing and Allied Health Programs, a student has a positive test report, the student will be suspended from all clinical activity and referred for possible discipline, up to and including removal from the program, in accordance with the provision of the Code of Student Conduct. A positive test is not necessary to discipline a student for violation of this Policy.

Request for a Re-Test

If a test result is positive, the student may request a re-test of the original sample. A student who desires to have the original sample re-tested must report to the designated screening agency within 72 hours following notification of a positive test result. The student will be responsible for all costs of the re-test. For good cause, the Program Director may request a re-test or follow up test.

Readmission

After a positive test, the student may apply for readmission to a program. Admission will be based on current admission requirements and space availability. Any subsequent positive result will constitute grounds for permanent disqualification for admission to the Nursing and Allied Health Programs.

Confidentiality

All testing information, interviews, reports, statements, and test results are confidential, but may be used by the University for purposes of student disciplinary proceedings and/or academic decisions. All test results will be sent from the lab to the Program Director and the Program Division Dean. Records will be maintained in a safe, locked cabinet and access to the records will ordinarily be granted to the Program Director, Medical Review Officer, and Vice Chancellor for Student Affairs and Enrollment Services.

Revised 10/13 Reviewed 3/19

Pregnancy Policy

A student is given the option of whether or not to inform program officials of pregnancy. If the student chooses to voluntarily inform officials of the pregnancy, it must be in writing. In the absence of this voluntary written disclosure, a student cannot be considered pregnant. However, due to the sensitivity of the unborn child to radiation, it is necessary to inform applicants of the possible health risks involved as a result of occupational exposure during pregnancy.

1. Pregnant students may notify the Program Director (PD) and the Radiation Safety Officer (RSO) as soon as pregnancy is suspected/determined so that appropriate radiation safety

measures can be instituted. Even though this written notification is voluntary, the Division of Health Science & Business Technology encourages the pregnant student to perform this measure.

1.1 If the student chooses to voluntarily inform officials of the pregnancy, a physician statement verifying the pregnancy shall be submitted by the student. This statement must include a medical release, which allows the student to continue with clinical assignments. If, for medical or personal reasons, the student is unable to complete the clinical assignments, she may initiate a request for authorization of an "I grade" through the office of Academic Affairs and Services. The student must subsequently remove the "I grade" following the regulations in the University catalog. Should the student choose to withdraw from a clinical course, the "Withdrawal" guidelines in the University catalog must be followed. Should the student choose to resign from the program, the "Resignation" guidelines in the University catalog must be followed.

2. The Declared Pregnant Student is a student who has voluntarily informed their Program Director and Radiation Safety Officer (RSO) in writing of the pregnancy and the estimated date of conception is considered a declared pregnant student. A student has the right to declare the pregnancy and follow the precautions listed below.

2.1 The student understands that the radiation limit is 0.5 rem for the remainder of the gestation period, not to exceed 0.05 rem in any given month. In order to insure compliance with these standards the student will request one of the following options:

a) Request continuance in the program with modification

- Issued the use of a lead apron specially designed for the pregnancy
- Wear a fetal radiation monitoring device
- Limit cases in fluoroscopy during clinical experience
- Change the declared student's clinical rotation schedule (e.g., no fluoro and/or surgery during the first 3 months of pregnancy). Note: The program requires the declared student to submit a medical release to continue with clinical assignments. In addition, the Title IX coordinator can assist with providing additional modifications.

b) Request continuance in the program without modification

2.2 Notify appropriate radiology personnel of the expectant status of the student in order to insure proper clinical education experience while maintaining the standards of radiation safety.

2.3 The student will be directed to the following documents to review:

A. NRC Regulatory Guide 8.13 (Instruction Concerning Prenatal Radiation exposure) https://www.nrc.gov/docs/ML0037/ML003739505.pdf

B. NRC Regulatory Guide 8.36 (Radiation Dose to the Embryo/Fetus https://www.nrc.gov/docs/ML0037/ML003739548.pdf

2.4 Changes in the clinical assignments may be instituted in order to insure compliance with the recommended Effective Dose Equivalent standards upon completion of the declared pregnancy form (Appendix C1).

Upon verification of pregnancy (Declaration Pregnancy Form), the PD will review all appropriate and applicable principles of proper radiation safety with the student.

A student also has the right to not declare their pregnancy, in which case, the student will be treated as though she was not pregnant. Once a student has declared the pregnancy, the student also has the right to undeclare the pregnancy in writing at any time. This is in accordance with Federal and State laws as well as the most current NRC Regulations. The student will need to submit a medical release which allows continuance with the clinical assignments. If a student needs to, they can initiate authorization from an "I" grade through the Office of Academic Affairs.

3. Following completion of the declared pregnancy form, the Effective Dose Equivalent to the fetus from occupational exposure of the expectant mother should not exceed 0.5 rem during the remaining gestation period. The monthly exposure shall not exceed 0.05 rem. The student will be furnished an OSL fetal radiation monitoring device. This device must always be worn at waist level at all times and underneath the protective lead apron during fluoroscopy.

4. If the student is unable to fulfill the required didactic and/or clinical objectives, the student may request authorization of an "I grade" through Academic Affairs for the clinical course or resign from the program. The student may submit a request to re-enter the same semester of the following year if guidelines for removal of the "I grade" have been followed and a letter of intent to re-enter the program is turned in to the Program Director by the appropriate due date. Should the student choose to withdraw from a clinical course, the "Withdrawal" guidelines in the University catalog must be followed. Should the student choose to resign from the program, the "Resignation" guidelines in the University catalog must be followed.

Exception: If a student has to resign from the program due to health reasons, he or she would be allowed to apply for re-entry based upon the semester withdrawn and availability in the clinical setting. All Pregnancy Forms and related documentation are kept in the student's active file located in the Program Director's office.

Revised 5/19, 5/20, 3/22

Cardiopulmonary Resuscitation

American Heart Association (AHA)

Students enrolled in the program are required to hold a current certification in cardiopulmonary resuscitation (CPR). This certification should be kept current for the duration of the program. CPR certification must be obtained prior to the start of clinical rotations. A copy of the students' CPR card must be on file with Pre-Check.

5/20

Social Media

Social networking websites and applications (apps) provide unique opportunities for students to get to know one another, share experiences, and keep in contact. As with any public forum, it is important that users of these sites are aware of the associated risks and act in a manner that does not embarrass the students, the Division of Health Sciences and Business Technology, and LSUE. It is also important to ensure patient information is not made publicly available. Everyone is expected to be respectful of the views and opinions of others in the program and the University. This rule extends to interactions through forums, email, phone conversations, texting, social media, and all other methods of communication. No foul or inappropriate language will be tolerated.

Students are expected to check emails daily for announcements and other program information. All correspondence with program faculty must be through use of your LSUE email account. You are expected to use proper English and grammar when writing papers, sending emails, posting to forums, and all other forms of communication.

Posts to social media sites in regards to LSUE, its programs, affiliates, faculty, and/or students should be carefully considered. While you are free to post in your own personal accounts, the content of your posts may negatively impact the University and/or its constituents and may warrant disciplinary action.

Inappropriate electronic content (comments, pictures, etc.) that does not reflect the professional behavior expected of professional students may warrant disciplinary action from the program and/or University.

The Radiologic Technology Program has adopted the following guidelines to assist students in safely using these sites.

A. Personal Privacy

1. We recommend setting your profiles on social networking sites so that only those individuals whom you have provided access may see your personal information.

2. We recommend evaluating photos of yourself that are posted to these sites and "untagging" photos that depict you in what may be construed as compromising situations.

3. Be sure you are aware of the security and privacy options available to you at any sites where you post personal information. Keep in mind that privacy settings are not impervious, and information can be shared willingly or unwillingly with others, even with "Friends Only" access.

B. Protection of Patient Information

1. Comments made on social networking sites should be considered the same as if they were made in a public place in the hospital.
2. HIPAA rules apply online, and students may be held criminally liable for comments that violate HIPAA.
3. Remember that simply removing the name of a patient does not make them anonymous. Family members or friends of that patient or of other patients you are caring for may be able to determine whom you are referring based on the context.

C. Professionalism.

1. Use of social media sites can have legal ramifications. Comments made regarding care of patients or that portray you or a colleague in an unprofessional manner can be used in court or other disciplinary procedings.
2. Statements made under your profile are attributable to you and are treated as if you verbally made that statement in a public place.
3. We recommend using discretion when choosing to log onto a social networking site at school. Keep in mind that the use of these sites during lecture and clinical assignments is prohibited.
4. Keep in mind that photographs and statements made are potentially viewable by future employers.
5. Students may be subject to disciplinary actions within the College for comments that are either unprofessional or violate patient privacy.
6. Keep in mind that you are representing LSUE, the Division of Health Sciences and Business Technology when you log on to a site and make a comment or a post.

Patient Confidentiality

All hospital and patient records are confidential in nature. Requests for information concerning a patient should be referred to the supervising technologist or the clinical instructor. Students are expected to maintain confidentiality in a professional manner.

In accordance with Health Insurance Portability and Accountability Act (HIPAA) of 1996, all patient information will be confidential. Students will maintain the privacy of protected health information by: limiting discussion of protected health information to private areas and conference rooms; not discussing health information outside the health care facility unless such discussion is with an appropriate faculty member and in private; not discussing protected health information with other students; refraining from copying any part of the medical record for use outside of the health care facility; refraining from putting any personal identifier on any paperwork associated with the Radiologic Technology Program; client initials may be used as an identifier, however, no room number or health care facility name/unit.

Students will be expected to adhere to the HIPAA policies at each clinical education setting. Any violation of these policies will result in disciplinary action.

Reviewed 5/20

Disciplinary Policy

Students are expected to display a professional attitude and demeanor. If a student breaches the professional conduct policy, disciplinary action will be taken. Disciplinary procedures are outlined below and are strictly enforced. All disciplinary actions remain in the student's file for the duration of their time in the program. Note: infractions are cumulative.

Level 1 Infractions: Verbal warning, Written warning, Letter grade drop, Dismissal from the program.

• Unprofessional language and/or conversation . (Ex. Talking about faculty, preceptors, technologists, gossiping, bullying, disrespect, making others uncomfortable or creating a hostile environment).

• Failure to comply with "Standard (Universal) Precautions."

• Failure to report communicable illness/infection to the PD, CC, CI and/or obtain physician clearance to re-enter the classroom or clinical setting.

• Failure to comply with any part of the Professional Appearance Policy. (See Program handbook p. 22)

• Failure to complete any daily clinical duties.

• Having a cell phone in possession during clinical hours.

Level 2 Infractions: Written warning, Letter grade drop, Dismissal from the program.

• Displaying unprofessional behavior upon which the student conducts themselves in an inappropriate manner (verbal and nonverbal), or is unsupportive towards colleagues and/or instructors, or is unresponsive to patient needs in providing quality patient care.

• Failure to notify the CC/CI directly by phone/email or in person of tardiness as stated in the *Clinical Dependability/Attendance Requirements* (p. 51) in this Handbook. The student is also responsible for notifying the scheduled clinical site within 30 minutes of their scheduled time.

• Failure to bring approved "Right" and "Left" lead markers and a OSL radiation monitoring device to clinical/laboratory assignments. (see Note)

• Improper handling of equipment.

• Insubordination.

NOTE: If a student forgets to bring their OSL badge or lead markers to the clinical setting, he or she must leave the facility to get them, i.e., at home, or their lab badge on campus. The student will be required to make up the time missed retrieving the badge and will receive a one (1) point deduction from the final clinical grade.

Level 3 Infractions : Letter grade drop, Dismissal from the program

• Leaving the clinical education setting without the CC's/CI's permission.

• Improper clinical practice as identified by the CC/CI.

• Falsification of ANY program documents or misleading information regarding a competency evaluation.

• Incorrect recording of time in/out in Trajecsys. (Falsifying time for time exceptions or clocking in or out from an unapproved geolocation (ex. Hwy, roads, home, etc)

• Theft.

• Failure to comply with clinical affiliates policies and procedures, LSU Eunice Ethics and Confidentiality Policy and/or ASRT Code of Ethics

• Repeating an imaging procedure and/or examination without direct supervision of an RT/CI/CC/PD present.

• Performing an imaging procedure on the wrong patient.

• Performing an imaging procedure on the wrong anatomy.

• Failure to report any incidents at any clinical site to the CC/CI on the day it occurred.

• Failure to notify the CC/CI directly by phone/email or in person of absence as stated in the Clinical Dependability/Attendance Requirements in this Handbook. The student is also responsible for notifying the scheduled clinical site within 30 minutes of their scheduled time.

Infractions Resulting in Dismissal from the Program

• Violation of Social Media Usage and Patient Confidentiality: Respecting and maintaining the right of confidentiality of all persons served during clinical practice experience is expected of LSU Eunice radiography students and faculty. Sharing of confidential or offensive information in any form through any means of social media or personal communication is prohibited.

Offensive information consists of false information or any communication with a personal or sexual reference directed toward any persons served during clinical practice experience. Violation of this policy will result in dismissal from the LSU Eunice Associate of Science in Radiologic Technology degree program. (Refer to the Social Media Policy p. 43).

• Violation ofHealth Insurance Portability and Accountability Act (HIPAA). In 1996, federal legislation was passed to improve the efficiency and effectiveness of the health care system by mandating confidentiality of health information. This included the privacy, security, and establishment of standards and requirements for the electronic transmission of certain health information. More specifically, this law governs access and usage of patient-identifiable information. Student radiographers must become knowledgeable of this Health Insurance Portability and Accountability Act (HIPAA) and follow confidentiality mandates. Confidentiality of patient information is an ethical standard that must be maintained by the student during the student's education. Failure to abide by these mandates will result in dismissal from the program.

* Failure to complete fifty two (52) comps by the end of the fourth clinical semester of the program (Second Fall Semester).

* Note: The PD will be notified of any disciplinary actions taken on any student. See Appendix V Counseling Form/Remedial Study Form.

Revised 7/19

Radiation Protection Policy

Each student will be issued two Luxel OSL (optically stimulated luminescent) dosimeters. One dosimeter will remain at the clinical education setting for the student to wear during their clinical assignment. The other dosimeter will remain at LSU Eunice for the student to wear during their performance in the energized labs. This method is to reduce unnecessary radiation exposure to the OSLs. In addition, the dosimeters will be exchanged every quarter during the first and second week of that month by the Clinical Coordinator at each facility and by the Program Director at LSU Eunice.

Dosimeters must not be exposed to excessive heat or moisture. If the dosimeter is taken home, never leave it in the car, place it in the washer or dryer, or in close proximity of a television set. Students must wear dosimeters in the proper position (outside the protective lead apron, on the collar). Results of the radiation monitoring will be available quarterly immediately upon receipt of the report. It is the responsibility of students to track their own radiation exposure.

The Radiation Safety Officer (RSO) will evaluate each report thoroughly. Any exposure will be investigated for cause and necessary corrective measures taken where applicable. The occupational dose equivalent limits for adults are:

1. Annual Limit

    a. Total effective dose equivalent being equal to 50 mSv (5 rem).

    b. The sum of the deep dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 0.5 Sv (50 rem).

2. Annual Limit to the lens of the eye, skin, and extremities

    a. Eye dose equivalent of 150 mSv (15 rem).

b. Shallow dose equivalent of 500 mSv (50 rem) to the skin or any extremity.

A Student Exposure Report (APPENDIX I) will be completed by the RSO on any student who receives more than 2.5 mSv (250 mrem) in one calendar quarter. Students should not receive more than 10 mSv (1000 mrem) in **ONE YEAR**. Students must employ safe radiation protection techniques for the patient, self and others during imaging exposures.

Students assisting in fluoroscopic examinations must wear lead aprons. Lead gloves must be worn if the hands must lie in the primary beam. Students are responsible for ensuring that lead aprons are available for all persons involved in fluoroscopic procedures. Aprons must be worn during mobile imaging and mobile fluoroscopy. Gonadal shields must be used on patients of reproductive age or younger when the presence of the shield does not obscure clinically significant data. Collimation must be used to restrict the primary beam to the area of clinical interest.

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

Students must understand basic radiation safety practices prior to assignment to clinical settings. Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

Radiation Protection in the Lab

The program also assures radiation safety in energized laboratories. Students utilization of energized laboratories is under the supervision of a program faculty member who is readily available. During a lecture or lecture/lab course, a student performing in the lab will be under direct supervision. Outside of lecture or lecture/lab course, a student practicing in the lab will be under indirect supervision. However, NO EXPOSURES are to be made in the lab without an LSUE faculty member present. If a program faculty member is not readily available to provide supervision, the radiation exposure mechanism will be disabled. (JRCERT) The Program Director and faculty members of the Radiologic Technology Program are responsible for the supervision of all students enrolled in the program. The Program Director and faculty members are responsible for personnel who enter the energized labs at all times.

Safety guidelines for the energized labs include the following:

- The OSL radiation monitoring device shall be worn during any operation of the energized unit.
- Close all doors to the energized lab before making any exposure.
- Ensure that there is no one in the lab during exposures.
- Observe low hanging and projecting equipment while manipulating the unit.
- Ensure that all doors are locked when the lab is not in use.
- The lab shall be used only with permission of the radiography faculty.
- Students shall practice all standard radiation safety practices while operating the equipment.

- A professional demeanor shall be practiced at all times.
- A copy of the LSU System Radiation Protection Program (PM-30) regarding radiation safety is located in the lab.
- **Note:** It is the responsibility of all students to abide by these rules and operating methods. Any misuse of equipment or deliberate failure to follow rules will result in disciplinary action.

Revised 12/16 Reviewed 3/19 Revised 5/20

Safety Policy for MRI

The purpose of this policy is to ensure the safety of the Radiologic Technology students before entering a Magnetic Resonance Imaging (MRI) scanning room/field. As students could have potential access to the magnetic resonance environment at the beginning of clinical rotations, students should be screened and prepared for magnetic resonance safe practices prior to entering the clinical setting. If the status of the student should change prior to magnetic resonance rotations, the student should be screened AGAIN to ensure the health and safety of the student is maintained (JRCERT).

The following policy assures appropriate MRI Safety screening has been completed prior to beginning clinical rotations MRI clinical elective rotation.

POLICY: All students will be instructed on MRI Safety upon entering the clinical phase of the Radiologic Technology program. They will be screened at the beginning of each summer semester prior to the start of their clinical assignment. Students may also be subject to additional screenings at MRI facilities. MRI scanners generate a very strong magnetic field within and surrounding the MR scanner. As this field is always on, unsecured magnetically susceptible (ferromagnetic) materials, even at a distance, can accelerate into the bore of the magnet with a force significant enough to cause severe injury or damage to the equipment, patient, and/or any personnel in its path. Anyone entering the MR environment without being thoroughly screened by qualified MR personnel may potentially compromise his/her safety and/or the safety of everyone in the MR environment. It is the MRI technologist's responsibility to control all access to the scan room. Radiologic Technology program students become part of this safety team adhering to all MRI safety policies and procedures. An MRI Technologist or Radiologist should be consulted if a student has a doubt at any point. Students will be responsible for reporting any changes which impact this screening and may thus compromise safety.

Although there is no definitive evidence that occupational exposure to MRI is harmful to a pregnant student or her fetus, pregnant students will try to limit her exposure to the MR field. She will not enter the MRI room during active scanning to reduce the exposure to higher level of static magnetic fields and time-varying (RF) fields. *source (http://mri-q.com/personnel-exposure.html).

Revised 6/19

CLINICAL EDUCATION PLAN

The Clinical Environment

You will notice many differences between the academic environment to which you have been accustomed and the clinical environment that you are entering. Most of the differences will prove exciting and stimulating; some will prove to be frustrating and aggravating. How successfully you function and learn in the clinical setting depends in part on how you approach and deal with these differences.

The reality of the situation is that patient care is the top priority in the Radiology Department. This means that the patient's welfare is considered first. Usually, this is consistent with the goals and needs of clinical education. Occasionally, however, this reality dictates that the scheduling and conducting of educational activities be flexible.

Compared to the learning activities conducted in the didactic courses, the learning activities in the clinical setting are frequently much less structured. You must take a more active and responsible role for integrating the academic preparation you had with the individual examinations you are observing or performing.

Generally, in the classroom setting you work independently as you pursue your academic goals. Teamwork and cooperation among the students is not a necessity in achieving academic goals. In the clinical setting, you must pursue your educational goals within the overall goals of the department to deliver quality patient services efficiently and effectively. Rather than function independently, you become part of a health care delivery team and must function cooperatively to achieve educational and departmental goals.

Undoubtedly, you will be able to add many more differences to our list. The point is that you will make a transition that will require some reorientation and adaptation on your part. You are not the only one, however, involved in this process. This is a time of transition also for the students in the class ahead of you who are assuming a new role and responsibilities as senior students. The clinical staff is also involved in reorientation and adaptation. At the point when you enter the hospital, clinical staff have been working with students who, in the most part, require minimal supervision. The clinical staff must cycle back and assume a direct supervisory role. Adapting to the environment is important for everyone.

ARRT National Registry

The American Registry of Radiologic Technologists (ARRT) is the only examining and certifying body for radiographers in the United States.

To become a Registered Technologist in Radiography, RT(R)(ARRT), you will have to successfully complete the ARRT examination.

The Program Director provides applications during March of the final semester. Students completing the program in May are eligible to take the ARRT examination the first business day after graduation. The Registry begins accepting applications three months prior to the students' graduation date. It is the student's responsibility to submit their application early to ensure securing the desired testing appointment time (see ARRT Certification Handbook and Application Materials). The completed application must be signed by the Program Director before it can be submitted to the ARRT. The appropriate fee must be submitted with the application. It is recommended that you take the examination as soon as you graduate, or preferably within two months of your graduation. Examination dates will be scheduled on an individual basis.

One issue addressed for certification eligibility is conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations. All alcohol and /or drug related violations must be reported. All potential violations must be investigated by the ARRT in order to determine eligibility. Individuals may file a preapplication with the ARRT in order to obtain a ruling of the impact of their eligibility for the examination. This pre-application may be submitted at any time either before or after entry into an accredited program. For pre-application or questions regarding this matter contact the ARRT at:

ARRT 1225 Northland Dr.

St. Paul, MN 55120-1155

Tel: (651) 687-0048

www.arrt.org

Revised 5/20

Clinical Dependability/Attendance Requirements

Clinical is regarded as an obligation as well as a privilege, and all students are expected to attend regularly and punctually. Failure to do so may jeopardize a student's scholastic standing. Clinical attendance is required for a student to meet the objectives of the course and to meet the required hours of clinical participation.

The following polices will be enforced in addition to the requirements for class attendance as stated in the University catalog.

A. Students are responsible for reporting to the assigned radiology department at the scheduled time. The student's Clinical Instructor (CI) or Clinical Coordinator (CC) must be directly notified by phone or in person of tardiness or absence within 30 minutes of scheduled time. The student is also responsible for notifying the scheduled clinical site within 30 minutes of their scheduled time. This time must be logged into Trajecsys.

> **NOTE: Three tardies will result in 5 points off of the clinical grade in the semester it occurred**. In addition, the student's name will be turned into the Program Director and the Dean for Student Affairs.

B. Students are responsible for signing in/out on Trajecsys at every clinical site on any given day. Students should not ask to leave early and are not allowed to be dismissed more than 30 minutes early by anyone other than their Clinical Instructor (CI) or the Clinical Coordinator (CC). If the student leaves before scheduled time, that time must be recorded and confirmed by the CC/CI/CP with the reason stated under comments.

> **Failure to sign in/out will result in a 1-point deduction from the final grade. Students must allow geolocation access. Failure to allow will result in a 1-point deduction from the final grade. Incorrect recording or falsification of time in/out will result in a level 3 infraction (see disciplinary policy)**.

C. Students are allowed one absence per semester in their first year, two absences in the second year, and one absence per summer semester.

- **Students are required to make up the missed absence(s) within 15 business days. A 5 point deduction will occur if the time is not made up within the allocated time. Students must complete the makeup time form in Trajecsys.**
- **Allowed absences cannot be carried over into another clinical semester**

For each absence missed beyond the allowance:

- A 5-point deduction from the final clinical grade will occur

If the day(s) are not made up:

- An additional 5-point deduction from the final clinical grade will occur.

Absences beyond the allowance will result in a referral to the Clinical Coordinator for documentation. If extenuating circumstances occur (surgery, car accident, etc.), the Clinical Coordinator will make arrangements on an individual basis. In the event that physician imposed extended physical restrictions occur, please refer to the program technical standards or communicable disease policy and consult with the Program Director and/or Clinical Coordinator immediately.
Note: Excessive absences or tardies may warrant dismissal from the program if the course objectives are not met.

1. The student must make up the absence(s) in the same clinical rotation area within the same semester. Make up time request must allow for at least a 24 hour notice.

2. Arrangements for make-up time MUST be scheduled through the Clinical Instructor/Clinical Coordinator prior to returning to the clinical setting. (Makeup time form-Trajecsys) Makeup time must be a minimum of 2 hour increments.

3. Special circumstances or physical restrictions will be considered by the PD/CC on an individual basis.

4. Sick Leave Due to a Disability; Special situations will be under advisement and in compliance with the ADA.

5. Bereavement Leave; Upon notification to the program faculty members and presentation of documentation, the student will be allowed a maximum of two consecutive days leave of absence for death in the immediate family. The immediate family is considered parents, grandparents, spouse, siblings, or child. The time missed does not have to be made up and points will not be deducted from the student's grade.

6. Student lunch breaks are 30 minutes. The appropriate time a student goes to lunch will be regulated by the CC/CI, RT in charge, or both. Lunchtime will be monitored. If the student does not return from lunch within 5 minutes beyond their allotted time, the student will be considered tardy and appropriate action will be taken.

7. Students are encouraged to attend State level Radiologic Technology Society meetings when student travel and leave is approved by LSU Eunice. Since Continuing Education is a requirement to remain registered by the American Registry of Radiologic Technologists and by the State of Louisiana upon graduation, this program finds attendance at these meetings a vital part of the student's educational experience. Assignments will be required when individual attendance to these professional meetings is not possible. Financial assistance will be provided equally to all RADT students from the Radiology Club (Chi Sigma Tau) when available.

8. Students may use Professional Development Conference hours for makeup time. Students must clock in and out in Trajecsys.

Revised 8/19 Reviewed 5/20, 5/22

Didactic Attendance Policy:

The student is responsible for attending all classes on a regular and punctual basis.

- Absence or tardiness on a Class Date: Class will begin promptly at the scheduled time. If tardy or absent, it will be the responsibility of the student to catch up on the material missed. Students must notify the instructor of tardy or absence.

    - If the student is absent on a test or quiz date, he/she will be given a "0" for the test or quiz unless permission has been granted by the instructor for a new assessment date. Failure to take the final exam will result in a "0" for the final exam grade, unless the student requests and is granted an "incomplete" from Academic Affairs as outlined in the LSUE Catalog. **Students are allowed only 1 excused makeup test per semester. Extenuating circumstances will be reviewed by the PD.**

    - *Any failed exams will require remediation. Students must retest prior to the next scheduled exam. Only 3 attempts are allowed. Only original test scores are utilized for test grades.*

    - All simulation laboratory activities must be completed. The student will receive a grade of "0" for missed simulation laboratory activities if not performed on the date assigned by the instructor.

    - Accommodating services: Students must report to the testing center by 8:00AM. Exams will start promptly at 8:05.

Revised 7/19, 5/22

Trajecsys Reporting System

Students are required to utilize the Trajecsys Reporting System. Students will be required to pay the full registration fee prior to starting Clinical Rotations (date specified by the Program Director). The fee includes system access for the length of the professional program.

Throughout the clinical requirements of this handbook, specific mention of the Trajecsys Reporting System can be found. Students will utilize this system to:

- Access the system daily for clinical announcements / updates, clinical documents, etc.
- Clock In/Out from clinic to include time exception notification form if needed.
- Enter Daily Log Sheets of all work/exams done in the clinical setting .
- Report all repeated exams per day and technologist who directly supervised repeated exam.
- View competency attempts and view graded competencies once validated by LSUE faculty .

The Trajecsys Reporting System website can be found at https://www.trajecsys.com.

Using Trajecsys; All users must first register in the system by selecting the “Registration” link. Once this has been entered, the Clinical Coordinator will add each Registrant to the system. Following this step, complete access will be granted. Orientation for this system will be completed prior to attending clinic during the first semester.

Students must complete payment following registration before the first day of clinicals; if payment is not completed, access to the system will be denied and the student will not be allowed to attend the clinical assignment.

Clocking In/Out; Clinical attendance will be completed through the Trajecsys Reporting system. Students are required to log-in to the system and clock in/out. The system will permanently record students’ times at Clinical Education sites (verified by CES IP Address), and these times will be used to document attendance. All time-records must be approved by the Clinical Coordinator/Clinical Instructor.

Clocking in/out from an unauthorized site (by cell phone, home, etc.; recognized by IP address), will constitute deliberate falsification of records, resulting disciplinary action (drop in letter grade).

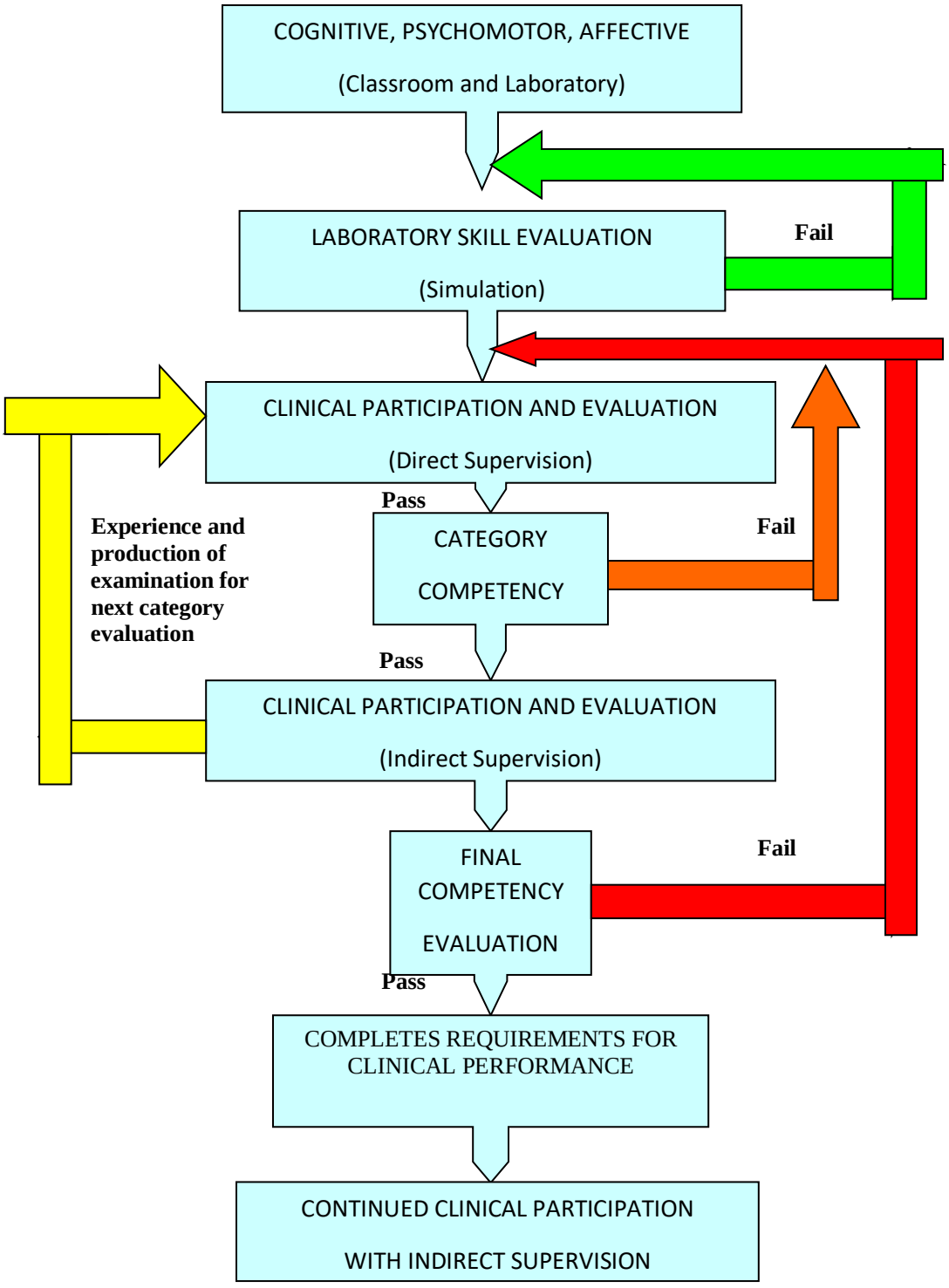
The student must turn on the “Location” feature setting on their smartphone as to demonstrate the actual location on Trajecsys system maps. If the Trajecsys system is down all together, the student may call or email the Clinical Instructor/Clinical Coordinator and leave a message.

Daily Log Sheets: Students are required to enter all exams performed at clinic in the Daily Log Sheet section of Trajecsys. Students are encouraged to maintain an unofficial log sheet so that entries can be made at a later time. Students are advised to complete this immediately following clinic. When completing these log sheets, students are also required to enter supervising technologist for repeats. Instances of entering false data will be considered falsification of records, resulting in disciplinary action.

5/20

Clinical Education Flowchart

Developing Clinical Proficiency



Clinical Competency Plan

The Clinical Competency Plan consists of the integration of all aspects of the curriculum including lecture, demonstration, simulation, and clinical participation. Specific objectives, including cognitive, psychomotor, and affective competencies for clinical courses, are outlined in each course syllabus.

Clinical skills can be developed by following a systematic step-by-step approach. The following sequence is recommended:

- **Classroom and Laboratory Practice**
  Students complete this step by studying radiographic physics, radiographic principles and techniques, anatomy and physiology, radiographic positioning, etc., in didactic course work. Lab is available for practice to build knowledge and confidence.

- **Lab Simulation**
  Students are required to simulate categories of radiographic exams.
- **Clinical Participation-Observation and Performance**
  Students are given an opportunity to assist the radiologic technologist in performing radiographic procedures. As students develop confidence and proficiency, they will be given the opportunity to complete entire examinations under the direct supervision of a registered radiologic technologist. The technologist will observe, assist, and step in whenever the need arises.

- **Competency Evaluation Performance**
  When students feel confident that they are able to do a particular examination independently, a Clinical Preceptor/CI will perform a competency evaluation. Student performance will be documented on a Clinical Competency form in Trajecsys. If competency is achieved, it will be counted toward the requirement for that semester. If competency is not achieved, a remedial lab must be completed and the competency must be repeated until competency has been achieved. The final approval of competency evaluations will be completed by the LSUE Clinical faculty.

Laboratory Simulation

Students will be given instruction and demonstration of imaging procedures followed by simulated practice sessions in the laboratory. The CC/CI will complete the Laboratory Skills Evaluation Form on each examination. This will be used as a simulation assessment tool to assist students in identifying weak positioning skills prior to actual evaluations in the clinical setting. Students' comprehension of course materials will be evaluated by written examination and by these simulations in the laboratory. The criteria and grading guidelines for a laboratory skills evaluation and a sample laboratory skills evaluation form are found in Appendices D2 and E2 respectively.

Students must perform all required lab skill evaluations with a minimum mastery level of > 85%. The lab skill evaluations are averaged and count for a percentage of the course grade. When the student successfully completes the lab skill evaluation for a given examination, they will be allowed to perform the imaging procedure under direct supervision. Completed laboratory skill evaluations must be documented and signed by the CC, CI or PD.

If a student does not achieve the passing grade of > 85%, or automatically fails (50%) in the same category on any of the required lab skill evaluations, the student will be allowed to challenge the lab skill again upon completion of remediation. The student will be required to obtain additional laboratory practice under direct supervision in the category which has not been successfully completed. The second lab skill evaluation must be performed within five (5) days of the first attempt and pass with an > 85%. The two grades will be averaged.

If the student is unsuccessful after two lab skill attempts within the same category, the student will be required to see the Program Director along with the course instructor for a conference within 7 days of the second attempt to discuss remediation (supervised by an instructor) within a specified time. A student is allowed only three (3) attempts on a simulation per category in the semester taught. If the student fails a third time within the same category, then the student will not be allowed to return to class or clinical assignment. The student will be required to see the Program Director along with the course instructor for a conference within five (5) days of the third attempt regarding program dismissal. A counseling form (Appendix V) will document all conferences given with the student.

Competency Evaluations

This evaluation process is used to determine student progress in meeting clinical participation objectives and the level of student achievement. A sample of the imaging procedures requiring competency evaluation is provided in Appendix M. Students must demonstrate competence in all 36 of the mandatory imaging procedures set by the ARRT. Procedures should be performed on patients; however, up to 10 mandatory procedures may be simulated in the fifth semester only if demonstration on patients is not feasible. Competency evaluations by simulation are used only for infrequent or limited volume examinations.

Upon successful completion of the clinical participation objectives and lab simulation skills, the student is allowed to perform a competency examination, under the direct supervision of the CC/CI/Preceptor. The CC/CI/Preceptor must be present during the conduct of the examination and must review and approve the diagnostic images prior to the dismissal of the patient.

The criteria and grading guidelines for a clinical competency evaluation and a sample competency evaluation form are found in Appendices G2, H2, I2 respectively.

Competency exams are to be performed by the student with no assistance. The student must critique the images with the CC/CI/Preceptor for a grade.

Students must perform all required competency evaluations with a minimum mastery level of > 85%. The competency evaluations are averaged and count for a percentage of the clinical course grade. When the student successfully completes the competency evaluation for a given examination, he/she will be recognized as clinically competent for that particular exam and will then be allowed to perform that examination with indirect supervision. Completed competency evaluations must be validated by the Clinical Instructor.

If a student does not achieve the passing grade of > 85%, or automatically fails (50%) the competency, the student will be allowed to challenge the comp again upon completion of remediation. The student will be required to obtain additional laboratory practice and clinical participation with direct supervision in the category which has not been successfully completed, as well as re-simulation of the projection failed with the Clinical Instructor. The second comp evaluation must be performed within the same semester of the first attempt and pass with an > 85%. The two competency grades will be averaged. If the student is unsuccessful after two comp attempts within the same category, the student will be required to see the Program Director along with the course instructor for a conference within seven (7) days of the second attempt to discuss remediation within a specified time.

A student is allowed only three attempts on a comp per category in the semester taught. If the student fails a third time within the same category, the student will not be allowed to return to class or clinical assignment. The student will be required to see the Program Director along with the course instructor for a conference within five (5) days of the third attempt regarding program dismissal. A counseling form (Appendix V) will document all conferences given with the student.

The sequence of examinations requiring competency that may be successfully completed during each clinical course is found in Appendix L2. Any of these exams over the required number per semester will be carried over to meet the required number for the following semester. The number of assigned clinical competencies **MUST** be completed by the end of each semester. There will be a “0” grade given for each competency evaluation missed.

Although a student may successfully complete some competency evaluations in preceding clinical courses, the student should continue to aggressively perform those examinations in order to excel in the final competency evaluation.

Final Competency Evaluation

Upon successful completion of all required competency evaluations within every category, students are re-evaluated in the form of a final competency evaluation. Final competency evaluations are performed during the final (sixth) semester of the program. These final competency evaluations are to be evaluated and documented by the CC/CI and the results will become a part of each student’s clinical record.

Successful completion of all final competency examination evaluations completes the requirements for the Clinical Competency Plan.

The procedure for final category competency evaluations is similar to the competency evaluations with the exception that it is a cross section of all categories and will include image examinations from each area. The CC/CI will randomly select one examination from each category on the final competency evaluation roster (Appendix M2) and evaluates student performance using the final competency evaluation form (Appendix J2).

Students are expected to complete 13 final category competencies (one from each major category) with a minimum mastery level of > 85% on each examination. A numerical grade is given for final competency evaluations. Final category competency evaluations represent a percentage of the student's course grade.

If a student does not achieve the passing grade of > 85%, or automatically fails (50%) a final comp, the student will be allowed to challenge the final comp again upon completion of remediation. A student is allowed only two attempts on a final comp per category in the final (6th)semester. The second final comp evaluation must be performed and passed with an > 85%. If the student is unsuccessful after two final comp attempts within the same category, the student will not be allowed to return to class or clinical assignment. The student will be required to see the Program Director along with the course instructor for a conference within three (3) days of the second attempt to discuss remediation within a specified time. A counseling form (Appendix V) will document all conferences given with the student. This completes the requirements for the Clinical Education Plan.

Clinical Supervision

During the professional curriculum, the students are under direct supervision of an ARRT registered technologist. Once a student has successfully performed a specific competency evaluation, the student is under indirect supervision of a radiographer.

Direct Supervision

- Must occur for students before documented competency of any procedures.
- The clinical instructor or radiologic technologist will:
  1. Review request in relation to the student's achievement.
  2. Evaluate the condition of the patient in relation to the student's knowledge.
  3. Be physically present during the examination.
  4. Review and approve the procedure and/or image.

     * Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

Indirect Supervision

- Supervision provided for students after documentation of competency for any given procedure.
- The clinical instructor/preceptor/radiologic technologist will:

  Review, evaluate, and approve the procedure as indicated above. Indirect supervision is provided by an RT who is immediately available to assist a student regardless of the level of their achievement. "Immediately available" is interpreted as the presence of a qualified imaging practitioner adjacent to the room or location where an imaging procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

  Note: If an image needs to be repeated, the student must perform it under direct supervision regardless of their level of learning.

Repeat Radiograph Policy

When repeat exposures are necessary, the student must perform it under direct supervision regardless of their level of learning. Students are not allowed to repeat a radiograph unless a Clinical Preceptor or a licensed staff technologist is present in the radiographic room. This applies to all examinations.

Failure to comply will result in:

A drop in the clinical course grade and a meeting with the PD.

It is the student's responsibility to ensure the proper clinical supervision prevails before performing a specific exam. To document that a radiographer was present during the repeat exposure, the student should report all repeated exams in the Trajecsys system along with the technologist who directly supervised the repeats. The self-reported repeat records will be checked by the faculty as they visit the clinic sites and verify supervision of repeats with reported technologists. Students will be subject to dismissal from the program if this policy is not strictly followed.

Revised 4/09 Reviewed 4/19, Revised 12/21

Clinical Rotations

Students enrolled in clinical courses are assigned to area hospitals that serve as Clinical Education Settings. Clinical assignments are based on a semester basis. Course assignments, including both clinical and didactic courses, shall not exceed 40 hours/week or 10 hours/day. Students may be required to travel up to approximately 65 miles from campus to a clinical education setting. Students are required to attend orientation for each clinical education setting assigned. Students may be subject to random drug testing.

While assigned to the clinical education setting, the student will rotate through the various areas of the Radiology Department. Clinical rotation assignments take place during daytime and evening hours,

Monday through Friday. Clinical rotation assignments are given to each student at the beginning of each semester and posted at each clinical education site. Students are not permitted to attend clinic in an area they are not assigned. In addition, students are not allowed to attend clinic beyond their scheduled time, without prior approval from the clinical instructor.

Required Clinical Rotations

Diagnostic Radiography	Surgery
Fluoroscopy	Trauma
Portables	Emergency Room

Once the student has completed all of the required competencies for the program, the student may rotate through an elective specialty area of interest or any of the above-mentioned clinical specialty rotations. The following rotations are strictly voluntary based on students interests. The student must meet with the Clinical Instructor to discuss their interests and determine if a rotation through one of these areas can be added into their rotations.

Elective Specialty Rotations

Special Procedures/Cath Lab	Mammography
Ultrasound	CT
Nuclear Medicine	MRI
Radiation Oncology	Bone Densitometry

Reviewed 5/20

Goals of the Clinical Education Plan

A. To provide two years of clinical education experience at JRCERT approved clinical education settings.

B. To provide a sufficient number and variety of clinical learning experiences in equitable learning environments.

C. To provide modern imaging equipment by which students can become proficient in clinical skills.

D. To permit students to learn by providing qualified personnel.

E. To provide performance objectives and simulated laboratory practice assigned to aid students in successfully completing clinical courses.

F. To provide clinical experiences that complement course work.

G.To provide standards against which the competencies, skills and attributes of students can be measured.

H.To provide a comprehensive Competency Evaluation Plan in which student performance can be evaluated and documented.

I. To provide a professional atmosphere in which students may achieve the desired values and characteristics of a competent imaging practitioner.

J. To maintain a student-to-radiography clinical staff ratio of 1:1 at all times, regardless of the level of supervision the student has achieved. However, if an uncommon procedure is performed (e.g., skull imaging), it is acceptable that more than one student may be temporarily assigned to one technologist.

Revised 3/19

Clinical Rotation Plan

# of Weeks	# of Comps	Session	Course
7.5 weeks	10 (Patient Care)	1st Summer	RADT 1001
15 weeks	10	1st Fall	RADT 1092
15 weeks	11	1st Spring	RADT 1093
7.5 weeks	15	2nd Summer	RADT 2091
15 weeks	15	2nd Fall	RADT 2092
15 weeks	13 Final Comps	2nd Spring	RADT 2093

At the conclusion of the 2nd Fall, the student shall have accrued the following:

A. Ten mandatory general patient care activities.

B. Thirty-six mandatory imaging procedures.

C. Fifteen elective imaging procedures to be selected from a list of 34 procedures which includes:

1. At least one elective imaging procedure from the head section.
2. At least two elective imaging procedures from the fluoroscopy studies section, one of which must be either an Upper GI or a Contrast Enema.
3. Thirteen (13) final competency evaluations.

NOTE: Junior Students may not complete more than 2 carryover comps per semester. Senior Students may carryover any number of mandatory competencies.

Revised 5/15 Revised 1/21

Clinical Documentation

The following electronic forms should be completed in Trajecsys within one week after each clinical assignment:

1. Student Clinical Rotation Evaluation (completed by the technologist)
2. Daily Procedure and Repeat Exposure Log
3. Daily Attendance log – Time clocked in and out

Student Clinical Rotation Evaluation

The student will be evaluated at the end of each rotation by the radiographer to whom they are assigned. It is the students responsibility to ensure the evaluation has been completed by the technologist. A mid semester and end of semester evaluation will be performed by the Clinical Instructor to discuss strengths and deficiencies of the students clinical performance.

Patient/Repeat Exposure Log

The student is to maintain a log of exams performed daily in Trajecsys.

The student is required to report repeated exams and the registered technologist who directly supervised the repeated exam while present in the examination room. Clinical instructors will check the repeat exposure log.

Clinical Education Setting Evaluation

Students will evaluate Clinical Education Settings to which they were assigned at the end of the Spring semester. (See Appendix Q2.)

Incident Reporting

Any clinical incident must be reported to the Clinical Instructor/Clinical Coordinator on the day of the occurrence. Failure to report will result in a letter grade drop.

APPENDIX A

Acknowledgement of Receipt and Understanding of the Radiologic Technology Program Student Handbook

My signature below indicates that I have received, read, and understand the Radiologic Technology Program Handbook at Louisiana State University Eunice. I agree to abide by the policies and procedures outlined in this handbook. I understand that failure to adhere to these policies and procedures could result in dismissal from the program.

_____ _____

Student Signature Date

APPENDIX B

Academic Honesty Attestation Statement

I understand that Louisiana State University Eunice and the Division of Health Sciences and Business Technology have academic honor codes. The academic work I submit will be my own and I will not receive any unauthorized assistance with any work I submit for this program.

_____ _____

Student Signature Date

APPENDIX C

Consent for Release of Information

I, _____, agree to allow Louisiana State University Eunice and the Division of Health Sciences and Business Technology to release my health information and/or criminal background investigation to clinical agencies, as requested. I understand this information is confidential, will be kept secure at all times, and is shared with faculty only as appropriate. I further understand that refusal to sign this consent will result in my inability to participate in clinical courses.

APPENDIX D

Waiver and Release of Medical Liability

I hereby agree and acknowledge that my participation in the Clinical experience may involve a risk of injury or illness, including COVID-19. I hereby indemnify and hold harmless LSUE from any and all claims, suits, liability, judgments, and costs, arising from and/or related to any personal injuries, damage to personal property and the results therefrom, ensuing from my participation in the Clinical experience.

I further agree to indemnify and hold LSUE harmless for any injury or medical problem I may acquire, including Dx of COVID-19, during my participation in the Clinical Experience. I agree to pay my own medical costs related to any injuries or illnesses that I incur during my participation in the Clinical Experience. I further agree that LSUE shall not be responsible for payment of needed medical services.

☐ By checking this box and providing my student ID and Name Below, I acknowledge that I have read the above waiver and release in its entirety and affirm this waiver voluntarily. I intend my submission of this form to be a complete and unconditional release of LSUE's liability to the greatest extent allowed by law.

_____

Student's Full Name / Signature

_____

Student's School/ Student ID

_____

Date

_____

School Representative

_____

Date

APPENDIX E

Ethics and Confidentiality

All LSUE Nursing & Allied Health students in the Division of Health Science & Business Technology share the responsibility of observing a Code of Ethics. This Code of Ethics requires truthfulness, honesty, and integrity in all patient care activities performed by the student.

Information regarding patients is highly privileged and confidential. Photocopying any aspect of the patient's record is prohibited. Information about patients should never be discussed casually or released to anyone. Persons inquiring whether someone is a patient should be informed that you cannot release such information. Students are bound from releasing this information by Federal mandate. Breach of confidentiality will result in a recommendation of dismissal from the program to the LSUE Committee on Student conduct.

LSUE Nursing & Allied Health students must maintain a professional relationship with patients. Associating with or fraternizing (including exchanging phone numbers and addresses) with patients while they are in your care is unprofessional and strictly prohibited.

I have read the Policy on Ethics and Confidentiality and agree to abide by this policy. Failure to comply will result in a recommendation for dismissal from the program.

_____ _____

Student's Full Name Date

_____ _____

Student's Printed Name Student ID

_____

Faculty Signature

_____

Date

APPENDIX F

Substance Abuse and Drug-Free Campus

It is the policy of LSU Eunice to maintain a drug-free campus environment. Both the workforce and students shall remain drug-free and free of other substance abuse. The illegal use, possession, dispensation, manufacture, or sale of controlled substances and alcohol abuse by students while on campus is prohibited. Students who are convicted of violating the policy will be subject to disciplinary action within 30 days, which could lead to suspension or expulsion from the LSUE campus. Anyone found to have violated this policy is also subject to referral to civil authorities as appropriate. LSU Eunice will assist employees and students seeking rehabilitation by providing names, addresses, and telephone numbers of substance abuse facilities. Alcohol and drug awareness programs will also be presented. For the complete policy, including provisions affecting all employees, inquire in the Office of Student Affairs.

All students **must** adhere to the **LSU Eunice Substance Abuse & Drug-Free Campus Policy. The signature document must be signed and returned to the Program Director's office.**

Revised 3/19

_____ _____

Student Signature Date

_____

Student ID

Communicable Disease

I understand that radiologic science involves cognitive learning, affective values, and clinical performance standards. I recognize the need to care for persons with communicable diseases. I understand and agree that I cannot, as a LSUE Radiologic Technology student, ethically and morally refuse to care for patient/ clients with HIV, HBV, TB, Coronavirus, or any other communicable disease. If I am uncomfortable with caring for patients with communicable diseases, I will discuss my concerns with the program director. If, after discussion, I am unwilling to care for patients with communicable diseases, I understand that my clinical rotations may be adjusted which may delay graduation.

_____

Student signature

_____

Date

APPENDIX G

MRI SCREENING FORM

STUDENT _____ CLASS _____

DATE _____

General Questions: Do you have any of the following?

Yes No Cardiac pacemaker. Implanted Cardioverter Defibrillator (ICD)/Heart valve/Heart surgery: Date/type _____

Yes No Shunts/Stents/Intravascular coil: Date/type _____

Yes No Ear or eye implants/surgery: Date/type _____

Yes No Injury to eye involving metal or metal shavings _____

Yes No Are you or do you suspect pregnancy? Or are you breast feeding? _____

Yes No Brain or brain aneurysm surgery: Date/type _____

Yes No Any electrical, mechanical, magnetic pumps, stimulators, and/or implants? Date/type _____

Yes No Any body piercing jewelry?

Yes No Any breast tissue expanders? Date/type _____

Yes No Shrapnel or metal fragments in skin or body? Specify: _____

Yes No Dentures/Hearing aid/Wig: Please circle which applies.

Yes No Any type of prosthesis? Date/type _____

All other surgeries: Date/type _____

If any of the above items have changed since entering the program, please notify the clinical instructor.

I understand that this confidential information will be shared with the MRI technologist/clinical site approving this screening for safety.

_____ _____

MRI Technologist

Student Signature

APPENDIX H

LSUE EUNICE

DIVISION OF HEALTH SCIENCES AND BUSINESS TECHNOLOGY
RADIOLOGIC TECHNOLOGY

DECLARED PREGNANCY FORM

At the date of my signature I *Jane Smith*, am voluntarily declaring myself pregnant and understand that my radiation limit is **0.5 rem** for the remainder of the gestation period, not to exceed **0.05 rem** in any given month. Also, changes in my clinical assignments may be instituted in order to insure compliance with these standards.

Please mark one of the following options for your continuance in the program.

__X__ I request continuance in the program with modification. Modifications include the following:

- Issued the use of a lead apron specially designed for the pregnancy
- Wear a fetal radiation monitoring device
- Limit cases in fluoroscopy during clinical experience
- Change the declared student's clinical rotation schedule (e.g., no fluoro and/or surgery during the first 3 months of pregnancy).

Note: The program requires the declared student to submit a medical release to continue with clinical assignments. In addition, the Title IX coordinator can assist with providing additional modifications.

_____I request continuance in the program without modification.

The estimated date of conception is *July 1,2019* (month and year).

- I understand the responsibilities as stated in the "Pregnancy Policy" of the LSUE RADT Program Handbook.

- I have been advised of radiation protection measures, and have received a copy of the most recent NRC regulatory guide 8.13 (Instruction Concerning Prenatal Radiation Exposure) and regulatory guide 8.36 (Radiation Dose to the Embryo/Fetus).
- I agree to abide by the regulations and policy set forth concerning pregnancy and radiation safety.
- I understand that I may undeclare my pregnancy at any time, and must notify the appropriate personnel in writing.

Jane Smith	Jane Smith	August 30,2019
Student (Print)	Student Signature	Date
Mary Ellen Smith	Mary Ellen Smith, BSRT (R)	August 30,2019
Clinical Coordinator (Print)	Clinical Coordinator Signature	Date
Albert Jones, M.A., R.T.(R)	Albert Jones, M.A., R.T.(R)	August 30,2019
Program Director/RSO (Print)	Program Director/RSO Signature	Date

Revised May 2019

APPENDIX I

STUDENT EXPOSURE REPORT FORM –RADIATION PROTECTION POLICY

Student Name _____Student's Date of Birth _____

Student Social Security Number _____ Date OSL Issued _____

Date OSL Read _____ OSL Reading _____

The above reading exceeds the recommended dose equivalence for one calendar quarter set forth in the Student Clinical Handbook under the Radiation Protection Policy, and by the LSU System Radiation Safety Committee.

The object of our ALARA program is to maintain radiation exposure at the lowest possible levels. This program is based on the premise that radiation exposure is not free of risk and therefore, radiation exposure should be kept to levels well below the limits allowed by the Nuclear Regulatory Commission, the state of Louisiana and other regulatory agencies. The state dose equivalent limit for an occupational imaging technologist is 5,000 mrem/yr. or 5 rem/yr. For students in clinical education experience of a diagnostic imaging program, the administrative dose equivalent limit is 1,000 mrem/yr or 1 rem/yr. Therefore, investigational action levels set by the Radiologic Technology Program at LSU Eunice are as follows:

A student who receives more than 250 mrem per calendar quarter or 0.250 rem/calendar quarter.

Your dose is below the NRC and State limits but exceeds the limit recommended for student clinical education experience at a clinical site. This behavior indicates a need to review imaging procedures performed during a specific clinical assignment in order to reduce your exposure. Apply the basic rules of radiation protection (time, distance and shielding) to lower your radiation exposure.

Please provide (in the space below) a written explanation as to why you believe this level was exceeded. Please be specific.

_____

_____

_____

_____

_____

Program Director (RSO) Signature

_____

Date

Student Signature

_____

Clinical Coordinator

_____

Adapted from Rapides Regional Medical Center Revised 3/19

APPENDIX J

RE-ENTRY RADT APPLICATION

Name: _____

Address: _____ Ph.# _____

Last LSU Eunice RADT Course Successfully Completed: _____

Date last Enrolled in an LSU Eunice RADT Course: _____

Date Last Enrolled at LSU Eunice: _____

Have you attended another school subsequent to the date specified above? _____

If yes, specify school: _____

Are you currently attending school? _____

Current Overall GPA: _____

DEADLINES FOR APPLICATION

For Reentry Into: Fall – July 15

Spring – December 1 Summer – May 1

I understand that decisions on reentry applications are determined as soon as student attrition for the previous semester can be validated. I furthermore understand that re-entry students are accepted on a competitive basis and must meet the requirements for readmission to the program as stated in the LSU Eunice Catalog. By submitting this application and written request, it does not guarantee acceptance into the Radiologic Technology program.

_____ Signature

_____Date

Revised: April 2016 Reviewed: March 2019

APPENDIX K

Mayci Breaux Memorial Scholarship

This award is offered annually during the spring semester to a current LSU Eunice Radiologic Technology clinical student with adverse financial circumstances and is in good academic standing. Preference will be given to students who are not currently receiving scholarships.

Submission Requirements:

1. A copy of your most current college transcript.

2. Two letters of recommendation (in sealed envelope) from a non-related adult, such as a coach, teacher (RADT faculty not included), employer, mentor, or clergy member.

3. A typed letter answering the application questions. (see below)

TO BE COMPLETED BY THE STUDENT APPLICANT (please print)

STUDENT Name _____

Last First M.I.

Student Address _____

Number and Street, City, State, and Zip Code

Student Contact Number (____) _____ -_____

Student Date of Birth _____

Student E-mail Address _____

Current Cumulative GPA _____

Please answer the following questions on a separate sheet of paper (typed):

1. What life experiences have shaped who you are today and what challenges have you overcome in achieving your education (i.e. financial, personal, medical, etc.)?

2. Explain why you need financial assistance.

3. Describe any extracurricular activities (clubs, school, or community volunteer efforts, work experience).

4. Award and Honors (received during high school/college)

5. Describe an event in which you took a leadership role and what you learned about yourself.

6. Additional information you would like to have the selection committee consider.

All documents must be returned by March 1st

All documents must be submitted by the deadline. Once your completed application is accepted, adjustments are not possible.

Selection and Award Process : The Mayci Breaux Scholarship will be awarded to the student who meets the eligibility criteria and best fits the award's vision. All applications will be reviewed by a selection committee comprised of the LSU Eunice Radiologic Technology faculty in addition to other Allied Health faculty within the Health Technology Division. Once the recipient has been determined, a letter will be sent notifying him/her of their award. The Scholarship is awarded yearly.

APPENDIX L

Transfer Radiologic Technology Students

Students who wish to transfer with radiologic technology credits are subject to the "Requirements for Readmission" and the "Retention/Progression Guidelines". Radiologic technology credits will be evaluated on an individual basis. Students requesting transfer into the LSU Eunice Radiologic Technology program must:

1. Arrange a personal interview with the Radiologic Technology Program Director.

2. Provide transcripts of all previous college work at the time of the interview.

3. Submit a course description and course content from completed Radiologic Technology courses at the time of the interview.

4. Submit a Letter of Good Standing from prior Radiologic Technology program(s). This letter from the administrative Dean of the prior program(s) should be mailed directly to the Radiologic Technology Program Director, to be received prior to the time of the interview.

5. Have earned a minimum grade of "C" in required Radiologic Technology courses and have enrolled in Radiologic Technology course(s) only once.

Reviewed 3/19 Revised 5/14, Reviewed 5/20

APPENDIX M

APPENDIX N

DIVISION OF HEALTH SCIENCES AND BUSINESS TECHNOLOGY
RADIOLOGIC TECHNOLOGY PROGRAM

PROGRAM COURSES

RADIOLOGIC TECHNOLOGY (RADT)
All radiologic technology courses are scheduled in blocks by semester. Under normal circumstances, withdrawal from one course will require withdrawal from all scheduled radiologic technology courses. In radiologic technology courses, one (1) credit hour is equal to 1 hour of lecture, 2 hours of lab, or 3 hours of clinical experience.

RADT 1000 **Introduction to Radiologic Technology. Lec. 1; Cr. 1.**
A survey of basic principles and practices of radiologic technology.

Prerequisites: Completion of English 1001 and MATH 1015 or 1021. A grade of C or better must be earned for eligibility of selection into the Radiologic Technology Program.

RADT 1001 **Patient Care and Education. Lec. 1; Lab. 2; Cr. 2.**
A study of basic patient care procedures, including venipuncture and pharmacology, as they apply to Radiologic Technology. Ethical and legal aspects and human diversity are also covered.
Prerequisites: Selective admission to the Radiologic Technology Program.
Co-requisite: Radiologic Technology 1091.

RADT 1011 **Imaging and Equipment. Lec. 3: Cr. 3.**
A study of the principles of radiation physics, and imaging equipment to include x-ray production, target interactions, x-ray generators and transformers, grids, and accessories.
Prerequisites: Radiologic Technology 1001 and 1091.
Co-requisites: Radiologic Technology 1021 and 1092.

RADT 1012 **Image Acquisition and Evaluation. Lec. 2; Lab. 2; Cr. 3.**
A study of image production, image characteristics, radiographic exposure technique, scatter control, image receptors, automatic exposure control, and additional equipment.
Prerequisites: Radiologic Technology 1011, 1021, and 1092.
Co-requisites: Radiologic Technology 1022 and 1093.

RADT 1021 **Imaging Procedures I. Lec. 4; Lab. 2; Cr. 5.**
A study of imaging procedures related to the upper and lower extremities, shoulder girdle, pelvis and upper femora, vertebral column, and bony thorax. Course includes content on professional behavior and cultural diversity in imaging procedures.
Prerequisites: Radiologic Technology 1001 and 1091.
Co-requisites: Radiologic Technology 1011 and 1092.

RADT 1022 **Imaging Procedures II. Lec. 4; Lab. 2; Cr. 5.**
A study of imaging procedures related to the GI and GU tract, cranium and facial bones, venipuncture, reproductive system, pediatrics, trauma and surgical concepts. Introduction to advanced imaging procedures.
Prerequisites: Radiologic Technology 1011, 1021, and 1092.
Co-requisites: Radiologic Technology 1012 and 1093.

RADT 1091 **Applied Imaging I. Lec 1; Lab 2; Cr. 2.**
Freshman positioning lab. Supervised lab practice of basic skills related to patient management and the radiology department. A study of imaging procedures related to the chest and abdomen are covered. An introduction to mobile radiography, pediatric imaging, and geriatric radiography will also be covered. *Prerequisites: Selective admission to the Radiologic Technology Program. Co-requisite: Radiologic Technology 1001.*

RADT 1092 **Applied Imaging II. Clin. 12; Cr. 4.**
Freshman clinical rotation. Supervised clinical practice of basic skills related to imaging procedures with emphasis on chest, abdomen, extremities, vertebral column, and bony thorax.
Prerequisites: Radiologic Technology 1001 and 1091.
Co-requisites: Radiologic Technology 1011 and 1021.

RADT 1093 **Applied Imaging III. Clin. 12; Cr. 4.**
Freshman clinical rotation. Supervised clinical practice of basic skills related to imaging procedures with emphasis on bony thorax, GU/GI systems, fluoroscopic studies, and skull.
Prerequisites: Radiologic Technology 1011, 1021, and 1092.
Co-requisites: Radiologic Technology 1012 and 1022.

RADT 2031 **Advanced Imaging Procedures. Lec. 2; Cr. 2.**
An introduction to the advanced imaging procedures with emphasis on equipment and accessory devices, procedure protocol, radiation protection, and patient care.
Prerequisite: Completion of all first-year Radiologic Technology courses and Radiologic Technology 2091. Co-requisites: Radiologic Technology 2033 and 2092.

RADT 2033 **Radiobiology and Radiation Protection. Lec. 2; Cr. 2.**
A study of radiobiology with emphasis on cellular components, radiation effects, and protective measures; with federal regulations governing radiation protection.
Prerequisite: Completion of all first-year Radiologic Technology courses and Radiologic Technology 2091. Co-requisites: Radiologic Technology 2031 and 2092.

RADT 2036 **Radiographic Pathology. Lec. 2; Cr. 2.**
A study of pathologic conditions of the body systems with emphasis on anatomy and physiology, imaging considerations, types of disease, imaging technique, and treatment.
Prerequisite: Radiologic Technology 2031, 2033, and 2092.
Co-requisites: Radiologic Technology 2038 and 2093.

RADT 2038 **Registry Review. Lec. 2; Cr. 2.**
A study of topics and techniques chosen for their relevance to contemporary imaging practices and the American Registry of Radiologic Technologists Examination.
Prerequisite: Radiologic Technology 2031, 2033, and 2092.
Co-requisites: Radiologic Technology 2036 and 2093.

RADT 2091 **Applied Imaging IV. Clin. 15; Cr. 5.**
Sophomore clinical rotation. Continued performance of supervised clinical practice with emphasis on trauma and surgical procedures, and an introduction to the advanced imaging procedures.
Prerequisites: Completion of all first-year Radiologic Technology courses.

RADT 2092 **Applied Imaging V. Clin. 24; Cr. 8.**
Sophomore clinical rotation. Continued performance of supervised clinical practice with emphasis on advanced imaging procedures.
Prerequisite: Completion of first-year Radiologic Technology courses and Radiologic Technology 2091. Co-requisites: Radiologic Technology 2031 and 2033.

RADT 2093 **Applied Imaging VI. Clin. 24; Cr. 8.**
Sophomore clinical rotation. Continued performance of supervised clinical practice with emphasis on advanced application of clinical skills involving management of all aspects of the imaging process.
Prerequisite: Radiologic Technology 2031, 2033, and 2092.
Co-requisites: Radiologic Technology 2036 and 2038.

RADIOLOGIC TECHNOLOGY CURRICULUM

Prerequisites

RADT		1000	Introduction to Radiologic Technology	1
ALLH		1013	Medical Terminology	2
MATH		1015	Applied College Algebra	3
	(or)	1020	College Algebra (5 credits)	
	(or)	1021	College Algebra (3 credits)	
BIOL		1160	Human Anatomy	3
BIOL		1161	Human Anatomy Lab	1
ENGL		1001	English Composition	3
PSYC		2070	Developmental Psychology	3
PHYS		1001	Principles of Physics	3
	(or)	2001	General Physics (3 credits)	
BIOL		2160	Human Physiology	3
BIOL		2161	Human Physiology Lab	1
				23

First Year

Course Number			***Description***	***Sem. Hrs.***
Summer Session				
RADT		1001	Patient Care and Education	2
RADT		1091	Applied Imaging I	2
			Total	4
Fall Semester				
RADT		1011	Imaging & Equipment	3
RADT		1021	Imaging Procedures I	5
RADT		1092	Applied Imaging II	4
ENGL		1002	English Composition	3
			Total	15
Spring Semester				
RADT		1012	Image Acquisition and Evaluation	3
RADT		1022	Imaging Procedures II	5
RADT		1093	Applied Imaging III	4
General Education mathematics course above the level of college algebra				3
			Total	15

Second Year

Course Number		*Description*	*Sem. Hrs.*
Summer Session			
RADT	2091	Applied Imaging IV	5
		Total	5
Fall Semester			
RADT	2031	Advanced Imaging Procedures	2
RADT	2033	Radiobiology and Radiation Protection	2
RADT	2092	Applied Imaging V	8
General Ed. Fine Arts Elective			3
		Total	15
Spring Semester			
RADT	2036	Radiographic Pathology	2
RADT	2038	Registry Review	2
RADT	2093	Applied Imaging VI	8
General Ed. Humanities Elective			3
		Total	15
		Grand Total	**92**

APPENDIX O

LSUE EUNICE

DIVISION OF HEALTH SCIENCES AND BUSINESS TECHNOLOGY
RADIOLOGIC TECHNOLOGY PROGRAM

STUDENT LOAD IN RADIOGRAPHY COURSE WORK

FIRST YEAR

Summer Semester I

RADT 1091 MTWR 9:00 – 11:50 (Applied Imaging I)

Preliminary Steps in Radiography, General Anatomy and Radiographic Positioning Terminology, Radiography of the Chest and Abdomen. Orientation to the Clinical Setting.

RADT 1001 MTWR 9:00 – 11:50 (Patient Care and Education)

A study of basic patient care procedures, including venipuncture and pharmacology, as they apply to Radiologic Technology. Ethical and legal aspects and human diversity are also covered.

Note: The program limits required clinical and academic involvement for students to not more than 40 hours per week and not more than 10 clinical hours per day.

Fall Semester I

168 Clinical Hours (6 hours per day; 2 days a week for 15.0 weeks)
Note: Fall Break and Thanksgiving are Holidays

RADT 1092 TTh 8:00 – 2:00 (Applied Imaging II)

Opelousas General Health System, Mercy Regional Medical Center, Acadian Medical Center, University Hospital & Clinics, OLOL Heart Hospital, Acadia General Hospital

Our Lady of Lourdes Regional Medical Center, Our Lady of Lourdes Women's & Children's Hospital, Our Lady of Lourdes Imaging, and Iberia Medical Center, Iberia Medical Center North Campus, University Hospital & Clinics

Lafayette General Medical Center, Lafayette General Orthopedic Hospital, Lafayette General Imaging, University Hospital & Clinics, (Iberia Medical Center, Iberia Medical Center North Campus)

Rotations: Fluoro/Routine Diagnostic Rooms, Emergency Room, and Portables

RADT 1021	M	9:00 – 12:50 (Imaging Procedures I)
	W	8:00 - 9:50, or 10 -11:50 or 1-2:50(Imaging Procedures I)
RADT 1011	F	9:00 – 11:50 (Imaging and Equipment)

Spring Semester I

174 Clinical Hours (6 hours per day; 2 days a week for 15.0 weeks)
Note: (Mardi Gras) is a Holiday

RADT 1093 TTh 8:00 – 2:00 (Applied Imaging III)

Opelousas General Health System, Mercy Regional Medical Center, Acadian Medical Center, and University Hospital & Clinics, Lafayette General Orthopedic Hospital, Our Lady of Lourdes Imaging

Our Lady of Lourdes Regional Medical Center, Our Lady of Lourdes Heart Hospital, Iberia Medical Center, Iberia Medical Center North Campus, University Hospital & Clinics, Acadia General Hospital

Lafayette General Medical Center, Lafayette General Imaging, University Hospital and Clinics, Womens and Children's (Iberia Medical Center, Iberia Medical Center North Campus)

Rotations: Fluoro/Routine Diagnostic Rooms, Portables/Surgery, and Emergency Room.

RADT 1022	M	9:00 – 12:50 (Imaging Procedures II)
	W	8-9:50, 10-11:50, or 1-2:50 (Imaging Procedures II)
RADT 1012	F	9:00 – 12:50 (Image Acquisition and Evaluation)

SECOND YEAR

Summer Semester II

232 Clinical Hours (7.5 hours per day; 4 days a week for 8 weeks)

Note: 4th of July is a Holiday

RADT 2091 M – Th 7:00 – 2:30; 8:00 – 3:30; 2:30 – 10:00 (Applied Imaging IV)

Opelousas General Health System, Mercy Regional Medical Center, Acadian Medical Center, and , University Hospital & Clinics, Our Lady of Lourdes Women's & Children's Hospital

Our Lady of Lourdes Regional Medical Center, University Hospital & Clinics and Iberia Medical Center, Iberia Medical North Campus, Lafayette General Orthopedic Hospital, Our Lady of Lourdes Imaging

Lafayette General Medical Center, Lafayette General Imaging, Acadia General, University Hospital and Clinics, Our Lady of Lourdes Heart Hospital, (Iberia Medical Center, Iberia Medical Center North Campus)

Rotations: Fluoro/Routine Diagnostic Rooms, Portables/Surgery, Emergency Room and Trauma.

Fall Semester II

320 Clinical Hours (8 hours per day; 3 days a week for 15.0 weeks)

Note: Labor Day, Fall Break, and Thanksgiving are Holidays

RADT 2092 MWF 7:00 – 3:00/8:00 – 4:00 (Applied Imaging V)

Opelousas General Health System, Mercy Regional Medical Center, Acadian Medical Center, University Hospital & Clinics,Acadia General,Our Lady of Lourdes Imaging,Our Lady of Lourdes Heart Hospital

Our Lady of Lourdes Regional Medical Center, Our Lady of Lourdes Women's & Children's Hospital, and Iberia Medical Center,Iberia Medical North Campus,University Hospital & Clinics

Lafayette General Medical Center, Lafayette General Orthopedic Hospital, Lafayette General Imaging, and University Hospital and Clinics, (Iberia Medical Center, Iberia Medical Center North Campus)

Rotations: Fluoro/Routine Diagnostic Rooms, Emergency Room, Portables/Surgery, Computed Tomography (if competencies are met) and Trauma.

RADT 2031:	Tu	9:00 – 10:50 (Advanced Imaging Procedures)
RADT 2033:	Th	9:00 – 10:50 (Radiobiology & Radiation Protection)

Spring Semester II

328 Clinical Hours (8 hours per day; 3 days a week for 15.0 weeks)

Note: Dr. Martin Luther King's Birthday and Mardi Gras are Holidays. Grad Picture Day and Career Expo for Health Care Science programs are clinical days that are spent on campus-attendance required.

RADT 2093 MWF 7:00 – 3:00/8:00 – 4:00 (Applied Imaging VI)

Opelousas General Health System, Mercy Regional Medical Center, Acadian Medical Center, University Hospital & Clinics, Lafayette General Orthopedic Hospital

Our Lady of Lourdes Regional Medical Center, Our Lady of Lourdes Imaging, , and Iberia Medical Center, Iberia Medical North Campus, Iberia Medical Center, Acadia General, Our Lady of Lourdes Heart Hospital

Lafayette General Medical Center, Lafayette General Imaging, University Hospital and Clinics,Our Lady of Lourdes Women's & Children's Hospital, (Iberia Medical Center, Iberia Medical Center North Campus)

Rotations: Fluoro/Routine/Diagnostic Rooms, Emergency Room, Portables/Surgery, Computed Tomography, Optional Rotation in Advanced Imaging Modalities, and Trauma.

Note: Optional Rotations include Bone Densitometry, Computed Tomography, Magnetic Resonance, Special Procedures/Cath Lab, Radiation Oncology, Mammography, Ultrasound, and Nuclear Medicine

RADT 2036: Tu 9:00 – 10:50 (Radiographic Pathology)
RADT 2038: Th 9:00 – 10:50 (Registry Review)

APPENDIX P

LSUE EUNICE

DIVISION OF HEALTH SCIENCES AND BUSINESS TECHNOLOGY
RADIOLOGIC TECHNOLOGY PROGRAM

CHI SIGMA TAU CONSTITUTION

Article I: Name

This organization shall be known as Chi Sigma Tau.

Article II: Objectives

The objectives of this organization shall be:

Section 1: To promote student interest in the field of radiology.

Section 2: To help finance the expenses of future radiology conventions and/or seminars.

Article III: Membership and Responsibilities

Section 1: Membership shall be open to any student who is in the LSU Eunice radiologic technology program regardless of age, sex, creed, race, or national origin.

Section 2: Members shall be responsible for participating in at least two activities per academic year.

Section 3: Members shall uphold and abide by the rules and regulations that govern LSU Eunice.

Article IV: Officers and Duties

Section 1: The elected officers shall consist of a (a) president, (b) vice-president, (c) historians, (d) secretary, (e) treasurer, and (f) projects managers. **All students must participate.**

Section 2: The president shall attend all general meetings. The president shall preside at all Radiologic Technology Advisory Board meetings as Liaison Officer for the students of the program.

Section 3: The vice-president shall assume all responsibilities of the president in the absence of the president.

Section 4: The secretary shall be responsible for the issuing of notices of meetings to all members and record the minutes of all meetings for future review.

Section 5: Under the supervision of the faculty advisors, the treasurer will collect and disperse all funds upon approval of the president and faculty advisors.

Treasures will keep an accurate account of all receipts and balances of their respective class and issue a report to their members at each general meeting.

Section 6: The historians shall be responsible for maintaining the Chi Sigma Tau photosof their class.

Section 7: The Project Managers shall be responsible for all aspects of any fund raising event.

Article V: Elections

Section 1: To be eligible to run for a respected office, a candidate must be a student in their second semester of the radiologic technology program.

Section 2: All officers shall be elected by majority vote.

Section 3: Officers shall be elected for a term of two (2) years beginning the first fall semester.

Section 4: In the event any elected officer cannot uphold their official duties, the faculty advisors will fill the vacancy with any member in good standing.

Article VI: Meetings

Board Members of Chi Sigma Tau shall hold a minimum of one (1) general meeting per month, usually before or after class meets. Additional meetings may be called with at least forty-eight (48) hours prior notice to all members.

Article VII: Committees

Board Members of Chi Sigma Tau will form committees as the need arises through the direction of the Project Managers.

Article VIII: Amending the Constitution

The constitution may be amended at any time by a two-thirds majority vote of members in good standing.

Revised 5/19, 5/20

APPENDIX Q

LSUE EUNICE

DIVISION OF HEALTH SCIENCES AND BUSINESS TECHNOLOGY
RADIOLOGIC TECHNOLOGY PROGRAM

CLINICAL AFFILIATES

Primary sites: Opelousas General Health System, Opelousas, LA

Our Lady of Lourdes Regional Medical Center, Lafayette, LA

Ochsner Lafayette General Medical Center , Lafayette, LA

Additional sites: Acadian Medical Center, Eunice, LA

Iberia Medical Center, New Iberia, LA

Iberia Medical Center, New Iberia LA North Campus

Ochsner University Hospital & Clinics , Lafayette, LA

Ochsner Lafayette General Orthopedic Hospital , Lafayette, LA

Mercy Regional Medical Center, Ville Platte, LA

Our Lady of Lourdes Women's & Children's Hospital, Lafayette, LA

Our Lady of Lourdes Imaging Medical Office Building

Ochsner Acadia General- Crowley, LA

Ochsner Lafayette General Imaging, Lafayette, LA

OLOL Heart Hospital, Lafayette, LA

APPENDIX R

American Society of Radiologic Technologists

Who Are Radiologic Technologists?

What Do Radiologic Technologists Do?

Radiologic technologists are the medical personnel who perform diagnostic imaging examinations and administer radiation therapy treatments. They are educated in anatomy, patient positioning, examination techniques, equipment protocols, radiation safety, radiation protection and basic patient care. They may specialize in a specific imaging technique such as bone densitometry, cardiovascular-interventional radiography, computed tomography, mammography, magnetic resonance imaging, nuclear medicine, quality management, sonography or general radiography. The radiologic technologists who specialize in radiation therapy, which is the delivery of high doses of radiation to treat cancer and other diseases, are radiation therapists and medical dosimetrists.

Registered radiologic technologists — known as "R.T.s" — must complete at least two years of formal education in an accredited hospital-based program or a two- or four-year educational program at an academic institution and must pass a national certification examination. To remain registered, they must earn continuing education credits.

Radiologic Technologists on the Medical Imaging Team

Radiologic technologists who perform imaging examinations are responsible for accurately positioning patients and ensuring that a quality diagnostic image is produced. They work closely with radiologists, the physicians who interpret medical images to either diagnose or rule out disease or injury. For the images to be interpreted correctly by the radiologist, the imaging examination must be performed properly by a radiologic technologist.

Radiologic technologists often specialize in a particular diagnostic imaging area:

- **Bone Densitometry Technologists** use a special type of x-ray equipment to measure bone mineral density at a specific anatomical site (usually the wrist, heel, spine or hip) or to calculate total body bone mineral content. Results can be used by physicians to estimate the amount of bone loss due to osteoporosis, to track the rate of bone loss over a specific period of time, and to estimate the risk of fracture.

- **Cardiac Interventional and Vascular Interventional Technologists** use sophisticated imaging techniques such as biplane fluoroscopy to help guide catheters, vena cava filters, stents or other tools through the body. Using these techniques, disease can be treated without open surgery.

- **Computed Tomography Technologists** use a rotating x-ray unit to obtain "slices" of anatomy at different levels within the body. A computer then stacks and assembles the individual slices, creating a diagnostic image. With CT technology, physicians can view the inside of organs - a feat not possible with general radiography.

- **Magnetic Resonance Technologists** are specially trained to operate MR equipment. During an MRI scan, atoms in the patient's body are exposed to a strong magnetic field. The technologist applies a radiofrequency pulse to the field, which knocks the atoms out of alignment. When the technologist turns the pulse off, the atoms return to their original position. In the process, they give off signals that are measured by a computer and processed to create detailed images of the patient's anatomy.

- **Mammographers** produce diagnostic images of breast tissue using special x-ray equipment. Under a federal law known as the Mammography Quality Standards Act, mammographers must meet stringent educational and experience criteria in order to perform mammographic procedures.
- **Nuclear Medicine Technologists** administer trace amounts of radiopharmaceuticals to a patient to obtain functional information about organs, tissues and bone. The technologist then uses a special camera to detect gamma rays emitted by the radiopharmaceuticals and create an image of the body part under study. The information is recorded on a computer screen or on film.
- **Quality Management Technologists** use standardized data collection methods, information analysis tools and data analysis methods to monitor the quality of processes and systems in the radiology department. They perform processor quality control tests, assess film density, monitor timer accuracy and reproducibility and identify and solve problems associated with the production of medical images.
- **Radiographers** use radiation (x-rays) to produce black-and-white images of anatomy. The images are captured on film, computer or videotape. X-rays may be used to detect bone fractures, find foreign objects in the body, and demonstrate the relationship between bone and soft tissue. The most common type of x-ray exam is chest radiography.
- **Sonographers** use sound waves to obtain images of organs and tissues in the body. During an ultrasound examination, the sonographer places a transducer in contact with the patient's body. It emits high-frequency sound waves that pass through the body, sending back "echoes" as they bounce off organs and tissues. Special computer equipment converts those echoes into visual data.

Radiologic Technologists on the Radiation Oncology Team

The medical team responsible for treating many types of cancers includes the patient's primary care physician, a physician specialist known as a radiation oncologist, a medical physicist, a radiation therapist and a medical dosimetrist. The radiation therapist and the medical dosimetrist are members of the radiologic technology profession.

- **Medical Dosimetrists** determine how much radiation will be delivered to a tumor site. Under the supervision of a medical physicist, they calculate and generate radiation dose distributions in accordance with the treatment plan developed by the radiation oncologist. Medical dosimetrists use their knowledge of physics, anatomy and radiobiology to design optimal treatments that apply an effective dose to the targeted area while sparing normal tissue that surrounds it.
- **Radiation Therapists** administer targeted doses of radiation to the patient's body to treat cancer or other diseases. As the radiation strikes human tissue, it produces highly energized ions that gradually shrink and destroy the nucleus of malignant tumor cells. Radiation therapists are highly skilled medical specialists educated in physics, radiation safety, patient anatomy and patient care. They typically see each of their patients three to five days a week throughout a four- to seven-week treatment plan.

Who Are Radiologists?

Radiologists are physicians who earn a four-year doctoral degree to become an M.D. (medical doctor) or D.O. (doctor of osteopathy). They then complete a four-year residency in diagnostic radiology or radiation oncology. More than 90 percent of radiologists go on to become certified by the American Board of Radiology, indicating that they have passed a standardized national examination in radiology.

- **Diagnostic radiologists** specialize in the interpretation of medical images such as MR scans, CT scans, radiographs, nuclear medicine scans, mammograms and sonograms. They are specially trained to identify injury and disease in each of the body's systems, whether bone, tissue, organs or blood vessels. Radiologists may specialize in fields such as neuroradiology, angiography, cardiovascular-interventional radiology, pediatric radiology or nuclear medicine.

- **Radiation oncologists** are physicians who specialize in the treatment of cancer. They consult with each patient and the patient's primary care physician to determine the best course of therapy and plan a treatment schedule. Then, they work with a medical dosimetrist to calculate how much radiation will be delivered. The radiation therapist is the medical professional who carries out the treatment plan by delivering targeted radiation to the tumor site.

Interventional radiologists perform nonsurgical treatments for a number of medical conditions, most commonly vascular disease. Examples of these treatments include angioplasty, thrombolysis, atherectomy, embolization of bleeding vessels and occlusion of brain aneurysms. Interventional radiologists perform these procedures under the guidance of x-rays, magnetic resonance or other imaging methods.

APPENDIX S

Code of Ethics

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

THE AMERICAN REGISTRY
OF RADIOLOGIC
TECHNOLOGISTS®

POLICY STATEMENT 41
SUBSTANCE ABUSE AND DRUG-FREE CAMPUS POLICY

POLICY DIGEST

Primary Monitoring Unit: Chancellor's Office
Initially Issued: June 8, 1998
Last Revised: April 12, 2017 (format updated March 19, 2022)

I. INTRODUCTION

The following is written in accordance with the U.S. Department of Education and State of Louisiana Employee Substance Abuse and Drug-Free Workplace Policies. These policies conform with the U.S. Drug Free Schools and Campuses Act of 1989 and 1990.

II. POLICY

It shall be the policy of Louisiana State University at Eunice to maintain a drug-free campus environment. Both the workforce and students shall remain drug-free and free of other substance abuse. Thus:

A. Employees (administrators, faculty, staff, and student employees) are prohibited from reporting to work or performing work for the State while under the influence of or while impaired by illegal drugs or alcohol.

B. The illegal use, possession, dispensation, distribution, manufacture, or sale of controlled substances and alcohol by employees while at the work site, and while engaged in official business, on duty, or on call for duty is prohibited.

C. The illegal use, possession, dispensation, manufacture or sale of controlled substances and alcohol abuse by students while on campus is prohibited.

D. Employees who exhibit such conduct as described in A and B, and students who exhibit such conduct as described in C, and who are convicted of violating the University's Substance and Drug Abuse Policy will be subject to the following within thirty (30) days after conviction:

1. employees - appropriate personnel disciplinary action up to and including termination of employment or mandatory participation in a rehabilitation program approved for such purposes by a Federal, State, or local health or law enforcement agency or other appropriate agency.

2. students - disciplinary action including suspension or expulsion from the University as specified by the LSU Eunice Code of Student Conduct.

3. employees and students - referral to civil authorities as appropriate for violation of local, state, or federal regulations.

E. All employees and students will be given a copy of the University's Substance Abuse and Drug-Free Campus Policy on an annual basis. As a condition of employment for administrators, faculty, staff, and student employees, and as a condition of enrollment for all students, the attached document must be signed which attests that they will:

1. abide by the terms of the University's Substance Abuse and Drug-Free Campus Policy.

2. notify the Office of the Chancellor (employees) or Office of Student Affairs(students) in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

Signed employee certification sheets will be filed in the Office of Personnel Records. Student certification sheets will be filed in the Office of Student Affairs.

F. The University will report any such criminal drug statute convictions of employees, including student employees, where employment is funded through a federal grant or contract to the agency or agencies from which that grant or contract is received within ten (10) days after receiving notice from the employee or student or otherwise receiving actual notice of such conviction.

G. The University will assist those employees and students seeking rehabilitation by providing names, addresses, and telephone numbers of substance abuse facilities.

H. The University will present an alcohol and drug awareness program(s) to inform employees and students of the following:

1. the dangers of substance and alcohol abuse in the work place;

2. the University's policy of maintaining a drug-free workplace;

3. any available drug and alcohol abuse counseling, rehabilitation, and employee assistance programs;

4. the penalties that may be imposed upon employees for drug or alcohol abuse violations occurring in the workplace; and

5. the penalties that may be imposed upon students receiving financial assistance for drug or alcohol abuse occurring within the classroom or elsewhere on the campus.

The Office of Student Affairs will coordinate implementation of this policy.

POLICY STATEMENT 30
POLICY ON SEXUAL HARASSMENT

POLICY DIGEST

Primary Monitoring Unit: Title IX Coordinator
Initially Issued: May 14, 1998
Last Revised: June 11, 2023 (Title of PM 73 and Section Numbers Updated)

I. PURPOSE

To comply with Section 703 of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Executive Order No. BJ 2014-14, the Louisiana Board of Regents, Louisiana State University Permanent Memorandum 73 (PM-73) Prohibiting Power-based Violence, including Sex- and Gender-based Harassment and Discrimination, and Sexual Misconduct (updated January 19, 2022), and the Permanent Memorandum (PM-55) Equal Opportunity Policy (updated July 10, 2006). Sexual harassment is a violation of Title IX of the Education Amendment of 1972, which prohibits discrimination based on sex in educational institutions receiving federal financial assistance.

In order for productive learning and the support thereof, members of the LSU Eunice campus community, i.e. faculty, students, administrators, and staff, should pursue their responsibilities guided by a strong commitment to principles of mutual trust and confidence and professional codes of conduct. Sexual Misconduct violates an individual's fundamental rights and personal dignity and will not be tolerated. LSU Eunice prohibits and is committed to an environment free of discrimination based on sex and Sexual Misconduct. This policy affirms these principles and provides recourse for individuals whose rights have been violated.

See LSU Permanent Memoranda PM-55 (Equal Opportunity Policy), and PM-73 (Prohibiting Power-based Violence, including Sex- and Gender-based Harassment and Discrimination, and Sexual Misconduct) for further information.

II. DEFINITIONS

Sexual harassment consists of unsolicited and unwelcome sexual behavior. It is coercive or offensive conduct in a non-reciprocal relationship.

A. "Quid pro quo" sexual harassment consists of requests for sexual favors, either implied or explicit, when submission to such requests is made a condition of continued employment, advancement, improved grades, or participation in a University activity.

B. "Hostile environment" sexual harassment consists of unwelcome sexual advances, requests for sexual favors, sexual flirtation, graphic or degrading comments or gestures of a sexual nature, and the display of sexually offensive objects or pictures. Sexual harassment does not refer to occasional compliments of a socially acceptable nature; it

refers to repeated behavior which is unwelcome and personally offensive.

C. "Sexual assault" consists of unwelcome physical contact of a sexual nature. It includes kissing, stroking, fondling, coerced sexual intercourse, and rape or attempted rape.

D. A “responsible party” is defined in PM-73 as any employee who has the authority to take action to redress sexual violence or who has been given the duty of reporting incidents of sexual violence or any other misconduct by employees or students to the Title IX Coordinator or designee; or whom an employee or student could reasonably believe has the authority or duty; or any student employees.

Further definitions associated with sexual harassment are contained in PM-73.

Sexual harassment can occur between members of the same sex as well as members of the opposite sex. It can occur between peers as well as between people who are in a superi-or/subordinate relationship. It can occur between any members of the LSU Eunice campus community, including faculty, staff, and students. An incident of sexual harassment can also occur between a member of the LSU Eunice community and a visitor, patron, client, or contractor working for LSU Eunice.

III. GENERAL POLICY

It is the policy of LSU Eunice that all members of the campus community should be able to enjoy a work and/or educational environment free from sexual harassment. Such conduct as described above – whether committed by supervisors, non-supervisors, faculty, staff personnel, students, visitors, contracted personnel, or others – is prohibited. All members of the university must be aware of sexual harassment, whether intended or inadvertent, and take a proactive stand against it.

Supervisors shall take a proactive role in preventing sexual harassment. They must understand LSU Eunice policy and procedure on sexual harassment and enforce acceptable behavior among faculty, staff, and students; observe and be aware of potential sexual harassment behaviors in and out of the classroom; model appropriate behavior; and alert the Title IX Coordinator and AA/EEO Officer or designee should an incident occur.

The Title IX/AA/EO Officer or designee shall promote awareness and sensitivity of sexual harassment issues across the campus. Should an incident occur, the Title IX Coordinator and AA/EEO Officer or designee shall take the appropriate steps outlined in the procedure section to resolve the incident in an expeditious and impartial manner.

IV. PROCEDURE

Initial Action(s) by Harassed Party:

An individual who feels harassed shall immediately tell the harasser (through face-to-face contact, in writing, or through a third party) to stop what the individual feels is offensive behavior. The individual who feels harassed should also keep records of the incidents.

An individual who wishes to make a complaint may use either formal or informal procedures. Complaints must be filed with the Title IX Coordinator and AA/EEO Officer or designee. A person may make a complaint to any member of campus considered to be a “responsible employee”.

Any complaints made about a member of the university community who uses verbal/physical abuse directed toward an individual or a group based on their sex or who creates a sexually intimidating, hostile working/learning environment shall be addressed immediately. The person shall be told that such behavior is not acceptable and not tolerated at the university.

Reporting Misconduct

Informal Procedure:

A. Within 180 days the complainant shall contact someone whom he/she/they trusts, e.g., a counselor, advisor, faculty member, administrator, or campus security.

B. Under all circumstances, this university member must notify the Title IX Coordinator and AA/EEO Officer or designee on campus. If the Title IX Coordinator and AA/EEO Officer is charged with sexual harassment, the complaint shall be filed with the Office of Human Resources.

C. The Title IX Coordinator and AA/EEO Officer or designee shall refer to PM-55 and/or PM-73 to investigate the allegations and attempt to resolve the complaint using informal discussion and negotiation. It is important that all communications be kept confidential.

Note: If during the informal investigation, it is determined that the violations committed were intentional and/or part of a behavioral pattern, more formal procedures may be initiated at any time by the Title IX Coordinator and AA/EEO Officer or designee.

Formal Procedure

For a formal complaint, the following procedure shall be taken (See PM 73 for formal complaint process).

A. A sexual harassment complaint, in compliance with federal regulations, shall be filed no later than 180 days after the incident occurs.

B. The complaint shall include complainant's name and the name of the accused, a description of the alleged incident(s), location, date, and times, names of witness(es), if available, and the desired resolution by the complainant. The formal complaint must have an electronic or handwritten signature (or other designation that the Complainant is the individual choosing to file a Formal Complaint).

C. The complaint shall be filed with one of the following:

1. LSU Eunice Title IX Coordinator or Deputy Coordinator

2. Dean of Students

3. A “responsible employee” of the University

4. Campus police department

5. Local law enforcement.

6. Office of Human Resource Management

7. Confidential Advisors (on campus support services)

D. Upon notice of a possible complaint, the Title IX Campus Coordinator will provide the Complainant information on reporting options, pursuing criminal charges, health care, counseling, and supportive measures available.

Anyone, other than the Title IX Coordinator and AA/EEO Officer, receiving a formal complaint alleging sexual harassment must report the complaint to the Title IX Coordinator and AA/EEO Officer or designee immediately or within 24 hours. The Title IX Coordinator and AA/EEO Officer or designee shall refer to PM-55 and/or PM-73 to initiate Title IX procedures detailed in PM-73. The Complainant shall have the discretion and right to decide whether or when to file a Formal Complaint, as the individual's discretion. The Respondent shall have the right to be presumed not responsible of all allegations until found responsible for the alleged conduct by a hearing panel under this policy.

E. The Title IX Coordinator and AA/EEO Officer or Deputy Coordinator shall inform the Respondent when an investigation commences through written notice. Refer to PM-73 for Notice and Investigation, Formal Resolution/Panel Hearing, and Determinations and Sanctions procedures.

It is strongly suggested that individuals who have been accused of sexual harassment contact any of the following persons for assistance and advice:

1. Deans
2. Supervisor
3. Appropriate Vice Chancellor
4. Title IX Coordinator and AA/EEO or Deputy Coordinator
5. Legal counsel
6. Campus police department
7. Office of Human Resources Management

F. During the entire process, confidentiality must be maintained. Thus, dissemination of information relating to the case shall be limited in order that the privacy of all individuals involved is protected as fully as possible.

G. The complainant and any witnesses shall be protected from any intimidation or retaliatory action by those named in the complaint.

V. APPEALS PROCEDURE

Any party may appeal a Hearing Panel determination. Notice of Appeal must be in writing and shall be forwarded to the Title IX Campus Coordinator within 10 business days of email notification of the Hearing Panel decision. The Notice of Appeal shall contain the following information:

A. Name of the Complainant and Respondent,

B. Identify the ground(s) for appeal, and

C. If the appeal is based upon discovery of new information, a description/documentation of the new information and reason it was not discoverable prior to the Hearing Panel hearing.

Upon receipt of the Notice of Appeal, the Title IX Coordinator, within two business days of receipt of the Notice of Appeal, shall:

A. Confirm receipt of the Notice of Appeal to the appealing party,

B. Notify any other party of the appeal, and

C. Contact the LSU Title IX Coordinator (if appeal went to a campus coordinator)

The LSU Title IX Coordinator, or designee, and the LSU Eunice Title IX Campus Coordinator shall, within 10 business days of notice, review the Notice of Appeal. If the required elements for the appeal exist, the LSU Title IX Coordinator shall:

A. Appoint reviewer(s) (no more than three),

B. Notify the parties of the identity of reviewer(s), and

C. Provide the parties five business days to challenge the reviewer(s) for conflict of interest or bias.

The Title IX Campus Coordinator shall forward the appellate record to the reviewer. The record shall include, but is not limited to:

A. All evidence introduced at the hearing,

B. Any pre-hearing determinations from the Hearing Panel Chair,

C. The written findings of the Hearing Panel, and

D. The recording of transcript of the formal hearing

Within 10 business days of receipt of the appellate record, the reviewer(s) shall render a written decision including finding and rationale and forward to the LSU Title IX Coordinator. The LSU Title IX Coordinator shall notify the LSU Eunice Title IX Campus Coordinator who shall then notify the parties and Advisors within two business days of receipt of the decision.

Appeal decisions are final. In the event of remand for rehearing, the subsequent Hearing Panel outcome may be appealed in accordance with the provisions herein. Any appeal right exercised under this policy shall complete the process.

APPENDIX V

Louisiana State University - Eunice - Radiologic Technology (asonnier, Director)

Counseling Form / Remedial Study Form

Subject:

Counseling Form / Remedial Study Form

Semester	Spring 22
Clinical Site	OGH
Course	RADT 1093
Comments	John forgot to clock in this morning.
Recommendations (when applicable)	Students are required to utilize Trajecsys for time documentation. Nex offense is a 1 point deduction.

Student's Signature

John Doe

Faculty/CC Signature

Marlena Dustin

Submit

LSU EUNICE
SUBSTANCE ABUSE AND DRUG-FREE CAMPUS POLICY
STUDENT CERTIFICATION SHEET

I hereby certify that I have received a copy of the Louisiana State University at Eunice Student Substance Abuse and Drug-Free Campus Policy. I realize that the illegal use, possession, dispensation, distribution, manufacture or sale of controlled substances and alcohol is prohibited when I am in classes, or at any other time on campus. I understand that violation of this policy may result in disciplinary action up to and including suspension or expulsion from the University as specified by the LSUE Code of Conduct. I acknowledge my responsibility to notify the Office of Student Affairs within five (5) days if I am convicted of violating any criminal drug statute on the campus. I further realize that the University may be required by law to give notice of such conviction to federal agencies from which it receives grants or contracts, and I hereby waive any and all claims that may arise from the conveying of this information to any such federal agency.

Signature _____

Date _____

LSU EUNICE
SUBSTANCE ABUSE AND DRUG-FREE CAMPUS POLICY
EMPLOYEE CERTIFICATION SHEET

I hereby certify that I have received a copy of the Louisiana State University at Eunice Employee Substance and Drug-Free Campus Policy. I realize that the illegal use, possession, dispensation, distribution, manufacture or sale of controlled substances and alcohol is prohibited when I am on official state business, whether on duty or on call for duty, on or off the work site. I understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify the Office of the Chancellor within five (5) days if I am convicted of violating any criminal drug statute on the campus, while on official business, or while on call for duty. I further realize that if an employee funded through a federal grant or contract is convicted, the University is required by law to give notice of such conviction to that federal agency and hereby waive any and all claims that may arise from the conveying of this information to such federal agency.

Signature _____

Date _____

Clinical Incident Form

Appendix W

Subject:

Clinical Incident Form

Semester

Fall 22

Clinical Site

OGH

Course

RADT [redacted] 1091

Select appropriate disciplinary action:

- ◯ Infraction Resulting in Dismissal from the Program
- ◯ Infraction Resulting in a Drop of a Course Grade and Meeting with the CC/PD
- ⊗ Infraction Resulting in a 5-Point Deduction from Clinical Course Grade
- ◯ Infraction Resulting in a 1-Point Deduction from Clinical Course Grade ◯ Counseling Documentation ◯ Verbal Warning
- ◯ Written

Type of Infraction:

- ◯ Level Three Infraction (Letter Grade drop, Dismissal) ◯ Level Two Infraction (Written, Letter Grade drop, Dismissal)
- ◯ Level One Infraction (Verbal, Written, Letter Grade drop, Dismissal) ⊗ Attendance Infraction ◯ Clock In/Clock Out

Area(s) Subject of Disciplinary Action

Jane missed an additional day of clinical.

Detailed description of the infraction

Excessive absence beyond the allowed personal day.

Plan of action

make up time. 5 pt deduction

Student's Signature: I acknowledge that the above comments concerning this clinical incident have been discussed with me and I am fully aware of the plan of action I must follow.

Faculty Signature

Level: ☑ Class of 2020 (91) ☑ Class of 2020 (92) ☑ Class of 2020 (93) ☑ Class of 2021 (91) ☑ Class of 2021 (92) ☑ Class of 2021 (93) ☑ Louisiana State University Eunice ☑ Class of 2022 (91) ☑ Class of 2022 (92) ☑ Class of 2022 (93) ☑ All ☑ Not specified

Display summary for last [ ] days (leave blank for all time). Participation Level: ☑ 1 ☑ 2 ☑ 3 ☑ 4 ☑ 5 Supervising Employee: -- ANY --

Display summary for date interval. From: [ ] To: 05/31/2020 Simulation Any ☐ Include deleted procedures ☐ Alumni Only ☐ Only Show Repeats **Apply Filter**

APPENDIX X

Printer friendly version Excel version PDF version

Site	Date	Skill	Level	Amount	Repeats	Employee	Time	Comments	#S	
Women's and Children's Hospital of Lafayette	03/12/20	Abdomen Abdomen Supine (KUB)	Assisted	1	0		00:05			
Women's and Children's Hospital of Lafayette	03/12/20	Chest and Thorax Chest Routine	Performed	1	0		00:05			
Women's and Children's Hospital of Lafayette	03/12/20	Chest and Thorax Chest Routine	Performed	1	0		00:05			
Women's and Children's Hospital of Lafayette	03/12/20	Upper Extremity Wrist	Performed	1	0		00:05	wrist with hand for...		
Women's and Children's Hospital of Lafayette	03/10/20	Chest and Thorax Chest Routine	Performed	1	0		00:05			
Women's and Children's Hospital of Lafayette	03/10/20	Fluoroscopy Studies 1 (At Least One from This Section) Cystography / Cystourethrography	Observed	1	0		00:20			
Women's and Children's Hospital of Lafayette	03/10/20	Fluoroscopy Studies 1 (At Least One from This Section) Cystography / Cystourethrography	Observed	1	0		00:25			
Women's and Children's Hospital of Lafayette	03/10/20	Fluoroscopy Studies 1 (At Least One from This Section) Esophagus	Observed	1	0		00:20			
Women's and Children's Hospital of Lafayette	03/10/20	Pediatric Patient Lower Extremity	Assisted	1	0		00:05	knee		
Women's and Children's Hospital of Lafayette	03/10/20	Pediatric Patient Lower Extremity	Assisted	1	0		00:05	pelvis & left hip		
Women's and Children's Hospital of Lafayette	03/10/20	Spine and Pelvis Scoliosis Series	Assisted	1	0		00:05			
Women's and Children's Hospital of Lafayette	03/10/20 ↘ 03/05/20	Mobile Studies Chest	Assisted	1	0		00:05			
Women's and Children's Hospital of Lafayette	03/10/20 ↘ 03/05/20	Mobile Studies Chest	Assisted	1	0		00:05			
Women's and Children's Hospital of Lafayette	03/10/20 ↘ 03/05/20	Pediatric Patient Abdomen	Assisted	1	0		00:05			
Women's and Children's Hospital of Lafayette	03/10/20 ↘ 03/05/20	Pediatric Patient Chest Routine	Assisted	1	0		00:05			
Women's and Children's Hospital of Lafayette	03/10/20 ↘ 03/05/20	Pediatric Patient Lower Extremity	Assisted	1	0		00:05			

Women's and Children's Hospital of Lafayette	03/10/20 ↘ 03/05/20	Pediatric Patient Lower Extremity	Assisted	2	0		00:05		
Women's and Children's Hospital of Lafayette	03/10/20 ↘ 03/05/20	Pediatric Patient Lower Extremity	Assisted	1	0		00:05		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Abdomen Abdomen Supine (KUB)	Performed	1	0		00:05	**COMP** same...	
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Abdomen Abdomen Supine (KUB)	Performed	1	0		00:05		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Abdomen Abdomen Supine (KUB)	Performed	1	0		00:05		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Abdomen Abdomen Supine (KUB)	Performed	1	1		00:05	upper and lower;...	
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Abdomen Abdomen Upright	Performed	1	0		00:05	**COMP** same...	
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Abdomen Abdomen Upright	Performed	1	0		00:05		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Abdomen Abdomen Upright	Performed	1	2		00:05	upper and lower,...	
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Chest and Thorax Chest Routine	Performed	1	0		00:05		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Chest and Thorax Chest Routine	Performed	1	0		00:05		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Chest and Thorax Chest Routine	Performed	1	1		00:05		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Mobile Studies Abdomen	Assisted	1	0		00:05		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Mobile Studies Chest	Assisted	1	0		00:05		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Pediatric Patient Lower Extremity	Performed	1	0		00:10	**COMP** also done...	
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Pediatric Patient Lower Extremity	Performed	1	0		00:05		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Pediatric Patient Upper Extremity	Assisted	1	0		00:10		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Pediatric Patient Upper Extremity	Assisted	1	0		00:10		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Spine and Pelvis Pelvis	Performed	1	0		00:05		
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 03/03/20	Upper Extremity Humerus	Performed	1	0		00:05	**COMP**	
Women's and Children's Hospital of Lafayette	03/05/20 ↘ 02/27/20	Abdomen Abdomen Supine (KUB)	Performed	1	0		00:05		

Our Lady of Lourdes Regional Medical Hospital	02/19/20 ↘ 02/04/20	C-Arm Studies Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	Observed	1	0		01:00	Metaport...	
Our Lady of Lourdes Regional Medical Hospital	02/19/20 ↘ 02/04/20	Chest and Thorax Chest Routine	Performed	1	0		00:05		
Our Lady of Lourdes Regional Medical Hospital	02/19/20 ↘ 02/04/20	Fluoroscopy Studies 2 (At Least One from This Section) Upper GI Series, Single or Double Contrast	Observed	1	0		00:25	w/o KUB	
Our Lady of Lourdes Regional Medical Hospital	02/19/20 ↘ 02/04/20	Mobile Studies Chest	Assisted	1	0		00:10		
Our Lady of Lourdes Regional Medical Hospital	02/19/20 ↘ 01/30/20	Chest and Thorax Chest Routine	Performed	1	0		00:05		
Our Lady of Lourdes Regional Medical Hospital	02/19/20 ↘ 01/30/20	Fluoroscopy Studies 1 (At Least One from This Section) ERCP	Observed	1	0		01:05		
Our Lady of Lourdes Regional Medical Hospital	02/19/20 ↘ 01/30/20	Mobile Studies Abdomen	Assisted	1	0		00:10		
Our Lady of Lourdes Regional Medical Hospital	02/19/20 ↘ 01/30/20	Mobile Studies Abdomen	Assisted	1	0		00:10		

Date ▼ ▲	Site ▼ ▲	Time	Type	Total Time	Exception	IPName	Location	Approved By	Status
8/27/2019	Our Lady of Lourdes Regional Medical Hospital	0800	IN		Meeting	wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
8/27/2019	Our Lady of Lourdes Regional Medical Hospital	1343	OUT	5:43		wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
August 2019 time totals: 5:43									
9/3/2019	Our Lady of Lourdes Regional Medical Hospital	0756	IN			wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
9/3/2019	Our Lady of Lourdes Regional Medical Hospital	1415	OUT	6:19		wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	1 A
9/5/2019	Our Lady of Lourdes Regional Medical Hospital	0759	IN			wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
9/5/2019	Our Lady of Lourdes Regional Medical Hospital	1346	OUT	5:47		wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	1 A
9/10/2019	Women's and Children's Hospital of Lafayette	0757	IN			165.214.4.20		JANET SCOTT	A
9/10/2019	Women's and Children's Hospital of Lafayette	1402	OUT	6:05		165.214.4.20		JANET SCOTT	A
9/12/2019	Women's and Children's Hospital of Lafayette	0755	IN			165.214.4.20		JANET SCOTT	A
9/12/2019	Women's and Children's Hospital of Lafayette	1409	OUT	6:14		mobile-107-77-196-107.mobile.att.net	!	JANET SCOTT	1 A
9/17/2019	Women's and Children's Hospital of Lafayette	0757	IN			165.214.4.20		JANET SCOTT	A
9/17/2019	Women's and Children's Hospital of Lafayette	1402	OUT	6:05		165.214.4.20		JANET SCOTT	A
9/19/2019	Women's and Children's Hospital of Lafayette	0805	IN			165.214.4.20		JANET SCOTT	A
9/19/2019	Women's and Children's Hospital of Lafayette	1402	OUT	5:57		165.214.4.20		JANET SCOTT	A
9/24/2019	Iberia Medical Center	0802	IN			hdredirect-lb5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT	A
9/24/2019	Iberia Medical Center	1400	OUT	5:58		hdredirect-lb5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT	A
9/26/2019	Iberia Medical Center	0803	IN			hdredirect-lb5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT	A
9/26/2019	Iberia Medical Center	1400	OUT	5:57		hdredirect-lb5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT	A
September 2019 time totals: 48:22									
10/1/2019	Iberia Medical Center	0803	IN			hdredirect-lb5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT	A
10/1/2019	Iberia Medical Center	1400	OUT	5:57		hdredirect-lb5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT	A
10/3/2019	Iberia Medical Center	0800	IN			hdredirect-lb5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT	A
10/3/2019	Iberia Medical Center	1401	OUT	6:01		hdredirect-lb5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT	A
10/8/2019	Our Lady of Lourdes Regional Medical Hospital	0801	IN			wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
10/8/2019	Our Lady of Lourdes Regional Medical Hospital	1401	OUT	6:00		wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
10/10/2019	Our Lady of Lourdes Regional Medical Hospital	0753	IN			wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
10/10/2019	Our Lady of Lourdes Regional Medical Hospital	1408	OUT	6:15		mobile-107-77-199-63.mobile.att.net	30.1509, -92.0366	JANET SCOTT	A
10/15/2019	Our Lady of Lourdes Regional Medical Hospital	0758	IN			wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
10/15/2019	Our Lady of Lourdes Regional Medical Hospital	1402	OUT	6:04		wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
10/22/2019	Our Lady of Lourdes Regional Medical Hospital	0755	IN			wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
10/22/2019	Our Lady of Lourdes Regional Medical Hospital	1404	OUT	6:09		wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
10/24/2019	Our Lady of Lourdes Regional Medical Hospital	0753	IN			wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
10/24/2019	Our Lady of Lourdes Regional Medical Hospital	1407	OUT	6:14		wsip-174-77-81-73.lf.br.cox.net		JANET SCOTT	A
10/29/2019	Our Lady of Lourdes Regional Medical Hospital	0754	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT	A
10/29/2019	Our Lady of Lourdes Regional Medical Hospital	1403	OUT	6:09		wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT	A
10/31/2019	Our Lady of Lourdes Regional Medical Hospital	0756	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT	A
10/31/2019	Our Lady of Lourdes Regional Medical Hospital	1419	OUT	6:23		mobile-107-77-199-81.mobile.att.net	30.1487, -92.0374	JANET SCOTT	1 A
October 2019 time totals: 55:12									
11/5/2019	Our Lady of Lourdes Regional Medical Hospital	0756	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT	A
11/5/2019	Our Lady of Lourdes Regional Medical Hospital	1402	OUT	6:06		mobile-107-77-197-184.mobile.att.net	30.1508, -92.0368	JANET SCOTT	A
11/7/2019	Our Lady of Lourdes Regional Medical Hospital	0755	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT	A

11/5/2019	Our Lady of Lourdes Regional Medical Hospital	1402	OUT	6:08		mobile-107-77-197-184.mobile.att.net	30.1506, -92.0369	JANET SCOTT		A
11/7/2019	Our Lady of Lourdes Regional Medical Hospital	0755	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
11/7/2019	Our Lady of Lourdes Regional Medical Hospital	1402	OUT	6:07		wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
11/12/2019	Women's and Children's Hospital of Lafayette	0756	IN			165.214.4.20		JANET SCOTT		A
11/12/2019	Women's and Children's Hospital of Lafayette	1400	OUT	6:04		165.214.4.20		JANET SCOTT		A
11/14/2019	Women's and Children's Hospital of Lafayette	1012	IN			165.214.4.20		JANET SCOTT	1	A
11/14/2019	Women's and Children's Hospital of Lafayette	1454	OUT	4:42		165.214.4.20		JANET SCOTT		A
11/19/2019	Women's and Children's Hospital of Lafayette	0755	IN			165.214.14.20		JANET SCOTT		A
11/19/2019	Women's and Children's Hospital of Lafayette	1400	OUT	6:05		165.214.14.20		JANET SCOTT		A
11/21/2019	Women's and Children's Hospital of Lafayette	0755	IN			165.214.14.20		JANET SCOTT		A
11/21/2019	Women's and Children's Hospital of Lafayette	1358	OUT	6:03		165.214.14.20		JANET SCOTT		A
11/26/2019	Iberia Medical Center	0803	IN			HDRedirect-LB5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT		A
11/26/2019	Iberia Medical Center	1414	OUT	6:11		HDRedirect-LB5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT		A
November 2019 time totals: 41:18										
12/3/2019	Iberia Medical Center	0800	IN		Trajecsys error	wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
12/3/2019	Iberia Medical Center	1402	OUT	6:02		HDRedirect-LB5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT		A
12/5/2019	Iberia Medical Center	0801	IN			hdredirect-lb5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT	1	A
12/5/2019	Iberia Medical Center	1121	OUT	3:20		mobile-107-77-196-171.mobile.att.net	29.9895, -91.7859	JANET SCOTT	1	A
December 2019 time totals: 9:22										
1/14/2020	Iberia Medical Center	! 0802	IN			mobile-107-77-199-231.mobile.att.net	! 30.1506, -92.0369	JANET SCOTT		A
1/14/2020	Iberia Medical Center	1415	OUT	6:13		HDRedirect-LB5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT		A
1/16/2020	Iberia Medical Center	0802	IN			HDRedirect-LB5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT		A
1/16/2020	Iberia Medical Center	1400	OUT	5:58		HDRedirect-LB5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT		A
1/21/2020	Iberia Medical Center	0755	IN			hdredirect-lb5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT		A
1/21/2020	Iberia Medical Center	1400	OUT	6:05		HDRedirect-LB5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT		A
1/23/2020	Iberia Medical Center	0805	IN			HDRedirect-LB5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT		A
1/23/2020	Iberia Medical Center	1401	OUT	5:56		hdredirect-lb5-1afb6e2973825a56.elb.us-east-1.amazonaws.com		JANET SCOTT		A
1/28/2020	Our Lady of Lourdes Regional Medical Hospital	0758	IN			mobile-107-77-197-85.mobile.att.net	30.1511, -92.0364	JANET SCOTT		A
1/28/2020	Our Lady of Lourdes Regional Medical Hospital	1402	OUT	6:04		wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
1/30/2020	Our Lady of Lourdes Regional Medical Hospital	0754	IN			mobile-107-77-200-18.mobile.att.net	30.1513, -92.0363	JANET SCOTT		A
1/30/2020	Our Lady of Lourdes Regional Medical Hospital	1401	OUT	6:07		74-80-19-36.flan.dyn.lusfiber.net	30.151, -92.0365	JANET SCOTT		A
January 2020 time totals: 36:23										
2/4/2020	Our Lady of Lourdes Regional Medical Hospital	0758	IN			74-80-19-36.flan.dyn.lusfiber.net	30.1512, -92.0363	JANET SCOTT		A
2/4/2020	Our Lady of Lourdes Regional Medical Hospital	1402	OUT	6:04		mobile-107-77-198-224.mobile.att.net	30.1509, -92.0367	JANET SCOTT		A
2/6/2020	Our Lady of Lourdes Regional Medical Hospital	0755	IN			mobile-107-77-198-224.mobile.att.net	30.1512, -92.0363	JANET SCOTT		A
2/6/2020	Our Lady of Lourdes Regional Medical Hospital	1400	OUT	6:05	Forgot	ip68-226-173-38.lf.br.cox.net		JANET SCOTT		A
2/11/2020	Our Lady of Lourdes Regional Medical Hospital	0753	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
2/11/2020	Our Lady of Lourdes Regional Medical Hospital	1400	OUT	6:07		wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
2/13/2020	Our Lady of Lourdes Regional Medical Hospital	0758	IN		deleted by mistake; JS	wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
2/13/2020	Our Lady of Lourdes Regional Medical Hospital	! 1400	OUT	6:02	Forgot	mobile-107-77-199-43.mobile.att.net		JANET SCOTT		A
2/18/2020	Our Lady of Lourdes Regional Medical Hospital	0759	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
2/18/2020	Our Lady of Lourdes Regional Medical Hospital	1400	OUT	6:01		wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
2/20/2020	Our Lady of Lourdes Regional Medical Hospital	0759	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
2/20/2020	Our Lady of Lourdes Regional Medical Hospital	1400	OUT	6:01		mobile-107-77-198-114.mobile.att.net	30.1509, -92.0367	JANET SCOTT		A
2/27/2020	Women's and Children's Hospital of Lafayette	0751	IN			165.214.4.20		JANET SCOTT		A
2/27/2020	Women's and Children's Hospital of Lafayette	1400	OUT	6:09		165.214.4.20		JANET SCOTT		A
February 2020 time totals: 42:29										
3/3/2020	Women's and Children's Hospital of Lafayette	0752	IN			mobile-107-77-197-183.mobile.att.net	30.1526, -92.0464	JANET SCOTT		A
3/3/2020	Women's and Children's Hospital of Lafayette	1404	OUT	6:12		mobile-107-77-197-183.mobile.att.net	30.1526, -92.0464	JANET SCOTT		A
3/5/2020	Women's and Children's Hospital of Lafayette	0753	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
3/5/2020	Women's and Children's Hospital of Lafayette	1404	OUT	6:11		mobile-107-77-197-183.mobile.att.net	30.1525, -92.0463	JANET SCOTT		A

2/27/2020	Women's and Children's Hospital of Lafayette	0751	IN			165.214.4.20		JANET SCOTT		A
2/27/2020	Women's and Children's Hospital of Lafayette	1400	OUT	6:09		165.214.4.20		JANET SCOTT		A
February 2020 time totals: 42:29										
3/3/2020	Women's and Children's Hospital of Lafayette	0752	IN			mobile-107-77-197-183.mobile.att.net	30.1526, -92.0464	JANET SCOTT		A
3/3/2020	Women's and Children's Hospital of Lafayette	1404	OUT	6:12		mobile-107-77-197-183.mobile.att.net	30.1526, -92.0464	JANET SCOTT		A
3/5/2020	Women's and Children's Hospital of Lafayette	0753	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
3/5/2020	Women's and Children's Hospital of Lafayette	1404	OUT	6:11		mobile-107-77-197-183.mobile.att.net	30.1525, -92.0463	JANET SCOTT		A
3/10/2020	Women's and Children's Hospital of Lafayette	0755	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
3/10/2020	Women's and Children's Hospital of Lafayette	1400	OUT	6:05		mobile-107-77-197-183.mobile.att.net	30.1526, -92.0465	JANET SCOTT		A
3/12/2020	Women's and Children's Hospital of Lafayette	0756	IN			wsip-174-77-81-66.lf.br.cox.net		JANET SCOTT		A
3/12/2020	Women's and Children's Hospital of Lafayette	1400	OUT	6:04		mobile-107-77-200-38.mobile.att.net	30.1525, -92.0464	JANET SCOTT		A
3/17/2020	Louisiana State University Eunice	0758	IN			mobile-107-77-198-215.mobile.att.net	30.453, -92.4197	JANET SCOTT		A
3/17/2020	Louisiana State University Eunice	1330	OUT	5:32	LSUE for clinic	107-131-227-70.lightspeed.jcsnms.sbcglobal.net		JANET SCOTT		A
March 2020 time totals: 30:04										

Total Days worked: 45

Appendix Z

DIVISION OF HEALTH SCIENCES AND BUSINESS TECHNOLOGY

RADIOLOGIC TECHNOLOGY PROGRAM

Clinical Rotation Evaluation

Student: _____

Site and Preceptor: _____

Scoring Criteria:

2-The student does this 69% of the time
3-The student does this 70 – 79% of the time
3.5-The student does this 80 – 89% of the time
4-The student does this 90 % of the time or more
N/A – Not Applicable

Patient Care

Exhibits patience and empathy
○2 ○3 ○3.5 ○4 ○N/A

Properly uses AIDET
○2 ○3 ○3.5 ○4 ○N/A

Organizational Skills

Seeks and recognizes what needs to be done without wasting time
○2 ○3 ○3.5 ○4 ○N/A

Completes work in expected time frame
○2 ○3 ○3.5 ○4 ○N/A

Technical Skills

Properly manipulates equipment
○2 ○3 ○3.5 ○4 ○N/A

Selects appropriate technical factors
○2 ○3 ○3.5 ○4 ○N/A

Correctly evaluates images
○2 ○3 ○3.5 ○4 ○N/A

Utilizes proper positioning skills
○2 ○3 ○3.5 ○4 ○N/A

Performs procedures with minimum repeats
○2 ○3 ○3.5 ○4 ○N/A

Radiation Protection

Protects patients, self, and personnel from unnecessary radiation
○2 ○3 ○3.5 ○4 ○N/A

Uses collimation whenever possible
○2 ○3 ○3.5 ○4 ○N/A

Affective Domain

Acts in a professional manner at all times
○2 ○3 ○3.5 ○4 ○N/A

Demonstrates interest and a positive attitude
○2 ○3 ○3.5 ○4 ○N/A

Comments: _____

dvanced Imaging Clinical Rotation Evaluation Form

Subject:

Site:

Advanced Imaging Clinical Rotation Evaluation Form

Scoring Criteria:

2 - The student does this 69% of the time

3 - The student does this 70 – 79% of the time

3.5 - The student does this 80 – 89% of the time

4 - The student does this 90% of the time or more

N/A - Not Applicable

RADT	○ 2092 ○ 2093	💬

Computed Tomography

Become familiar with the operation of the CT unit (i.e. reference lights, gantry, camera, computer, control panel, etc.)	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Explain the basic procedures of the patient	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Gain experience in identification of cross-sectional anatomy on CT images by observing the RT and/or physician during image critique	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Become familiar with the operation of the imaging computer	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Demonstrate knowledge of patient preparation for CT eaminations	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Demonstrate the examinations that interfere with CT procedures	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Become familiar with the body plane orientation used to produce CT images	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Demonstrate radiation protection procedures regarding self, patient, and others	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Demonstrate processing techniques used for CT images	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Gain experience in QC procedures by observing RT performing QC tests	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬

Sonography						
Identify anatomy on sonographic images; evaluate image quality, and gain knowledge of manipulation of equipment, techniques, and knowledge of positioning for examinations	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Demonstrate medical and sterile asepsis where applicable	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Assist the Sonographer in performing the various imaging procedures	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Be familiar with inventory and accessory devices used in Songraphic examinations	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Be knowledgeable of the set-up procedures for sonographic procedures	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Be knowledgeable of how the sonographic images are processed	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Prepare, assist, and monitor the patients during sonographic examinations	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Finalize procedures by perperly dismissing the patient, and orgainzing the diagnostic image	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Magnetic Resonance						
Identify anatomy on MR images; evaluate image quality, and gain knowledge of manipulation of equipment, techniques, and knowledge of positioning for examinations	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Demonstrate medical and sterile asepsis where applicable	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Assist the MR Technologist in performing the various imaging procedures	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Be familiar with inventory and accessory devices used in MR examinations	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Be knowledgeable of the set-up procedures for MR procedures	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Be knowledgeable of how the MR images are processed	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Prepare, assist, and monitor the patients during MR examinations	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Finalize procedures by properly dismissing the patient, and organzing the diagnostic image	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Cardio and/or Vascular Interventional Technology						

Cardio and/or Vascular Interventional Technology		
Identify anatomy on images, evaluate image quality, and gain knowledge on positioning, manipulation techniques and equipment in cardio or vascular interventional technology	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Be familiar with inventory of interventional supplies	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Be knowledgeable of the set-up procedures performed in the imaging suite	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Assist the CI or VI Technologist in reviewing the patients' health records, verifying procedure requisitions, checking patients' arm bands, verifying consent forms, and taking patients' history before procedures begin	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Prepare, assist, and monitor the patients during the procedures	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Demonstrate sterile and aseptic techniques when performing prep and drape procedures	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Be familiar with the emergency drugs that are prepared for interventional studies and those stored in the crash-cart	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Be knowledgeable of how the CI or VI images are processed	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Be knowledgeable on how to acquire and process images for digital subtraction angiography	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Demonstrate knowledge of cardio and vascular anatomy	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Apply radiation precautions	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Bone Densitometry		
Demonstrates knowledge and skill in patient preparation for DXA procedures	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Demonstrate proper processing techniques for DXA images	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Gain experience in identifying anatomical structures on images of various scans by observing the RT during image critique	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Efficiently manipulate DXA equipment	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬
Describe the radiation protection used for DXA procedures	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	💬

Mammography						
Demonstrates knowledge and skill in patient preparation for mammography procedures	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Demonstrate proper processing techniques for mammographic images	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Gain experience in identifying anatomical structures on images of various projections by observing the RT during image critique	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Efficiently manipulate mammography equipment	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Describe the radiation protection used for mammography procedures	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Gain knowledge of mammography management by observing the RT perform various procedures	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Nuclear Medicine						
Demonstrate knowledge and skill in patient preparation for NM procedures	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Demonstrate proper processing techniques for NM images	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Gain experience in identifying anatomical structures on images of various scans by observing the RT and/or physician during image critique	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Efficiently manipulate NM equipment (i.e. camera, patient table, etc.)	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Describe the radiation detection devices and QC equipment used by the RT	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Describe the difference between alpha, beta, and gamma emitters	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Gain knowledge of radiopharmaceutical management by observing the RT perform various procedures	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Utilize proper medical and sterile asepsis	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬
Radiation Therapy						
Demonstrates knowledge and skill in patient preparation for therapeutic treatment	○ 2	○ 3	○ 3.5	○ 4	○ N/A	💬

Radiation Therapy		
Demonstrates knowledge and skill in patient preparation for therapeutic treatment	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	
Demonstrate proper use of technical factors	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	
Demonstrate proper processing techniques for port images	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	
Gain experience in identifying anatomical structures on images on port images by observing the RT and/or physician during imaging critique	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	
Efficiently manipulate therapy equipment	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	
Describe the radiation therapy devices QC equipment used by the RT	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	
Describe the various filters/blocks used during therapeutic procedures	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	
Gain knowledge of radiotherapeutic management by observing the RT, dosimetrist, and oncologist performing their daily routine procedures	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	
Utilize proper medical and sterile asepsis where applicable	○ 2 ○ 3 ○ 3.5 ○ 4 ○ N/A	
Additional Comments:		
Student Signature: Student may add signature and/or comments by attaching a post-submission comment.	◉ Instructions	

◉ Approved ○ Not Approved

Procedures

Major Study: <Any>

Add New...

APPENDIX B2

Major Study	Skill Name	Times Before Pass	Mandatory	Exam	Participation Level for Exam		
Abdomen	Abdomen Decubitus	0		✓	1		
Abdomen	Abdomen Supine (KUB)	0	✓	✓	1		
Abdomen	Abdomen Upright	0	✓	✓	1		
Abdomen	Intravenous Urography	0		✓	1		
Additional Imaging Procedures	Bone age survey	0		✓	1		
Additional Imaging Procedures	Bone length survey	0		✓	1		
Additional Imaging Procedures	Lumbar puncture	0		✓	1		
Additional Imaging Procedures	Metastatic bone survey	0		✓	1		
Additional Imaging Procedures	Modified barium swallow	0		✓	1		
Additional Imaging Procedures	Voiding cystourethrogram	0		✓	1		
C-Arm Studies	C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	0	✓	✓	1		
C-Arm Studies	Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	0	✓	✓	1		
Chest and Thorax	Chest AP (Wheelchair or Stretcher)	0	✓	✓	1		
Chest and Thorax	Chest Lateral Decubitus	0		✓	1		
Chest and Thorax	Chest Routine	0	✓	✓	1		
Chest and Thorax	Ribs	0	✓	✓	1		
Chest and Thorax	Sternum	0		✓	1		
Chest and Thorax	Upper Airway (Soft-Tissue Neck)	0		✓	1		
Fluoroscopy Studies 1 (At Least One from This Section)	Arthography	0		✓	1		
Fluoroscopy Studies 1 (At Least One from This Section)	Cystography / Cystourethrography	0		✓	1		
Fluoroscopy Studies 1 (At Least One from This Section)	ERCP	0		✓	1		
Fluoroscopy Studies 1 (At Least One from This Section)	Esophagus	0		✓	1		
Fluoroscopy Studies 1 (At Least One from This Section)	Hysterosalpingography	0		✓	1		
Fluoroscopy Studies 1 (At Least One from This Section)	Myelography	0		✓	1		
Fluoroscopy Studies 1 (At Least One from This Section)	Small Bowel Series	0		✓	1		
Fluoroscopy Studies 2 (At Least One from This Section)	Contrast Enema, Single or Double Contrast	0		✓	1		

Fluoroscopy Studies 1 (At Least One from This Section)	Small Bowel Series		0		✓	1		
Fluoroscopy Studies 2 (At Least One from This Section)	Contrast Enema, Single or Double Contrast		0		✓	1		
Fluoroscopy Studies 2 (At Least One from This Section)	Upper GI Series, Single or Double Contrast		0		✓	1		
General Patient Care	Care of Patient Medical Equipment (e.g Oxygen Tank, IV Tubing)		0	✓		1		
General Patient Care	CPR Certified		0	✓		1		
General Patient Care	Sterile and Medical Aseptic Technique		0	✓		1		
General Patient Care	Transfer of Patient		0	✓		1		
General Patient Care	Venipuncture		0	✓		1		
General Patient Care	Vital Signs - Blood Pressure		0	✓		1		
General Patient Care	Vital Signs - Pulse		0	✓		1		
General Patient Care	Vital Signs - Pulse Oximetry		0	✓		1		
General Patient Care	Vital Signs - Respiration		0	✓		1		
General Patient Care	Vital Signs - Temperature		0	✓		1		
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as Result of Aging	Chest Routine		0	✓	✓	1		
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as Result of Aging	Lower Extremity		0	✓	✓	1		
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as Result of Aging	Upper Extremity		0	✓	✓	1		
Head (At Least One)	Facial Bones		0		✓	1		
Head (At Least One)	Mandible		0		✓	1		
Head (At Least One)	Nasal Bones		0		✓	1		
Head (At Least One)	Orbits		0		✓	1		
Head (At Least One)	Paranasal Sinuses		0		✓	1		
Head (At Least One)	Skull		0		✓	1		
Head (At Least One)	Temporomandibular Joints		0		✓	1		
Head (At Least One)	Zygomatic Arches		0		✓	1		
Lab Campus Positioning Class Only	Bony Thorax		0		✓	1		
Lab Campus Positioning Class Only	CXR / ABD / Mobile		0		✓	1		
Lab Campus Positioning Class Only	Digestive		0		✓	1		
Lab Campus Positioning Class Only	Facial / Sinus		0		✓	1		
Lab Campus Positioning Class Only	Lower Extremity		0		✓	1		
Lab Campus Positioning Class Only	Skull		0		✓	1		
Lab Campus Positioning Class Only	Spine		0		✓	1		
Lab Campus Positioning Class Only	Trauma		0		✓	1		
Lab Campus Positioning Class Only	Upper Extremity		0		✓	1		
Lab Campus Positioning Class Only	Urinary		0		✓	1		

Lab Campus Positioning Class Only	Skull		0		✓	1		
Lab Campus Positioning Class Only	Spine		0		✓	1		
Lab Campus Positioning Class Only	Trauma		0		✓	1		
Lab Campus Positioning Class Only	Upper Extremity		0		✓	1		
Lab Campus Positioning Class Only	Urinary		0		✓	1		
Lab Sim - Abdomen	Abdomen AP Supine or Upright		0	✓	✓	1		
Lab Sim - Abdomen	Abdomen L Lateral Decubitus		0	✓	✓	1		
Lab Sim - Abdomen	Abdomen PA Upright		0	✓	✓	1		
Lab Sim - Abdomen	Abdomen R or L Dorsal Decubitus		0	✓	✓	1		
Lab Sim - Bony Thorax	Axillary Ribs AP oblique RPO/LPO		0	✓	✓	1		
Lab Sim - Bony Thorax	Axillary Ribs PA oblique RAO/LAO		0	✓	✓	1		
Lab Sim - Bony Thorax	Posterior Ribs		0	✓	✓	1		
Lab Sim - Bony Thorax	Sternum Lateral		0	✓	✓	1		
Lab Sim - Bony Thorax	Sternum RAO		0	✓	✓	1		
Lab Sim - Bony Thorax	Upper Anterior Ribs		0	✓	✓	1		
Lab Sim - Chest	Chest AP		0	✓	✓	1		
Lab Sim - Chest	Chest Lateral		0	✓	✓	1		
Lab Sim - Chest	Chest Lordotic		0	✓	✓	1		
Lab Sim - Chest	Chest PA		0	✓	✓	1		
Lab Sim - Chest	Chest R or L Lateral Decubitus		0	✓	✓	1		
Lab Sim - Chest	Chest R or L Ventral or Dorsal Decubitus		0	✓	✓	1		
Lab Sim - Chest	Chest RAO/LAO		0	✓	✓	1		
Lab Sim - Chest	Chest RPO/LPO		0	✓	✓	1		
Lab Sim - Cranium	Facial Bones Lateral		0	✓	✓	1		
Lab Sim - Cranium	Facial Bones PA axial Caldwell		0	✓	✓	1		
Lab Sim - Cranium	Facial Bones Reverse Waters		0	✓	✓	1		
Lab Sim - Cranium	Facial Bones Waters		0	✓	✓	1		
Lab Sim - Cranium	Mandible Oblique		0	✓	✓	1		
Lab Sim - Cranium	Mandibular Rami PA		0	✓	✓	1		
Lab Sim - Cranium	Mandibular Rami PA Axial		0	✓	✓	1		
Lab Sim - Cranium	Nasal Bones Lateral		0	✓	✓	1		
Lab Sim - Cranium	Sinuses Ethmoidal and Sphenoidal SMV Erect		0	✓	✓	1		
Lab Sim - Cranium	Sinuses Lateral Erect		0	✓	✓	1		

Lab Sim - Cranium	Sinuses Lateral Erect		0	✓	✓	1		
Lab Sim - Cranium	Sinuses PA axial Caldwell Erect		0	✓	✓	1		
Lab Sim - Cranium	Sinuses Waters Erect		0	✓	✓	1		
Lab Sim - Cranium	Sinuses Waters Open Mouth Erect		0	✓	✓	1		
Lab Sim - Cranium	Skull AP		0	✓	✓	1		
Lab Sim - Cranium	Skull AP Axial		0	✓	✓	1		
Lab Sim - Cranium	Skull Lateral		0	✓	✓	1		
Lab Sim - Cranium	Skull PA		0	✓	✓	1		
Lab Sim - Cranium	Skull PA axial		0	✓	✓	1		
Lab Sim - Cranium	Skull PA Axial Haas		0	✓	✓	1		
Lab Sim - Cranium	Skull SMV		0	✓	✓	1		
Lab Sim - Cranium	Skull Towne		0	✓	✓	1		
Lab Sim - Cranium	TMJ AP Axial		0	✓	✓	1		
Lab Sim - Cranium	TMJ Axiolateral Oblique		0	✓	✓	1		
Lab Sim - Cranium	Zygomatic Arches Modified Towne		0	✓	✓	1		
Lab Sim - Cranium	Zygomatic Arches SMV		0	✓	✓	1		
Lab Sim - Cranium	Zygomatic Arches Tangential		0	✓	✓	1		
Lab Sim - Digestive	Esophagus AP or PA		0	✓	✓	1		
Lab Sim - Digestive	Esophagus Lateral		0	✓	✓	1		
Lab Sim - Digestive	Esophagus RAO/LPO		0	✓	✓	1		
Lab Sim - Digestive	Large Intestine AP		0	✓	✓	1		
Lab Sim - Digestive	Large Intestine AP Axial		0	✓	✓	1		
Lab Sim - Digestive	Large Intestine L Lateral Decub		0	✓	✓	1		
Lab Sim - Digestive	Large Intestine LAO		0	✓	✓	1		
Lab Sim - Digestive	Large Intestine Lateral R or L		0	✓	✓	1		
Lab Sim - Digestive	Large Intestine LPO		0	✓	✓	1		
Lab Sim - Digestive	Large Intestine PA		0	✓	✓	1		
Lab Sim - Digestive	Large Intestine PA Axial		0	✓	✓	1		
Lab Sim - Digestive	Large Intestine R Lateral Decub		0	✓	✓	1		
Lab Sim - Digestive	Large Intestine RAO		0	✓	✓	1		
Lab Sim - Digestive	Large Intestine RPO		0	✓	✓	1		
Lab Sim - Digestive	Small Intestine AP or PA		0	✓	✓	1		
Lab Sim - Digestive	Soft Palate Pharynx and Larynx AP		0	✓	✓	1		
Lab Sim - Digestive	Soft Palate Pharynx and Larynx Lateral		0	✓	✓	1		
Lab Sim - Digestive	Stomach and Duodenum AP		0	✓	✓	1		

Lab Sim - Digestive	Large Intestine RPO		0	✓	✓	1		
Lab Sim - Digestive	Small Intestine AP or PA		0	✓	✓	1		
Lab Sim - Digestive	Soft Palate Pharynx and Larynx AP		0	✓	✓	1		
Lab Sim - Digestive	Soft Palate Pharynx and Larynx Lateral		0	✓	✓	1		
Lab Sim - Digestive	Stomach and Duodenum AP		0	✓	✓	1		
Lab Sim - Digestive	Stomach and Duodenum LPO		0	✓	✓	1		
Lab Sim - Digestive	Stomach and Duodenum PA		0	✓	✓	1		
Lab Sim - Digestive	Stomach and Duodenum R Lateral		0	✓	✓	1		
Lab Sim - Digestive	Stomach and Duodenum RAO		0	✓	✓	1		
Lab Sim - Lower Extremity	Ankle AP		0	✓	✓	1		
Lab Sim - Lower Extremity	Ankle AP Weight Bearing		0	✓	✓	1		
Lab Sim - Lower Extremity	Ankle Lateral		0	✓	✓	1		
Lab Sim - Lower Extremity	Ankle Mortise		0	✓	✓	1		
Lab Sim - Lower Extremity	Ankle Oblique		0	✓	✓	1		
Lab Sim - Lower Extremity	Ankle Stress method		0	✓	✓	1		
Lab Sim - Lower Extremity	Calcaneus Axial		0	✓	✓	1		
Lab Sim - Lower Extremity	Calcaneus Lateral		0	✓	✓	1		
Lab Sim - Lower Extremity	Femur AP		0	✓	✓	1		
Lab Sim - Lower Extremity	Femur Lateral		0	✓	✓	1		
Lab Sim - Lower Extremity	Foot AP oblique		0	✓	✓	1		
Lab Sim - Lower Extremity	Foot AP or AP axial		0	✓	✓	1		
Lab Sim - Lower Extremity	Foot Lateral		0	✓	✓	1		
Lab Sim - Lower Extremity	Knee AP		0	✓	✓	1		
Lab Sim - Lower Extremity	Knee AP oblique Lateral rotation		0	✓	✓	1		
Lab Sim - Lower Extremity	Knee AP oblique Medial rotation		0	✓	✓	1		
Lab Sim - Lower Extremity	Knee Intercondylar Fossa Camp Coventry		0	✓	✓	1		
Lab Sim - Lower Extremity	Knee Intercondylar Fossa Holmblad		0	✓	✓	1		
Lab Sim - Lower Extremity	Knee Lateral		0	✓	✓	1		
Lab Sim - Lower Extremity	Knee Standing		0	✓	✓	1		
Lab Sim - Lower Extremity	Patella Lateral		0	✓	✓	1		
Lab Sim - Lower Extremity	Patella PA		0	✓	✓	1		
Lab Sim - Lower Extremity	Patella Tangential Settegast		0	✓	✓	1		
Lab Sim - Lower Extremity	Tib Fib AP		0	✓	✓	1		
Lab Sim - Lower Extremity	Tib Fib Lateral		0	✓	✓	1		
Lab Sim - Lower Extremity	Toes AP oblique		0	✓	✓	1		

Lab Sim - Lower Extremity	Patella PA		0	✓	✓	1		
Lab Sim - Lower Extremity	Patella Tangential Settegast		0	✓	✓	1		
Lab Sim - Lower Extremity	Tib Fib AP		0	✓	✓	1		
Lab Sim - Lower Extremity	Tib Fib Lateral		0	✓	✓	1		
Lab Sim - Lower Extremity	Toes AP oblique		0	✓	✓	1		
Lab Sim - Lower Extremity	Toes AP or AP axial		0	✓	✓	1		
Lab Sim - Lower Extremity	Toes Lateral		0	✓	✓	1		
Lab Sim - Pelvis and Hip	Acetabulum Judet		0		✓	1		
Lab Sim - Pelvis and Hip	Hip AP		0		✓	1		
Lab Sim - Pelvis and Hip	Hip Axiolateral Danelius Miller		0		✓	1		
Lab Sim - Pelvis and Hip	Hip Lateral Lauenstein, Hickey		0		✓	1		
Lab Sim - Pelvis and Hip	Pelvis AP		0		✓	1		
Lab Sim - Pelvis and Hip	Pelvis Femoral Necks Modified Cleaves		0		✓	1		
Lab Sim - Spine	Cervical AP axial		0	✓	✓	1		
Lab Sim - Spine	Cervical AP Oblique RPO/LPO		0	✓	✓	1		
Lab Sim - Spine	Cervical Flexion and Extension		0	✓	✓	1		
Lab Sim - Spine	Cervical Lateral		0	✓	✓	1		
Lab Sim - Spine	Cervical Lateral Swimmers		0	✓	✓	1		
Lab Sim - Spine	Cervical PA Oblique RAO/LAO		0	✓	✓	1		
Lab Sim - Spine	Fuchs AP		0	✓	✓	1		
Lab Sim - Spine	L-5/S-1 junction Lateral		0	✓	✓	1		
Lab Sim - Spine	Lumbar AP		0	✓	✓	1		
Lab Sim - Spine	Lumbar PA oblique RAO/LAO		0	✓	✓	1		
Lab Sim - Spine	Lumbar spinal fusion R and L Bending		0	✓	✓	1		
Lab Sim - Spine	Lumbar spinal fusion R or L Flexion and Extension		0	✓	✓	1		
Lab Sim - Spine	Lumber AP oblique RPO/LPO		0	✓	✓	1		
Lab Sim - Spine	Lumber Lateral		0	✓	✓	1		
Lab Sim - Spine	Open Mouth AP		0	✓	✓	1		
Lab Sim - Spine	Sacroiliac joints AP oblique RPO/LPO		0	✓	✓	1		
Lab Sim - Spine	Sacroiliac joints Axial		0	✓	✓	1		
Lab Sim - Spine	Sacroiliac joints PA oblique RAO/LAO		0	✓	✓	1		
Lab Sim - Spine	Sacrum and Coccyx AP/PA Axial		0	✓	✓	1		
Lab Sim - Spine	Sacrum and Coccyx Lateral		0	✓	✓	1		
Lab Sim - Spine	Thoracic AP		0	✓	✓	1		
Lab Sim - Spine	Thoracic Lateral		0	✓	✓	1		

Lab Sim - Spine	Sacroiliac joints PA oblique RAO/LAO		0	✓	✓	1		
Lab Sim - Spine	Sacrum and Coccyx AP/PA Axial		0	✓	✓	1		
Lab Sim - Spine	Sacrum and Coccyx Lateral		0	✓	✓	1		
Lab Sim - Spine	Thoracic AP		0	✓	✓	1		
Lab Sim - Spine	Thoracic Lateral		0	✓	✓	1		
Lab Sim - Spine	Thorocolumbar Scoliosis Ferguson		0	✓	✓	1		
Lab Sim - Trauma Radiography	Abdomen AP or PA R or L Lateral Decub		0	✓	✓	1		
Lab Sim - Trauma Radiography	Abdomen AP Supine		0	✓	✓	1		
Lab Sim - Trauma Radiography	Abdomen Dorsal Decubitus		0	✓	✓	1		
Lab Sim - Trauma Radiography	C-Spine Lateral Dorsal Decubitus		0	✓	✓	1		
Lab Sim - Trauma Radiography	Cervicothoracic Lateral Dorsal Decubitus		0	✓	✓	1		
Lab Sim - Trauma Radiography	Chest AP Supine		0	✓	✓	1		
Lab Sim - Trauma Radiography	Facial Bones Reverse Waters		0	✓	✓	1		
Lab Sim - Trauma Radiography	Hip Clements-Nakayama		0	✓	✓	1		
Lab Sim - Trauma Radiography	Hip Lateral Danelius Miller		0	✓	✓	1		
Lab Sim - Trauma Radiography	Skull AP Axial Supine Reverse Caldwell		0	✓	✓	1		
Lab Sim - Trauma Radiography	Skull AP Axial Supine Reverse Towne		0	✓	✓	1		
Lab Sim - Trauma Radiography	Skull AP Supine		0	✓	✓	1		
Lab Sim - Trauma Radiography	Skull Dorsal Decub		0	✓	✓	1		
Lab Sim - Upper Extremity	AC joints Pearson		0	✓	✓	1		
Lab Sim - Upper Extremity	Carpal Canal Tangential		0	✓	✓	1		
Lab Sim - Upper Extremity	Clavicle AP		0	✓	✓	1		
Lab Sim - Upper Extremity	Clavicle Lordotic		0	✓	✓	1		
Lab Sim - Upper Extremity	Clavicle PA		0	✓	✓	1		
Lab Sim - Upper Extremity	Clavicle PA axial		0	✓	✓	1		
Lab Sim - Upper Extremity	Digits Lateral (2nd – 5th)		0	✓	✓	1		
Lab Sim - Upper Extremity	Digits Oblique (2nd- 5th)		0	✓	✓	1		
Lab Sim - Upper Extremity	Digits PA (2nd -5th)		0	✓	✓	1		
Lab Sim - Upper Extremity	Elbow AP		0	✓	✓	1		
Lab Sim - Upper Extremity	Elbow Coyle method		0	✓	✓	1		
Lab Sim - Upper Extremity	Elbow Distal Humerus		0	✓	✓	1		
Lab Sim - Upper Extremity	Elbow Lateral		0	✓	✓	1		
Lab Sim - Upper Extremity	Elbow Lateral rotation		0	✓	✓	1		
Lab Sim - Upper Extremity	Elbow Medial rotation		0	✓	✓	1		

Lab Sim - Upper Extremity	Elbow Distal Humerus		0	✓	✓	1		
Lab Sim - Upper Extremity	Elbow Lateral		0	✓	✓	1		
Lab Sim - Upper Extremity	Elbow Lateral rotation		0	✓	✓	1		
Lab Sim - Upper Extremity	Elbow Medial rotation		0	✓	✓	1		
Lab Sim - Upper Extremity	Elbow Oblique		0	✓	✓	1		
Lab Sim - Upper Extremity	Elbow Proximal Forearm		0	✓	✓	1		
Lab Sim - Upper Extremity	First Digit (thumb) AP		0	✓	✓	1		
Lab Sim - Upper Extremity	First Digit (thumb) Lateral		0	✓	✓	1		
Lab Sim - Upper Extremity	First Digit (thumb) Oblique		0	✓	✓	1		
Lab Sim - Upper Extremity	Forearm AP		0	✓	✓	1		
Lab Sim - Upper Extremity	Forearm Lateral		0	✓	✓	1		
Lab Sim - Upper Extremity	Forearm Oblique		0	✓	✓	1		
Lab Sim - Upper Extremity	Hand Lateral Extension or Fan		0	✓	✓	1		
Lab Sim - Upper Extremity	Hand PA		0	✓	✓	1		
Lab Sim - Upper Extremity	Hand PA oblique		0	✓	✓	1		
Lab Sim - Upper Extremity	Humers Lateral Trauma Lateral Recument		0	✓	✓	1		
Lab Sim - Upper Extremity	Humerus AP Erect		0	✓	✓	1		
Lab Sim - Upper Extremity	Humerus AP Recumbent		0	✓	✓	1		
Lab Sim - Upper Extremity	Humerus Lateral Erect		0	✓	✓	1		
Lab Sim - Upper Extremity	Humerus Lateral Recumbent		0	✓	✓	1		
Lab Sim - Upper Extremity	Scapula AP		0	✓	✓	1		
Lab Sim - Upper Extremity	Scapula Lateral		0	✓	✓	1		
Lab Sim - Upper Extremity	Shoulder AP External, Internal, Neutral		0	✓	✓	1		
Lab Sim - Upper Extremity	Shoulder Grashey		0	✓	✓	1		
Lab Sim - Upper Extremity	Shoulder Inferosuperior axial Lawrence		0	✓	✓	1		
Lab Sim - Upper Extremity	Shoulder Scapular Y RAO/LAO		0	✓	✓	1		
Lab Sim - Upper Extremity	Shoulder Transthoracic Lawrence		0	✓	✓	1		
Lab Sim - Upper Extremity	Wrist Lateral		0	✓	✓	1		
Lab Sim - Upper Extremity	Wrist PA		0	✓	✓	1		
Lab Sim - Upper Extremity	Wrist PA oblique		0	✓	✓	1		
Lab Sim - Upper Extremity	Wrist PA Ulnar Deviation		0	✓	✓	1		
Lab Sim - Upper Extremity	Wrist Scaphoid		0	✓	✓	1		
Lab Sim - Urinary System	Male Cystourethrography AP Oblique		0	✓	✓	1		
Lab Sim - Urinary System	Pelvicaliceal System Retrograde AP		0	✓	✓	1		
Lab Sim - Urinary System	Urinary AP		0	✓	✓	1		

Lab Sim - Upper Extremity	Wrist PA Ulnar Deviation		0	✓	✓	1		
Lab Sim - Upper Extremity	Wrist Scaphoid		0	✓	✓	1		
Lab Sim - Urinary System	Male Cystourethrography AP Oblique		0	✓	✓	1		
Lab Sim - Urinary System	Pelvicaliceal System Retrograde AP		0	✓	✓	1		
Lab Sim - Urinary System	Urinary AP		0	✓	✓	1		
Lab Sim - Urinary System	Urinary Bladder AP Axial or PA Axial		0	✓	✓	1		
Lab Sim - Urinary System	Urinary Bladder AP Oblique		0	✓	✓	1		
Lab Sim - Urinary System	Urinary Bladder Lateral		0	✓	✓	1		
Lab Sim - Urinary System	Urinary Lateral		0	✓	✓	1		
Lab Sim - Urinary System	Urinary Lateral Dorsal Decubitus		0	✓	✓	1		
Lab Sim - Urinary System	Urinary RPO/LPO		0	✓	✓	1		
Lower Extremity	Ankle		0	✓	✓	1		
Lower Extremity	Calcaneus		0		✓	1		
Lower Extremity	Femur		0	✓	✓	1		
Lower Extremity	Foot		0	✓	✓	1		
Lower Extremity	Knee		0	✓	✓	1		
Lower Extremity	Patella		0		✓	1		
Lower Extremity	Tibia-Fibula		0	✓	✓	1		
Lower Extremity	Toes		0		✓	1		
Lower Extremity	Trauma: Lower Extremity		0	✓	✓	1		
Mobile Studies	Abdomen		0	✓	✓	1		
Mobile Studies	Chest		0	✓	✓	1		
Mobile Studies	Orthopedic		0	✓	✓	1		
Pediatric Patient	Abdomen		0		✓	1		
Pediatric Patient	Chest Routine		0	✓	✓	1		
Pediatric Patient	Lower Extremity		0		✓	1		
Pediatric Patient	Mobile Study		0		✓	1		
Pediatric Patient	Upper Extremity		0		✓	1		
Spine and Pelvis	Cervical Spine		0	✓	✓	1		
Spine and Pelvis	Cross-Table (Horizontal Beam) Lateral Hip		0	✓	✓	1		
Spine and Pelvis	Cross-Table (Horizontal Beam) Lateral Spine		0	✓	✓	1		
Spine and Pelvis	Hip		0	✓	✓	1		
Spine and Pelvis	Lumbar Spine		0	✓	✓	1		
Spine and Pelvis	Pelvis		0	✓	✓	1		

Spine and Pelvis	Cross-Table (Horizontal Beam) Lateral Hip		0	✓	✓	1	
Spine and Pelvis	Cross-Table (Horizontal Beam) Lateral Spine		0	✓	✓	1	
Spine and Pelvis	Hip		0	✓	✓	1	
Spine and Pelvis	Lumbar Spine		0	✓	✓	1	
Spine and Pelvis	Pelvis		0	✓	✓	1	
Spine and Pelvis	Sacroiliac Joints		0		✓	1	
Spine and Pelvis	Sacrum and/or Coccyx		0		✓	1	
Spine and Pelvis	Scoliosis Series		0		✓	1	
Spine and Pelvis	Thoracic Spine		0	✓	✓	1	
Upper Extremity	AC Joints		0		✓	1	
Upper Extremity	Clavicle		0	✓	✓	1	
Upper Extremity	Elbow		0	✓	✓	1	
Upper Extremity	Forearm		0	✓	✓	1	
Upper Extremity	Hand		0	✓	✓	1	
Upper Extremity	Humerus		0	✓	✓	1	
Upper Extremity	Scapula		0		✓	1	
Upper Extremity	Shoulder		0	✓	✓	1	
Upper Extremity	Thumb or Finger		0	✓	✓	1	
Upper Extremity	Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)		0	✓	✓	1	
Upper Extremity	Trauma: Upper Extremity (Non Shoulder)		0	✓	✓	1	
Upper Extremity	Wrist		0	✓	✓	1	

Appendix C2

DIVISION OF HEALTH SCIENCES AND BUSINESS TECHNOLOGY

RADIOLOGIC TECHNOLOGY PROGRAM

LAB SIMULATION PROCEDURES

The following procedures are to be followed by all students when performing simulation and competencies in the RADT laboratories at LSUE. Refer to the Clinical Handbook for Radiologic Technology Students for the competency flow chart.

1. Each student will work independently to complete his or her simulation projections.
2. Textbooks, handouts, and class notes MAT NOT be used to aid in positioning and centering during a simulation procedure.
3. Each projection may only be attempted ONCE during the simulation.
4. The faculty member will evaluate the procedure in the appropriate areas.
5. The faculty member that observed and evaluated the procedure will complete the evaluation in Trajecsys.
6. Students are not permitted to handle the DR detectors. The faculty member will assist the student with placing the DR detector in the bucky or on the tabletop as is appropriate.
7. Exposures will not be made unless the student is wearing a radiation monitoring device and under the direct supervision of a RADT Instructor. NO EXCEPTIONS! A set of students' OSLs are kept in the RADT viewing room for laboratory experiences.
8. Exposures during surgery simulation require the student to wear a lead apron and thyroid shield.

*Note: Students simulating on a partner (not phantom), must abide by the professionalism and code of conduct standards. Partners must not assist the student simulating in any way. No exposures will be made on the partner.

APPENDIX E2

Lab Skills Evaluation Form

Area: Test Area

Student: STUDENT, TEST Site: Test Site

Type: Lab Simulation

Major Study: Lower Extremity Procedure: Ankle

STUDENT, TEST | Ankle | 08/25/2019 | Comments

Scoring Criteria:
AF - Automatic Failure
0 - Incorrect
1 - Correct
N/A - Not Applicable

Instructions _____

NOTE: AF - If any variable results in an "automatic failure", the student will receive a grade of 50% and must re-simulate the category. The two grades will be averaged. See Clinical Competency Components in the Clinical Handbook.

Projection A (specify in the comment field to the right) Enter _____

PERFORMANCE CRITERIA

Correct IR size / type and placement
0 - Incorrect
1 - Correct IR size / type / placement
0 1 _____

Correct IR marker(s)
AF - Wrong marker
0 - No marker or incorrect placement
1 - Correct marker
AF 0 1 _____

Correct SID
0 - Incorrect SID
1 - Correct SID
0 1 _____

Correct CR angulation
AF - Incorrect degree
AF - Incorrect direction
1 - Correct CR angulation / direction
AF 1 _____

Correct CR alignment: tube – to – IR
AF - Tube, IR, or Bucky excessively misaligned
0 - No detent
0 - Incorrect
1 - Correct alignment (tube to IR or Bucky)
AF 0 1 _____

Correct CR alignment: part – to - IR
AF - Part excessively misaligned
AF - Wrong part AF
0 - Incorrect
1 - Correct alignment (part to IR)
AF 0 1 _____

Correct positioning of the part being examined
AF - Incorrect position
0 - Rotation / etc.
1 - Correct
AF 0 1 _____

Correct collimation
0 - Over collimation
0 - No collimation / insufficient collimation
1 - Correct
0 1 _____

Physical facilities readiness
0 - Not ready
1 - Properly performed
0 1

Correct exposure factors
AF - Inadequate
0 - Adequate factors
1 - Correct exposure factors
AF 0 1

Appropriate speed and proficiency
AF - Unacceptable equipment manipulation / etc
0 - Needs improvement
1 - Appropriate speed and proficiency
AF 0 1

CRITICAL THINKING/PROBLEM SOLVING SKILLS

Sound judgment in radiation protection
0 - Improperly applied
1 - Properly applied
0 1

Considers alternatives and implications
0 - Does not consider alternatives
1 - Considers alternatives
0 1

Answers questions regarding projection
0 - Unable to answer questions
1 - Able to answer questions
0 1

Demonstrates professional conduct
AF - (Note: cell phones are not allowed "on" during simulations)
0 - Unprofessional conduct or language
1 - Professional conduct
AF 0 1

Projection B (specify in the comment field to the right)
Enter

PERFORMANCE CRITERIA

Correct IR size / type and placement
0 - Incorrect
1 - Correct IR size / type / placement
0 1 N/A

Correct IR marker(s)
AF - Wrong marker
0 - No marker or incorrect placement
1 - Correct marker
AF 0 1 N/A

Correct SID
0 - Incorrect SID
1 - Correct SID
0 1 N/A

Correct CR angulation
AF - Incorrect degree
AF - Incorrect direction
1 - Correct CR angulation / direction
AF 1 N/A

Correct CR alignment: tube – to – IR
AF - Tube, IR, or Bucky excessively misaligned
0 - No detent
0 - Incorrect
1 - Correct alignment (tube to IR or Bucky)
AF 0 1 N/A

Correct CR alignment: part – to - IR
AF - Part excessively misaligned
AF - Wrong part AF
0 - Incorrect
1 - Correct alignment (part to IR)
AF 0 1 N/A

Correct positioning of the part being examined
AF - Incorrect position
0 - Rotation / etc.
1 - Correct
AF 0 1 N/A

Correct collimation
0 - Over collimation
0 - No collimation / insufficient collimation
1 - Correct
0 1 N/A

Physical facilities readiness
0 - Not ready
1 - Properly performed
0 1 N/A

Correct exposure factors
AF - Inadequate
0 - Adequate factors
1 - Correct exposure factors
AF 0 1 N/A

Appropriate speed and proficiency
AF - Unacceptable equipment manipulation / etc
0 - Needs improvement
1 - Appropriate speed and proficiency
AF 0 1 N/A

Projection C (specify in the comment field to the right)
Enter

PERFORMANCE CRITERIA

Correct IR size / type and placement
0 - Incorrect
1 - Correct IR size / type / placement
0 1 N/A

Correct IR marker(s)
AF - Wrong marker
0 - No marker or incorrect placement
1 - Correct marker
AF 0 1 N/A

Correct SID
0 - Incorrect SID
1 - Correct SID
0 1 N/A

Correct CR angulation
AF - Incorrect degree
AF - Incorrect direction
1 - Correct CR angulation / direction
AF 1 N/A

Correct CR alignment: tube – to – IR
AF - Tube, IR, or Bucky excessively misaligned
0 - No detent
0 - Incorrect
1 - Correct alignment (tube to IR or Bucky)
AF 0 1 N/A

Correct CR alignment: part – to - IR
AF - Part excessively misaligned
AF - Wrong part AF
0 - Incorrect
1 - Correct alignment (part to IR)
AF 0 1 N/A

Correct positioning of the part being examined
AF - Incorrect position
0 - Rotation / etc.
1 - Correct
AF 0 1 N/A

Correct collimation
0 - Over collimation
0 1 N/A

0 - No collimation / insufficient collimation
1 - Correct

Physical facilities readiness
0 - Not ready
1 - Properly performed
0 1 N/A

Correct exposure factors
AF - Inadequate
0 - Adequate factors
1 - Correct exposure factors
AF 0 1 N/A

Appropriate speed and proficiency
AF - Unacceptable equipment manipulation / etc
0 - Needs improvement
1 - Appropriate speed and proficiency
AF 0 1 N/A

Projection D (specify in the comment field to the right)
Enter

PERFORMANCE CRITERIA

Correct IR size / type and placement
0 - Incorrect
1 - Correct IR size / type / placement
0 1 N/A

Correct IR marker(s)
AF - Wrong marker
0 - No marker or incorrect placement
1 - Correct marker
AF 0 1 N/A

Correct SID
0 - Incorrect SID
1 - Correct SID
0 1 N/A

Correct CR angulation
AF - Incorrect degree
AF - Incorrect direction
1 - Correct CR angulation / direction
AF 1 N/A

Correct CR alignment: tube – to – IR
AF - Tube, IR, or Bucky excessively misaligned
0 - No detent
0 - Incorrect
1 - Correct alignment (tube to IR or Bucky)
AF 0 1 N/A

Correct CR alignment: part – to - IR
AF - Part excessively misaligned
AF - Wrong part AF
0 - Incorrect
1 - Correct alignment (part to IR)
AF 0 1 N/A

Correct positioning of the part being examined
AF - Incorrect position
0 - Rotation / etc.
1 - Correct
AF 0 1 N/A

Correct collimation
0 - Over collimation
0 - No collimation / insufficient collimation
1 - Correct
0 1 N/A

Physical facilities readiness
0 - Not ready
1 - Properly performed
0 1 N/A

Correct exposure factors
AF 0 1 N/A

AF - Inadequate
0 - Adequate factors
1 - Correct exposure factors

Appropriate speed and proficiency
AF - Unacceptable equipment manipulation / etc
0 - Needs improvement
1 - Appropriate speed and proficiency

AF 0 1 N/A _____

Projection E (specify in the comment field to the right)

Enter _____

PERFORMANCE CRITERIA

Correct IR size / type and placement
0 - Incorrect
1 - Correct IR size / type / placement

0 1 N/A _____

Correct IR marker(s)
AF - Wrong marker
0 - No marker or incorrect placement
1 - Correct marker

AF 0 1 N/A _____

Correct SID
0 - Incorrect SID
1 - Correct SID

0 1 N/A _____

Correct CR angulation
AF - Incorrect degree
AF - Incorrect direction
1 - Correct CR angulation / direction

AF 1 N/A _____

Correct CR alignment: tube – to – IR
AF - Tube, IR, or Bucky excessively misaligned
0 - No detent
0 - Incorrect
1 - Correct alignment (tube to IR or Bucky)

AF 0 1 N/A _____

Correct CR alignment: part – to - IR
AF - Part excessively misaligned
AF - Wrong part AF
0 - Incorrect
1 - Correct alignment (part to IR)

AF 0 1 N/A _____

Correct positioning of the part being examined
AF - Incorrect position
0 - Rotation / etc.
1 - Correct

AF 0 1 N/A _____

Correct collimation
0 - Over collimation
0 - No collimation / insufficient collimation
1 - Correct

0 1 N/A _____

Physical facilities readiness
0 - Not ready
1 - Properly performed

0 1 N/A _____

Correct exposure factors
AF - Inadequate
0 - Adequate factors
1 - Correct exposure factors

AF 0 1 N/A _____

Appropriate speed and proficiency
AF - Unacceptable equipment manipulation / etc

AF 0 1 N/A _____

0 - Needs improvement
1 - Appropriate speed and proficiency

Comments: Enter

Student Signature and Comments: Student may add signature or comments by attaching a post-submission comment. Instructions

NOTE TO STUDENTS: Comp exam results are not final until validated by faculty. Instructions

Clinical Competency Routines

Abdomen

Abdomen	Routine	Mandatory	Elective
Abdomen Supine (KUB)	• AP/PA	✓	
Abdomen Erect	• AP/PA	✓	
Abdomen Decubitus (Horizontal Beam)	• Left or Right		✓
Intravenous Urography	• Scout • Timed Images *(per Radiologist)*		✓

C-Arm Studies

C-Arm Studies	Routine	Mandatory	Elective
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Image)	• AP/PA • Lateral	✓	
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	• Sterile AP/PA	✓	

Chest & Thorax

Chest & Thorax	Routine	Mandatory	Elective
Chest Routine	• PA • Lateral	✓	
Chest AP (Wheelchair or Stretcher)	• AP	✓	
Ribs	• AP/PA • AP/PA Obliques	✓	
Chest Lateral Decubitus (Horizontal Beam)	• Right or Left		✓

Sternum	• RAO • Lateral		✓
Upper Airway (Soft-Tissue Neck)	• Lateral		✓
Sternoclavicular Joints	• PA • LAO • RAO		✓

Fluoroscopic Studies

Fluoroscopic Studies *(Select **2** procedures from this section)*	**Routine** *(Student is responsible for preparing contrast, room/fluoro setup, and assisting radiologist)*	**Mandatory**	**Elective**
Upper GI Series, Single or Double Contrast	• Per site protocol		✓
Contrast Enema, Single or Double Contrast	• Per site protocol		✓
Small Bowel Series	• Per site protocol		✓
Esophagus (***NOT*** Swallowing Dysfunction Study or MBS)	• Per site protocol		✓
Cystography/Cystourethrography	• Per site protocol		✓
ERCP	• Per site protocol		✓
Myelography	• Per site protocol		✓
Arthrography	• Per site protocol		✓
Hysterosalpingography (HSG)	• Per site protocol		✓

Geriatric Patient

Geriatric Patient *(≥65 years of age **AND** physical or cognitive impairment)*	**Routine**	**Mandatory**	**Elective**
Chest Routine	• PA • Lateral	✓	
Orthopedic	• AP • Lateral	✓	
Hip or Spine	• AP • Lateral		✓

Head

Head *(Select **1** from this section)*	**Routine**	**Mandatory**	**Elective**
Skull	• PA/AP • Towne's • Lateral(s)		✓
Facial Bones	• Caldwell • Waters • Lateral		✓
Mandible	• PA • Towne's • Lateral • Right Axiolateral Oblique • Left Axiolateral Oblique		✓
Temporomandibular Joints	• AP Axial • Axiolateral Obliques (Open) • Axiolateral Obliques (Closed)		✓
Nasal Bones	• Waters • Right Lateral • Left Lateral		✓
Orbits	• Waters • Right Rhese • Left Rhese		✓

Paranasal Sinuses (Horizontal Beam)	• Caldwell • Waters • Lateral		✓

Lower Extremity

Lower Extremity	Routine	Mandatory	Elective
Toes	• AP • AP Oblique • Lateral		✓
Foot	• AP • AP Oblique • Lateral	✓	
Ankle	• AP • AP Oblique • Lateral	✓	
Knee	• AP • Lateral	✓	
Tibia/Fibula	• AP • Lateral	✓	
Femur	• AP Upper & Lower • Lateral Upper & Lower	✓	
Patella	• Tangential (Sunrise)	✓	
Calcaneus	• Axial (Plantodorsal) • Lateral		✓
Trauma: Lower Extremity	• AP • Lateral (***Note***: *Trauma requires modification in positioning due to injury with monitoring of patient's condition)*	✓	

Pediatric Patient

Pediatric Patient *(≤6 years of age)*	**Routine**	**Mandatory**	**Elective**

Chest Routine	• Axial (Plantodorsal) • Lateral	✓	
Abdomen	• AP/PA		✓
Orthopedic	• AP • Lateral		✓
Portable (Mobile) Study	• AP/PA		✓

Portable (Mobile) Radiographic Studies

Portable (Mobile) Radiographic Studies	Routine	Mandatory	Elective
Chest	• AP	✓	
Abdomen	• AP	✓	
Orthopedic	• AP/PA • Lateral	✓	

Spine & Pelvis

Spine & Pelvis	Routine	Mandatory	Elective
Cervical Spine	• Lateral • AP Open-Mouth Odontoid • AP Axial • AP Obliques	✓	
Thoracic Spine	• AP • Lateral • Swimmers *(if needed)*	✓	
Lumbar Spine	• AP • AP Obliques • Lateral • L5-S1 Spot	✓	

Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)	• Lateral	✓	
Pelvis	• AP	✓	
Hip	• AP • Lateral	✓	
Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)	• Lateral	✓	
Sacrum and/or Coccyx	• AP Axial (Sacrum and/or Coccyx) • Lateral		✓
Scoliosis Series	• AP *and/or* Lateral		✓
Sacroiliac Joints	• AP Axial • AP Obliques		✓
Geriatric: Hip or Spine	• AP • Lateral		

Upper Extremity

Upper Extremity	Routine	Mandatory	Elective
Thumb or Finger	• PA • PA Oblique • Lateral	✓	
Hand	• PA • PA Oblique • Lateral	✓	
Wrist	• PA • PA Oblique • Lateral	✓	
Forearm	• AP • Lateral	✓	

Elbow	• AP • AP Oblique • Lateral	✓	
Humerus	• AP • Lateral	✓	
Shoulder	• AP Internal • AP External	✓	
Clavicle	• AP • AP Axial	✓	
Scapula	• AP • Lateral		✓
AC Joints	• Bilateral AP w/ weights • Bilateral AP w/o weights		✓
Trauma: Shoulder or Humerus	• Scapular Y ***or*** • Transthoracic ***or*** • Axial *(**Note**: Trauma requires modification in positioning due to injury with monitoring of patient's condition)*	✓	
Trauma: Upper Extremity (Non-Shoulder)	• AP/PA • Lateral *(**Note**: Trauma requires modification in positioning due to injury with monitoring of patient's condition)*	✓	

The routine at the specific clinical sites differ and those should be followed for each procedure. They should not be altered for competency purposes. This list simply states the views that will be graded for competency. Each student should consult their Clinical Coordinator with any questions or clarification.

Note: trauma requires modifications in positioning due to injury with monitoring of the patients condition.

APPENDIX G2

CRITERIA FOR CLINICAL COMPETENCY EVALUATION

CRITERIA FOR PERFORMANCE EVAUATION

1. PHYSICAL FACILITIES READINESS

The student will:
- a. Verify that equipment is operational
- b. Provide a clean and orderly work area
- c. Obtain appropriate supplies/accessory items for exam
- d. Place the imaging equipment in position for the procedure

2. POSITIONING SKILLS

The student will:
- a. Place patient in correct position to be imaged
- b. Move patient into other positions required by the imaging exam
- c. Align CR to part examined. Center part to be demonstrated to center of image receptor
- d. Set the correct tube angle
- e. Set the correct SID

3. EQUIPMENT MANIPULATION

The student will:
- a. Manipulate the x-ray tube/bucky/table utilizing appropriate controls and locks
- b. Select the proper image receptor, image receptor holder, grid, etc.
- c. Properly insert and remove imaging plate/cassette from bucky tray or spot-film device if used
- d. Utilize appropriate identification markers
- e. Measure the patient
- f. Use immobilization devices as needed
- g. Select factors and properly use control panel
- h. Select appropriate SID
- i. Use equipment so as not to exceed recommended safety guidelines
- j. Demonstrate proper use of accessory items (footboard, immobilization devices, etc.)
- k. Manipulate equipment smoothly and efficiently

4. EVIDENCE OF RADIATION PROTECTION

The student will:
- a. Utilize beam-limiting devices, restrict beam size to part whenever possible
- b. Use gonadal shields, if appropriate
- c. Demonstrate utilization of shielding devices when applicable
- d. Wear required radiation monitoring device(s)
- e. Adjust exposure technique for motion, when appropriate

CRITERIA FOR IMAGE EVALUATION

1. ANATOMICAL PART(S)

The image demonstrates:
- a. The part shown in proper perspective
- b. No motion
- c. The patient obliqued or rotated correctly

2. PROPER ALIGNMENT

The image demonstrates:
a. The image receptor centered
b. The part centered
c. The tube centered

3. EXPOSURE TECHNIQUE

Standard image exposure:
a. Technique was used correctly for optimum contrast and density
b. Compensation of factors for pathology
c. Correct exposure used to produce image
d. Correct image receptor used

4. IMAGE RECEPTOR IDENTIFICATION

a. The “R” or “L” lead marker is in correct location
b. Minute or hour markers visible, when applicable
c. Patient information and date can be identified

CRITERIA FOR CRITICAL THINKING AND PROGLEM SOLVING SKILLS

1. SUFFICIENT EVALUATION OF REQUISITION

The student will:
a. Identify procedure to be performed
b. Identify the patient’s name and age
c. Identify patient location and mode of transportation
d. Acknowledge any pathological conditions
e. Acquire appropriate patient history

2. PATIENT CONSIDERATIONS

The student will:
a. Select the correct patient
b. Introduce himself/herself to patient and briefly explain the procedure
c. Question female patients for possible pregnancy
d. Transport patient to appropriate imaging area
e. Verify if patient was properly prepared for the exam
f. Identify and report, when appropriate, if there are contraindications for performing the procedure
g. Provide safe storage for patient’s personal belongings
h. Provide appropriate assistance to table, based on patient’s condition
i. Maintain patient’s dignity and modesty through proper gowning
j. Talk to patient in a concerned, professional manner
k. Apply standard precautions
l. Provide proper instructions for moving and breathing
m. Observe patient’s condition at regular intervals; never leave patients alone in exposure room
n. Ensure the patient’s comfort and physical safety

3. RADIATION PROTECTION: PRACTICES SOUND JUDGMENT

   a. Collimation
   b. Shielding of patient, self and others

4. IMAGE EVALUATION

   a. Identification of anatomical parts
   b. Image critique on positioning and quality
   c. Use of correct technical factors

Revised 4/11, Revised 5/20

APPENDIX H2

GRADING GUIDELINES FOR COMPETENCY EVALUATION

CRITERIA FOR PERFORMANCE	POINTS
1. Physical Facilities Readiness	
Not ready	0
Properly performed	1
2. Positioning Skills	
Incorrect CR angle	AF
Incorrect patient position	AF
Incorrect SID	0
Incorrect CR/Part/IR Alignment	0
Properly performed	1
3. Equipment Manipulation	
Unable to manipulate/operate equipment	AF
Unable to manipulate accessory devices	0
Incorrect IR device/grid	0
Incorrect exposure technique	AF
Properly performed	1
4. Evidence of Radiation Protection	
Did not use gonadal shield when applicable	0
Did not use a beam-restricting device	0
Has collimation, but no shield	0
Properly performed	1

CRITERIA FOR IMAGE EVALUATION	
1. Anatomical Part(s)	
Part not shown in proper perspective (improper position/rotation)	0
Properly performed	1
2. Proper Alignment	
Tube improperly centered: Anatomy completely clipped off of image	0
Part improperly centered: Anatomy completed clipped off of image	0
Film improperly centered: Anatomy completely clipped off of image	0
Properly performed	1

3. Exposure Technique

Incorrect exposure	AF
Marginal error in density/contrast (image is passable)	0
Properly performed.	1

4. IR/Other Identification

Improper/incorrect patient information	0
No lead marker(s)	0
Wrong lead marker(s)	AF
Properly performed	1

CRITERIA FOR CRITICAL THINKING AND PROBLEM SOLVING SKILLS

1. Sufficient Evaluation of Requisition

Misread	AF
Properly evaluated	1

2. Patient Considerations

Improperly identify pt/part to be imaged	AF
Unprofessional behavior.	0
Improper preparation of patient (snaps, etc.)	0
Did not apply “standard (universal) precautions”	0
Improper breathing instructions	0
Properly performed.	1

3. Radiation Protection: Practices Sound Judgment

Improperly applied.	0
Properly applied	1

4. Image Evaluation

Satisfactory.	1
Unsatisfactory.	0

AF: If any variable above results in an “automatic failure”, the student will receive a grade of 50% and must re-comp the category. The two grades will be averaged. See Competency evaluations in the <u>Clinical Handbook</u>.

Revised 4/16 Revised 5/20

Edit Competency Evaluation Items

Major Study: Chest and Thorax | Skill: Chest Routine | Group:

APPENDIX I2

Manage exam items for multiple procedures

Set the scoring type or comp type for selected items.
Scoring type: Set Comp Type: Set

Add New | Clone Selected | Delete Selected

	ID	Order	Item Name	Type	Score Name		
☐	4847363	up down	**Scoring Criteria:** **AF** - Automatic Failure **0** - Incorrect **1** - Correct **N/A** - Not Applicable **NOTE: AF** - If any variable results in an "automatic failure", the student will receive a grade of 50% and must re-comp the category. The two grades will be averaged. See Clinical Competency Components in the Clinical Handbook.	Clinical Comp	Instructions		
☐	4847364	up down	Repeat Exam	Clinical Comp	Y/N		
☐	4847365	up down	**Is comp is non-routine / deviated from the norm?**	Clinical Comp	Y/N		
☐	4847366	up down	**Projection A** (specify in the comment field to the right)	Clinical Comp	Enter		
☐	4847367	up down	**PERFORMANCE CRITERIA** Physical Facilities Readiness **0** - Not ready **1** - Properly performed	Clinical Comp	0-1		
☐	4847368	up down	Positioning Skills **AF** - Incorrect CR angle **AF** - Incorrect patient position **0** - Incorrect SID **0** - Incorrect CR / Part / IR Alignment **1** - Properly performed	Clinical Comp	0-1 AF		
☐	4847369	up down	Equipment Manipulation **AF** - Unable to manipulate / operate equipment **AF** - Incorrect exposure technique **0** - Unable to manipulate accessory devices **0** - Incorrect IR device / grid **1** - Properly performed	Clinical Comp	0-1 AF		
☐	4847370	up down	Evidence of Radiation Protection **0** - Did not use gonadal shield when applicable **0** - Did not use a beam-restricting device **0** - Has collimation, but no shield **1** - Properly performed	Clinical Comp	0-1		
☐	4847371	up down	**IMAGE EVALUATION** Anatomical Parts **0** - Part not shown in proper perspective **1** - Properly performed	Clinical Comp	0-1		
☐	4847372	up down	Proper Alignment **0** - Tube improperly centered: Anatomy completely clipped off of image **0** - Part improperly centered: Anatomy completed clipped off of image **0** - Film improperly centered: Anatomy completely clipped off of image **1** - Properly performed	Clinical Comp	0-1		
			Technique				

☐	4847385	up down	Proper Alignment **0** - Tube improperly centered: Anatomy completely clipped off of image **0** - Part improperly centered: Anatomy completed clipped off of image **0** - Film improperly centered: Anatomy completely clipped off of image **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847386	up down	Technique **AF** - Incorrect exposure **0** - Marginal error in density / contrast (image is passable) **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847387	up down	Image / Other Identification **AF** - Wrong lead marker(s) **0** - Improper / incorrect patient information **0** - No lead marker(s) **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847388	up down	**Projection C** (specify in the comment field to the right)		Clinical Comp	Enter	
☐	4847389	up down	**PERFORMANCE CRITERIA** Physical Facilities Readiness **0** - Not ready **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847390	up down	Positioning Skills **AF** - Incorrect CR angle **AF** - Incorrect patient position **0** - Incorrect SID **0** - Incorrect CR / Part / IR Alignment **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847391	up down	Equipment Manipulation **AF** - Unable to manipulate / operate equipment **AF** - Incorrect exposure technique **0** - Unable to manipulate accessory devices **0** - Incorrect IR device / grid **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847392	up down	Evidence of Radiation Protection **0** - Did not use gonadal shield when applicable **0** - Did not use a beam-restricting device **0** - Has collimation, but no shield **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847393	up down	**IMAGE EVALUATION** Anatomical Parts **0** - Part not shown in proper perspective **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847394	up down	Proper Alignment **0** - Tube improperly centered: Anatomy completely clipped off of image **0** - Part improperly centered: Anatomy completed clipped off of image **0** - Film improperly centered: Anatomy completely clipped off of image **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847395	up down	Technique **AF** - Incorrect exposure **0** - Marginal error in density / contrast (image is passable) **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847396	up down	Image / Other Identification **AF** - Wrong lead marker(s) **0** - Improper / incorrect patient information **0** - No lead marker(s) **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847397	up down	**Projection D** (specify in the comment field to the right)		Clinical Comp	Enter	
☐	4847398	up down	**PERFORMANCE CRITERIA** Physical Facilities Readiness **0** - Not ready **1** - Properly performed		Clinical Comp	0-1 NA	

☐	4847381	up down	Positioning Skills **AF** - Incorrect CR angle **AF** - Incorrect patient position **0** - Incorrect SID **0** - Incorrect CR / Part / IR Alignment **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847382	up down	Equipment Manipulation **AF** - Unable to manipulate / operate equipment **AF** - Incorrect exposure technique **0** - Unable to manipulate accessory devices **0** - Incorrect IR device / grid **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847383	up down	Evidence of Radiation Protection **0** - Did not use gonadal shield when applicable **0** - Did not use a beam-restricting device **0** - Has collimation, but no shield **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847384	up down	**IMAGE EVALUATION** Anatomical Parts **0** - Part not shown in proper perspective **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847385	up down	Proper Alignment **0** - Tube improperly centered: Anatomy completely clipped off of image **0** - Part improperly centered: Anatomy completed clipped off of image **0** - Film improperly centered: Anatomy completely clipped off of image **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847386	up down	Technique **AF** - Incorrect exposure **0** - Marginal error in density / contrast (image is passable) **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847387	up down	Image / Other Identification **AF** - Wrong lead marker(s) **0** - Improper / incorrect patient information **0** - No lead marker(s) **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847388	up down	**Projection C** (specify in the comment field to the right)		Clinical Comp	Enter	
☐	4847389	up down	**PERFORMANCE CRITERIA** Physical Facilities Readiness **0** - Not ready **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847390	up down	Positioning Skills **AF** - Incorrect CR angle **AF** - Incorrect patient position **0** - Incorrect SID **0** - Incorrect CR / Part / IR Alignment **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847391	up down	Equipment Manipulation **AF** - Unable to manipulate / operate equipment **AF** - Incorrect exposure technique **0** - Unable to manipulate accessory devices **0** - Incorrect IR device / grid **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847392	up down	Evidence of Radiation Protection **0** - Did not use gonadal shield when applicable **0** - Did not use a beam-restricting device **0** - Has collimation, but no shield **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847393	up down	**IMAGE EVALUATION** Anatomical Parts **0** - Part not shown in proper perspective **1** - Properly performed		Clinical Comp	0-1 NA	

	4847392	up down	Evidence of Radiation Protection **0** - Did not use gonadal shield when applicable **0** - Did not use a beam-restricting device **0** - Has collimation, but no shield **1** - Properly performed	Clinical Comp	0-1 NA	
	4847393	up down	**IMAGE EVALUATION** Anatomical Parts **0** - Part not shown in proper perspective **1** - Properly performed	Clinical Comp	0-1 NA	
	4847394	up down	Proper Alignment **0** - Tube improperly centered: Anatomy completely clipped off of image **0** - Part improperly centered: Anatomy completed clipped off of image **0** - Film improperly centered: Anatomy completely clipped off of image **1** - Properly performed	Clinical Comp	0-1 NA	
	4847395	up down	Technique **AF** - Incorrect exposure **0** - Marginal error in density / contrast (image is passable) **1** - Properly performed	Clinical Comp	0-AF NA	
	4847396	up down	Image / Other Identification **AF** - Wrong lead marker(s) **0** - Improper / incorrect patient information **0** - No lead marker(s) **1** - Properly performed	Clinical Comp	0-AF NA	
	4847397	up down	**Projection D** (specify in the comment field to the right)	Clinical Comp	Enter	
	4847398	up down	**PERFORMANCE CRITERIA** Physical Facilities Readiness **0** - Not ready **1** - Properly performed	Clinical Comp	0-1 NA	
	4847399	up down	Positioning Skills **AF** - Incorrect CR angle **AF** - Incorrect patient position **0** - Incorrect SID **0** - Incorrect CR / Part / IR Alignment **1** - Properly performed	Clinical Comp	0-AF NA	
	4847400	up down	Equipment Manipulation **AF** - Unable to manipulate / operate equipment **AF** - Incorrect exposure technique **0** - Unable to manipulate accessory devices **0** - Incorrect IR device / grid **1** - Properly performed	Clinical Comp	0-AF NA	
	4847401	up down	Evidence of Radiation Protection **0** - Did not use gonadal shield when applicable **0** - Did not use a beam-restricting device **0** - Has collimation, but no shield **1** - Properly performed	Clinical Comp	0-1 NA	
	4847402	up down	**IMAGE EVALUATION** Anatomical Parts **0** - Part not shown in proper perspective **1** - Properly performed	Clinical Comp	0-1 NA	
	4847403	up down	Proper Alignment **0** - Tube improperly centered: Anatomy completely clipped off of image **0** - Part improperly centered: Anatomy completed clipped off of image **0** - Film improperly centered: Anatomy completely clipped off of image **1** - Properly performed	Clinical Comp	0-1 NA	
	4847404	up down	Technique **AF** - Incorrect exposure **0** - Marginal error in density / contrast (image is passable) **1** - Properly performed	Clinical Comp	0-AF NA	
	4847405	up down	Image / Other Identification **AF** - Wrong lead marker(s) **0** - Improper / incorrect patient information **0** - No lead marker(s)	Clinical Comp	0-AF NA	

			1 - Properly performed				
☐	4847404	up down	Technique **AF** - Incorrect exposure **0** - Marginal error in density / contrast (image is passable) **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847405	up down	Image / Other Identification **AF** - Wrong lead marker(s) **0** - Improper / incorrect patient information **0** - No lead marker(s) **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847406	up down	**Projection E** (specify in the comment field to the right)		Clinical Comp	Enter	
☐	4847407	up down	**PERFORMANCE CRITERIA** Physical Facilities Readiness **0** - Not ready **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847408	up down	Positioning Skills **AF** - Incorrect CR angle **AF** - Incorrect patient position **0** - Incorrect SID **0** - Incorrect CR / Part / IR Alignment **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847409	up down	Equipment Manipulation **AF** - Unable to manipulate / operate equipment **AF** - Incorrect exposure technique **0** - Unable to manipulate accessory devices **0** - Incorrect IR device / grid **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847410	up down	Evidence of Radiation Protection **0** - Did not use gonadal shield when applicable **0** - Did not use a beam-restricting device **0** - Has collimation, but no shield **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847411	up down	**IMAGE EVALUATION** Anatomical Parts **0** - Part not shown in proper perspective **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847412	up down	Proper Alignment **0** - Tube improperly centered: Anatomy completely clipped off of image **0** - Part improperly centered: Anatomy completed clipped off of image **0** - Film improperly centered: Anatomy completely clipped off of image **1** - Properly performed		Clinical Comp	0-1 NA	
☐	4847413	up down	Technique **AF** - Incorrect exposure **0** - Marginal error in density / contrast (image is passable) **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847414	up down	Image / Other Identification **AF** - Wrong lead marker(s) **0** - Improper / incorrect patient information **0** - No lead marker(s) **1** - Properly performed		Clinical Comp	0-AF NA	
☐	4847415	up down	**Comments:**		Clinical Comp	Enter	
☐	4847416	up down	**Student Signature and Comments:** Student may add signature or comments by attaching a post-submission comment.		Clinical Comp	Instructions	
☐	4847417	up down	**NOTE TO STUDENTS: Comp exam results are not final until validated by faculty.**		Clinical Comp	Instructions	
☐	5336194	up down	**Scoring Criteria:** **AF** - Automatic Failure **0** - Incorrect **1** - Correct **N/A** - Not Applicable		Final Comp	Instructions	

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FINAL COMPETENCY EVALUATION

Name _____

One exam from each major category is to be performed by the student for the clinical instructor.

				Repeat Competencies				
Chest and Thorax	**Date Completed**	**Grade**	**Pass or Fail**	**Date Repeated**	**Grade**	**Pass or Fail**	**Final Comp Grade**	**CC**
Chest: Routine								
Chest AP (Wheelchair or Stretcher)								
Ribs								
Upper Extremity								
Thumb or Finger								
Hand								
Wrist								
Forearm								
Elbow								
Humerus								
Shoulder								
Clavicle								
Lower Extremity								
Foot								
Ankle								
Knee								
Tibia-Fibula								
Femur								
Spine								
Cervical Spine								
Thoracic Spine								
Lumbosacral Spine								
Cross-Table (Horizontal Beam) Lateral Spine								
Abdomen								
Abdomen Supine (KUB)								
Abdomen Upright								

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Pelvis and Hip	Date Completed	Grade	Pass or Fail	Date Repeated	Grade	Pass or Fail	Final Comp Grade	CC
Pelvis								
Hip								
Cross Table (Horizontal Beam) Lateral Hip								
Mobile C-Arm Studies								
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection								
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)								
Mobile Studies								
Chest								
Abdomen								
Orthopedic								
Pediatrics (Age 6 or younger)								
Chest Routine								
Head								
Skull								
Paranasal Sinuses								
Facial Bones								
Orbits								
Zygomatic Arches								
Nasal Bones								
Mandible								
Temporomandibular Joints								
Trauma Studies								
Shoulder or Humerus (Scapular Y, Transthoracic or Axial)								
Upper Extremity (Nonshoulder)								
Lower Extremity								

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Fluoroscopy Studies										
Upper GI Series (Single or Dcuble Contrast)										
Contrast Enema (Single or Dcuble Contrast)										
Small Bowel Series										
Esophagus										
Cystography/Cystourethrograohy										
ERCP										
Myelography										
Arthrography										
Hysterosalpingography										
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)										
Chest Routine										
Upper Extremity										
Lower extremity										

Student Signature _____ Date _____

CC Signature _____ Date _____

Revised 1/22

Appendix K2

Edit Competency Evaluation Items

Major Study: Abdomen Skill: Abdomen Decubitus Group: Final Comp

Manage exam items for multiple procedures

Set the scoring type or comp type for selected items.
Scoring type: _____ Comp Type: _____

	ID	Order	Item Name	Type	Score Name
☐	7084844	up down	**Scoring Criteria:** **AF** - Automatic Failure **0** - Incorrect **1** - Correct **N/A** - Not Applicable **NOTE: AF** - If any variable results in an "automatic failure", the student will receive a grade of 50% and must re-comp the category. The two grades will be averaged. See Clinical Competency Componerts in the Clinical Handbook.	Final Comp	Instructions
☐	7084845	up down	Repeat Exam	Final Comp	Y/N
☐	7084846	up down	**Is comp is non-routine / deviated from the norm?**	Final Comp	Y/N
☐	7084847	up down	**Projection A** (specify in the comment field to the right)	Final Comp	Enter
☐	7084848	up down	**PERFORMANCE CRITERIA** Physical Facilities Readiness **0** - Not ready **1** - Properly performed	Final Comp	0-1
☐	7084849	up down	Positioning Skills **AF** - Incorrect CR angle **AF** - Incorrect patient position **0** - Incorrect SID **0** - Incorrect CR / Part / IR Alignment **1** - Properly performed	Final Comp	0-1 AF
☐	7084850	up down	Equipment Manipulation **AF** - Unable to manipulate / operate equipment **AF** - Incorrect exposure technique **0** - Unable to manipulate accessory devices **0** - Incorrect IR device / grid **1** - Properly performed	Final Comp	0-1 AF

☐			**AF** - Incorrect patient position **0** - Incorrect SID **0** - Incorrect CR / Part / IR Alignment **1** - Properly performed			
☐	7084863	up down	Equipment Manipulation **AF** - Unable to manipulate / operate equipment **AF** - Incorrect exposure technique **0** - Unable to manipulate accessory devices **0** - Incorrect IR device / grid **1** - Properly performed		Final Comp	0-1 AF def NA
☐	7084864	up down	Evidence of Radiation Protection **0** - Did not use gonadal shield when applicable **0** - Did not use a beam-restricting device **0** - Has collimation, but no shield **1** - Properly performed		Final Comp	0-1 def NA
☐	7084865	up down	**IMAGE EVALUATION** Anatomical Parts **0** - Part not shown in proper perspective **1** - Properly performed		Final Comp	0-1 def NA
☐	7084866	up down	Proper Alignment **0** - Tube improperly centered: Anatomy completely clipped off of image **0** - Part improperly centered: Anatomy completed clipped off of image **0** - Film improperly centered: Anatomy completely clipped off of image **1** - Properly performed		Final Comp	0-1 def NA
☐	7084867	up down	Technique **AF** - Incorrect exposure **0** - Marginal error in density / contrast (image is passable) **1** - Properly performed		Final Comp	0-1 AF def NA
☐	7084868	up down	Image / Other Identification **AF** - Wrong lead marker(s) **0** - Improper / incorrect patient information **0** - No lead marker(s) **1** - Properly performed		Final Comp	0-1 AF def NA
☐	7135043	up down	**CRITICAL THINKING AND PROBLEM SOLVING SKILLS** Patient Considerations **AF** - Improperly identify pt / part to be imaged **0** - Unprofessional behavior **0** - Improper preparation of patient (snaps, etc.) **0** - Did not apply "standard (universal) precautions" **0** - Improper breathing instructions **1** - Properly performed		Final Comp	0-1 AF def NA
☐	7140757	up down	Repeat Image **0** - Repeat Images **1** - No repeat images		Final Comp	0 No -1 Yes def N/A
☐	7137422	up down	Image Evaluation **0** - Unsatisfactory **1** - Satisfactory		Final Comp	0-1 def NA
	7084872	up down	**Projection C** (specify in the comment field to the right)		Final Comp	Enter

☐	7140758	up down	Repeat Image **0** - Repeat Images **1** - No repeat images	Final Comp	0 No -1 Yes def N/A	
☐	7137423	up down	Image Evaluation **0** - Unsatisfactory **1** - Satisfactory	Final Comp	0-1 def NA	
☐	7084884	up down	**Projection D** (specify in the comment field to the right)	Final Comp	Enter	
☐	7084885	up down	**PERFORMANCE CRITERIA** Physical Facilit es Readiness **0** - Not ready **1** - Properly performed	Final Comp	0-1 def NA	
☐	7084886	up down	Positioning Skills **AF** - Incorrect CR angle **AF** - Incorrect patient position **0** - Incorrect SID **0** - Incorrect CR / Part / IR Alignment **1** - Properly performed	Final Comp	0-1 AF def NA	
☐	7084887	up down	Equipment Manipulation **AF** - Unable to manipulate / operate equipment **AF** - Incorrect exposure technique **0** - Unable to manipulate accessory devices **0** - Incorrect IR device / grid **1** - Properly performed	Final Comp	0-1 AF def NA	
☐	7084888	up down	Evidence of Radiation Protection **0** - Did not use gonadal shield when applicable **0** - Did not use a beam-restricting device **0** - Has collimation, but no shield **1** - Properly performed	Final Comp	0-1 def NA	
☐	7084889	up down	**IMAGE EVALUATION** Anatomical Parts **0** - Part not shown in proper perspective **1** - Properly performed	Final Comp	0-1 def NA	
☐	7084890	up down	Proper Alignment **0** - Tube improperly centered: Anatomy completely clipped off of image **0** - Part improperly centered: Anatomy completed clipped off of image **0** - Film improperly centered: Anatomy completely clipped off of image **1** - Properly performed	Final Comp	0-1 def NA	
☐	7084891	up down	Technique **AF** - Incorrect exposure **0** - Marginal error in density / contrast (image is passable) **1** - Properly performed	Final Comp	0-1 AF def NA	
☐	7084892	up down	Image / Other Identification **AF** - Wrong lead marker(s) **0** - Improper / incorrect patient information **0** - No lead marker(s) **1** - Properly performed	Final Comp	0-1 AF def NA	
	7135045	up down	**CRITICAL THINKING AND PROBLEM SOLVING SKILLS**		0-1 AF def	

			0 - Marginal error in density / contrast (image is passable) **1** - Properly performed				
☐	7084904	up down	Image / Other Identification **AF** - Wrong lead marker(s) **0** - Improper / incorrect patient information **0** - No lead marker(s) **1** - Properly performed		Final Comp	0-1 AF def NA	
☐	7135046	up down	**CRITICAL THINKING AND PROBLEM SOLVING SKILLS** Patient Considerations **AF** - Improperly identify pt / part to be imaged **0** - Unprofessional behavior **0** - Improper preparation of patient (snaps, etc.) **0** - Did not apply "standard (universal) precautions" **0** - Improper breathing instructions **1** - Properly performed		Final Comp	0-1 AF def NA	
☐	7140760	up down	Repeat Image **0** - Repeat Images **1** - No repeat images		Final Comp	0 No -1 Yes def N/A	
☐	7137425	up down	Image Evaluation **0** - Unsatisfactory **1** - Satisfactory		Final Comp	0-1 def NA	
☐	7084908	up down	**Comments:**		Final Comp	Enter	
☐	7084909	up down	**Student Signature and Comments:** Student may add signature or comments by attaching a post-submission comment.		Final Comp	Instructions	
☐	7084910	up down	**NOTE TO STUDENTS: Comp exam results are not final until validated by faculty.**		Final Comp	Instructions	

APPENDIX L2
Based on the 2022 ARRT Standards

SEQUENCE OF GENERAL PATIENT CARE AND COMPETENCY EXAMINATIONS

FIRST YEAR

RADT 1001

Vital Signs – Blood Pressure
Vital Signs – Temperature
Vital Signs – Pulse
Vital Signs – Respiration
Vital Signs – Pulse Oximetry

CPR Certified
Venipuncture
Transfer of Patient
Care of Patient Medical
Sterile and Medical Aseptic

Equip.

Tech.

RADT 1092/1093

Chest Routine (PA & Lateral)
Chest AP (WC or Stretcher)
Abdomen Supine (KUB)
Abdomen Upright
Abdomen Portable
Geriatric Chest (65 yrs or older)
Geriatric Upper or Lower Extremity (65 yrs or older)
Upper Airway (Soft-Tissue Neck)*

Chest Portable
Chest Lateral Decubitus*
Peds.Chest (6yrs or younger)
Pediatric Abdomen*
Abdomen Decubitus*
Geriatric hip or spine

Any
(11 comps RADT1092)

Thumb or Finger
Hand
Wrist
Forearm
Elbow
Humerus
Shoulder
Calcaneus*
Pediatric Upper Extremity*
Pediatric Mobile Study*
Sternum*
Clavicle
Scapula*
Acromioclavicular Joints*
Lumbosacral Spine
Thoracic Spine
Esophagus*
Small Bowel Series*
Intravenous Urography*
Orthopedic Mobile Study
Trauma: Upper Extremity (Nonshoulder)
Trauma: Shoulder or Humerus (Scapular Y,Transthoracic or Axial)

Foot
Ankle
Knee
Tibia-Fibula
Femur
Trauma Lower Extremity
Patella*
Toes*
Pediatric Lower Extremity*
Hip
Ribs
Cervical Spine
Scoliosis Series*
Sacrum or Coccyx*
Sacroiliac Joints*
Pelvis
UGI Series (with or w/o air)*
Contrast Enema (with or w/o air)*
ERCP*

(

Any 11 comps RADT1093

Facial Bones*
Nasal Bones*
Paranasal Sinuses*
Orbits*

Temporomandibular Joints*
Hysterosalpingography*
Skull*
Mandible*

Cystography/Cystourethrography*
Arthrography*

Myelography*

Cross-Table (Horizontal Beam) Lateral Hip
Cross-Table (Horizontal Beam) Lateral Spine
C-Arm Procedure:
(Requiring Manipulation to Obtain More than one Projection
C-Arm Procedure:
(Requiring Manipulation Around a Sterile Field)

SECOND YEAR

RADT 2091	Continued Competencies (15) *
RADT 2092	Continued Competencies (15) *
RADT 2093:	Final Category Competency Evaluations (13)

*Any fifteen however 1 must be an UGI Series or Contrast Enema; 1 must be from the Head section; and 1 must be from the Fluoroscopy Studies (See Additional Imaging Procedures).

Revised 5/19,5/20, 8/22

Clinical Internship Records

APPENDIX N2

Participation Level Legend

[redacted] Through 5/30/2020

Skill	M*	Participation Level 1	2	3	4	5	Total *	Comps *	Average *	Repeats
Abdomen — Abdomen Decubitus							0 **0**			
Abdomen — Abdomen Supine (KUB)	M			3		30	33 **4.82**	03/12/2020 +	100/**100**	9
Abdomen — Abdomen Upright	M			2		12	14 **4.71**	03/12/2020 +	91.67/**91.67**	3
Abdomen — Intravenous Urography		1					1 **1**			0
Abdomen Totals		**1**	**0**	**5**	**0**	**42**	48 **4.71**	**2**	**95.84**	
Chest and Thorax — Chest AP (Wheelchair or Stretcher)	M			3		13	16 **4.62**	02/21/2020 + 03/17/2020 + #S	100/**75**	7
Chest and Thorax — Chest Lateral Decubitus							0 **0**			
Chest and Thorax — Chest Routine	M			3		70	73 **4.92**	09/04/2019 +	90/**90**	19
Chest and Thorax — Ribs	M						0 **0**			
Chest and Thorax — Sternum							0 **0**			
Chest and Thorax — Upper Airway (Soft-Tissue Neck)							0 **0**			
Chest and Thorax Totals		**0**	**0**	**6**	**0**	**83**	89 **4.87**	**3**	**80**	
C-Arm Studies — C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	M						0 **0**			
C-Arm Studies — Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	M	2		1			3 **1.67**			2
C-Arm Studies Totals		**2**	**0**	**1**	**0**	**0**	3 **1.67**	**0**		
Fluoroscopy Studies 1 (At Least One from This Section) — Arthography		1					1 **1**			0
Fluoroscopy Studies 1 (At Least One from This Section) — Cystography / Cystourethrography		3					3 **1**			0
Fluoroscopy Studies 1 (At Least One from This Section) — ERCP		1					1 **1**			0
Fluoroscopy Studies 1 (At Least One from This Section) — Esophagus		6		2			8 **1.5**			0
Fluoroscopy Studies 1 (At Least One from This Section) — Hysterosalpingography							0 **0**			
Fluoroscopy Studies 1 (At Least One from This Section) — Myelography							0 **0**			
Fluoroscopy Studies 1 (At Least One from This Section) — Small Bowel Series		1				2	3 **3.67**			0
Fluoroscopy Studies 1 (At Least One from This Section) Totals		**12**	**0**	**2**	**0**	**2**	16 **1.75**	**0**		
Fluoroscopy Studies 2 (At Least One from This Section) — Contrast Enema, Single or Double Contrast		1					1 **1**			0
Fluoroscopy Studies 2 (At Least One from This Section) — Upper GI Series, Single or Double Contrast		2					2 **1**			0
Fluoroscopy Studies 2 (At Least One from This Section) Totals		**3**	**0**	**0**	**0**	**0**	3 **1**	**0**		
General Patient Care — Care of Patient Medical Equipment (e.g Oxygen Tank, IV Tubing)	M						0 **0**			
General Patient Care — CPR Certified	M						0 **0**			
General Patient Care — Sterile and Medical Aseptic Technique	M						0 **0**			
General Patient Care — Transfer of Patient	M						0 **0**			
General Patient Care — Venipuncture	M						0 **0**			
General Patient Care — Vital Signs - Blood Pressure	M						0 **0**			
General Patient Care — Vital Signs - Pulse	M						0 **0**			
General Patient Care — Vital Signs - Pulse Oximetry	M						0 **0**			
General Patient Care — Vital Signs - Respiration	M						0 **0**			
General Patient Care — Vital Signs - Temperature	M						0 **0**			
General Patient Care Totals		**0**	**0**	**0**	**0**	**0**	0 **0**	**0**		
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as Result of Aging — Chest Routine	M						0 **0**			
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as Result of Aging — Lower Extremity	M						0 **0**			
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as Result of Aging — Upper Extremity	M						0 **0**			
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as Result of Aging Totals		**0**	**0**	**0**	**0**	**0**	0 **0**	**0**		
Head (At Least One) — Facial Bones				1			1 **3**			2
Head (At Least One) — Mandible							0 **0**			
Head (At Least One) — Nasal Bones							0 **0**			
Head (At Least One) — Orbits							0 **0**			
Head (At Least One) — Paranasal Sinuses				1			1 **3**			1
Head (At Least One) — Skull							0 **0**			

Head (At Least One) Totals		**0**	**0**	**2**	**0**	**0**	2 **3**	**0**			
Lower Extremity — Ankle	**M**					2	2 **5**	11/22/2019 +		92.86/**92.86**	0
Lower Extremity — Calcaneus						1	1 **5**	11/04/2019 +		95/**95**	0
Lower Extremity — Femur	**M**						0 **0**				
Lower Extremity — Foot	**M**					4	4 **5**	02/21/2020 +		92.86/**92.86**	1
Lower Extremity — Knee	**M**	1		3		4	8 **3.75**	02/11/2020 +		85/**85**	3
Lower Extremity — Patella							0 **0**				
Lower Extremity — Tibia-Fibula	**M**			1		1	2 **4**	01/23/2020 +		90/**90**	0
Lower Extremity — Toes						1	1 **5**				1
Lower Extremity — Trauma: Lower Extremity	**M**						0 **0**				
Lower Extremity Totals		**1**	**0**	**4**	**0**	**13**	18 **4.33**	**5**		**91.14**	
Mobile Studies — Abdomen	**M**			9			9 **3**				5
Mobile Studies — Chest	**M**			26		8	34 **3.47**				10
Mobile Studies — Orthopedic	**M**			5			5 **3**				1
Mobile Studies Totals		**0**	**0**	**40**	**0**	**8**	48 **3.33**	**0**			
Pediatric Patient — Abdomen				1		2	3 **4.33**	09/11/2019 +		100/**100**	1
Pediatric Patient — Chest Routine	**M**			3		4	7 **4.14**	09/18/2019 +		85/**85**	0
Pediatric Patient — Lower Extremity				6		2	8 **3.5**	03/06/2020 +		89.29/**89.29**	0
Pediatric Patient — Mobile Study							0 **0**				
Pediatric Patient — Upper Extremity				2			2 **3**				0
Pediatric Patient Totals		**0**	**0**	**12**	**0**	**8**	20 **3.8**	**3**		**91.43**	
Spine and Pelvis — Cervical Spine	**M**	1		3			4 **2.5**				1
Spine and Pelvis — Cross-Table (Horizontal Beam) Lateral Hip	**M**						0 **0**	03/17/2020 +	#$	100/**100**	
Spine and Pelvis — Cross-Table (Horizontal Beam) Lateral Spine	**M**						0 **0**				
Spine and Pelvis — Hip	**M**			4		2	6 **3.67**	11/18/2019 +		100/**100**	0
Spine and Pelvis — Lumbar Spine	**M**	2		4		8	14 **3.86**				11
Spine and Pelvis — Pelvis	**M**			2		3	5 **4.2**	11/18/2019 +		100/**100**	1
Spine and Pelvis — Sacroiliac Joints							0 **0**				
Spine and Pelvis — Sacrum and/or Coccyx						1	1 **5**				1
Spine and Pelvis — Scoliosis Series				2			2 **3**				0
Spine and Pelvis — Thoracic Spine	**M**			1		2	3 **4.33**				4
Spine and Pelvis Totals		**3**	**0**	**16**	**0**	**16**	35 **3.74**	**3**		**100**	
Upper Extremity — AC Joints							0 **0**				
Upper Extremity — Clavicle	**M**						0 **0**				
Upper Extremity — Elbow	**M**					4	4 **5**	11/01/2019 +		100/**100**	0
Upper Extremity — Forearm	**M**					3	3 **5**	09/20/2019 +		90/**90**	0
Upper Extremity — Hand	**M**					5	5 **5**	10/21/2019 +		92.86/**92.86**	0
Upper Extremity — Humerus	**M**					2	2 **5**	03/06/2020 +		85/**85**	0
Upper Extremity — Scapula							0 **0**				
Upper Extremity — Shoulder	**M**					5	5 **5**	10/03/2019 +		95/**95**	0
Upper Extremity — Thumb or Finger	**M**					3	3 **5**	02/14/2020 +		100/**100**	2
Upper Extremity — Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)	**M**						0 **0**				
Upper Extremity — Trauma: Upper Extremity (Non Shoulder)	**M**						0 **0**				
Upper Extremity — Wrist	**M**			1		3	4 **4.5**	01/23/2020 +		92.86/**92.86**	0
Upper Extremity Totals		**0**	**0**	**1**	**0**	**25**	26 **4.92**	**7**		**93.67**	
Additional Imaging Procedures — Bone age survey							0 **0**				
Additional Imaging Procedures — Bone length survey							0 **0**				
Additional Imaging Procedures — Lumbar puncture							0 **0**				
Additional Imaging Procedures — Metastatic bone survey							0 **0**				
Additional Imaging Procedures — Modified barium swallow		1					1 **1**				0
Additional Imaging Procedures — Voiding cystourethrogram				1			1 **3**				0
Additional Imaging Procedures Totals		**1**	**0**	**1**	**0**	**0**	2 **2**	**0**			
Lab Sim - Chest — Chest AP	**M**						0 **0**				
Lab Sim - Chest — Chest Lateral	**M**						0 **0**				
Lab Sim - Chest — Chest Lordotic	**M**						0 **0**				
Lab Sim - Chest — Chest PA	**M**						0 **0**				
Lab Sim - Chest — Chest R or L Lateral Decubitus	**M**						0 **0**				
Lab Sim - Chest — Chest R or L Ventral or Dorsal Decubitus	**M**						0 **0**				
Lab Sim - Chest — Chest RAO/LAO	**M**						0 **0**				

Lab Sim - Chest — Chest RAO/LAO	M						0	0	
Lab Sim - Chest — Chest RPO/LPO	M						0	0	
Lab Sim - Chest Totals		0	0	0	0	0	0	0	0
Lab Sim - Abdomen — Abdomen AP Supine or Upright	M						0	0	
Lab Sim - Abdomen — Abdomen L Lateral Decubitus	M						0	0	
Lab Sim - Abdomen — Abdomen PA Upright	M						0	0	
Lab Sim - Abdomen — Abdomen R or L Dorsal Decubitus	M						0	0	
Lab Sim - Abdomen Totals		0	0	0	0	0	0	0	0
Lab Sim - Upper Extremity — AC joints Pearson	M						0	0	
Lab Sim - Upper Extremity — Carpal Canal Tangential	M						0	0	
Lab Sim - Upper Extremity — Clavicle AP	M						0	0	
Lab Sim - Upper Extremity — Clavicle Lordotic	M						0	0	
Lab Sim - Upper Extremity — Clavicle PA	M						0	0	
Lab Sim - Upper Extremity — Clavicle PA axial	M						0	0	
Lab Sim - Upper Extremity — Digits Lateral (2nd – 5th)	M						0	0	
Lab Sim - Upper Extremity — Digits Oblique (2nd- 5th)	M						0	0	
Lab Sim - Upper Extremity — Digits PA (2nd -5th)	M						0	0	
Lab Sim - Upper Extremity — Elbow AP	M						0	0	
Lab Sim - Upper Extremity — Elbow Coyle method	M						0	0	
Lab Sim - Upper Extremity — Elbow Distal Humerus	M						0	0	
Lab Sim - Upper Extremity — Elbow Lateral	M						0	0	
Lab Sim - Upper Extremity — Elbow Lateral rotation	M						0	0	
Lab Sim - Upper Extremity — Elbow Medial rotation	M						0	0	
Lab Sim - Upper Extremity — Elbow Oblique	M						0	0	
Lab Sim - Upper Extremity — Elbow Proximal Forearm	M						0	0	
Lab Sim - Upper Extremity — First Digit (thumb) AP	M						0	0	
Lab Sim - Upper Extremity — First Digit (thumb) Lateral	M						0	0	
Lab Sim - Upper Extremity — First Digit (thumb) Oblique	M						0	0	
Lab Sim - Upper Extremity — Forearm AP	M						0	0	
Lab Sim - Upper Extremity — Forearm Lateral	M						0	0	
Lab Sim - Upper Extremity — Forearm Oblique	M						0	0	
Lab Sim - Upper Extremity — Hand Lateral Extension or Fan	M						0	0	
Lab Sim - Upper Extremity — Hand PA	M						0	0	
Lab Sim - Upper Extremity — Hand PA oblique	M						0	0	
Lab Sim - Upper Extremity — Humers Lateral Trauma Lateral Recument	M						0	0	
Lab Sim - Upper Extremity — Humerus AP Erect	M						0	0	
Lab Sim - Upper Extremity — Humerus AP Recumbent	M						0	0	
Lab Sim - Upper Extremity — Humerus Lateral Erect	M						0	0	
Lab Sim - Upper Extremity — Humerus Lateral Recumbent	M						0	0	
Lab Sim - Upper Extremity — Scapula AP	M						0	0	
Lab Sim - Upper Extremity — Scapula Lateral	M						0	0	
Lab Sim - Upper Extremity — Shoulder AP External, Internal, Neutral	M						0	0	
Lab Sim - Upper Extremity — Shoulder Grashey	M						0	0	
Lab Sim - Upper Extremity — Shoulder Inferosuperior axial Lawrence	M						0	0	
Lab Sim - Upper Extremity — Shoulder Scapular Y RAO/LAO	M						0	0	
Lab Sim - Upper Extremity — Shoulder Transthoracic Lawrence	M						0	0	
Lab Sim - Upper Extremity — Wrist Lateral	M						0	0	
Lab Sim - Upper Extremity — Wrist PA	M						0	0	
Lab Sim - Upper Extremity — Wrist PA oblique	M						0	0	
Lab Sim - Upper Extremity — Wrist PA Ulnar Deviation	M						0	0	
Lab Sim - Upper Extremity — Wrist Scaphoid	M						0	0	
Lab Sim - Upper Extremity Totals		0	0	0	0	0	0	0	0
Lab Sim - Lower Extremity — Ankle AP	M						0	0	
Lab Sim - Lower Extremity — Ankle AP Weight Bearing	M						0	0	
Lab Sim - Lower Extremity — Ankle Lateral	M						0	0	
Lab Sim - Lower Extremity — Ankle Mortise	M						0	0	
Lab Sim - Lower Extremity — Ankle Oblique	M						0	0	
Lab Sim - Lower Extremity — Ankle Stress method	M						0	0	
Lab Sim - Lower Extremity — Calcaneus Axial	M						0	0	

Lab Sim - Upper Extremity Totals		**0**	**0**	**0**	**0**	**0**	0	**0**	**0**
Lab Sim - Lower Extremity — Ankle AP	**M**						0	**0**	
Lab Sim - Lower Extremity — Ankle AP Weight Bearing	**M**						0	**0**	
Lab Sim - Lower Extremity — Ankle Lateral	**M**						0	**0**	
Lab Sim - Lower Extremity — Ankle Mortise	**M**						0	**0**	
Lab Sim - Lower Extremity — Ankle Oblique	**M**						0	**0**	
Lab Sim - Lower Extremity — Ankle Stress method	**M**						0	**0**	
Lab Sim - Lower Extremity — Calcaneus Axial	**M**						0	**0**	
Lab Sim - Lower Extremity — Calcaneus Lateral	**M**						0	**0**	
Lab Sim - Lower Extremity — Femur AP	**M**						0	**0**	
Lab Sim - Lower Extremity — Femur Lateral	**M**						0	**0**	
Lab Sim - Lower Extremity — Foot AP oblique	**M**						0	**0**	
Lab Sim - Lower Extremity — Foot AP or AP axial	**M**						0	**0**	
Lab Sim - Lower Extremity — Foot Lateral	**M**						0	**0**	
Lab Sim - Lower Extremity — Knee AP	**M**						0	**0**	
Lab Sim - Lower Extremity — Knee AP oblique Lateral rotation	**M**						0	**0**	
Lab Sim - Lower Extremity — Knee AP oblique Medial rotation	**M**						0	**0**	
Lab Sim - Lower Extremity — Knee Intercondylar Fossa Camp Coventry	**M**						0	**0**	
Lab Sim - Lower Extremity — Knee Intercondylar Fossa Holmblad	**M**						0	**0**	
Lab Sim - Lower Extremity — Knee Lateral	**M**						0	**0**	
Lab Sim - Lower Extremity — Knee Standing	**M**						0	**0**	
Lab Sim - Lower Extremity — Patella Lateral	**M**						0	**0**	
Lab Sim - Lower Extremity — Patella PA	**M**						0	**0**	
Lab Sim - Lower Extremity — Patella Tangential Settegast	**M**						0	**0**	
Lab Sim - Lower Extremity — Tib Fib AP	**M**						0	**0**	
Lab Sim - Lower Extremity — Tib Fib Lateral	**M**						0	**0**	
Lab Sim - Lower Extremity — Toes AP oblique	**M**						0	**0**	
Lab Sim - Lower Extremity — Toes AP or AP axial	**M**						0	**0**	
Lab Sim - Lower Extremity — Toes Lateral	**M**						0	**0**	
Lab Sim - Lower Extremity Totals		**0**	**0**	**0**	**0**	**0**	0	**0**	**0**
Lab Sim - Pelvis and Hip — Acetabulum Judet							0	**0**	
Lab Sim - Pelvis and Hip — Hip AP							0	**0**	
Lab Sim - Pelvis and Hip — Hip Axiolateral Danelius Miller							0	**0**	
Lab Sim - Pelvis and Hip — Hip Lateral Lauenstein, Hickey							0	**0**	
Lab Sim - Pelvis and Hip — Pelvis AP							0	**0**	
Lab Sim - Pelvis and Hip — Pelvis Femoral Necks Modified Cleaves							0	**0**	
Lab Sim - Pelvis and Hip Totals		**0**	**0**	**0**	**0**	**0**	0	**0**	**0**
Lab Sim - Spine — Cervical AP axial	**M**						0	**0**	
Lab Sim - Spine — Cervical AP Oblique RPO/LPO	**M**						0	**0**	
Lab Sim - Spine — Cervical Flexion and Extension	**M**						0	**0**	
Lab Sim - Spine — Cervical Lateral	**M**						0	**0**	
Lab Sim - Spine — Cervical Lateral Swimmers	**M**						0	**0**	
Lab Sim - Spine — Cervical PA Oblique RAO/LAO	**M**						0	**0**	
Lab Sim - Spine — Fuchs AP	**M**						0	**0**	
Lab Sim - Spine — L-5/S-1 junction Lateral	**M**						0	**0**	
Lab Sim - Spine — Lumbar AP	**M**						0	**0**	
Lab Sim - Spine — Lumbar PA oblique RAO/LAO	**M**						0	**0**	
Lab Sim - Spine — Lumbar spinal fusion R and L Bending	**M**						0	**0**	
Lab Sim - Spine — Lumbar spinal fusion R or L Flexion and Extension	**M**						0	**0**	
Lab Sim - Spine — Lumber AP oblique RPO/LPO	**M**						0	**0**	
Lab Sim - Spine — Lumber Lateral	**M**						0	**0**	
Lab Sim - Spine — Open Mouth AP	**M**						0	**0**	
Lab Sim - Spine — Sacroiliac joints AP oblique RPO/LPO	**M**						0	**0**	
Lab Sim - Spine — Sacroiliac joints Axial	**M**						0	**0**	
Lab Sim - Spine — Sacroiliac joints PA oblique RAO/LAO	**M**						0	**0**	
Lab Sim - Spine — Sacrum and Coccyx AP/PA Axial	**M**						0	**0**	
Lab Sim - Spine — Sacrum and Coccyx Lateral	**M**						0	**0**	
Lab Sim - Spine — Thoracic AP	**M**						0	**0**	

Lab Sim - Spine — Thoracic AP	M						0	0			
Lab Sim - Spine — Thoracic Lateral	M						0	0			
Lab Sim - Spine — Thorocolumbar Scoliosis Ferguson	M						0	0			
Lab Sim - Spine Totals		0	0	0	0	0	0	0	0		
Lab Sim - Bony Thorax — Axillary Ribs AP oblique RPO/LPO	M						0	0			
Lab Sim - Bony Thorax — Axillary Ribs PA oblique RAO/LAO	M						0	0			
Lab Sim - Bony Thorax — Posterior Ribs	M						0	0			
Lab Sim - Bony Thorax — Sternum Lateral	M						0	0			
Lab Sim - Bony Thorax — Sternum RAO	M						0	0			
Lab Sim - Bony Thorax — Upper Anterior Ribs	M						0	0			
Lab Sim - Bony Thorax Totals		0	0	0	0	0	0	0	0		
Lab Sim - Cranium — Facial Bones Lateral	M						0	0			
Lab Sim - Cranium — Facial Bones PA axial Caldwell	M						0	0			
Lab Sim - Cranium — Facial Bones Reverse Waters	M						0	0			
Lab Sim - Cranium — Facial Bones Waters	M						0	0			
Lab Sim - Cranium — Mandible Oblique	M						0	0			
Lab Sim - Cranium — Mandibular Rami PA	M						0	0			
Lab Sim - Cranium — Mandibular Rami PA Axial	M						0	0			
Lab Sim - Cranium — Nasal Bones Lateral	M						0	0			
Lab Sim - Cranium — Sinuses Ethmoidal and Sphenoidal SMV Erect	M						0	0			
Lab Sim - Cranium — Sinuses Lateral Erect	M						0	0			
Lab Sim - Cranium — Sinuses PA axial Caldwell Erect	M						0	0			
Lab Sim - Cranium — Sinuses Waters Erect	M						0	0			
Lab Sim - Cranium — Sinuses Waters Open Mouth Erect	M						0	0			
Lab Sim - Cranium — Skull AP	M						0	0			
Lab Sim - Cranium — Skull AP Axial	M						0	0			
Lab Sim - Cranium — Skull Lateral	M						0	0			
Lab Sim - Cranium — Skull PA	M						0	0	02/10/2020 +		98.33/**98.33**
Lab Sim - Cranium — Skull PA axial	M						0	0			
Lab Sim - Cranium — Skull PA Axial Haas	M						0	0			
Lab Sim - Cranium — Skull SMV	M						0	0			
Lab Sim - Cranium — Skull Towne	M						0	0			
Lab Sim - Cranium — TMJ AP Axial	M						0	0			
Lab Sim - Cranium — TMJ Axiolateral Oblique	M						0	0			
Lab Sim - Cranium — Zygomatic Arches Modified Towne	M						0	0			
Lab Sim - Cranium — Zygomatic Arches SMV	M						0	0			
Lab Sim - Cranium — Zygomatic Arches Tangential	M						0	0			
Lab Sim - Cranium Totals		0	0	0	0	0	0	0	1		**98.33**
Lab Sim - Trauma Radiography — Abdomen AP or PA R or L Lateral Decub	M						0	0			
Lab Sim - Trauma Radiography — Abdomen AP Supine	M						0	0			
Lab Sim - Trauma Radiography — Abdomen Dorsal Decubitus	M						0	0			
Lab Sim - Trauma Radiography — C-Spine Lateral Dorsal Decubitus	M						0	0			
Lab Sim - Trauma Radiography — Cervicothoracic Lateral Dorsal Decubitus	M						0	0			
Lab Sim - Trauma Radiography — Chest AP Supine	M						0	0			
Lab Sim - Trauma Radiography — Facial Bones Reverse Waters	M						0	0			
Lab Sim - Trauma Radiography — Hip Clements-Nakayama	M						0	0			
Lab Sim - Trauma Radiography — Hip Lateral Danelius Miller	M						0	0			
Lab Sim - Trauma Radiography — Skull AP Axial Supine Reverse Caldwell	M						0	0			
Lab Sim - Trauma Radiography — Skull AP Axial Supine Reverse Towne	M						0	0			
Lab Sim - Trauma Radiography — Skull AP Supine	M						0	0			
Lab Sim - Trauma Radiography — Skull Dorsal Decub	M						0	0			
Lab Sim - Trauma Radiography Totals		0	0	0	0	0	0	0	0		
Lab Sim - Digestive — Esophagus AP or PA	M						0	0			
Lab Sim - Digestive — Esophagus Lateral	M						0	0			
Lab Sim - Digestive — Esophagus RAO/LPO	M						0	0			
Lab Sim - Digestive — Large Intestine AP	M						0	0			
Lab Sim - Digestive — Large Intestine AP Axial	M						0	0			
Lab Sim - Digestive — Large Intestine L Lateral Decub	M						0	0			
Lab Sim - Digestive — Large Intestine LAO	M						0	0			

Lab Sim - Trauma Radiography Totals		**0**	**0**	**0**	**0**	**0**	0	**0**	**0**		
Lab Sim - Digestive — Esophagus AP or PA	**M**						0	**0**			
Lab Sim - Digestive — Esophagus Lateral	**M**						0	**0**			
Lab Sim - Digestive — Esophagus RAO/LPO	**M**						0	**0**			
Lab Sim - Digestive — Large Intestine AP	**M**						0	**0**			
Lab Sim - Digestive — Large Intestine AP Axial	**M**						0	**0**			
Lab Sim - Digestive — Large Intestine L Lateral Decub	**M**						0	**0**			
Lab Sim - Digestive — Large Intestine LAO	**M**						0	**0**			
Lab Sim - Digestive — Large Intestine Lateral R or L	**M**						0	**0**			
Lab Sim - Digestive — Large Intestine LPO	**M**						0	**0**			
Lab Sim - Digestive — Large Intestine PA	**M**						0	**0**			
Lab Sim - Digestive — Large Intestine PA Axial	**M**						0	**0**			
Lab Sim - Digestive — Large Intestine R Lateral Decub	**M**						0	**0**			
Lab Sim - Digestive — Large Intestine RAO	**M**						0	**0**			
Lab Sim - Digestive — Large Intestine RPO	**M**						0	**0**			
Lab Sim - Digestive — Small Intestine AP or PA	**M**						0	**0**			
Lab Sim - Digestive — Soft Palate Pharynx and Larynx AP	**M**						0	**0**			
Lab Sim - Digestive — Soft Palate Pharynx and Larynx Lateral	**M**						0	**0**			
Lab Sim - Digestive — Stomach and Duodenum AP	**M**						0	**0**			
Lab Sim - Digestive — Stomach and Duodenum LPO	**M**						0	**0**			
Lab Sim - Digestive — Stomach and Duodenum PA	**M**						0	**0**			
Lab Sim - Digestive — Stomach and Duodenum R Lateral	**M**						0	**0**			
Lab Sim - Digestive — Stomach and Duodenum RAO	**M**						0	**0**			
Lab Sim - Digestive Totals		**0**	**0**	**0**	**0**	**0**	0	**0**	**0**		
Lab Sim - Urinary System — Male Cystourethrography AP Oblique	**M**						0	**0**			
Lab Sim - Urinary System — Pelvicaliceal System Retrograde AP	**M**						0	**0**			
Lab Sim - Urinary System — Urinary AP	**M**						0	**0**			
Lab Sim - Urinary System — Urinary Bladder AP Axial or PA Axial	**M**						0	**0**			
Lab Sim - Urinary System — Urinary Bladder AP Oblique	**M**						0	**0**			
Lab Sim - Urinary System — Urinary Bladder Lateral	**M**						0	**0**			
Lab Sim - Urinary System — Urinary Lateral	**M**						0	**0**			
Lab Sim - Urinary System — Urinary Lateral Dorsal Decubitus	**M**						0	**0**			
Lab Sim - Urinary System — Urinary RPO/LPO	**M**						0	**0**			
Lab Sim - Urinary System Totals		**0**	**0**	**0**	**0**	**0**	0	**0**	**0**		
Lab Campus Positioning Class Only — Bony Thorax							0	**0**			
Lab Campus Positioning Class Only — CXR / ABD / Mobile							0	**0**			
Lab Campus Positioning Class Only — Digestive							0	**0**			
Lab Campus Positioning Class Only — Facial / Sinus							0	**0**	02/26/2020 +	98.33/**98.33**	
Lab Campus Positioning Class Only — Lower Extremity							0	**0**			
Lab Campus Positioning Class Only — Skull							0	**0**			
Lab Campus Positioning Class Only — Spine							0	**0**			
Lab Campus Positioning Class Only — Trauma							0	**0**			
Lab Campus Positioning Class Only — Upper Extremity							0	**0**			
Lab Campus Positioning Class Only — Urinary							0	**0**			
Lab Campus Positioning Class Only Totals		**0**	**0**	**0**	**0**	**0**	0	**0**	**1**	**98.33**	
Grand Totals		**23**	**0**	**90**	**0**	**197**	310		**25**	**92.56**	85

Average*: Black - the score for the most recent evaluation. Red - the average score for all competencies performed by the student for the skill.

Total* : The first number is the total number of procedures completed. The second number is the average participation level. The number in red is the average participation level of the class.

Comps* :
An "*" to the right of a competency evaluation date indicates that the exam was disapproved.
A "+" to the right of the competency evaluation date indicates that it has been validated by faculty.
A "•" requires review before exam is included in averaging.
#S = Simulated
#R = Rechecks

M* = Mandatory

LSUE EUNICE

DIVISION OF HEALTH SCIENCES AND BUSINESS TECHNOLOGY

RADIOLOGIC TECHNOLOGY PROGRAM

Clinical Rotation Evaluation

Student: _____

Site and Preceptor: _____

Scoring Criteria:

2-The student does this 69% of the time
3-The student does this 70 – 79% of the time
3.5-The student does this 80 – 89% of the time
4-The student does this 90 % of the time or more
N/A – Not Applicable

Patient Care

Exhibits patience and empathy
○2 ○3 ○3.5 ○4 ○N/A

Properly uses AIDET
○2 ○3 ○3.5 ○4 ○N/A

Organizational Skills

Seeks and recognizes what needs to be done without wasting time
○2 ○3 ○3.5 ○4 ○N/A

Completes work in expected time frame
○2 ○3 ○3.5 ○4 ○N/A

Technical Skills

Properly manipulates equipment
○2 ○3 ○3.5 ○4 ○N/A

Selects appropriate technical factors
○2 ○3 ○3.5 ○4 ○N/A

Correctly evaluates images
○2 ○3 ○3.5 ○4 ○N/A

Utilizes proper positioning skills
○2 ○3 ○3.5 ○4 ○N/A

Performs procedures with minimum repeats
○2 ○3 ○3.5 ○4 ○N/A

Radiation Protection

Protects patients, self, and personnel from unnecessary radiation
○2 ○3 ○3.5 ○4 ○N/A

Uses collimation whenever possible
○2 ○3 ○3.5 ○4 ○N/A

Affective Domain

Acts in a professional manner at all times
○2 ○3 ○3.5 ○4 ○N/A

Demonstrates interest and a positive attitude
○2 ○3 ○3.5 ○4 ○N/A

Comments: _____

Applied Imaging II Evaluation

Subject: APPENDIX P2

Applied Imaging II Evaluation

Scoring Criteria

0 - Unacceptable; Needs Further Instruction or Remediation

1 - Average; Needs Major Improvement

2 - Above Average; Needs Minor Improvement

3 - Good

TERM: ○ Mid-Semester ○ End of Semester

COMMUNICATION						
Establish rapport and maintain professional communication in relationships with staff and colleagues	○ 0	○ 1	○ 2	○ 3	○ N/A	
Establish rapport and maintain professional communication in relationships with patients and their families	○ 0	○ 1	○ 2	○ 3	○ N/A	
Properly confirms patient identification and verification	○ 0	○ 1	○ 2	○ 3	○ N/A	
Explain radiographic procedures in a clear and well-defined manner	○ 0	○ 1	○ 2	○ 3	○ N/A	
DEPENDABILITY, ATTENDANCE AND RESPONSIBILITY OF STUDENT						
Is available and present in designated area	○ 0	○ 1	○ 2	○ 3	○ N/A	
Is conscientious and resourceful	○ 0	○ 1	○ 2	○ 3	○ N/A	
Is punctual on a regular basis	○ 0	○ 1	○ 2	○ 3	○ N/A	
Is regular in attendance	○ 0	○ 1	○ 2	○ 3	○ N/A	
PROFESSIONALISM						
Is consistent in following established uniform policy	○ 0	○ 1	○ 2	○ 3	○ N/A	
Demonstrates professional conduct	○ 0	○ 1	○ 2	○ 3	○ N/A	
INITIATIVE OF STUDENT						
Assumes responsibility; performs routine duties without being asked	○ 0	○ 1	○ 2	○ 3	○ N/A	
Is enthusiastic, interested, and pursues unfamiliar tasks / procedures	○ 0	○ 1	○ 2	○ 3	○ N/A	
Is productive for imaging team	○ 0	○ 1	○ 2	○ 3	○ N/A	

Submit

INITIATIVE OF STUDENT						
Assumes responsibility; performs routine duties without being asked	○0	○1	○2	○3	○N/A	💬
Is enthusiastic, interested, and pursues unfamiliar tasks / procedures	○0	○1	○2	○3	○N/A	💬
Is productive for imaging team	○0	○1	○2	○3	○N/A	💬
ATTITUDE OF STUDENT						
Demonstrates confidence when performing routine procedures	○0	○1	○2	○3	○N/A	💬
Is able to accept criticism and follow directions	○0	○1	○2	○3	○N/A	💬
Is able to use criticism for self-improvement	○0	○1	○2	○3	○N/A	💬
Utilizes time to achieve clinical education objectives	○0	○1	○2	○3	○N/A	💬
Consistently displays a positive attitude in department	○0	○1	○2	○3	○N/A	💬
ORGANIZATION / PERSEVERANCE / QUALITY OF PROCEDURES						
Is able to complete work in expected time frame	○0	○1	○2	○3	○N/A	💬
Demonstrates organization	○0	○1	○2	○3	○N/A	💬
Is able to follow through on assigned tasks	○0	○1	○2	○3	○N/A	💬
Maintains a clean, orderly, and well-supplied work area	○0	○1	○2	○3	○N/A	💬
Is able to adapt to unusual situations or stressful situations in the clinical setting	○0	○1	○2	○3	○N/A	💬
Displays adaptability and adjusts to changes in work environment	○0	○1	○2	○3	○N/A	💬
PROBLEM SOLVING SKILLS AND CRITICAL THINKING						
Interpret and carry-out written and verbal communication at appropriate level	○0	○1	○2	○3	○N/A	💬
Is able to use sound judgement while functioning in a healthcare setting	○0	○1	○2	○3	○N/A	💬
Is able to use sound judgement in performing imaging procedures	○0	○1	○2	○3	○N/A	💬
Be able to respond to patients' changing physical conditions independently	○0	○1	○2	○3	○N/A	💬
CLINICAL SKILLS OF STUDENT						
Is able to demonstrate efficient operation of imaging equipment	○0	○1	○2	○3	○N/A	💬
Is able to prepare / interpret procedure requisition	○0	○1	○2	○3	○N/A	💬

Submit

Is able to select correct size / type of image receptor for procedures	○0 ○1 ○2 ○3 ○N/A	
Is able to demonstrate proper exposure factors	○0 ○1 ○2 ○3 ○N/A	
Is able to demonstrate sterile asepsis; applies standard precautions	○0 ○1 ○2 ○3 ○N/A	
Is able to demonstrate radiation protection	○0 ○1 ○2 ○3 ○N/A	
Is able to correctly mark radiographs with "R" and "L" markers	○0 ○1 ○2 ○3 ○N/A	
Is able to demonstrate knowledge and skill in performing procedures learned / applied in previous didactic / clinical courses	○0 ○1 ○2 ○3 ○N/A	

COMPETENCY EXAMS

Aggressively pursued competency exams	○0 ○1 ○2 ○3 ○N/A	
Complete required competency exams for course (11)	○0 ○1 ○2 ○3 ○N/A	
Performs with appropriate level of supervision	○0 ○1 ○2 ○3 ○N/A	

STUDENT WAS ABLE TO DEMONSTRATE THE FOLLOWING:

Evaluate image quality: State proper / corrective adjustments	○0 ○1 ○2 ○3 ○N/A	
Select, prepare, and administer contrast media	○0 ○1 ○2 ○3 ○N/A	
Maintain a minimal image repeat rate	○0 ○1 ○2 ○3 ○N/A	
Comments:		
Student Signature: Student may add signature by attaching a post-submission comment.	◉ Instructions	

☐ Check to complete later, then click "Submit"

◉ Approved ○ Not Approved

Submit

LSUE EUNICE

DIVISION OF HEALTH SCIENCES AND BUSINESS TECHNOLOGY
RADIOLOGIC TECHNOLOGY PROGRAM

GRADUATE EXIT SURVEY

JRCERT Accredited Program #0406

PROGRAM MISSION

The LSU Eunice Radiologic Technology Program is committed to providing a qualitative, comprehensive, and diverse education that enables students to become entry-level radiographers.

This survey instrument is designed to measure data regarding the quality of personnel resources, physical resources, learning resources, and clinical resources in order to identify the strengths and areas for improvement of the program. All data will be kept confidential and will be used program evaluation purposes only.

Spring 2020

Directions: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A. The ratings are: 5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

I. PERSONNEL RESOURCES (PROGRAM FACULTY)

FACULTY TEACH EFFECTIVELY:

In the classroom.	(5)	4	3	2	1	N/A
In the laboratories.	(5)	4	3	2	1	N/A
In the clinical setting	(5)	4	3	2	1	N/A

FACULTY NUMBER IS ADEQUATE:

In the classroom.	(5)	4	3	2	1	N/A
In the laboratories.	(5)	4	3	2	1	N/A
In the clinical setting.	(5)	4	3	2	1	N/A

IN GENERAL, THE FACULTY MEMBERS:

Establish a good rapport with the students.	(5)	4	3	2	1	N/A
Are willing to help students with academic needs.	(5)	4	3	2	1	N/A

Comments_____

_____

_____

_____

II. PHYSICAL RESOURCES

INSTRUCTIONAL RESOURCES-- CLASSROOMS:

Are adequate in size.	⑤	4	3	2	1	N/A
Have adequate lighting.	⑤	4	3	2	1	N/A
Have adequate seating.	⑤	4	3	2	1	N/A
Have adequate ventilation.	⑤	4	3	2	1	N/A
Are provided with appropriate equipment to support effective instruction.	⑤	4	3	2	1	N/A

INSTRUCTIONAL RESOURCES-- LABORATORIES:

Are adequate in size.	⑤	4	3	2	1	N/A
Have adequate lighting.	⑤	4	3	2	1	N/A
Have adequate seating.	⑤	4	3	2	1	N/A
Have adequate ventilation.	⑤	4	3	2	1	N/A
Are equipped with the amount of equipment necessary for student performance of required laboratory exercises.	⑤	4	3	2	1	N/A
Are equipped with the variety of equipment necessary for student performance of required laboratory exercises.	⑤	4	3	2	1	N/A
Are equipped with the amount of supplies necessary for student performance of required laboratory exercises.	⑤	4	3	2	1	N/A
Are equipped with the variety of supplies necessary for student performance of required laboratory exercises.	⑤	4	3	2	1	N/A
Are accessible to students outside regularly scheduled class times.	⑤	4	3	2	1	N/A
Activities prepare the student to perform effectively in the clinical setting.	⑤	4	3	2	1	N/A

Comments_____

_____

_____

_____

III. LEARNING RESOURCES

LIBRARIES (SCHOOL AND CLINICAL AFFILIATES LIBRARIES):

The program faculty and/or the library personnel offer orientation and demonstration of the library services.	(5)	4	3	2	1	N/A
The institutional library personnel provide assistance to the students when needed.	(5)	4	3	2	1	N/A
The libraries provide sufficient materials to support classroom assignments.	(5)	4	3	2	1	N/A
The library hours are convenient to student schedules.	(5)	4	3	2	1	N/A

STUDENT INSTRUCTIONAL SUPPORT SERVICES (TUTORS, COMPUTER LABS, ETC.):

Computer labs are available to students for class assignments and activities.	(5)	4	3	2	1	N/A
Computer resources are adequate to support the curriculum.	(5)	4	3	2	1	N/A
Campus services are accessible to all students.	(5)	4	3	2	1	N/A

Comments_____

_____

_____

_____

IV. CLINICAL RESOURCES

CLINICAL ROTATIONS—FACILITIES:

The clinical facilities offer an adequate number of procedures for the student to meet clinical objectives.	(5)	4	3	2	1	N/A
The clinical facilities offer an adequate variety of procedures for the student to meet clinical objectives.	(5)	4	3	2	1	N/A
The clinical facilities provide a variety of current equipment.	(5)	4	3	2	1	N/A

CLINICAL ROTATIONS—EXPERIENCES:

Clinical rotations are sufficient in length to enable the student to complete clinical objectives.	(5)	4	3	2	1	N/A
Clinical rotations are sufficient to provide competencies for all students.	(5)	4	3	2	1	N/A

CLINICAL INSTRUCTION (CIs/CPs/RTs)

Students are adequately oriented to assigned clinical areas and procedures.	(5)	4	3	2	1	N/A
Students are supervised at appropriate levels.	(5)	4	3	2	1	N/A
Technologists provide direct supervision when students repeat radiographs.	(5)	4	3	2	1	N/A
Technologists are knowledgeable to provide student instruction.	(5)	4	3	2	1	N/A
Evaluation of student performance is consistent.	5	(4)	3	2	1	N/A
Technologists are readily available to assist students when needed.	5	(4)	3	2	1	N/A

Comments_____

_____

_____

_____

V. ADDITIONAL COMMENTS

OVERALL RATING:

Please rate the overall quality of the resources supporting the program.

5 = Excellent 4 = Very Good 3 = Good 2 = Fair 1 = Poor

Based on your experience, which program resources provided you with the most support?

Clinical rotations provided me with adequate support on my future career choice._____

_____

_____

Why?

Clinical rotations provided hands-on procedures to help me learn how to deal with____ examinations for my future career._____

_____

Based on your experience, which program resources could be improved?

I do not feel as though any resource needs improvement._____

_____

_____

How?
Each radiology program resource provided enough support and learning resources to achieve an education.

Please provide comments and suggestions that would help to improve the program's overall resources.
I was pleased with LSUE's radiology program and am thankful to have received such a good education as a result.

THANK YOU **DATE** 03/25/2020

CERTIFICATE OF INSURANCE

Issue Date: June 19, 2023

PRODUCER
Office of Risk Management – DOA
Post Office Box 91106
Baton Rouge, Louisiana 70821-9106

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION AND MAY CONFER RIGHTS UPON THE CERTIFICATE HOLDER BY AMENDING OR EXTENDING THE COVERAGE AFFORDED BY THE POLICIES BELOW AS STATED IN THE DESCRIPTION OF OPERATIONS SECTION.

COMPANY AFFORDING COVERAGE

INSURED State of Louisiana
Louisiana State University – Eunice
Post Office Box 1129
Eunice, LA 70535

Louisiana Self-Insurance Fund

CORP. NO: 4500

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIABILITY LIMITS		
						EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCURRENCE ☒ PERSONAL & ADVERTISING INJURY ☒ CONTRACTUAL LIABILITY ☒ PROFESSIONAL LIABILITY ☒ PRODUCTS/COMPLETED OPERATIONS ☒ FIRE DAMAGE (Any one fire) ☐ MEDICAL EXPENSES	CGL20232024	07-01-2023	07-01-2024	BODILY INJURY		
					PROPERTY DAMAGE		
					BI & PD COMBINED	$ 5,000,000	
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED ☐ NON-OWNED ☐ HIRED				BODILY INJURY		
					PROPERTY DAMAGE		
					BI & PD COMBINED		
	AUTOMOBILE PHYSICAL DAMAGE ☐ OWNED ☐ SPECIFICALLY DESCRIBED ☐ HIRED						
	☒ **WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY**	WC20232024	07-01-2023	07-01-2024	STATUTORY		
					$ 5,000,000	(EACH ACCIDENT)	
					$ 5,000,000	(DISEASE–POLICY LIMIT)	
					$ 5,000,000	(DISEASE–EACH EMPLOYEE)	
	☒ **MEDICAL MALPRACTICE LIABILITY**	MMP20232024	07-01-2023	07-01-2024	$5,000,000 PER OCCURRENCE SUBJECT TO R.S. 40:1237.1 ET SEQ		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Proof of coverage for faculty and students in the Nursing and Allied Health Program. Commercial General Liability and Workers' Compensation coverage for faculty only.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICES SHALL IMPOSE NO OBLIGATIONS OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

CERTIFICATE HOLDER

Louisiana State University – Eunice
Post Office Box 1129
Eunice, LA 70535

AUTHORIZED REPRESENTATIVE

MARK JOSEPH, UNDERWRITING MANAGER

Appendix T2
LSU Eunice STUDENT APPEAL FORM*

Name_____ **Student No.**_____

Division _____ **Curriculum**_____

Advisor (See Item 4 under General Provisions of the Appeal Program, P. 2 of 11):
Name_____

Title or Relationship_____

List name and title of the University employee to whom the appeal was made at Step One and Step Two:

Step One: Name_____

Title_____

Step Two: Name_____

Title_____

Name/title of person to whom the Step Three appeal is being filed:

Name _____

Title _____

Statement of Appeal (Action complained of)**

_____
_____
_____
_____
_____
_____
_____
_____

Relief (Resolution) Requested

LSU Eunice PS No. 8 Revised April 2023

_____

_____
_____
_____
_____

Reasons Supporting Relief Requested

_____
_____
_____
_____

Student Signature _____ Date_____

***This form should be used only for Step Three appeals. **If sufficient space is not provided, write "see attached" and attach your appeal statement written on 8 1/2 x 11 paper in accordance with the provisions of Step Three of the appeal procedure.**

APPENDIX U2

2048 Johnson Hwy, Acadian Center Room 108 - Eunice, Louisiana 70535
(337) 457-6110 Office (337) 594-1800 Fax

PATIENT INFORMATION QUESTIONNAIRE

Patient Last Name: McLaughlin First Name: Robert Middle Initial: L

Date of Birth: _____ Social Security Number:_____ Gender: ☐ Male ☐ Female

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address:_____ City:_____ State: _____ Zip: _____

Home Ph: _____Work/Alternate Ph:_____ Cell Ph:_____

Email Address:_____

Referred by: _____ Primary Doctor: _____

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced
Race: ☐ Black/African American ☐ White/Caucasian ☐ Hispanic ☐ Asian ☐ Other _____
Ethnicity: ☐ Hispanic or Latino ☐NOT Hispanic or Latino
Primary Language: ☐ English ☐ Other _____
Employment Status: ☐ Full-time ☐ Not employed ☐ Part-time ☐ Military Active ☐ Retired ☐ Self-Employed ☐ Student

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

Insurance Policy Holder Information:

Policy Holder Last Name:_____First Name:_____MI:_____

Mailing Address:_____City/State:_____Zip:_____

Home Phone: (___) ____-_____ Cell Phone: (___) ____-_____ Work Number: (___) ____-_____

Date of Birth ___/____/____ Social Security Number:____-____-_____ Gender □ Male □ Female

Current Employer: _____City/State:_____

Relation to Patient: □Spouse □Parent □Guardian □Other_____

PHARMACY PREFERENCE:

Primary Pharmacy Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Appendix U 2

RELEASE OF PERSONAL HEALTH INFORMATION (PHI) to FAMILY MEMBERS/FRIENDS

PATIENT'S INFORMATION: Gender: ☐ M ☐ F

Last Name: _____ First Name: _____ Date of Birth: _____

I, _____ hereby give authorization to WellSmart Health of LSUE to release ALL of my health information to the following people:

_____Relationship to patient:_____

_____Relationship to patient:_____

_____ _____

Signature **Date**

_____ _____

Relationship to Patient **Date**

LSUE
Division of
Student Affairs

eCARE
Compass Mental Health, MD

COMPASS ECARE AT LSUE

OVERVIEW

Compass eCare provides ***mental health counseling services*** to the students of LSUE via telemedicine ***free of charge***. Services will include:

- Mental Health Assessment and Evaluation
- Medication Management
- Individual, Couples, and Family therapy services

Schedule an appointment today!

FIRST TIME USER

- Call ***337-534-0490*** to schedule your telehealth appointment. State that you are an LSUE student requesting to schedule a counseling appointment. A Compass Health team member will take your information & coordinate a date & time for your appointment.
- You will then receive a series of three emails from myTelehealth:
  - One with your username,
  - One with your temporary password, and
  - One with your appointment time
- You will be able to register and create your own unique password. *Save your login info!*

CONNECTING

- 10-15 minutes prior to your appointment you can access your account via the **Netsmart Telehealth app** or via the myTelehealth URL (*ntstvirtualhealth.com*) from the comfort of anywhere on the planet with a reliable internet connection.
- You'll be prompted to "Enter the Waiting Room" and your provider will be notified of your arrival Hang tight, and your mental health professional will connect with you shortly.

SUBSEQUENT VISITS

- Call ***337-534-0490*** to schedule your telehealth appointment. A Compass Health team member will take your information and coordinate a date and time for your appointment.
- You'll receive a reminder email prior to your visit. Follow the same steps to connect.

PRIVATE SPACE ON CAMPUS FOR ECARE

Student Affairs has dedicated a room inside the Office of Student Affairs (Acadian Center, Room 112) where students can connect for eCare appointments. This is a quiet, safe, confidential, and private room that is available upon request during your scheduled appointment. A computer and webcam is configured and ready to go!

POLICY STATEMENT 08
GENERAL APPEAL PROCEDURE AVAILABLE TO STUDENTS

POLICY DIGEST
Monitoring Unit: Office of Academic Affairs
Initially Issued: June 4, 2010
Last Revised April 20, 2023 (editorial)

I. PURPOSE

To establish procedures that an individual student may use to formally question the application of any university regulation, rule, policy, requirement or procedure, unless the appeal is otherwise covered by another established procedure.

II. DEFINITIONS

Academic appeal: an appeal (as defined below) related to matters concerned with instructional activities, grading procedures, or other incidents associated with academic affairs not including academic suspension (see Appendix A).

Advisor: an individual who accompanies the student or employee directly involved in the appeal to offer advice. **Note:** *The advisor shall not represent or speak for the advisee. In all cases throughout this policy, the concerned parties are required to speak for themselves, in all oral or written aspects of the appeal.*

Appeal: A request to determine if a grievance has merit and if so to arrive at an appropriate action by the University to address the situation.

Business Day: A day in which LSU Eunice is open to conduct operations. Hours vary by department; however, generally it is Monday through Friday from 8 am to 4:30 pm.

Grievance: a request by a student for reconsideration of an action or decision by a University employee, office, panel, or committee. This includes:

A. An action or decision on the part of an employee, faculty member, program director, or other administrator that a student perceives to be unfair or unreasonable, or

B. Application of standards different from those that were applied to other students under similar circumstances.

Hearing: a formal procedure in which a duly appointed individual or panel considers evidence, facts, and arguments of both sides of an appeal in an effort to determine the facts of the case and make recommendations for appropriate action, if warranted. (see Section IV-B: Use of University Wide Hearing Panels).

Non-Academic Appeals: appeals (as defined above) that are not related to academic matters, such as but not limited to conduct appeals, parking ticket appeals, or student employment (see Appendix A).

Written Student Complaint: A written student complaint is any report submission by a prospective, current, or former student through the University's official web-based system using the Student Grievance Form, hosted on the LSU Eunice CARES webpage at http://www.lsue.edu/care.

Written student complaints are not meant to circumvent or replace existing LSU Eunice policies and procedures designed to address issues brought forward by students (See Appendix A).

III. GENERAL POLICY

It is University policy to provide students with an appeal procedure for questioning the application of any regulation, rule, policy, requirement, or procedure as it applies to the individual student in their capacity as a student. It is the University's basic philosophy that student appeals should be settled as quickly as practicable at the lowest possible administrative level having the authority to act definitively. Recognizing that no single appeals process can serve the wide range of possible complaints, different units within the University have developed specific appeals processes, subject to review by the Office of Academic Affairs.

A. Provisions of the General Appeal Process

1. The decision to utilize an appeal procedure shall be voluntary on the part of the individual student. All students have the right to make good faith appeals without fear of coercion, harassment, intimidation, or reprisal from the University or its employees.

2. Appeals filed about grievances in bad faith may be subject to review under the Code of Student Conduct.

3. The University recognizes the rights of all parties to impartial appeal decision-makers including the student filing an appeal, and employees against whose action the appeal is filed.

4. Students and employees involved in the appeal shall each have the right to have an advisor, but are expected to speak for themselves in all written and oral aspects of the appeal (see the Definition of Advisor in Section II above).

5. Privacy shall be maintained, where applicable, in all appeal proceedings in accordance with the provisions of the Family Educational Rights and Privacy Act of 1974 and LSU Eunice Policy Statement 34: Privacy Rights of Parents and Students.

B. The University provides specific guidelines for several different types of grievances and appeals. If a specific policy exists, the student must contact the office of primary responsibility involved with the situation in question for specific procedural guidelines which govern that appeal process (see Appendix A). However, if the area or function under question does not have specific procedures, the student should then follow the procedures outlined in this policy.

C. Appeals related to a student's role as an employee are handled in accordance with this policy. The decision maker shall consult with Human Resources before a decision is reached or a meeting is held. Policies related to student employment are governed by LSU Eunice Policy Statement 24: Student Employment).

D. Note to Students and Employees: Students and employees of LSU Eunice should note that it is the student's best interest to initiate and complete the steps in the appeal process as soon as possible. This is especially important for students in a health sciences clinical program appealing an action/decision that has an impact on the student's continuation in the program.

IV. PROCEDURES

A. General Appeals Procedures

There may be up to three steps in the general appeal process (see Appendix B). In all cases, if the final decision requires changes in an official record of the University, the University employee must comply with all University regulations and procedures necessary to accomplish the change**.**

1. Step One: Informal Appeal to Employee

For Step One, the student shall meet with the employee who carried out the action or made the decision that is being appealed to discuss the appeal and attempt to arrive at a solution. For academic appeals, the employee is the faculty member. For purposes of this policy, a "meeting" can be accomplished via face-to-face meeting or through other forms of communication, such as conference calls, video/web conferences, etc. Letters and emails may provide background information; however, they do not meet the definition of a "meeting". In addition, no person may submit an appeal on behalf of the student; however, the student may contact the Office of Student Affairs at stuaff@lsue.edu if assistance is needed.

Step One is to be initiated by the student within ten (10) business days of the action or decision (see the Note to Students in Section III-D above). Appeals of final grades must be initiated by the student within 20 business days after the beginning of the next regular semester. A delay in the filing of the appeal may constitute grounds for rejection of the appeal.

If the student is unable to contact the employee, then the student should contact the office with oversight over the employee in question, and the Dean or Administrator will contact the employee. If the stated deadline cannot be met due to unavailability, then all parties are to be notified in writing by the Dean or Administrator and a mutually agreeable time should be identified.

While a written appeal does not apply during the Step One informal process, the student may wish to consider the following prior to meeting with the employee:

a. a description of the grievance (see the Definition of Grievance) including

i. the action or decision on the part of an employee that a student perceives to be unfair or unreasonable, or

ii. the application of standards different from those that were applied to other students under similar circumstances,

b. a description of the resolution sought, and

c. any other information the grievant believes to be relevant.

The meeting between the student and employee shall take place within ten (10) business days from the time the employee receives the request for a meeting. To maintain privacy, it is expected that the meeting will be held in an office or conference room to minimize others hearing the conversation. The meeting at Step One is informal; however, it is expected to be a candid discussion of items a-c above in an attempt to arrive at a solution. The student and/or the employee may each have an advisor present if either party wishes subject to the Definition of an Advisor above.

The employee may inform the student of the decision during the meeting. After meeting with the student, the employee will respond in writing within ten (10) business days of the decision to the student with a copy to the unit's Dean or Administrator. The written notification to all parties' LSU Eunice email account is required even if the decision was rendered and the student was informed at the meeting. The written notification must also include the date and time the meeting was held including whether the meeting was held face-to-face or by electronic means. If the employee and student cannot reach a resolution, the student may formally appeal the employee's decision through the formal appeals process (see Step 2). If the matter is resolved, then the appeal has been concluded.

2. Step Two: Formal Appeal to Administrator

The Step Two Formal Appeal Process may take place only after the Informal Appeal Process (detailed in Step One) has occurred per the lines of authority in the department (see Appendix B). No person may submit the appeal on behalf of the student; however, the student may contact the Office of Student Affairs at stuaff@lsue.edu if assistance is needed.

To initiate the Formal Appeal Process, the student or employee must submit the online Complaint Form, hosted at www.lsue.edu/care/ within ten (10) business days upon receipt of the Step One employee's decision (see the Note to Students in Section III-D above).[1] A delay in the filing of the appeal may constitute grounds for rejection of the appeal.

The electronic form from www.lsue.edu/care/ is received and reviewed by the Office of Student Affairs and is routed to the appropriate Step Two Administrator. The Step Two administrator is the unit head of the area within which the grievance was initiated. For academic appeals, the Step Two Administrator is the Academic Dean. The name and title of the Step Two Administrator can be obtained from the

[1] After landing on LSUE Cares website, please scroll down to the Student Complaint section and click on Submit a Report. The direct link to the form used to file a complaint is https://cm.maxient.com/reportingform.php?LSUEunice&layout_id=3.

employee in Step One or from the Office of Student Affairs.

The submitted report should clearly identify the following:

a. the name of the person(s) against whom the grievance is initiated,

b. Student's identification (name, student ID number, major, current address, telephone number, and email address),

c. a description of grievance (see the Definition of Grievance) including

   i. the action or decision on the part of an employee that a student perceives to be unfair or unreasonable, or

   ii. the application of standards different from those that were applied to other students under similar circumstances,

d. date of action or decision by the person that is to be reconsidered,

e. a description of any informal attempts at resolution along with the date and result of the informal meeting from Step One,

f. reason(s) for objections to the faculty or employee response in Step One,

g. a description of the resolution sought,

h. any other information the grievant believes to be relevant, and

i. all supporting documentation (i.e. email communications, notes, etc. to support the student's claim),

Upon receipt of the form submission with all required information, the Step Two Administrator shall make a reasonable effort to arrange for a meeting within 10 business days from the date that the report is received. For students in a health sciences clinical program appealing an action/decision that has an impact on the student's continuation in the program, the Dean shall try to arrange for a meeting sooner, if possible.

The Administrator shall investigate the situation and gather all documents from the parties involved. During the investigation, the Dean may hold discussions or request additional information to clarify issues with the student, Program Director, Department Chair, and/or the employee from Step One. The Administrator will impartially consider all information related to the issue and case.

The meeting may be held in person or through other forms of communication, such as conference calls or video/web conference. If the stated deadline cannot be met, then all parties are to be notified in writing and a mutually agreeable time identified. The meeting is formal, with a thorough and candid discussion of the grievance in an attempt to arrive at a solution. Meetings typically include the student, faculty member, and the Dean; however, additional University employees with information related to the appeal may be asked to attend at the discretion of the Dean. Both the

student and the employee may be accompanied by an advisor (see the Definition of an Advisor).

The Step Two Administrator may render an oral decision at the close of the meeting, or may take the matter under consideration. All parties shall be informed of the decision in writing within 10 business days of the meeting through their LSU Eunice email accounts. For students in a health sciences clinical program appealing an action/decision that has an impact on the student's continuation in the program, the Administrator (Dean) shall try to notify the student sooner, if possible. If a resolution is not reached, the student may appeal the decision to the next level administrator (see Appendix B). If the matter is resolved, then the appeal has been concluded.

3. Step Three: Appeal to the Next Level Administrator

A Step Three Appeal may only occur after the Step Two Appeal has occurred per the lines of authority (see Appendix B). If the student or employee wishes to appeal the outcome of Step Two, either may appeal to the administrator at the next level in the administrative structure of the University within ten (10) business days from the date of the written decision made after Step Two (see the Note to Students in Section III-D above). A delay in the filing of the appeal may constitute grounds for rejection of the appeal. No person may submit the appeal on behalf of the student; however, the students should contact the Office of Student Affairs at stuaff@lsue.edu if assistance is needed.

The name and title of the Step Three Administrator can be obtained from the employee in Step Two or from the Office of Student Affairs. For academic appeals, the Step Three Administrator is the Vice Chancellor for Academic Affairs and Provost.

A link to the appropriate form for submitting an appeal of the outcome of Step Two is included in the written decision letter sent by the administrator in Step Two. The student or employee's appeal must be in writing using the electronic form and shall include the following:

a. name of the person filing the appeal,

b. role in the appeal (i.e. student or employee of LSU Eunice),

c. name and title of the person who heard the Step One appeal, and

d. name and title of the person who heard the Step Two appeal,

e. a description of grievance (see the Definition of Grievance); this should match Step One item (a) and Step Two item (c)

f. a description of the resolution sought,

g. reasons that support the resolution sought, and

h. all documentation from the Steps One and Two.

If applicable, an appeal may be heard by a University Wide Hearing Panel if requested by the student or employee (see Section IV-B: Use of University Wide Hearing Panels).

Upon receipt of this appeal submission, the Step Three Administrator shall forward a copy of the written appeal to the employee and administrator involved in Step Two. Each party in turn has the opportunity to reply with individual written statements supporting the action(s) taken in Step Two. Copies of their replies, if submitted, must be forwarded to all parties**.**

Upon receipt of replies from the Step Two parties, unless a University Wide Hearing Panel has been requested, the Step Three administrator may take one of the following actions:

a. reach a decision on the basis of the written appeal and the replies;

b. hold a formal meeting in person, by conference call, or via video/web conference with all parties present and, after discussions, reach a decision; or

c. refer the appeal to a University Wide Hearing Panel for recommendation. If the student or University employee requested a University Wide Hearing Panel, the administrator shall refer the appeal to a University Wide Hearing Panel for a recommendation. If either party requests a University Wide Hearing Panel, the Step Three administrator shall name a University Wide Hearing Panel as prescribed in Section IV-B: Use of University Wide Hearing Panels.

In all cases, the student and employee may be accompanied by an advisor (see the Definition of an Advisor). Regardless of the method used, the Step Three administrator will make every reasonable effort to decide within 10 business days from the date of receipt of the student's written appeal. For students in a health sciences clinical program appealing an action/decision that has an impact on the student's continuation in the program, the Administrator shall try to notify the student sooner, if possible. If the stated deadline cannot be met, then all parties are to be notified in writing and a mutually agreeable time identified. The decision of the Step Three administrator shall be in writing, with reasons supporting the decision, and copies shall be given to all parties through LSU Eunice email.

The decision of the administrator in Step Three concludes the appellate process.

B. Use of University Wide Hearing Panels

Step Three of the appeal procedure provides for the use of an impartial University Wide Hearing Panel upon request by any of the parties, or at the discretion of the administrator hearing Step Three. A University Wide Hearing Panel to hear appeals applicable to this policy will be appointed by the Step Three Administrator and shall be composed of

1. four (4) full-time faculty and/or staff members with one from the same program and one from a similar program. The faculty member named in the appeal may not be named to the University Wide Hearing Panel. In addition, no more than two faculty/staff members from the same department/program shall be named. One of

which will be named as the Chair (non-voting), and

2. two (2) students appointed by the Student Government Association (SGA) President. One shall be from the same program and the second shall be from a similar program. In the event that a student from the same program cannot be named to the University Wide Hearing Panel, the two students from a similar program shall be named.

Under the direction of the Chair, the University Wide Hearing Panel will perform its due diligence and may hold meetings prior to the formal hearing to discuss the facts of the case, with or without the affected parties. The University Wide Hearing Panel may also request additional information in writing from the affected parties or speak with witnesses, if necessary. The University Wide Hearing Panel may also contact the Step Three Administrator for clarification on LSU Eunice Policies or Procedures as required.

Ultimately, the Chair shall coordinate a time and place to hold the formal hearing with the Step Two Administrator, the employee, and the student in attendance, all of whom may be accompanied by an advisor (see the Definition of an Advisor) within ten (10) business day from the day the Step Three Administrator received the notification. The Chair conducts the hearing reviewing the facts of the case and, if necessary, will ask those involved to testify if any of the facts are unclear. Meeting minutes will be taken.

After the hearing, the University Wide Hearing Panel will deliberate the facts of the case in private and conduct a vote to determine the outcome. Based on the outcome, the Chair will draft the University Wide Hearing Panel's recommendations and upon confirmation of the University Wide Hearing Panel will file the decision with the Step Three Administrator using the University's email within three (3) days. Copies of these recommendations along with the Hearing minutes and the final decision of the Step Three Administrator shall be given to all of the parties and the Chancellor for final disposition.

Some federal laws and administrative guidelines issued by the executive branch of the Federal Government for the administration of these laws require the use of hearing panels as a part of the student's appeal procedure. These laws include: Title VI and Title VII of the Civil Rights Act of 1964; Title IX of the Educational Amendments of 1972; Section 503 and 504 of the Rehabilitation Act of 1973; and the Family Educational Rights and Privacy Act of 1974 (The Buckley Amendment). In all student appeals which allege a violation of these laws or guidelines issued to implement these laws, a University Wide Hearing Panel will always be used at Step Three. The University Wide Hearing Panel will be appointed by the Step Three administrator or, at their discretion, the administrator may request the Chancellor to appoint the University Wide Hearing Panel. The person appointing the University Wide Hearing Panel will designate one member to serve as chair.

C. Petition for Review

Any party who wishes a review of the process or alleges a serious procedural error, or believed that serious abuse of discretionary authority has occurred may file a petition for review with the Chancellor's Office within ten (10) business days after receiving the decision made at Step Three. A delay in the filing of the appeal may constitute grounds for rejection of the appeal. The petition for review must be submitted in writing via email to

the Chancellor's Office. The email address for the Chancellor's Office can be obtained by request from the Office of Student Affairs (stuaff@lsue.edu). The petition must contain the following:

1. a complete statement of the alleged serious procedural error or details of examples of abuses of discretionary authority being appealed,

2. the relief sought, and

3. reasons for the relief sought.

The petition must be accompanied by all documents produced at Step Three.

The Chancellor's Office shall make every reasonable effort to decide within ten (10) business days whether further action should be taken, and in reaching this decision the Chancellor may ask the other parties to make a written reply to the request for a review--or these parties, on their own, may make a written reply. If the stated deadline cannot be met, then all parties are to be notified in writing and a mutually agreeable time identified.

If the decision is that a review is not justified, the student and all other parties will be so notified through LSU Eunice email. If the decision is favorable to the petition for review, the Chancellor's Office will hold a formal meeting with the parties and reach a decision on the basis of this meeting and on all written materials furnished. The meeting may be held in person, by conference call, or via video/web conference with all parties present. All parties will be notified of the final decision in writing within ten (10) business days through LSU Eunice email. The decision by the Chancellor's Office shall conclude the matter.

V. Source

LSU Policy Statement 48: General Procedures for Student Grievances, Complaints, and Appeals

Appendix A

The following are examples of established student appeal procedures, accompanied by sources of information on appeals procedures:

I. Academic Appeals

Academic Suspension Appeals. See the Registrar's Office Website at https://www.lsue.edu/registrar/index.php and click the "Academic Appeals Form" under the "Academic Forms" block.

II. Non-academic appeals

Equal Opportunity. See LSU Eunice Policy Statement 11: Equal Opportunity available at https://www.lsue.edu/policy-statements/documents/NO11.pdf.

Financial Aid Appeals. See the Financial Aid Website at https://www.lsue.edu/studentaffairs/finaidappeals.php and click on the "Download a Financial Aid Appeals Form" button.

Parking & Traffic Ticket Appeals. See the Regulation of Vehicular Traffic Website at https://www.lsue.edu/policy-statements/regulation-vehicular-traffic.php. For Traffic Ticket Appeals, see https://www.lsue.edu/studentaffairs/documents/Traffic-Ticket-Appeal.pdf.

Sexual Misconduct. See the Title IX Website at https://www.lsue.edu/titleix/.

Violations of the Code of Student Conduct. See the Student Affairs Webpage at https://www.lsue.edu/studentaffairs/index.php or the Student Code of Conduct directly at https://www.lsue.edu/studentaffairs/documents/Code%20of%20Student%20Conduct.pdf.

Appendix B
Flowchart of Events