Radiation Therapy Program
Diagnostic and Treatment Sciences
Phone 616-331-5949 or 5950, Fax 616-331-5632
Center for Health Sciences, College of Health Professions, Suite 164
301 Michigan Street, Grand Rapids, Michigan 49503

RADIATION THERAPY PROGRAM STUDENT HANDBOOK CLASS OF 2017-2019

11/27/2017
This handbook will be superseded by all versions bearing subsequent dates.

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GRAND VALLEY STATE UNIVERSITY

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ACKNOWLEDGMENT IN RECEIVING THE STUDENT HANDBOOK

This page is to be signed by the student and returned to the Program Coordinator upon receipt of this handbook.

PREGNANCY

To assure the radiation safety of your baby in the event you become pregnant, please read the Pregnancy Radiation Safety Policy carefully. If you wish to declare or undeclare a pregnancy, you must do so in writing according to the policies and procedures in this handbook.

STUDENT PHYSICAL EXAMINATION AND ASSOCIATED INFORMATION RELEASE

I hereby give my permission for the release of my physical examination and associated information (including but not limited to laboratory results and TB skin test results) to any GVSU Radiation Therapy clinical education center to which I am assigned. I realize that I may rescind this permission by providing a written statement to that effect to the Radiation Therapy Program Director/Coordinator but understand that any information previously released with my permission may be retained by the clinical education center that received it.

_____ _____ _____

date student signature printed name

Under the Federal Family Educational Rights & Privacy Act of 1974 (Buckley Amendment), students have the right to inspect and review any and all official records, files and data pertaining to them. Adequate and reasonable notice of intent to inspect must be given and access may require the physical presence of a university official during normal operating hours.

CRIMINAL RECORDS

Individuals who have been involved in a criminal proceeding or charged with or convicted of a crime may not be eligible for national certification by the American Registry of Radiologic Technologists. Because this certification is available to graduates of the radiation therapy program as part of preparation for clinical practice, students to whom this may apply are strongly advised to work with the ARRT for pre-application review of eligibility for certification from their website at www.arrt.org (Ethics, Pre-Application Process). The ARRT may be contacted by phone at 651-687-0048.

ACCREDITATION AND NATIONAL BOARD EXAMINATIONS

Students who receive a B.S. degree in Radiologic and Imaging Sciences in Radiation Therapy from GVSU are eligible for the American Registry of Radiologic Technologists (ARRT) examination in radiation therapy. The ARRT has recognized the program and established eligibility for students who complete the full degree program.

The GVSU Radiation Therapy program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The program adheres to these standards which are posted on the CHS 415 lab bulletin board. You have the right to notify the JRCERT if you believe the university is not adhering to these standards. You may contact the JRCERT at 20 N. Wacker Dr. Suite 2850, Chicago, IL 60606-3182, phone 312-704-5300.

GRADING STANDARDS

All students pursuing degrees in medical imaging and radiation sciences are required to attain a minimum of 80.0% (B-) competency in all courses required for the program (learning modules). Students who fail to achieve this level of competency will be required to repeat all courses not meeting this standard and may be restricted from additional clinical courses until the deficiency has been corrected. In addition, other courses with pre or co-requisites may not be available to students until the deficiencies have been corrected. Students also have the right to appeal a failing grade.

COURSE FAILURE/ REPEATS POLICY

- DTS courses are defined as courses with prefixes of RIS, RIT, RIU, RIE, and RI.
- 100% of the mandatory laboratory procedures established by faculty in the first laboratory procedures course in each emphasis must be completed at mastery level as a prerequisite to attend any clinical education course.
- All Diagnostic and Treatment Sciences students are limited to 1 repeat of an DTS course during the length of a program.
- If a student fails (see grading scale) a second time, he/she will be invited to apply for re-admission to the program.
- Clinical education independent study courses will be scheduled only when clinical positions are available at sites with University clinical education agreements.
- Independent study courses are offered at the discretion of the DTS faculty as a whole.

ACCESS TO CLINICAL EDUCATION

Because the university has an obligation to assure clinical education centers that patient care standards will not be compromised by students, no student will be allowed to continue in clinical education if objectives from previous courses are not met. Note that this includes the achievement of satisfactory performance on clinical affective evaluations from self-assessment as well as from clinical practitioners, coordinators, and instructors at educational sites and the demonstration of professional behavioral development. Failure to meet any of these objectives from the clinical course syllabi will result in a failing grade for the current clinical education course as well as being restricted from further clinical education experiences.

RECEIPT OF STUDENT HANDBOOK

I have received a copy of the current Student Handbook. It is my understanding that if I have any questions concerning material in this handbook I may contact any of the Grand Valley State University Radiologic and Imaging Sciences faculty for further clarification. I understand and agree to the specific clauses above but realize that I am responsible for all the information contained in this handbook as well as any subsequent additions, and I will be expected to conform to its procedures during my enrollment in the program, including all clinical education.

_____	_____	_____
date	student signature	printed name

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Statement of Understanding
Regarding Clinical Education Travel

By my signature below, I understand that my clinical education may include assignment to clinical education sites in the range of 3 hours one-way driving from GVSU's Center for Health Sciences. An eight (8) hour day is expected at all clinical educational sites. This time does not include travel time.

It is the intent of the university to limit these assignments to one rotation In addition, I am aware there are procedures in place to allow half days for snow and ice storms.

_____	_____	_____
date	student signature	printed name

I. MISSION STATEMENT AND GOALS:

To provide competent, entry level Radiation therapists who are professionally active.
Upon completion of the program graduates will be able to:

1. Demonstrate clinical competence
2. Develop critical thinking and problem solving skills
3. Communicate effectively to patients and healthcare professionals
4. Demonstrate professional behavior in clinical areas and the profession

II. ACADEMICS

A. Outside Employment

If a student plans on engaging in employment in addition to participating as a radiation therapy student, the program recommends a schedule of less than 30 hours per week. Students should remember that academic and clinical schedules will not be revised for their employment requirements.

B. Standards of Achievement:

Minimum grade point average in each course is B-(80.0%). Failure to achieve this standard in a single course may permit a student to continue in the program (depending on individual course pre-requisites). Failure to achieve this standard in more than one course will usually result in the student being required to withdraw from the program and re-apply for admission the next year.

C. Readmission:

Readmission to the program requires a new application according to the procedures and policies in effect at the time of the application.

D. American Registry of Radiologic Technologists:

The university expects students to sit for the ARRT radiation therapy examination. It is difficult to practice radiation therapy without the appropriate professional registration. More information on these examinations and your eligibility is available at www.arrt.org.

III. CLINICAL EDUCATION CENTERS

The Grand Valley State University Radiologic and Imaging Sciences Department is currently affiliated with a number of Clinical Education Centers. Students change clinical site rotations throughout the program with each student assigned to at least 3 different centers during the full series of clinical education courses. This procedure meets a major objective of the program, which is to increase learning experiences by including a wide variety of administrations, procedures and equipment.

A. RADIATION THERAPY CLINICAL EDUCATION CENTERS

Beaumont (Farmington Hills, Royal Oak, Troy)
27900 Grand River Ave
Suite 120
248-471-8120

Candice Hall & Bethany Parish – CI's
Candice.Hall2@beaumont.org
Bethany.Parish@beaumont.org

Kerry Jeffries-Royal Oak CI
Kerry.Jeffries@beaumont.org
248-551-7164/248-551-7020 (Front desk)
Jill Sliwinski-Troy CI
Jill.Sliwinski@beaumont.org
248-964-6167/248-964-3070 (front desk)
Cancer Center will be on the right

Bronson/Battle Creek
300 North Ave.
Battle Creek, MI 49017
269-245-8056
HANIST@bronsonhg.org Tori Hanis- CI
DEMOTTE@bronsonhg.org Elizabeth DeMott-2nd CI

Directions from Grand Rapids
US-131 South
I-94 East
I-94E/MI-66N toward Battle Creek
Left at Van Buren St
Right at Capital/MI-66
Continue on North Ave to Center

Memorial Hospital-Cancer Care Partners
301 E. Day Rd.
Mishawaka, IN 46545
574-204-7300
jdauby@beaconhealthsystem.org Jodi Dauby- CI

Directions from Grand Rapids
I-196 West
US-31S to US-12 E
Take exit 3 (Sturgis/New Buffalo)
Right off the exit
Left on E. Day Rd

Mercy Health Partners- Johnson Family Cancer Care Center

1440 Sherman
Muskegon, MI 49442
231-672-3312
kettela@mercyhealth.com April Kettel- CI
janshess@mercyhealth.com Sara Jansheski-2nd CI

Directions from Grand Rapids
I-196 West to US-31 North
Exit Sherman Blvd.- turn Left
Turn Right to Johnson Family Cancer Center

Metro Health Cancer Center

5950 Metro Way
Wyoming, MI 49519
616-252-8180
Sara.muellerleile@yahoo.com Sara Muellerleile- CI

Directions from Grand Rapids
US-131 South
54th St Exit Right
Left on Metro Way to Center
Courtney Cushway-2nd CI Courtney.cushway@metrogr.org

Lakeland Cancer Care Center

1234 Napier Ave.
St. Joseph, MI 49085
269-983-8888
wvisser@lakelandhealth.org William Visser-CI

From all directions
Route I-196 South to I-94 West
Exit 30 Napier Ave
Right 3 miles (after river hospital is on left)

Sparrow Regional Cancer Center

1140 E Michigan
Lansing, MI 48909
517-364-3985
shawn.galecka@sparrow.org Shawn Galecka- CI

Directions from Grand Rapids
I-96 E (to Lansing)
I-496 E (to Downtown Lansing)
Exit 7 (Pennsylvania Ave)
Left (N) onto Pennsylvania
Right (E) onto Michigan

Spectrum Health

Crossroads Radiation Center
4499- 220th Ave.
Reed City, MI 49677
231-832-5817
Jennifer Jimenez- CI
Jennifer.jimenez@spectrumhealth.org

Directions from Grand Rapids
Take US 131 North to US-10/Reed City Exit
Turn Right at stop sign
Turn Right on 220th Ave- turn right at cancer center entrance.

Lemmen-Holton Cancer Pavilion
145 Michigan Street NE
Grand Rapids, MI 49503
616-486-5783/5784
Joan.sterken@spectrumhealth.org Joan Sterken- CI
Peter.Wegener@spectrumhealth.org Peter Wegener- 2nd CI

Directions from the west
I-196 exit Ottawa St. stay left
Left on Michigan
Directions from the east
I-196 exit College Ave
Right on Michigan

Lakeshore Area Radiation Oncology Center
(LAROC)
12642 Riley St.
Holland, MI 49424
616-355-5330

Robert.everett@spectrumhealth.org Robert Everett- CI

Directions from Grand Rapids
I-196 S to Exit 55 (to Zeeland/Holland)
merge into Rt 21 W
Rt 31 N (to Muskegon) for 2 miles
Immediately past Riley St. do U turn & then R onto Riley St

St. Mary's Medical Center

Lacks Cancer Center
250 Cherry St. SE
Grand Rapids, MI 49503
616-685-6218
kanebria@mercyhealth.com Brian Kane- CI

From all directions
Route 131 Exit Wealthy St East
Left (N) on Jefferson; Right into Main hospital
Left into free parking garage until parking is assigned

St. Mary's of Michigan-Seton Cancer Institute

800 S. Washington Ave.
Saginaw, MI 48601
989-907-8115 or 989-907-8269
Laura.miller3@ascension.org
Laura Miller- CI
989-907-8045

Directions from Grand Rapids
I-196E toward Lansing
Merge onto I-96 East
Exit 89- I-69 East
Exit 133- I-75 N/US-10W/US-23N
Exit 149B- E Holland Rd./MI-46
Continue on E Remington St.
Right at MI-13/S. Washington Ave. To Center

West Michigan Cancer Center (WMCC)

200 North Park St.
Kalamazoo, MI 49007
269-384-8603
lburleigh@wmcc.org Lori Burleigh- CI

From North
US 131 Exit 4- US-131 business
Exit Douglas Ave. (Keep right on ramp)
Bear right on Douglas Ave.
Left on West Main
Straight onto 1-94 business (W. Michigan Ave)
Left onto US 131 business (N. Park street) to Cancer Center

IV. CLINICAL EDUCATION ATTENDANCE

A. During the clinical education course sequence students experience at least three different clinical rotations. Students attend clinical education 2-5 days per week depending on the course. Students are expected to adhere to a schedule consistent with the expectations of the clinical education center for a 6-10 hour work day for a registered radiation therapist. Exact start and end times, lunch and break schedules, etc. are determined by the clinical education center. Clinical education centers are expected to schedule students for a 8-10 hour clinical day per semester hour of academic credit unless other arrangements are approved.40 educational contact hours must not exceed 40 hours/week.

CLINICAL ROTATION MASTER PLAN

Semester	Rotation	Course	Semester Hour Credits	Total Scheduled Clinical Hrs
1st Winter Junior Year	1st	RIT 361 Radiation Therapy Clinical Education I	2	224
1st Spring/Summer Rising Senior Year	1st	RIT 362 Radiation Therapy Clinical Education II	4	416
2nd Fall Senior Year	2nd	RIT 460 Radiation Therapy Clinical Education III	3	336
2nd Winter Senior Year	3rd	RIT 461 Radiation Therapy Clinical Education IV	3	336
TOTALS			11	1312

B. CLINICAL PLACEMENTS

1. Students are informed in advance of the site of the next clinical rotation. This schedule is distributed to students, the Clinical Education Centers and the university laboratory for posting and is posted to the student email list server. This schedule is at the discretion of GVSU faculty.

2. Clinical faculty at the clinical education centers determine the student rotations at a particular institution based on direction from the university. Clinical Instructors may adjust student schedule according to department patient load or special case availability.

C. CLINICAL EDUCATION PLAN CORRELATION WITH DIDACTIC AND LABORATORY CURRICULUM

Clinical education is correlated with didactic and laboratory courses each academic semester as currently outlined in the degree emphasis plan of the university. This plan outlines which didactic courses and their accompanying laboratories are prerequisites for each clinical course. Each clinical course is designed to place students into a clinical environment that will provide adequate patient clinical cases, ARRT registered radiation therapists, and various radiation therapy equipment as defined by the Standards and Guidelines of the Joint Review Committee on Education in Radiologic Technology consistent with the instruction previously or concurrently provided in the procedures courses and laboratories at the university.

Clinical correlation is achieved by requirements that students are expected to study, listen to lectures, provide feedback, and successfully meet didactic assessment standards at an 80.0% level for each didactic course. Laboratories are held in the radiation therapy simulation laboratory facilities at the university and are closely correlated with each didactic course. Students are expected to observe and question a demonstration of each procedure by the faculty, practice under direct guidance, practice independently, and meet a 100% pass rate on each laboratory competency (which is achieved using the identical evaluation instrument that will be used in the clinical courses from the clinical handbook). Students then take the didactic and laboratory information into their clinical courses where they are expected to observe a qualified radiation therapist performing each procedure, practice the procedure themselves on patients until they believe they can meet the competency expectations of an ARRT qualified radiation therapist, then request and pass at 100% level a competency on each of the identified mandatory procedures. This is then followed up with a requirement to perform a limited number of proficiency evaluations (which are repeated competency evaluations that have already been achieved).

The program adheres to an education philosophy that recognizes that students do not learn in a linear or outline fashion. Constructivism is an approach to teaching and learning based on the premise that cognition is the result of mental construction in which students learn by fitting new information together with what they already know. We support this philosophy by making it possible for a student to learn how to perform a specific procedure in a clinical environment prior to its presentation in a course or laboratory at the university because there is a diverse range of procedures performed daily at the clinical sites. Students are permitted to achieve clinical competency before laboratory or didactic competency but are not excused from the course and lab follow up.

D. CURRICULUM SEQUENCE AND INTEGRATION WITH PROCEDURES COURSES, LABORATORIES, AND CLINICAL EDUCATION

Grand Valley State University's Radiation Therapy program requires students to pass each course module at an 80.0% level. Students take didactic and laboratory courses their first term in the program. This assures clinical education sites that students are competent to perform clinical procedures the first day they attend clinical education, which is their second term in the program. Beginning with the second term all students attend didactic procedures courses, correlated laboratory courses, and clinical education simultaneously each semester with the exception of the summer term, which is clinical education only. The program is designed to place students in didactic and laboratories one day and clinical the next in an integrated manner throughout the program. We believe this makes both faculty and clinicians responsible for detailed information on a daily basis.

E. ASSIGNMENT OF ROTATIONS

1. Rotation assignments are made by the specific program coordinator/ clinical coordinator at the university.

2. Students will be assigned their first clinical rotation in the winter semester of the first year of the professional program. This will normally be the winter semester of the junior year at GVSU.

3. Each student will be assigned to at least 3 different clinical education sites.

F. STUDENT RESPONSIBILITIES

1. All students are subject to the rules and regulations established by the affiliating Clinical Education Center as well as the university and program policy and procedures.

2. Students are responsible for their own transportation to and from the Clinical Education Center as well as all personal needs while at the institution. This includes parking expenses.

3. All students are required to have a valid basic CPR card (both adult and pediatric CPR) during clinical education.

4. All students are required to have physical examination information, according to university and clinical education center requirements, on file with the university prior to attending clinical education.

5. Students are responsible for possible costs occurred for criminal background checks, drug screening or other requests of clinical education sites, prior to their attendance at such sites.

G. STUDENT DIRECT SUPERVISION

1. All radiation therapy students shall be under direct supervision of an ARRT registered radiation therapist at all times. Under no circumstances shall any student ever provide indirectly supervised care or treatment of any patient.

   a. Direct supervision is defined as an ARRT registered radiation therapist physically present in the same room as the student and the patient. Equipment control areas for a room are considered to be the same room.

   b. Indirect supervision is defined as an ARRT registered radiation therapist not physically present in the same room or control area as the student and the patient, although they may be in the same general area, even within sight and/or speaking distances.

   c. Patient treatment delivery procedure for students is as follows:
   Once the patient has been setup as indicated by the chart/set up instructions the student must be cleared to start the delivery of ionizing radiation. The student must verify that the correct patient and plan are displayed on the computer monitor. The student will verify the first field as named, the monitor units for that field, the energy of the beam and any wedge that is to be included for that treatment field. The student must be given verbal confirmation by the supervising therapist that treatment may begin. The student will identify each subsequent field, monitor units and wedges as the treatment is being delivered.

H. CLINICAL EDUCATION SCHEDULES

1. ROTATIONS

   a. The length and nature of clinical rotations will be determined solely by the university.

   b. The university will determine the total number of clinical hours required of each student for each rotation and/or academic term.

2. SCHEDULING

a. Clinical Education will be scheduled only during university class sessions. Clinical education schedules will follow the university calendar, including holidays, and breaks. No clinical education is scheduled during university finals weeks or between terms.

b. With advance approval by both the Program Director/Clinical Coordinator and the clinical education center, and within the definitions of approved make up time as defined below, students may make up clinical education time outside the university schedule and this time will be considered part of the university clinical education schedule.

c. Starting time for Clinical Education Centers is set by the Clinical Instructor for each institution. A clinical day is 8-10 hours between 6:30 AM and 11:00 PM. Special assignments (i.e., machine warm-up procedures) may be required before or after these hours on an occasional basis but assignments for these purposes must be acceptable to both the clinical education center and the student by advance agreement. Students who cannot make accommodation for these assignments may have their clinical grades reduced. Students educational contact hours/week may not exceed 40 hours.

d. Day to day scheduling and room or therapist assignments will be made by the Clinical Instructor at each Clinical Education Center as best meets the educational needs of students according to the patient care schedule for that facility. Students must remember that patients always come first at clinical sites.

It is logistically impossible to assign all students to the same clinical activities at the same time in order to perfectly correlate didactic and laboratory with clinical instruction. Therefore, it is the students' responsibility to work in good faith to coordinate clinical competencies with clinical assignments and university didactic and laboratory instruction. The best method of achieving this goal is to communicate details regarding which procedures have been taught to both clinical staff and university faculty as needed.

e. All changes in clinical schedules must be cleared in advance with the Clinical Instructor at the appropriate institution.

f. Clinical schedules will not be changed to accommodate student work schedules.

g. Clinical schedules may be changed to accommodate courses required for the radiation therapy degree or any previously approved courses at the university when advance notice of at least 2 weeks is given to the Radiation Therapy Program Director/Clinical Coordinator.

h. Students should be allowed the same time as staff radiation therapists in the institution for breaks and lunch.

i. Banking of clinical hours may be used to complete clinical education requirements in advance of missing clinical education. This includes achievement of clinical competency credits.

(1) The banked hours may be used to replace only those hours missed from a clinical education course for a course required by the university for a Radiologic and Imaging Sciences degree or previously approved courses and associated travel.

(2) The banking option may be used to plan for pregnancy.

(3) Banking may occur any time but banking hours may not cause a student schedule to exceed 40 educational contact hours in any one week.

(4) Students must have written permission from the Program Director/Clinical Coordinator before establishing a banking schedule of clinical time with the Clinical Instructor.

3. RECORD OF CLINICAL EDUCATION TIME

a. Trajecsys time records are used at all Clinical Education Centers.

b. Time of arrival and time of departure must be recorded appropriately.

c. Clinical instructors will require students to make up time that is not accurately recorded.

d. All students are required to be present in their assigned areas for clinical education during the hours established with the Clinical Instructor.

Students may not leave the Clinical Education Center without notifying the Clinical Instructor or the Clinical Instructor's designee first.

e. Falsification of time records is considered cheating and is a breach of university and professional ethics and will merit appropriate disciplinary action.

f. Students may attend clinical education for only the number of days (semester hour credits) for which they are registered except for time voluntarily requested by the student AND pre-approved by the Program Director/Clinical Coordinator for specific learning objectives. No clinical grading requirements may be accumulated during clinical education time attended under this policy (e.g., competencies, proficiencies, etc. cannot be achieved during excess voluntary clinical education time.)

4. ABSENCE FROM CLINICAL EDUCATION

Students must call and/or email in advance for all absences to both the Clinical Instructor at the clinical site AND the Program Clinical Coordinator and/or Program Director at the university. The university Program Director and/or Clinical Coordinator and Clinical Instructor must be notified within 1 hour of the scheduled starting time

All absence from clinical education is classified as either excused, unexcused, or tardy.

Because attending clinical education is a privilege, students may only make up clinical education time as stated in the excused, unexcused, or tardy policies below. Students are not otherwise permitted in clinical education.

All clinical education absence and make up time is defined in half day (4 hour increments).

a. No more than 10 hours of clinical time will be awarded in any one day. 40 educational contact hours per week must not be exceeded.

b. Clinical grading deadlines will be extended only for cancellation of clinical education, funerals, jury duty, military duty, and excused leave of absence for extenuating circumstances as approved by the Program Director or Clinical Coordinator. The definitions below will be applied to these types of absences.

c. Excused absences, as listed below, do not have to be made up but may be if the student desires additional time for competency credit completions.

(1) Holidays are granted according to the Grand Valley State University academic calendar.

(2) Cancellation of clinical education

(a) Students are not required to attend clinical education on days when the university announces the cancellation of classes due to weather.

(b) Announcements are made on radio and television by 6:30AM. The detailed policy is available at www.gvsu.edu/publicsafety (emergency/weather).

(c) The Clinical Education Center does not have to be notified of your absence due to weather, although a courtesy call would be appreciated.

(3) Upon approval by the Clinical Coordinator in advance, the following excused absences may be granted:

(a) Funeral leave

(1) Up to 2 days in case of death in the immediate family.

(2) Immediate family is defined as spouse, child, parent, grandparent, brother or sister, brother or sister-in-law, mother or father-in-law, nephew or niece.

(3) Proof of death is required in the form of a published notice (newspaper or funeral home announcement), death certificate, or other notice as approved by the Program Director or Clinical Coordinator.

(b) Jury duty

(c) Military duty

(d) Snow or icy weather leave may be taken for up to 4 half days (2 days total absence) during the Winter Semester only. Note that half days are allowed in order to permit students to go home early when weather deteriorates during a day in clinical education or to stay home for part of a day until roads are safer for travel. This policy is designed to encourage students to avoid driving in poor weather conditions while granting a half day credit to students who are able to attend part of a clinical day due to improved or deteriorating weather conditions.

(1) A half day is defined as 4 hours.

(2) All other policies apply, including calling both clinical education center and university clinical coordinator in advance.

(4) Attendance at professional meetings or GVSU student activities when approved in advance by the Program Director or Clinical Coordinator.

(5) Excused leave of absence may also be granted to individuals in extenuating circumstances as determined by the Program Director or Clinical Coordinator.

d. Unexcused absences are permitted only as listed below.

(1) Two days per term are permitted as unexcused absence without penalty and may be made up.

(2) Illness is considered an unexcused absence unless extenuating circumstances are applied. Do not expect approval of extenuating circumstances for illness unless you have an extended, physician-documented absence. Normal illness, physician appointments, etc. should be handled within this provision as an unexcused absence.

(3) Four unexcused 4 hour, half day absences per clinical course may be made up with clinical competency privileges by arrangement in advance with the Clinical Instructor. Use of this policy requires a minimum 4 hour period.

(4) Excessive or unwarranted unexcused absences will result in corrective action. Determination of excessive or unwarranted unexcused absences will be by the Program Director or Clinical Coordinator.

(5) Unexcused absences must be in 4 hour, half day increments. (A full day counts as two half day increments).

e. Tardiness

(1) Tardiness is defined as arriving more than 10 minutes late or leaving more than 10 minutes early from established clinical time, without prior approval. Clinical Instructors may define the exact place where arrival or departure is permitted. Missed/forgotten punches via trajecsys will be considered tardy.

(2) Tardiness of one hour or more (late arrival or early departure) is considered an unexcused absence.

(3) Students are required to notify the clinical education center Clinical Instructor of tardiness the day it occurs. This notification may be made verbally to the Clinical Instructor. If the student does not see the Clinical Instructor that day, notification must be left in writing with the Program Director or Clinical Coordinator attached to the correspondence (i.e. via email not voice mail).

(4) Students are required to notify the Program Director or Clinical Coordinator of tardiness within 48 hours. This notification must be made via email (no voice mail).

(5) Additional corrective action will be taken for repeated tardiness as outlined in the corrective action section of this manual. The basic actions are as follows:

2nd tardy per semester - verbal warning
3rd tardy per semester - written warning loss of all participation points in clinical grade formula.
4th tardy per semester - advising with Program Director/Clinical Coordinator required which shall include, but not be limited to, one clinical day make up.
5th tardy per semester - failure of clinical education course with letter grade of "F"

f. Suspension

(1) Students suspended for any reason are not permitted to make up any of the time.

g. Strike or Other Unanticipated Limitations to Clinical Attendance

(1) Strikes and other unanticipated limitations to clinical attendance (such as tornadoes, other acts of God, etc.) obviously cannot be anticipated by the university.

(2) The university will attempt to place all students affected by a strike or other unanticipated limitation to clinical attendance at another appropriately recognized clinical education center.

(3) Students will not be allowed to reduce the total clinical education time due to a strike or other unanticipated limitation to clinical attendance. It is possible that students may have to make arrangements to attend clinical education during additional terms due to a strike and other unanticipated limitations to clinical attendance. All students are expected to achieve the same level of attendance in all clinical courses.

5. MAKE UP TIME

a. Make-up time is permitted only as defined above.

b. Make-up clinical time dates must be submitted to the Clinical Instructor in writing in advance.

c. Make-up time may not begin without approval of the Clinical Instructor.

d. Make-up time may occur any time but may not cause a student schedule to exceed 40 educational contact hours in any one week or 8 hours in any one day.

e. Competencies and proficiencies and other grading components may be achieved during make up days only if they are completed more than 2 weeks before the end of an academic grading term.

6. VACATIONS AND OTHER ABSENCES

Vacations and other absences during clinical courses are strongly discouraged and are not eligible for make-up time with competency privileges.

I. CLINICAL EDUCATION RULES

The overall guideline for all clinical education rules is that students are expected to conduct themselves in a professional manner at all times during clinical education. These rules simply indicate the exact elements of professional behavior and conduct for GVSU students.

1. HEALTH COMPLIANCE

It is mandatory for all DTS students to meet all the requirements of the GVSU College of Health Professions Health Compliance Officer. This includes a physical examination, immunization titers, CPR, TB, criminal background checks, and a number of other program specific requirements. These requirements may be submitted through Blackboard. No student will be allowed to attend clinical education until all health compliance requirements are met.

2. CLINICAL CONDUCT

In addition to being expected to follow the rules and regulations established by the clinical education center, students are also expected to follow the American Registry of Radiologic Technologists Code of Ethics, cooperate with the American Hospital Association's Patient's Bill of Rights and to:

a. Consider all aspects of the Radiation Therapy program in the Clinical Education Centers and all information concerning patients to be totally confidential. THESE ASPECTS ARE NOT TO BE DISCUSSED WITH OTHER STUDENTS, FRIENDS OR FAMILY OUTSIDE OF THE CLINICAL EDUCATION CENTERS. Violation of this professional trust will result in charges of misconduct from the university and/or may also result in legal action from victims of your actions. There are severe penalties for violating patient's rights to confidentiality. Students are responsible for their own actions under these laws (which includes all HIPAA regulations). Students are strongly advised to adhere to generic descriptions of all patients, health care professionals, and other medical staff when completing assignments involving clinical experiences. Never use the name or a unique description of a patient or professional that is so specific it would violate their confidentiality rights.

b. Remember that students are not permitted in hospitals or other health care institutions during non-clinical education hours unless on specific business not related to university clinical education.

c. Avoid personal telephone calls on institutional phones except in the case of an emergency. Personal or public telephones are to be used for all non-institutional business. Remember that many health care institutions have specific policies about cell phones and that you are responsible to make sure your phone is turned off in those areas.

d. No smoking, alcohol, or non-prescription stimulant or depressant substance use is permitted during clinical education. The use of prescribed substances may also be restricted during clinical education courses. Check with the Program Director or Clinical Coordinator before attending any clinical assignments under the influence of anything. Clinical education center policies and procedures apply to these rules in addition to all university policies and procedures.

e. Remember that your clinical education experience is designed to encourage responsibility in a professional and an ethical environment and this includes behavior such as cooperation, accepting constructive criticism, and dependability.

f. Patterns of behavior indicating an attitude of irresponsibility to self, patient, profession, university, or clinical site may result in actions directed at dismissing a student from the program.

2. AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS 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 Registered Technologists and Candidates may evaluate their professional conduct as it relates to patients, health care consumers, employers, colleagues and other members of the health care team. The Code of Ethics is intended to assist Registered Technologists 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.

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

b. 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.

c. 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 sex, race, creed, religion or socioeconomic status.

d. 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.

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

f. 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.

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

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

i. 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.

j. 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.

3. THE PATIENT'S BILL OF RIGHTS

This Patient's Bill of Rights was adopted by the American Hospital Association in 1992. It is designed to inform patients of their rights while in a hospital. As a radiologic technologist who will be experiencing clinical education in several hospitals, you are obligated to respect these rights.

These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

a. The patient has the right to considerate and respectful care.

b. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

c. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.

d. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

e. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.

f. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

g. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.

h. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

i. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.

j. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.

k. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

l. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics

committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depend, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.

Patients should also be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.

A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their life-style on their personal health.

4. DRESS CODE

a. The official Grand Valley State University Radiation Therapy program uniform shall consist of a 3/4 length long sleeve white laboratory coat. This lab coat is to be worn at all times when engaged in clinical education as a member of the Grand Valley State University unless the clinical education center Clinical Instructor approves in advance an alternative professional dress (i.e., scrub suit).

b. Clothes worn under the lab coat must adhere to usual, acceptable, and reasonable dress as defined by the clinical education Clinical Instructor. Students not adhering to institutional standards for dress may be removed from clinical education until their dress meets these requirements. Clinical education time lost as a result of dress code violations is considered an unexcused absence.

c. All non-professional pins, badges, and other symbols are prohibited during clinical education. This includes holiday, spirit, political, and any other non-professional items. Accepted cancer organization symbols (i.e., the pink breast cancer ribbon) are considered professional and are therefore exempted from this policy.

5. GROOMING RULES

a. Clean and pressed clothing and lab coat should be worn every day.

b. Cosmetics and perfume/ cologne should be worn in moderation.

c. Long hair should be tied back or put up. Facial hair should be kept neat.

d. Loud or flashy jewelry should not be worn with the uniform at any time, and jewelry should be in moderation at all times. Jewelry that dangles or has protrusions that could harm a patient (especially delicate geriatric skin) is prohibited.

e. Inappropriate undergarments are prohibited.

f. As students engaged in clinical education are in close proximity with patients, acceptable personal hygiene must be maintained at all times.

g. Students may be required to remove rings, other jewelry, or other items before being allowed into specific situations (i.e. surgery).

h. Fingernails should be kept trimmed and neat with no colored nail polish or artificial nails.

6. NAME BADGES

a. Each student is required to wear an approved name badge stating first and last name and the word "Student" along with the Grand Valley State University logo. Purchasing information is provided by the Program Director/Clinical Coordinator. Students must purchase name badges from the vendor specified by the university.

b. GVSU name badges are not to be worn outside of assigned clinical education for the university.

7. INCIDENTS

It is very important that hospitals have a record of all incidents in case of litigation. The prescribed format must be followed according to hospital policies for reporting incidents:

a. An institutional incident report and an appropriate university report must be filled out immediately.

b. A copy of the institutional incident report must be requested to be sent to the university

c. An appropriate university report must be forwarded to the Program Director/Clinical Coordinator immediately.

d. Students will be subject to corrective action for failure to follow this procedure.

e. Significant DTS incident form must be completed by a designated clinical instructor and is located in the back of this handbook.

8. PATIENTS WITH INFECTIOUS DISEASES

a. Students are required to follow the exact procedures established by our Clinical Education Centers (standard precautions, blood borne pathogen precautions, etc.) in caring for these patients.

b. Students are required to report any contact with communicable disease in accordance with the policies of the Clinical Education Center in which the contact occurs.

9. STUDENTS WITH INFECTIOUS DISEASES

Students with an infectious disease (which may include a common cold) may not attend clinical education. They should inform both the Clinical Instructor and the Program Director immediately upon diagnosis. They may not return to clinical education until a doctor's

release has been presented to the Program Director or Clinical Coordinator. Absence due to infectious disease is considered unexcused until extenuating circumstances are granted by the Program Director or Clinical Coordinator.

10. HEALTH SERVICES

a. Emergency medical services will be provided by the Clinical Education Centers when needed but students are responsible for payment for all services rendered by the institution.

b. All students must have a current GVSU physical examination form on record with the university prior to beginning clinical education.

11. NOTICES

Students are responsible for all information posted to class email list servers, announced in class, or posted on the bulletin boards of the Radiologic and Imaging Sciences Laboratory complex (CHS 411-415) or the bulletin boards outside of faculty offices.

J. INSURANCE

1. MALPRACTICE

a. All students must be covered under a malpractice insurance policy prior to beginning clinical education.

b. Grand Valley State University provides professional liability insurance for students while engaged in student clinical learning activities. The coverage ranges up to $3,000,000.00 depending on the incident.

c. Student malpractice insurance is available privately should the student desire additional coverage.

d. The university malpractice insurance plan does not cover a student who may work in institutions outside of scheduled clinical education time.

2. HEALTH

a. Neither the Clinical Education Centers or Grand Valley State University assumes responsibility for medical expenses that may be charged students for incidents occurring during clinical education (i.e., puncture wounds from contaminated needles, contagious diseases, etc.).

b. It is recommended that all students obtain comprehensive personal health/accident insurance, for the duration of their program of study at Grand Valley State University.

c. The student must inform the Health Compliance Office immediately should coverage be discontinued for any reason.

d. If the student does not have comprehensive personal health /accident insurance, they will be prevented from participating in clinical training.

K. STUDENT CORRECTIVE ACTION

To insure Clinical Education Centers that students do not compromise their high standards of health care corrective actions will be enforced according to the GVSU Code and undergraduate Catalog.

1. DISMISSAL FROM CLINICAL EDUCATION

a. A student may be dismissed from clinical education immediately (with recommendations for advising or charges of misconduct forwarded to the Clinical Coordinator or Program Director later) by any clinical education center authority for any of the following reasons:

(1) Insubordination to institutional or university personnel.

(2) Failure to comply with the policies, rules and regulations of the institution or university.

(3) Unprofessional conduct.

(4) Unauthorized schedule changes.

b. Dismissal from clinical education for misconduct cannot be made up.

c. Students may not return to clinical education until they have received permission from the Clinical Coordinator or Program Director

2. STUDENT GRIEVANCE PROCEDURE

a. Students who are unsatisfied with conditions or procedures during clinical education should first use the following chain-of-command to seek redress:

(1) The person who caused the problem

(2) The Registered Technologist who is directly supervising the student

(3) The Clinical Education Center Clinical Instructor

(4) The university Clinical Coordinator

(5) The university Program Director

(6) The university Chair of Diagnostic and Treatment Sciences

b. For instances where the student cannot discuss the problem with the person who caused it or when the problem is with a person who is defined as #2-4 above, the student may go to the next person on the list. However, it is considered professional and polite to inform the person in advance that you are going over their head. You do not need to ask their permission to do this, but it is recommended that you inform them of your intentions in advance. In cases that might be considered harassment we do not recommend informing the person causing the problem.

c. Students who decide to file grievances must follow the guidelines and procedures of the GVSU Code and undergraduate Catalog. This provides review up through the office of the Provost.

L. RADIATION PROTECTION

1. GENERAL RADIATION PROTECTION GUIDELINES

Students are expected to follow rules of ALARA for their personal protection and the protection of patients and coworkers. They are also expected to be aware that Occupational exposure limit=50mSv or 5 rem per year. Non-occupational (public) exposure limit=5mSv or .5 rem per year.

2. PROGRAM POLICY:

Radiation Protection Policy and Procedures in the Clinical Internship

Patient Safety:

I. During treatment planning, the fields should be designed to minimize the amount of radiation exposure to the patient and normal tissues while effectively treating the treatment volume.
II. Calculations and plans done by the student will be double-checked by qualified credentialed staff.
III. Students involved in simulation and treatment setups are to be supervised at all times by qualified credentialed staff
    a. Direct supervision is required to prevent unnecessary exposures
IV. Any errors in planning or charting must be reported to the radiation therapist, medical dosimetrist, physicist, and radiation oncologist in charge of the patient's care.

Student Radiation Safety:

I. Students new to clinical internship must receive orientation to radiation safety practices and requirements by the Radiation Safety Officer.
II. A radiation monitoring badge must be worn by the student at all times while in the department.
III. Students assisting in the simulator and treatment units must never be in the room during exposures or treatments.
IV. Students working in brachytherapy must remember and put to use techniques of time, distance, and shielding.
V. Radiation exposure levels will be monitored by the university RSO. If a student's radiation exposure reading exceeds 50 mrem on a single report, the program director must be informed immediately. The RSO and program director will investigate the reason for the reading and determine an action plan within 10 days to ensure that the student follows ALARA principles.
VI. If the student exceeds the trigger dose limit (50 mrem) on any personal monitoring report, the student must be removed from the clinical setting and counseled immediately by the university RSO, Program Director and Clinical Coordinator on how to avoid further exposure.

STATE OF MICHIGAN RADIATION PROTECTION RULES

Students are expected to conform to the Michigan Department of Environmental Quality Ionizing Radiation Rules, the Radiation Monitoring and Reporting rules of the Michigan Radiation Environmental Monitoring Program, the Michigan Radioactive Material and Standards Unit, and all other state standards, regulations, recommendations, and guidelines.

Students in locations outside of the state of Michigan must conform to the rules and regulations of the state in which the clinical experience is located. The program will work with students in other states to assure that regulations and policies are followed as specified.

3. PERSONNEL MONITORING

a. All students in the program will wear a personnel monitoring device provided by the university at the collar at all times when using

ionizing radiation during clinical education and energized laboratory procedures. Students not having a badge may be dismissed or assigned to non-radiographic areas or duties for the day at the discretion of the faculty member or clinical instructor responsible for the instruction or clinical experience.

i. Radiation exposure limits are to follow ALARA (As Low As Reasonably Achievable) guidelines as established by the National Council on Radiation Protection and Measurements (NCRP), the regulations of the Nuclear Regulatory Commission (NRC), United States Standards for Protection Against Radiation 10 CFR Part 20, and the regulations of the State of Michigan. In addition, the following limits are set by the Grand Valley State University, College of Health Professions, Diagnostic and Treatment Sciences programs:

ii. 50 mrem whole body radiation in one month.

iii. Any recorded exposures beyond this limit shall be investigated through interviews of the persons involved and the person receiving the exposure shall be advised as to procedures available to avoid future exposure.

b. During fluoroscopy personal monitoring devices will be worn outside the lead apron.

c. PERSONNEL MONITORING DEVICES ARE NOT TO BE LEFT IN HOT OR WET PLACES (i.e., dashboard of a car, pocket of a lab coat being washed, etc.)

d. Personnel monitoring devices are to be worn only during clinical education or during college labs. Students may not wear university personnel monitoring devices during outside employment for any reason.

e. Personnel monitoring devices are to be changed according to the schedule published by the university. Failure to comply will result in corrective action.

f. New personnel monitoring devices will be distributed from the office of the Program Director or Clinical Coordinator.

g. Sickness or excused absences do not relieve students of responsibility for changing personal monitoring devices.

h. Loss or accidental exposure of a personal monitoring device shall be reported to the Radiation Safety Officer immediately. A telephone message shall be left the day of the incident with a written report to follow in person or by mail as soon as possible.

i. Students will be assessed for all loss of personnel monitoring device charges.

j. Personnel monitoring reports will be made available to employers upon receipt of written release from the student/alumnus.

k. Personnel monitoring reports will be posted on the bulletin board between the Program Director and Radiation Safety Officer's offices. Students are expected to review these reports quarterly and initial next to their report denoting they have reviewed this information

4. PREGNANCY

"Female students have the option of whether or not to inform program officials of their pregnancy. If the student chooses to voluntarily inform (program) officials of her pregnancy, it must be in writing and indicated the expected date of confinement (delivery). In the absence of this voluntary, written disclosure, a student cannot be considered pregnant." (From JRCERT Review, Winter 1999, pg 3)
Female students have the option of whether or not to inform program officials of their pregnancy at any point during the pregnancy. "Declared pregnant woman means a woman who has voluntarily informed the licensee, in writing, of her pregnancy and the date of conception. The declaration remains in effect until the declared pregnant woman withdraws the declaration in writing or is no longer pregnant (10CFR Part 20, section 20.1003)." The program adheres to the above Code of Federal Regulations policy regarding pregnant students.

Please aware of the following:

A. The declared pregnant student will be given a secondary radiation monitoring device to be worn at waist level under any protective apparel.

B. The student will have several options:
   I. Continue in the program as scheduled.
   II. Exit the program and return following delivery.

IMPORTANT NOTE: The first 3 months (1st trimester) of a pregnancy is the most critical time as far as exposure to ionizing radiation in concerned.

Any student who believes she may be pregnant may declare a pregnancy. Students also have the right to un-declare pregnancy at any time. All pregnancy declarations and un-declarations must be in writing to the radiation safety officer, must be dated and signed legibly, and shall be submitted to the program director's office.

a. Upon declaration of pregnancy, the student is required to present to Program Faculty a written statement from her physician that indicates the expected date of delivery and her fitness for clinical education. This statement shall address any concerns or limitations of physical activities during the pregnancy and must be presented within the first month following diagnosis. This statement is not intended to address radiation safety issues.

b. The student's total accumulated exposure during her pregnancy shall not exceed 0.5 rem/5 mSv (Not to exceed 50 mrem/0.5 mSv in any one month). In the event that this exposure limit is exceeded, the student shall be advised to withdraw from all clinical education for the remainder of the pregnancy. It is the student's responsibility to continually check the personnel monitoring device reports. The student, the Radiation Safety Officer and/or the Program Director shall initial the monthly personnel monitoring device reports once a report is received to verify the total accumulated exposure is below the listed threshold.

c. If the student decides to continue her clinical education she will be expected to participate in all clinical assignments and/or duties.

M. CLINICAL EVALUATION SYSTEM

Radiologic Technologist Radiation Therapists must be competent in both the art and science of radiation therapy. The Grand Valley State University Radiation Therapy Program will evaluate the student's skill in these arts through the Clinical Evaluation Program.

1. Students must complete all prerequisite, mandatory, and nursing competencies and observations prior to graduation and are strongly encouraged to complete as many proficiencies as possible.

a. All competencies are based on information taught during university courses.

b. 3 Prerequisite and 33 clinical competencies must be completed on patients and 3 beam modification competencies must be completed at the clinical education centers as part of the clinical education course grades. The 7 mandatory treatment planning competencies are to be completed in the university treatment planning laboratory and will be included in the treatment planning course grade. This is a total of 46 clinical competencies that are required for graduation. The student will observe a minimum of three different brachytherapy procedures (to include a prostate seed implant) to meet graduation requirements. Completion of an ARRT case study patient according to university guidelines which follows a patient over the entire course of treatment.

c. Additional clinical activities are included in the clinical grade. These activities include, but are not limited to case studies, tumor board, chart rounds, proficiencies and clinical quizzes.

d. Clinical competencies are achieved by performing procedures on patients during clinical education.

e. The observation and evaluation of the student's procedural skills is done by ARRT registered radiation therapists who are clinical instructors, staff radiation therapists or university faculty.

f. Students are responsible for arranging for an evaluator to be present during the procedure to carry out the observations. This is normally done by asking a qualified evaluator in advance of the procedure. Students should not expect to be evaluated on a procedure until they have demonstrated their ability to perform the procedure to an acceptable level.

g. Student competencies may be rejected by university faculty if deemed necessary due to failure of evaluators to note errors.

h. Students failing a clinical course (grade of C+ or less) do not accumulate clinical competencies or hours from that course toward graduation clinical requirements.

2. Radiation Therapists must also have the ability to care for patients in a professional and ethical manner. To assist you in developing these skills the Grand Valley State University Diagnostic and Treatment Sciences Programs conduct a Clinical Advising Program in conjunction with clinical education. This program is designed to assess each student's personal progress toward achieving objectives consistent with

professional clinical practice. This includes behavioral affective characteristics. Each student is required to set personal goals/objectives for each semester that are approved by the Program Director/ Clinical Coordinator.

a. Students are required to continue to make progress toward achieving personal goals as established by the clinical advising program each term.

b. Clinical grades are affected by advising results only when it is determined that the student has failed to make continued and regular progress toward achieving personal goals.

c. Students may be subject to corrective actions due to failure to comply with advising suggestions. This includes failure to achieve objectives for a clinical education course, which can cause a failing grade to be issued.

3. Contract for Clinical Credit

a. Students may contract for clinical evaluation credit when they have completed 85% of all mandatory competencies. This option is designed to encourage more advanced students to explore procedures above and beyond mandatory minimums and clinical opportunities at prominent radiation therapy sites.

4. Grades will be assigned as follows:

Passing Grades	Failing Grades
100.0 - 94.0% A	79.9 - 78.0% C+
93.9 - 90.0% A-	77.9 - 74.0% C
89.9 - 88.0% B+	73.9 - 70.0% C-
87.9 - 84.0% B	69.9 - 68.0% D+
83.9 - 80.0% B-	67.9 - 60.0% D
	59.9 - 0.0% F

Grades are taken to one decimal point and are not rounded up or down.

5. CLINICAL GRADE SCALE

Course	Total Course Grade From																
	Class Participation	Final Evaluation	Competency Evaluations								Proficiency Evaluations						
	15%	15%	50%	45%	40%	35%	30%	25%	20%	15%	0%	20%	18%	15%	12%	10%	5%	0%
RIT 361 - Radiation Therapy Clinical Education I	15%	15%	3P+ 12+	3P+ 11	3P+ 10	3P+ 9	3P+ 8	3P+ 6-7	3P+ 4-5	3P+ 3	3P+ <2	13	11-12	9-10	7-8	6	4-5	<4
RIT 362 - Radiation Therapy Clinical Education II	15%	15%	22+	20-21	18-19	16-17	14-15	10-13	7-9	3-6	<3	30+	27-29	24-26	21-23	19-20	17-18	<17
RIT 460 - Radiation Therapy Clinical Education III	15%	15%	15+	14	13	11-12	9-10	7-8	4-6	2-3	<2	20+	18-19	16-17	14-15	12-13	10-11	<10
RIT 461 - Radiation Therapy Clinical Education IV-see note	15%	15%	17+	16	14-15	12-13	10-11	8-9	5-7	2-4	<2	22+	20-21	18-19	16-17	14-15	12-13	<13
	Min Comp Level					Min Comp Level								Min Comp Level				

At the start of each new clinical rotation the student will participate in the workflow acclimation portion of the clinical education course. The workflow forms need to completed and an appropriate signature obtained each day during this process. The Clinical Instructor will determine and give final signature when the student will be allowed to progress toward performing competency and proficiency credit. This is a mandatory part of the clinical experience and grade.

3P+ = 3 Prerequisite mandatory competencies must be completed prior to attempting ANY other competency or proficiency evaluation

+ = or more.

Heavy lines indicate minimum recommended competency level for 80% B- passing grade NOTE: All Mandatory Competencies must be completed to receive academic credit for RIT 461. Students not achieving all Mandatory Competencies before the end of this course will receive an incomplete, regardless of the percentage and/or letter grade earned.

6. DESCRIPTION OF ASSIGNMENTS AND ASSESSMENT FOR CLASS PARTICIPATION

Student participation forms part of the affective clinical evaluation system. This system is designed to verify student affective competence and serve as a method to achieve positive changes in professional behaviors. Student engagement will be evaluated through a clinical advising system based on evaluations from registered radiation therapists who have provided direct clinical instruction for the student and self-evaluation by the student using the same criteria. Students will set individual goals by comparing behavioral patterns identified by these evaluations during a private clinical advising session with the university clinical coordinator and /or program coordinator and/or clinical instructor. Satisfactory progress in meeting these goals forms a critical element in the student-s engagement in clinical learning while failure to make such progress is grounds for course failure, regardless of the grade achieved through competency evaluation. Student engagement refers to the level of involvement in activities during clinical education as well as professional behaviors exhibited as part of the student-s experience as a member of the radiation therapy program. It represents more than the ability to achieve cognitive and psychomotor objectives and is based on affective goals. The following criteria represent expectations for engagement toward achieving credit for clinical courses and forms the affective grading rubric:

Outstanding Level of Engagement (14-15 of 15%) is achieved by displaying a majority of the following characteristics:

1. Initiative and enthusiasm for the learning experience as evidenced by voluntarily taking a leadership role, encouraging participation by others, sharing workload, willingness to go beyond minimum requirements, actively seeking the concerns and opinions of others, non-verbal expressions consistent with this attitude, exhibiting self-direction to seek out pertinent information beyond that offered as part of the course experiences and freely sharing this knowledge and expertise.

2. Clear achievement in the development of characteristics essential to a professional life including legal, ethical, and social responsibilities.

3. Superior achievement in the individual goals of the clinical advising system addressing integrity, empathy, attitude, self-motivation, personal presentation, self-confidence, communication abilities, time management, dependability and reliability, teamwork and diplomacy, respect, patient advocacy, delivery of patient care, application of knowledge, and adaptability.

Above Average Level of Engagement (11-13 of 15%) is achieved by displaying a majority of the following characteristics:

1. Active participation (2 or less unexcused absences without extenuating circumstances granted) in the learning experience as evidenced by active listening and participation in clinical activities, willingness to go beyond minimum requirements, respect for the concerns and opinions of others, non-verbal expressions that project this respect, taking responsibility for completing a full share of group workload and tasks, assisting others as necessary, and freely sharing knowledge and expertise as it is acquired.

2. Above average achievement in the development of characteristics essential to a professional life including legal, ethical, and social responsibilities.

3. Advanced achievement in the individual goals of the clinical advising system addressing integrity, empathy, attitude, self-motivation, personal presentation, self-confidence, communication abilities, time management, dependability and reliability, teamwork and diplomacy, respect, patient advocacy, delivery of patient care, application of knowledge, and adaptability.

Average Level of Engagement (7-10 of 15%) is achieved by displaying a majority of the following characteristics:

1. Regular attendance (2 or less unexcused absences without extenuating circumstances granted) to the learning experiences, participation with others, sharing workload, achievement of minimum requirements, respectful attention to the concerns and opinions of others, non-verbal expressions that project this respect, appropriate responses to questions when asked..

2. Average level of achievement in the development of characteristics essential to a professional life including legal, ethical, and social responsibilities.

3. Effectively meeting individual goals of the clinical advising system addressing integrity, empathy, attitude, self-motivation, personal presentation, self-confidence, communication abilities, time management, dependability and reliability, teamwork and diplomacy, respect, patient advocacy, delivery of patient care, application of knowledge, and adaptability.

Satisfactory Level of Engagement (2-6 of 15%) is achieved by displaying a majority of the following characteristics:

1. Regular attendance (more than 2 unexcused absences without extenuating circumstances granted) to the learning experiences, participation with others, sharing workload, achievement of minimum requirements, respectful attention to the concerns and opinions of others, non-verbal expressions that project this respect, appropriate responses to questions when asked..

2. Satisfactory achievement in the development of characteristics essential to a professional life including legal, ethical, and social responsibilities.

3. Some progress in meeting the individual goals of the clinical advising system addressing integrity, empathy, attitude, self-motivation, personal presentation, self-confidence, communication abilities, time management, dependability and reliability, teamwork and diplomacy, respect, patient advocacy, delivery of patient care, application of knowledge, and adaptability.

Unsatisfactory Level of Engagement (0-1 of 100%) is achieved by displaying any of the following characteristics:

1. Failure to attend adequate learning experiences, poor participation with others, failure to share workload, failure to achieve minimum requirements, lack of attention to the concerns and opinions of others, non-verbal expressions that project this inattention or disrespect, inappropriate responses to questions when asked.

2. Lack of achievement in the development of characteristics essential to a professional life including legal, ethical, and social responsibilities.

3. Failure to achieve satisfactory progress in the individual goals of the clinical advising system addressing integrity, empathy, attitude, self-motivation, personal presentation, self-confidence, communication abilities, time management, dependability and reliability, teamwork and diplomacy, respect, patient advocacy, delivery of patient care, application of knowledge, and adaptability.

7. DESCRIPTION OF ASSIGNMENTS AND ASSESSMENT

a. Each clinical education course will provide each student with an adequate number of scheduled contact hours of clinical education at a radiation therapy clinical center under the direction of a registered radiation therapy technologist as part of a total of 1312 scheduled clinical education hours. Students will be required to demonstrate satisfactory clinical competence through the ARRT-mandated competency-based clinical evaluation system. This evaluation system will include the following clinical procedures:

b. Students will perform, under direct supervision, ALL of the following 3 Prerequisite Competencies PRIOR to attempting ANY Mandatory Competencies:

- P1 room quality check
- P2 room set-up (no patient)
- P3 simulated patient set-up

c. Students will perform, under direct supervision, All of the following 43 Mandatory Competencies

1. General Patient Care (4)
   - 1.1 CPR-BLS
   - 1.2 Vital Signs (BP, Pulse, Respiration and Temperature)
   - 1.3 O_2 Administration
   - 1.4 Patient Transfer
2. Simulator Procedures (7)
   - 2.1 Brain
   - 2.2 Head and Neck
   - 2.3 Chest
   - 2.4 Breast
   - 2.5 Abdomen
   - 2.6 Pelvis
   - 2.7 Skeletal
3. Dosimetry Competencies (7) (completed in the university lab and part of treatment planning course grade).
   - 3.1 Single Field
   - 3.2 Parallel Opposed Fields with Field Shaping
   - 3.3 Geometric Gap
   - 3.4 Weighted Fields
   - 3.5 Wedged Fields
   - 3.6 Computer Generated Isodose Plan
   - 3.7 Electron Field
4. Treatment Accessory Devices
   - 4.1 Custom Block (Photon or Electron)

4.2 Custom Immobilization Devices

4.3 Bolus

4.4 Thermoplastic Mold

5. Participatory Procedures

5.1 Total Body Irradiation (TBI)

5.2 Craniospinal

5.3 Brachytherapy (see note below 7.d.)

6. Radiation Treatment Procedures (20)

6.1 Brain

6.1.1 Primary

6.1.2 Metastatic

6.2 Head and Neck

6.2.1 Laterals Only

6.2.2 Multiple Fields* to include Supraclavicular

6.3 Chest

6.3.1 AP/PA or Multi Field (Non-IMRT)

6.3.2 IMRT or Arc Therapy

6.4 Breast

6.4.1 Tangentials Only

6.4.2 Tangentials with Supraclavicular

6.4.3 Tangentials with Supraclavicular and Posterior Axillary Boost

6.4.4 Tangentials with Supraclavicular and Internal Mammary or special setup

6.5 Abdomen

6.5.1 AP/PA or Multiple Fields (Non-IMRT)

6.5.2 IMRT/Arc therapy

6.6 Pelvis

6.6.1 AP/PA

6.6.2 Multiple Field Supine*

6.6.3 Multiple Field Prone*

6.6.4 Inguinal

6.7 Skeletal

6.7.1 Spine (single or multiple field)

6.7.2 Extremity

6.8 Electron Fields

6.8.1 Single

6.8.2 Abutting Fields

8.1 Quality Control Procedures Linear Accelerator

8.1.1 Laser Alignment

8.1.2 Beam Output and Symmetry

Simulator

8.1.3 Laser Alignment

d. Students will perform, under direct supervision, all of the following 3 mandatory observations (MUST include prostate seed implant. MUST be three different procedures.)

O1 Brachytherapy Observation #1

O2 Brachytherapy Observation #2

O3 Brachytherapy Observation #3

N. CLINICAL COURSE SYLLABI

The clinical course syllabi are part of this document.

APPENDIX: FORMS

1. IMAGING OBSERVATION CHECKLIST
2. STUDENT ORIENTATION CHECKLIST
3. PREREQUISITE COMPETENCY EVALUATION #P1
4. PREREQUISITE COMPETENCY EVALUATION #P2
5. PREREQUISITE COMPETENCY EVALUATION #P3
6. COMPETENCY EVALUATION
7. SIMULATION COMPETENCY EVALUATION
8. MOLD ROOM COMPETENCY EVALUATION
9. MACHINE WARM UP AND QA COMPETENCY EVALUATION
10. MACHINE WARM UP LOG
11. BRACHYTHERAPY OBSERVATION
12. MANDATORY DOSIMETRY COMPETENCIES CHECKLIST
13. MANDATORY COMPETENCY EVALUATIONS
14. NURSING SKILLS COMPETENCY EVALUATION
15. NURSING ROTATION LOG
16. CLINICAL ADVISING PROGRAM THERAPIST EVALUATION
17. CLINICAL ADVISING PROGRAM DOSIMETRIST/PHYSICIST EVALUATION
18. CLINICAL ADVISING PROGRAM STUDENT SELF-EVALUATION
19. STUDENT EVALUATION OF CLINICAL EDUCATION CENTER
20. INDEPENDENT STUDY COURSE AGREEMENT
21. CLINICAL EDUCATION ATTENDANCE RECORD
22. LEVEL OF ENGAGEMENT IN DEPARTMENT WORKFLOW
23. SIGNIFICANT INCIDENT/ INJURY REPORT FORM
24. RECOGNITION- ABOVE AND BEYOND

GRAND VALLEY STATE UNIVERSITY

Radiation Therapy Program
Diagnostic and Treatment Sciences
LeShell J. Palmer Jones MS.,RT(T) 616-331-5949 palmeles@gvsu.edu
R. Charles Keider MS, RT(T) CMD 616-331-5950 keiderro@gvsu.edu
Fax 616-331-5632
Center for Health Sciences, College of Health Professions, Suite164
301 Michigan Street, Grand Rapids, Michigan 49503

IMAGING OBSERVATION CHECKLIST

Course # _____ Semester & Year _____ Student Name _____

Instructions: Listed next to the imaging area are specific studies that are to be observed. Please verify completion of observation time in each imaging area by completing the following checklist. Include additional pages with an entry for each day of the procedures and activities observed in that particular imaging modality.

IMAGING AREA	DATE	HOURS	VERIFICATION SIGNATURE
COMPUTED TOMOGRAPHY (CT) (4 hours) Cranium Pelvis			
Magnetic Resonance Imaging (4 hours) Cranium Spine			
BREAST CARE/ MAMMOGRAPHY (4 hours) Mammogram Breast biopsy (can be done in ultrasound) Breast ultrasound(can be done in ultrasound)			
PET SCAN (4 hours)			
ULTRASOUND (4 hours) Breast biopsy (can be done in mammography) Breast ultrasound (can be done in mammography)			
NUCLEAR MEDICINE (4 hours) Bone Scan			
DIAGNOSTIC RADIOLOGY (4 hours) Upper GI Lower GI IVP Any skeletal Any portable Any surgery Any trauma			
RADIATION THERAPY (16 hours) Any treatment Any simulation Any dosimetry			

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Fax 616-331-5632
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STUDENT ORIENTATION CHECKLIST

Clinical Site_____ **Semester**_____ **Student Name**_____

This form should be completed by the clinical instructor, on each new student, the first day of clinical education at a new clinical education center. It should be signed by the clinical instructor and student, then filed in the student clinical file at the university.

PARKING POLICY/ FACILITY NAME BADGE	
LOCKER OR COATROOM LOCATION	
RECORD OF ATTENDANCE POLICY	
FACILITY TOUR	
EMERGENCY PROCEDURES	
FIRE/DISASTER PLAN EVACUATION ROUTES	
DEPARTMENT EMERGENCY CART/EQUIPMENT LOCATIONS	
PUBLIC ADDRESS CODE RESPONSES	
DEPARTMENT PATIENT DISTRESS RESPONSES	
INITIATION OF EMERGENCY CODES (CARDIAC ARREST, ETC.)	
HAZARDOUS MATERIAL MANAGEMENT/ INFECTION CONTROL POLICES	
INCIDENT REPORTING POLICY	
PATIENT TRANSPORT PROCEDURES	
REVIEW OF DEPARTMENTAL ROUTINES	

The above items have been explained to me.

STUDENT_____

CLINICAL INSTRUCTOR_____

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Radiation Therapy Program
Diagnostic and Treatment Sciences
LeShell J. Palmer Jones MS,RT(T) 616-331-5949 palmeles@gvsu.edu
R. Charles Keider MS, RT(T) CMD 616-331-5950 keiderro@gvsu.edu
Fax 616-331-5632
Center for Health Sciences, College of Health Professions, Suite 164
301 Michigan Street, Grand Rapids, Michigan 49503

PREREQUISITE COMPETENCY EVALUATION #P1 __Lab __Competency

Date _____ Patient ID ____NA__ Procedure Room Quality Check # __P1__ __Pass __Repeat

_____ _____ _____
Clinical Education Center course # Semester & Year Student Name

The evaluator will not agree to observe the above requested Competency Evaluation unless this form is presented prior to the evaluation and the information section above (i.e., name, procedure, clinical site, etc.) is complete.

INSTRUCTIONS: Indicate the student's performance by checking the appropriate box for each objective according to your observations for the entire procedure. **Selecting a "NO" for any single objective negates the entire competency.**

COMPETENCY OBJECTIVES: To achieve satisfactory completion for each procedure, utilizing the patient=s chart as well as skills from clinical, laboratory, and academic education, for the above procedure, the student will be able to:

NA = not applicable

ROOM QUALITY CHECK	**YES**	**NO**	**NA**
verify warm up log			
identify emergency off buttons in/out of room			
locate gauges for temperature, pressure, gas, water			
identify main power supply switch			
Identify modulator closet/room			
determine location of wedges, electron cones, and inserts			
locate different types of immobilization devices			
determine location of clean and soiled linen			

COMMENTS should be made on back of form.

SIGNATURE OF EVALUATOR_____ R.T.(T)(ARRT)
Evaluators must hold valid ARRT Radiation Therapy Registration

The items in the evaluation form above have been explained to me and I have reviewed this evaluation and have had opportunity for discussion.

STUDENT SIGNATURE _____

Radiation Therapy Program
Diagnostic and Treatment Sciences
LeShell J. Palmer Jones MS,RT(T) 616-331-5949 palmelesgvsu.edu
R. Charles Keider MS, RT(T) CMD 616-331-5950 keiderro@gvsu.edu
Fax 616-331-5632
Center for Health Sciences, College of Health Professions, Suite 164
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PREREQUISITE COMPETENCY EVALUATION #P2 __Lab __Competency

Date _____ Patient ID ____NA_ Procedure Room Setup (No Patient) # __P2___ __Pass __Repeat

_____ _____ _____
Clinical Ed Center Course # Semester & Year Student Name

The evaluator will not agree to observe the above requested Competency Evaluation unless this form is presented prior to the evaluation and the information section above (i.e., name, procedure, clinical site, etc.) is complete.

INSTRUCTIONS: Indicate the student's performance by checking the appropriate box for each objective according to your observations for the entire procedure. **Selecting a "NO" for any single objective negates the entire competency.**

COMPETENCY OBJECTIVES: To achieve satisfactory completion for each procedure, utilizing **a patient Tx head mask** as well as skills from clinical, laboratory, and academic education, for the above procedure, the student will be able to:

NA = not applicable

ROOM SET UP (NO PATIENT - USE A PATIENT TX MASK TO SIMULATE A PATIENT)	**YES**	**NO**	**NA**
assure gantry/collimator are at 0□			
prepare table for treatment utilizing appropriate headholder, accessory mount, blocks, etc.			
set appropriate field size			
utilize hand pendant/table controls to raise couch to treatment position			
demonstrate use of lasers to align mask for treatment			
rotate gantry/collimator to first Tx position			
verify appropriate coverage for eye block			
assess light field for appropriate flash			

COMMENTS should be made on back of form.

SIGNATURE OF EVALUATOR_____ R.T.(T)(ARRT)

Evaluators must hold valid ARRT Radiation Therapy Registration

The items in the evaluation form above have been explained to me and I have reviewed this evaluation and have had opportunity for discussion.

STUDENT SIGNATURE_____

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Diagnostic and Treatment Sciences
LeShell J. Palmer Jones MS.,RT(T) 616-331-5949 palmeles@gvsu.edu
R. Charles Keider MS, RT(T) CMD 616-331-5950 keiderro@gvsu.edu
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Center for Health Sciences, College of Health Professions, Suite 164
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COMPETENCY EVALUATION

__ Lab __Competency

Date _____ Patient ID ___NA__ Procedure Simulated Patient Setup ___ # __P3_____ __Pass __Repeat

_____ _____ _____ _____
Clinical Ed Center Course # Semester & Year Student Name

The evaluator will not agree to observe the above requested Competency Evaluation unless this form is presented prior to the evaluation and the information section above (i.e., name, procedure, clinical site, etc.) is complete.

INSTRUCTIONS: Indicate the student's performance by checking the appropriate box for each objective according to your observations for the entire procedure. **Selecting a "NO" for any single objective negates the entire competency.**

COMPETENCY OBJECTIVES: To achieve satisfactory completion for each procedure, utilizing the patient=s chart as well as skills from clinical, laboratory, and academic education, for the above procedure, the student will be able to:

NA = not applicable

SETUP (student will simulate lung or pelvis treatment on Amodel@ patient.)	**YES**	**NO**	**NA**
maintain cleanliness of linens and table			
utilize appropriate immobilization devices and techniques			
verify patient prescription, identification and port film status			
exhibit appropriate relationship with patients (positive attitude, caring, concern, comfort, modesty)			
PROCEDURE	**YES**	**NO**	**NA**
position patient properly and precisely			
evaluate accuracy of machine parameters (SSD or couch parameter and gantry/collimator angles)			
utilize prescribed treatment aids (blocks, compensators, wedges, bolus, and other customized shielding)			
practice appropriate radiation protection and safety rules at all times			
communicate with patient (preliminary instructions, Tx start, port films, mark reinforcement, etc.)			
control monitor unit or exposure according to prescription			
monitor patient and equipment appropriately			
assist patient promptly following procedure			
POST PROCEDURE	**YES**	**NO**	**NA**
formulate mandatory chart notes (as appropriate to treatment or simulator)			
verify lab work, weekly check-ups, and appointments			
report any unusual response of equipment			
return room to clean and ready condition			

COMMENTS should be made on back of form.

SIGNATURE OF EVALUATOR_____ R.T.(T)(ARRT)
Evaluators must hold valid ARRT Radiation Therapy Registration

I have reviewed this evaluation and have had opportunity for discussion.

STUDENT SIGNATURE _____
To receive credit for this evaluation the student must write a few sentences regarding this particular set up on the back of this form.

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COMPETENCY EVALUATION __Mandatory __Lab __Competency __Proficiency

Date ___ Patient ID ___ Procedure _____ # _____ __Pass __Repeat

_____ _____ _____
Clinical Ed Center Course # Semester & Year Student Name

The evaluator will not agree to observe the above requested Competency Evaluation unless this form is presented prior to the evaluation and the information section above (i.e., name, procedure, clinical site, etc.) is complete.

INSTRUCTIONS: Indicate the student's performance by checking the appropriate box for each objective according to your observations for the entire procedure. **Selecting a "NO" for any single objective negates the entire competency.**

COMPETENCY OBJECTIVES: To achieve satisfactory completion for each procedure, utilizing the patient=s chart as well as skills from clinical, laboratory, and academic education, for the above procedure, the student will be able to:

NA = not applicable

SETUP	**YES**	**NO**	**NA**
maintain cleanliness of linens and table			
utilize appropriate immobilization devices and techniques			
verify patient prescription, identification and port film status			
exhibit appropriate relationship with patients (positive attitude, caring, concern, comfort, modesty)			
PROCEDURE	**YES**	**NO**	**NA**
position patient properly and precisely			
evaluate accuracy of machine parameters (SSD or couch parameter and gantry/collimator angles)			
utilize prescribed treatment aids (blocks, compensators, wedges, bolus, and other customized shielding)			
practice appropriate radiation protection and safety rules at all times			
communicate with patient (preliminary instructions, Tx start, port films, mark reinforcement, etc.)			
control monitor unit or exposure according to prescription			
monitor patient and equipment appropriately			
assist patient promptly following procedure			
POST PROCEDURE	**YES**	**NO**	**NA**
write mandatory chart notes (as appropriate to treatment or simulator)			
verify lab work, weekly check-ups, and appointments			
report any unusual response of equipment			
return room to clean and ready condition			

COMMENTS should be made on back of form.

SIGNATURE OF EVALUATOR_____ R.T.(T)(ARRT)
Evaluators must hold valid ARRT Radiation Therapy Registration

The items in the evaluation form above have been explained to me and I have reviewed this evaluation and have had opportunity for discussion.

STUDENT SIGNATURE _____

To receive credit for this set up the student must write a few sentences regarding this particular set up on the back of the form. Must include diagnosis, stage, setup, field arrangement, treatment accessories and an explanation as to why the patient is being treated in this manner.

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Diagnostic and Treatment Sciences
LeShell J. Palmer Jones MS,RT(T) 616-331-5949 palmeles@gvsu.edu
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Center for Health Sciences, College of Health Professions, Suite 164
301 Michigan Street, Grand Rapids, Michigan 49503

SIMULATION COMPETENCY EVALUATION __Mandatory __Lab __Competency __Proficiency

Date _____ Patient ID _____ Procedure _____ # _____ __Pass __Repeat

_____ _____ _____
Clinical Education Center Course # Semester & Year Student Name

The evaluator will not agree to observe the above requested Competency Evaluation unless this form is presented prior to the evaluation and the information section above (i.e., name, procedure, clinical site, etc.) is complete.

INSTRUCTIONS: Indicate the student's performance by checking the appropriate box for each objective according to your observations for the entire procedure. **Selecting a "NO" for any single objective negates the entire competency.**

COMPETENCY OBJECTIVES: To achieve satisfactory completion for each procedure, utilizing the patient=s chart as well as skills from clinical, laboratory, and academic education, for the above procedure, the student will be able to: NA = not applicable

SETUP		YES	NO	NA
1.	Obtain patient chart, necessary information and equipment. Room setup.			
2.	Identify each patient before simulation, introduce self by name, explain robing procedure.			
3.	Assist and/or support each patient to and from simulator.			
4.	Explain simulation procedure, confirm patient=s understanding of the procedure, and provide appropriate answers if the patient has questions.			
5.	Construct and use appropriately immobilization devices for patient during simulation.			
6.	Position the patient for each simulation.			
7.	Determine simulation parameters and assist physician in localizing tumor volume.			
8.	Set correct technique/ protocol and take image/scan of treatment area of interest using appropriate identifiers and transmit network images when appropriate.			
9.	Record detailed description of patient positioning in the chart and take photographs.			
10.	Record treatment parameters in chart correctly.			
11.	Take accurate SSDs separations and contour or review CT scan/treatment plan with appropriate personnel.			
12.	Acquire approval of treatment field/volume indicated on film/scan from physician.			
13.	Mark and tattoo patient appropriately.			
14.	Demonstrate proper use and operation of CT/simulator: table, gantry, control console, lasers and computer.			
15.	Instruct patient in the proper care of the marks and treatment area including side effects and contrast reactions.			
16.	Provide patient with information of check-in procedure and parking.			
17.	Schedule patient=s next appointment: new start, verification sim, etc.			
18.	Give patient final instructions: i.e. full bladder for tx, CT appointment, other appointments, etc			
19.	Return room to clean and ready condition.			

COMMENTS should be made on back of form.

SIGNATURE OF EVALUATOR_____ R.T.(T)(ARRT)

Evaluators must hold valid ARRT Radiation Therapy Registration

The items in the evaluation form above have been explained to me and I have reviewed this evaluation and have had opportunity for discussion.

STUDENT SIGNATURE _____

To receive credit for this set up the student must write a few sentences regarding this particular set up on the back of the form. Must include diagnosis, stage, pt. setup, possible field arrangements, treatment accessories and an explanation of why the patient is being treated in this manner.

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Diagnostic and Treatment Sciences
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TREATMENT ACCESSORY DEVICES COMPETENCY EVALUATION

__Electron __Photon __Custom Bolus __Compensator
__Pass __Repeat

Date _____ Patient ID _____

_____ _____ _____
Clinical Education Center Course # Semester & Year Student Name

The evaluator will not agree to observe the above requested Competency Evaluation unless this form is presented prior to the evaluation and the information section above (i.e., name, procedure, clinical site, etc.) is complete.

INSTRUCTIONS: Indicate the student's performance by checking the appropriate box for each objective according to your observations for the entire procedure. **Selecting a "NO" for any single objective negates the entire competency.**

COMPETENCY OBJECTIVES: To achieve satisfactory completion for each procedure, utilizing the patient=s chart as well as skills from clinical, laboratory, and academic education, for the above procedure, the student will be able to:

CUSTOM BLOCK CUTTING/ FABRICATION OF TREATMENT AIDS	YES	NO	NA
Identify the type of block or treatment aid to be fabricated.			
Demonstrates appropriate use of block cutting devices and other equipment.			
Verify correct MAG factor for block to be cut.			
Demonstrates appropriate pouring and mounting of blocks.			
Verifies accuracy of blocking on the simulator.			

COMMENTS should be made on back of form.

SIGNATURE OF EVALUATOR_____

The items in the evaluation form above have been explained to me and
I have reviewed this evaluation and have had opportunity for discussion.

STUDENT _____

GRAND VALLEY STATE UNIVERSITY

Radiation Therapy Program
Diagnostic and Treatment Sciences
LeShell J. Palmer Jones MS, RT(T) 616-331-5949 palmeles@gvsu.edu
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MACHINE WARM UP AND QA COMPETENCY EVALUATION __Pass __Repeat

Date _____ Machine_____

_____ _____ _____
Clinical Ed Center Course # Semester & Year Student Name

The evaluator will not agree to observe the above requested Competency Evaluation unless this form is presented prior to the evaluation and the information section above (i.e., name, procedure, clinical site, etc.) is complete.

MACHINE WARM-UP AND Q.A. OBJECTIVES

*Each clinical site will have different equipment and Q.A. checklists for their equipment, these objectives are **general**. The student is responsible for observing at least 5 machine warm-ups before attempting competency. After the student feels comfortable with the procedure they must perform the procedure themselves with **direct supervision to achieve competency**. Once competency is established the student will perform 4 proficiencies.

1. Students should be able to check all of the parameters necessary for machine warm-ups and daily Q.A. for all the radiation therapy treatment machines.

2. Students will be able to perform the quality assurance checks done within the treatment room including, but not limited to:

    a) Field size at 10x10
    b) ODI (optical distance indicator)
    c) Lasers (left, right, ceiling, and back pointer)
    d) Gantry angle (180, 90, 0, 270)
    e) Collimator angle (180, 90, 270)

3. Students will be able to perform the following quality checks outside the room including, but not limited to:

    a) Radiation Monitor
    b) Door lights
    c) Door interlocks
    d) Beam off button
    e) Motion enable
    f) Intercom
    g) TV monitor

4. Students will also be to locate and read the gas pressure, water pressure, and water temperature.

5. Students will be able to locate the operational manual for each machine.

COMMENTS should be made on back of form.

SIGNATURE OF EVALUATOR_____

The items in the evaluation form above have been explained to me and I have reviewed this evaluation and have had opportunity for discussion.

STUDENT _____

GRAND VALLEY STATE UNIVERSITY

Radiation Therapy Program
Diagnostic and Treatment Sciences
LeShell J. Palmer Jones MS,RT(T) 616-331-5949 palmeles@gvsu.edu
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MACHINE WARM-UP LOG

Date _____

_____ _____ _____ _____
Clinical Education Center Course # Semester & Year Student Name

Machine warm-ups observed

DATE	MACHINE	THERAPIST INITIALS

Machine warm-ups performed

DATE	MACHINE	THERAPIST INITIALS

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LeShell J. Palmer Jones MS,RT(T) 616-331-5949 palmeles@gvsu.edu
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BRACHYTHERAPY OBSERVATION

Each Grand Valley State University radiation therapy student is required to observe three different types of brachytherapy (MUST include prostate seed implant) procedures during the course of their clinical education. This form needs to be completed for each procedure observed.

Student name_____ Date_____

Brachytherapy procedure observed._____

Semester in which the procedure was observed_____

Clinical site where observation took place_____

Student signature_____ Date_____

Clinical instructor signature_____ Date_____

TBI (Total Body Irradiation) OBSERVATION

Each Grand Valley State University radiation therapy student is required to observe a TBI during the course of their clinical education, if a case is available. This form needs to be completed for each procedure observed.

Student name_____ Date_____

Semester in which the procedure was observed_____

Clinical site where observation took place_____

Student signature_____ Date_____

Clinical instructor signature_____ Date_____

RADIATION THERAPY SPECIAL PROCEDURES OBSERVATION

Each Grand Valley State University radiation therapy student may have the opportunity to observe Radiation Therapy special procedures during the course of their clinical education. This form needs to be completed for each procedure observed.

Student name_____ Date_____

Procedure observed_____

Semester in which the procedure was observed_____

Clinical site where observation took place_____

Student signature_____ Date_____

Clinical instructor signature_____ Date_____

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MANDATORY DOSIMETRY COMPETENCIES CHECKLIST

Date _____

_____ _____ _____
Clinical Education Center | Course # | Semester & Year | Student Name

The following are the 7 Mandatory Treatment Planning Competencies that must be completed before the student can graduation from the program. These will be completed in the GVSU treatment planning lab and will be part of your grade in one of the dosimetry courses.

NA = not applicable

T1. Dosimetry Perform calculations for each of the following:		**YES**	**NO**	**NA**
A.	Single open fields			
B.	Parallel opposed fields with field shaping			
C.	Geometric gap			
D.	Weighted fields			
E.	Wedged fields			
F.	Computer generated isodose plans			
G.	Electron field			

SIGNATURE OF FACULTY MEMBER_____

SIGNATURE OF PROGRAM DIRECTOR_____

-

Radiation Therapy Program
Diagnostic and Treatment Sciences
LeShell J. Palmer Jones MS,RT(T) 616-331-5949 palmeles@gvsu.edu
R. Charles Keider MS,RT(T) CMD 616-331-5950 keiderro@gvsu.edu
Fax 616-331-5632
Center for Health Sciences, College of Health Professions, Suite 164
301 Michigan Street, Grand Rapids, Michigan 49503

MANDATORY COMPETENCY EVALUATIONS

Summary Sheet

Student Name _____

Prerequisite Competencies	**Winter**	**Spring/ Summer**	**Fall**	**Winter**
P1 Room quality check				
P2 Room set-up (no patient)				
P3 Simulated patient set-up				
1. GENERAL PATIENT CARE (4)	**Winter**	**Spring /Summer**	**Fall**	**Winter**
1.1 CPR				
1.2 Vital signs (BP, pulse, respiration and temperature)				
1.3 O_2 administration				
1.4 Patient Transfer				
2. Simulator Procedures (7)	**Winter**	**Spring/ Summer**	**Fall**	**Winter**
2.1 Brain				
2.2 Head and Neck				
2.3 Chest				
2.4 Breast				
2.5 Abdomen				
2.6 Pelvis				
2.7 Skeletal				
3. DOSIMETRY COMPETENCIES (7) Perform calculations for each of the following	**Winter**	**Spring/ Summer**	**Fall**	**Winter**
3.1 Single field				
3.2 Parallel opposed fields				
3.3 Geometric gap				
3.4 Weighted fields				
3.5 Wedged fields				

3.6	Computer generated isodose plans				
3.7	Electron field				
4. BEAM MODIFICATIONS DEVICES (3) Fabricate the following beam modification devices		**Winter**	**Spring/ Summer**	**Fall**	**Winter**
4.1	Custom block (photon or electron)				
4.2	Custom Immobilization devices				
4.3	Bolus				
5. Low Volume, High Risk Procedures (Participatory) (2)		**Winter**	**Spring/ Summer**	**Fall**	**Winter**
5.1	Total Body Irradiation (TBI)				
5.2	Craniospinal				
BRACHYTHERAPY THE ARRT STRONGLY RECOMMENDS STUDENT OBSERVATION NO COMPETENCY		**Winter**	**Spring/ Summer**	**Fall**	**Winter**
O1	Brachytherapy (specify)_____				
O2	Brachytherapy (specify)_____				
O3	Brachytherapy (specify)_____				

6. RADIATION TREATMENT PROCEDURES (20)			**Winter**	**Spring/ Summer**	**Fall**	**Winter**
6.1	Brain	6.1.1 Primary				
		6.1.2 Metastatic				
6.2	Head and Neck	6.2.1 Laterals Only				
		6.2.2 Multiple Fields to include supraclavicular				
6.3	Chest	6.3.1 AP/PA or Multi field (Non-IMRT)				
		6.3.2 IMRT and/or arc therapy				
6.4	Breast	6.4.1 Tangentials only				
		6.4.2 Tangents w/ Supraclavicular				
		6.4.3 Tangents w/ Supracl v & Posterior Axilla				
6.5	Abdomen	6.5.1 AP/PA or Multi field (Non-IMRT)				
		6.5.2 IMRT&/or Arc therapy				
6.6	Pelvis	6.6.1 AP/PA				

6.6.2 Multiple Field Supine				

		6.6.3 Multiple Field Prone				
		6.6.4 Inguinal				
6.7	Skeletal	6.7.1 Spine				
		6.7.2 Extremity				
6.8	Electron Fields	6.8.1 Single				
		6.8.2 Abutting Fields				

Multiple fields may include IMRT
Elective (4 of the 6 electives must be completed, 2 of these may be performed in the lab if necessary)

COMMENTS should be made on back of form.
SIGNATURE OF PROGRAM DIRECTOR_____ R.T.(T)(ARRT)

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NURSING SKILLS COMPETENCY EVALUATION

__Pass __Repeat

_____ _____ _____
Clinical Education Center Course # Semester & Year

Student Name_____

The evaluator will not agree to observe the above requested Competency Evaluation unless this form is presented prior to the evaluation and the information section above (i.e., name, procedure, clinical site, etc.) is complete.

INSTRUCTIONS: Indicate the student's performance by checking the appropriate box for each objective according to your observations for the entire ROTATION. **Selecting a "NO" for any single objective requires scheduling the student for additional nursing rotations until all competency objectives are satisfactorily achieved.**

Students are required to record all patients treatment sites and diagnosis from the nursing rotation on the back of this form. Additional pages may be attached as needed.

COMPETENCY OBJECTIVES: To achieve satisfactory completion for the nursing rotation, utilizing the patient=s chart as well as skills from clinical, laboratory, and academic education, the student will be able to:

	YES	NO
Identify key components of nursing assessment for region specific radiation treatments.		
Is competent in stocking the supplies that are necessary for the facility function.		
Cite examples of pertinent laboratory findings with that of the patient assessment and or disease state.		
Interpret the following: blood pressure, pulse, temperature, respiration, oxygen saturation, and weight.		
Is competent in education the individual and family m embers about radiation therapy and the various delivery systems.		
Demonstrate skill in documentation of assessment and education data.		
Recognize prescription and over-the-counter medications that are utilized for symptom management of the patient receiving radiation therapy treatments.		
Correlate the patient history / pathology to the treatment plan.		
Evaluate the site-specific physical symptoms with various forms of radiation therapy delivery systems.		
Distinguish site specific physical symptoms as they occur over the course of the radiation treatments.		
Identify the differences in the physical assessment of pre-irradiation to that of post irradiation recovery.		
Demonstrate skill in effective communication with the radiation oncology team members.		
Is skillful in proper handling of contaminated and sterile equipment.		

COMMENTS should be made on back of form.

SIGNATURE OF EVALUATOR_____ R.N.
Evaluators must hold current Michigan Nursing license

I have reviewed this evaluation and have had opportunity for discussion. STUDENT _____

GRAND VALLEY STATE UNIVERSITY
DIAGNOSTIC & TREATMENT SCIENCES
RADIATION THERAPY PROGRAM
NURSING ROTATION LOG

Clinical Education Center _____ Course # _____ Semester & Year _____ Student Name _____

Type of treatment to include fractionation scheme and the delivery system (i.e. HDR/LDR brachytherapy, linear accelerator, IMRT, etc.)

Treatment Site - Area	New Patients Observed	Follow-up Patients Observed	Treatment Exams Observed	Type of Treatment Patient Receiving	Total Patients Observed
Abdomen					
Bladder					
Brain					
Breast					
Cervix					
Uterus					
Colon					
Rectum					
Spine					
Head/Neck					
Hodgkins / Lymphoma					
Lung					
Prostate					
Electron (any site)					

Exams Observed	New Patients Observed	Follow-Up Patients Observed	Treatment Exams Observed	Type of Treatment Patient Receiving	Total Patients Observed
Pelvic					
Head/Neck					
Oral					
Prostate					
Rectum					
Breast					
Other (Explain)					
Other (Explain)					
Other (Explain)					

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CLINICAL ADVISING PROGRAM THERAPIST EVALUATION

Date _____

Clinical Education Center	Course #	Semester & Year	Student Name
_____	_____	_____	_____

INSTRUCTIONS: Please rate the student in the following categories by checking inside the appropriate box. These forms are anonymous. Students will see a typed compilation of all evaluations, not your individual evaluation form. We appreciate honest and candid responses as they are essential to the students' professional growth. DO NOT COMPLETE THIS FORM UNLESS YOU HAVE WORKED WITH THE STUDENT!

	Excellent	Good	Fair	Poor
1. PROFESSIONAL CONDUCT				
mannerisms, cleanliness, neatness				
2. ATTITUDE				
enthusiasm for profession interest in assigned activities				
3. COMMUNICATION SKILLS				
interpersonal skill c/ patients				
interpersonal skill c/ staff				
4. PATIENT CARE SKILLS				
awareness of emotions, modesty				
5. COOPERATION				
willingness to assume duties				
6. DEPENDABILITY				
punctuality & reliability				
7. SELF-CONFIDENCE				
confidence in personal ability				
8. APPLICATION OF KNOWLEDGE				
use of academic information				
9. ORGANIZATION OF DUTIES				
logical & efficient performance				
10. ADAPTABILITY				
achievement of routine procedures on non-routine patients, assist patient promptly following procedure				

Please use the back of this form to provide additional commentary you believe could be useful in improving the educational experience of this student.

EVALUATORS ARE NOT TO SIGN THIS FORM

STUDENT IS TO SIGN BELOW ONLY FOR COMPILATION COPY (Not individual radiation therapist evaluation forms) I have reviewed this evaluation and have had opportunity for discussion.

STUDENT _____

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CLINICAL ADVISING PROGRAM DOSIMETRIST/ PHYSICIST EVALUATION

Date _____

_____ _____ _____ _____
Clinical Education Center Course # Semester & Year Student Name

INSTRUCTIONS: Please rate the student in the following categories by checking inside the appropriate box. These forms are anonymous. Students will see a typed compilation of all evaluations, not your individual evaluation form. We appreciate honest and candid responses as they are essential to the students' professional growth. **DO NOT COMPLETE THIS FORM UNLESS YOU HAVE WORKED WITH THE STUDENT!**

	Excellent	Good	Fair	Poor
1. PROFESSIONAL CONDUCT				
mannerisms, cleanliness, neatness				
2. ATTITUDE				
enthusiasm for profession, interest in assigned activities				
3. COMMUNICATION SKILLS				
interpersonal skills c/ staff				
4. PATIENT CARE SKILLS				
awareness of emotions, modesty, provide information to patient				
5. COOPERATION				
willingness to assume duties				
6. DEPENDABILITY				
punctuality & reliability				
7. SELF-CONFIDENCE				
confidence in personal ability				
8. APPLICATION OF KNOWLEDGE				
use of academic information				
9. ORGANIZATION OF DUTIES				
logical & efficient performance				
10. ADAPTABILITY				
Ability to adapt to changing situations, prioritize duties and cases				

Please use the back of this form to provide additional commentary you believe could be useful in improving the educational experience of this student.

EVALUATORS ARE NOT TO SIGN THIS FORM

STUDENT IS TO SIGN BELOW ONLY FOR COMPILATION COPY (Not individual evaluation forms)
I have reviewed this evaluation and have had opportunity for discussion.

STUDENT _____

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CLINICAL ADVISING PROGRAM STUDENT SELF-EVALUATION

Date _____

_____ _____ _____
Clinical Education Center Course # Semester & Year Student Name

INSTRUCTIONS: As students, you are constantly evaluated by your instructors in order to monitor your progress during clinical education. However, it is important that your instructors also hear how you perceive your experience and ability. This evaluation asks you to candidly discuss your current progress. Please check the appropriate column or columns which best describes your feelings about your level of proficiency at this point in your education.

1. List the setups you require the most help with:
   _____
   _____
   _____
   _____
   _____

2. In the space below, list the procedure or situation you find most difficult:

3. Rate your abilities in each of the following areas:

	Excellent	Good	Fair	Poor
1. PROFESSIONAL CONDUCT				
mannerisms, cleanliness, neatness				
2. ATTITUDE				
enthusiasm for profession interest in assigned activities				
3. COMMUNICATION SKILLS				
interpersonal skill c/ patients				
interpersonal skill c/ staff				
4. PATIENT CARE SKILLS				
awareness of emotions, modesty				
5. COOPERATION				
willingness to assume duties				
6. DEPENDABILITY				
punctuality & reliability				
7. SELF-CONFIDENCE				
confidence in personal ability				
8. APPLICATION OF KNOWLEDGE				
use of academic information				
9. ORGANIZATION OF DUTIES				
logical & efficient performance				
10. ADAPTABILITY				
achievement of routine procedures on non-routine patients, assist patient promptly following procedure				

4. Place an (X) on the line to rate your overall professional ability at this point in your education:

_____

excellent good average fair poor

5. In the space below explain the progress you have made in achieving the goals you set at your last self-evaluation. Attach any required documentation.

6. GOALS
In the space below list at least one measurable goal that you wish to set for yourself for next term.

7. List each of the goals for which you are being evaluated.

GOAL	Goals met Yes	No
GOAL	Yes	No
GOAL	Yes	No
GOAL	Yes	No
GOAL	Yes	No

Additional goals may be indicated on attachments

ALL GOALS MET FROM PREVIOUS TERM Yes No

8. Please add any additional comments which you deem important (e.g., disagreements with this or other evaluations, clinical assignments, etc.):

Signature of Faculty Clinical Advisor_____

I have reviewed this evaluation and have had opportunity for discussion.

Student_____

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STUDENT EVALUATION OF CLINICAL EDUCATION CENTER

Date _____ Clinical Ed Center _____ ___3rd Yr Winter/Spr/Sum ___4th Yr Fall ___4th Yr Winter Other _____

INSTRUCTIONS: Before completing this form consider this question; "Did I make an honest effort to take advantage of the educational opportunities available during my assignment to this clinical education center?" Keep this consideration in mind while completing this evaluation.

All results are typed into a cumulative total so that you cannot be personally identified. Honest and candid answers will be most helpful.

Please make a written comment to explain all Strongly Agree and all Strongly Disagree marks.

DO NOT SIGN YOUR NAME TO THIS EVALUATION. Please complete BOTH SIDES of this form.

REGARDING THE ONCOLOGY NURSES I believe they made every attempt to:	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
1A. recognize that my role was primarily to learn with the resulting service being secondary in nature				
1B. encourage and answer my questions				
1C. display professionalism				
REGARDING THE RADIATION ONCOLOGISTS I believe they made every attempt to:	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
2A. recognize that my role was primarily to learn with the resulting service being secondary in nature				
2B. encourage and answer my questions				
2C. display professionalism				
REGARDING THE PHYSICISTS AND DOSIMETRISTS I believe they made every attempt to:	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
3A. recognize that my role was primarily to learn with the resulting service being secondary in nature				
3B. encourage and answer my questions				
3C. display professionalism				
REGARDING THE RADIATION THERAPISTS I believe they made every attempt to:	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
4A. recognize that my role was primarily to learn with the resulting service being secondary in nature				
4B. encourage and answer my questions				
4C. point out alternative methods for me to accomplish a task when necessary				

4D.	permit me to correct my own mistakes				
4E.	allow me to do things on my own				
4F.	display professionalism				
4G.	demonstrate a positive attitude toward all students				
4H.	schedule and make available valuable clinical experiences for me				
REGARDING MY CLINICAL INSTRUCTOR I believe s/he made every attempt to:		**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
5A.	recognize that my role was primarily to learn with the resulting service being secondary in nature				
5B.	encourage and answer my questions				
5C.	point out alternative methods for me to accomplish a task when necessary				
5D.	permit me to correct my own mistakes				
5E.	allow me to do things on my own				
5F.	display professionalism				
5G.	demonstrate a positive attitude toward all students				
5H.	schedule and make available valuable clinical experiences for me				
REGARDING MY PERSONAL FEELINGS As a result of this clinical rotation, I now am:		**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
6A.	more advanced in clinical knowledge				
6B.	more interested in radiation therapy as a profession				

COMMENTS should be made below.

GRAND VALLEY STATE UNIVERSITY

Diagnostic and Treatment Sciences
Radiation Therapy
Phone 616-331-3356, Fax 616-331-5632
Center for Health Sciences, College of Health Professions
301 Michigan Street NE, Suite 164, Grand Rapids, Michigan 49503

INDEPENDENT STUDY COURSE AGREEMENT

Independent study courses are available in 1, 2, and 3 credit options. You may propose any topic relevant to the study of medical imaging and radiation sciences but must have this form completed and signed by the faculty member responsible for your course grade. You should expect to propose approximately 42 hours of activity for 3 each academic credit. This is based on a 14 week semester expectation of a didactic course meeting 1 hour per week per credit plus 2 hours per week of preparation and study.

Date	Course #	Semester & Year	Student Name
_____	_____	_____	_____

I propose the following for _____ academic credits.

The title of my independent study is:

List each activity and approximate number of hours you plan to devote to achieve your objective/s.

Hours Activity

I realize I must acquire the signature of a faculty member on this form and in addition, must register for the appropriate course before this proposal can be completed.

Student_____

Upon satisfactory completion of the above proposal, I will award a grade appropriate for this course.

Signature of Faculty _____

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CLINICAL EDUCATION ATTENDANCE RECORD

Name of Student _____ Clinical Education Center _____

GVSU Policies and Procedures include:

- Time of arrival and time of departure must be recorded appropriately
- Clinical instructors will require students to make up time that is not accurately recorded
- Falsification of time records is considered cheating and is a breach of university and professional ethics and will merit appropriate disciplinary action
- All absences require the name of the person taking the message and time the absence was reported.

DATE (MM/DD/YY)	ARRIVAL TIME	DEPARTURE TIME	LEVEL OF ENGAGEMENT	THERAPIST INITIALS	STUDENT INITIALS

NOTE: To grade the student on level of engagement please use a scale of 1-5: 1= excellent, 2= good, 3=average, 4= fair (needs improvement), 5= poor (needs significant improvement and notification of GVSU faculty.

I have reviewed this record and verify that it is accurately recorded. I understand that falsification of time records is grounds for dismissal from the Radiation Therapy program.

Student_____

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LEVEL OF ENGAGEMENT IN DEPARTMENT WORK FLOW

Student_____Clinical Education Center_____

This form is to be used at the start of each new clinical site rotation. RIT 360 will include 3 weeks with the remaining clinical courses including 2 weeks. At the end of each clinical day the person who has worked with the student will evaluate the level of engagement of the student and give feedback to the student including areas of strength as well as suggested areas for improvement. The student will not be allowed to progress to performing competencies and proficiencies until they have made satisfactory progress toward understanding and acclimating to the department policies, procedures and work flow. The clinical instructor at the clinical site will determine when the student has been minimum requirements by signing this form. If satisfactory progress has not been made the student additional requirements will be given.

Date_____ **Rotation**_____

Place an AX@ on the line to rate the student=s overall level of engagement in the department work flow.

_____
excellent good average fair poor

Comments and suggestions for student improvement.

Student signature_____Therapist Signature_____

Date_____ **Rotation**_____

Place an AX@ on the line to rate the student=s overall level of engagement in the department work flow.

_____
excellent good average fair poor

Comments and suggestions for student improvement.

Student signature_____Therapist Signature_____

Date_____ **Rotation**_____

Place an AX@ on the line to rate the student=s overall level of engagement in the department work flow.

_____
excellent good average fair poor

Comments and suggestions for student improvement.

Student signature_____Therapist Signature_____

□ooo

Date_____ **Rotation**_____

Place an AX@ on the line to rate the student=s overall level of engagement in the department work flow.

_____

excellent good average fair poor

Comments and suggestions for student improvement.

Student signature_____Therapist Signature_____

Date_____ **Rotation**_____

Place an AX@ on the line to rate the student=s overall level of engagement in the department work flow.

_____

excellent good average fair poor

Comments and suggestions for student improvement.

Student signature_____ Therapist Signature_____

Date_____ **Rotation**_____

Place an AX@ on the line to rate the student=s overall level of engagement in the department work flow.

_____

excellent good average fair poor

Comments and suggestions for student improvement.

Student signature_____Therapist Signature_____

Date_____ **Rotation**_____

Place an AX@ on the line to rate the student=s overall level of engagement in the department work flow.

_____

excellent good average fair poor

Comments and suggestions for student improvement.

□ppp

Student signature_____ Therapist signature_____

Date_____ **Rotation**_____

Place an AX@ on the line to rate the student=s overall level of engagement in the department work flow.

_____

excellent good average fair poor

Comments and suggestions for student improvement.

Student signature_____ Therapist signature_____

Date_____ **Rotation**_____

Place an AX@ on the line to rate the student=s overall level of engagement in the department work flow.

_____

excellent good average fair poor

Comments and suggestions for student improvement.

Student signature_____ Therapist Signature_____

Date_____ **Rotation**_____

Place an AX@ on the line to rate the student=s overall level of engagement in the department work flow.

_____

excellent good average fair poor

Comments and suggestions for student improvement.

Student signature_____ Therapist Signature_____

The student has made satisfactory progress toward understanding the department policies, procedures and work flow and may begin to perform competencies and proficiencies.

Clinical Instructor signature_____ Date_____

□qqq

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CONTRACT FOR CLINICAL CREDIT

After 85% of mandatory clinical competencies have been completed, a student may propose any topic relevant to the study of radiologic and imaging sciences for competency and/or proficiency credit. You must have this form completed and signed by the faculty member responsible for your course grade.

_____	_____	_____	_____
Date	Course #	Semester & Year	Student Name

I propose the following for _____ competency credits and/or _____proficiency credits an with RIS faculty member

My proposal for Clinical Credit is:

List each activity and approximate number of hours you plan to devote to achieve your objective/s.

Hours Activity

I realize I must acquire the signature of a faculty member on this form and in addition, must register for the appropriate course before this proposal can be completed.

Student_____

Upon satisfactory completion of the above proposal, I will award a grade appropriate for this course.

Signature of Faculty _____

□rrr

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Diagnostic and Treatment Sciences
Center for Health Sciences, College of Health Professions, Suite 164
301 Michigan Street NE, Grand Rapids, Michigan 49503
Phone 616-331-5600, Fax 616-331-5632

GRAND VALLEY STATE UNIVERSITY
Radiation Therapy Program Significant
INCIDENT/ INJURY REPORT FORM

STUDENT

Last Name	First Name	
Date of Birth	Social Security Number	
Street Address		
City	Zip	Phone:

INCIDENT/INJURY

Date of incident	Date reported	Course in which injury occurred
Place of incidence		Type of injury ('strain', 'cut', etc.)
Describe how incident/injury happened		
Names of witnesses		
Name of doctor (if known)		
Signature		Date

INSTRUCTOR'S REPORT

What caused this accident? (Please be explicit)	
How was the injury treated? or how was the incident addressed?	
How can a recurrence be prevented?	
Has preventative action been taken? If 'no', please explain	Has a report been completed at the institution where the incidence occurred?
Comments by student regarding injury or incident	
Signature	Date

sss

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Diagnostic and Treatment Sciences

Center for Health Sciences, College of Health Professions, Suite 164
301 Michigan Street NE, Grand Rapids, Michigan 49503
Phone 616-331-5600, Fax 616-331-5632

GRAND VALLEY STATE UNIVERSITY
Radiation Therapy Program Recognition
-Above and Beyond -

If you observe a Grand Valley student performing above and beyond expectations, please take a moment to complete the form below:

Student Name:	Name of person that observed performance:
Date:	Clinical Educational Center:
Description of the performance that is above and beyond expectations:	
Clinical Instructor comments:	
Clinical Instructors signature	Date:

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