Radiologic Technology Program

Clinical Handbook

Nan Bradeen, MS, RT(R), (M), (QM), ARRT

Radiology Program Director

Office: 605-718-2927

Kelsie Phillips, BS, RT(R), ARRT

Radiology Instructor/Clinical Coordinator

Office: 605-718-2923

Kyle Kennedy, MS, RT (R), ARRT - Adjunct Faculty

Email: Kyle.kennedy@wdt.edu

Table of Contents

Radiologic Technology Program Overview- Clinical 4
Program Learning Outcomes, Goals, & Student Learning Outcomes: 4
Clinical Training and Supervision 4
Academic Preparation 6
Clinical Evaluation 6
Policy for Performance and Supervision of Clinical Students 6
What is Direct Supervision? 6
What is Indirect Supervision? 7
What is considered a qualified radiographer? 7
Related Work Policy 7
Remediation Plan 8
Didactic (Procedures Course) 8
Laboratory Competency Evaluation 8
Patient Competency Evaluations (Initial and Terminal) 9
Terminal Competency Evaluations 9
Clinical Evaluation Rationale 9
Evaluation of Clinical Performance 10
Radiography Student's Professional Guidelines 10
Clinical Preparation 11
Clinical Sites 12
Advisory Committee 16
Clinical Rotation Assignments 16
Clinical Policies 17
Types of Absences 18
Attendance Expectations 19
Consequences of Absences 20
Social Media, Cell Phone, Media Capable Devices, Guidelines, and General Internet Use 20
MRI Safety Policy 21
Performance Evaluations 22
Student Expectations 22

Radiologic Technology Program Overview- Clinical

The Radiologic Technology program prepares students for careers in radiology departments within hospitals, private physician offices, clinics, and other healthcare facilities that utilize radiographic procedures. Clinical education is conducted in hospital and clinical settings in accordance with the standards set by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

The clinical environment plays a crucial role in equipping radiologic technologists with the necessary skills and competency to perform clinical procedures effectively. While foundational knowledge begins in the classroom, hands-on clinical training reinforces radiographic skills, ensuring students master the art of radiography and deliver high-quality patient care.

The program is committed to providing equitable and unbiased educational opportunities in both didactic and clinical settings. Students must successfully complete all academic and clinical requirements to earn an Associate in Applied Science degree. Graduates are then eligible to apply for the national registry examination. Upon passing the exam, they may practice as registered radiologic technologists and have the opportunity to pursue further education toward a bachelor's or higher academic degree and additional clinical certifications.

Program Learning Outcomes: Upon Completion of the program,

WDTC Institutional Learning Outcome	*Program Learning Outcomes*
Critical Thinking	Students will be able to: • Exhibit problem-solving and critical thinking by analyzing diagnostic images for radiographic quality and assessing patient needs to adapt technical modifications and imaging procedures.
Technical Knowledge and Skills	Students will be able to: • Demonstrate technical knowledge and skills by utilizing proper radiation protection safety principles and manipulating radiographic technical factors to produce quality images.
Communication	Students will be able to: • Apply appropriate interpersonal communication skills by explaining imaging procedures to patients in clear and understandable terms and relaying image findings in a concise manner with all healthcare team members.
Professionalism	Students will be able to: • Exhibit personal accountability and professionalism by modeling an ethical standard of care including patient confidentiality and advocacy, identifying the importance of continued professional development, and exhibiting professionalism in a clinical environment.

Goals & Student Learning Outcomes

Goal 1 Problem Solving and Critical Thinking

Students will apply effective problem-solving and critical thinking skills to make sound clinical decisions in diverse imaging scenarios.

Student Learning Outcomes for goal 1

1. The student will demonstrate adequate image evaluation skills.
2. The student will demonstrate appropriate skills for caring for patients and assessing needs.

Goal 2 Clinical Performance and Competence

Students will demonstrate the knowledge, technical skills, patient care, and radiation safety practices necessary to produce high-quality diagnostic images as competent entry-level radiographers.

Student Learning Outcomes for goal 2

1. The student will apply radiation safety principles appropriately.
2. The student will demonstrate ability to adjust technical factors to adapt to patient condition, pathology, or body habitus.

Goal 3 Communication

Students will communicate clearly and professionally with patients, peers, and healthcare team members to function effectively as collaborative team members.

Student Learning Outcomes for goal 3

1. The student will appropriately communicate with patients.
2. The student will appropriately communicate with the healthcare team.

Goal 4 Professional Growth and Development

Students will recognize the importance of professional ethics, values and the ongoing pursuit of continuing education and lifelong learning.

Student Learning Outcomes for goal 4

1. The student will demonstrate accountability and ethical behavior.
2. The student will demonstrate professionalism in the clinical environment and continued professional development.

Clinical Training and Supervision

During clinical training, students work under the supervision of clinical preceptors or registered technologists while performing radiologic procedures. As they transition from classroom-based learning with phantoms to working with actual patients, students are encouraged to take an active role and greater responsibility in their training. Integrating

didactic knowledge into clinical practice enhances their learning experience and fosters teamwork within various healthcare environments.

Clinical skills are developed using the "Learn, Practice, and Apply" approach. This method allows students to observe, assist, and perform procedures alongside registered technologists, creating a structured learning curve. All procedures performed by students during the two-year program are conducted under supervision to ensure patient safety and skill proficiency.

Academic Preparation

Before entering the clinical setting, students receive comprehensive instruction in the basics of imaging physics, radiographic principles and techniques, anatomy and physiology, patient care, and diagnostic procedures. The students will continue to build on their technical foundation throughout their radiologic technology education. In the first year, students focus on patient care fundamentals and diagnostic procedures, along with an in-depth study of imaging physics, techniques, and equipment operation. Before performing imaging procedures in the clinical setting, they must demonstrate competency in the procedures they will perform in a laboratory setting.

Academic preparation is essential for a successful clinical experience, ensuring students have the knowledge and confidence needed to excel in real-world radiologic settings.

Clinical Evaluation

Policy for Performance and Supervision of Clinical Students

Student radiographers must be **supervised at all times** during their clinical training.

All radiographic images taken by students must be reviewed and assessed by a registered technologist or clinical preceptor before the patient is discharged from the department and the images are submitted to the radiologist for interpretation.

During the initial phase of clinical training, students must be under **direct supervision**. They may transition to **indirect supervision** for specific procedures only after demonstrating competency, as determined by a registered technologist or clinical preceptor. However, students will continue to be **directly supervised** in the operating suite and for **all** mobile radiography, including fluoroscopy procedures. Whenever a repeat image needs to be taken, the student must be under **direct supervision.**

What is Direct Supervision?

The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- Reviews the procedure in relation to the student's achievement,
- Evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

This means that students must remain under direct supervision until they have demonstrated competency in a procedure. Once competency is achieved, they may perform the procedure under indirect supervision.

What is Indirect Supervision?

The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.

Indirect supervision requires the qualified radiographer to be able to assist the student radiographer in any capacity if necessary. The qualified radiographer must be able to hear a "normal voice call" from a student radiographer to meet the expectation of "immediately available".

What is considered a qualified radiographer?

A qualified radiographer according to the JRCERT is a technologist that holds a current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent, in radiography. To perform **competencies for students**, the technologist must be out of orientation and have been a registered radiologic technologist for a **minimum of one year**.

At no time will a Student Intern be permitted to evaluate or determine the competency of another student. Peer-to-peer supervision is not appropriate and is considered unethical. Only Licensed and Registered Radiologic Technologists (RTs) are authorized to directly supervise students during clinical activities. Limited Technologist cannot supervise students at any time.

Related Work Policy

The program acknowledges that some hospitals and clinics may employ students. The facility will determine the hiring role. To be eligible, students must be in good standing with both Western Dakota Technical College and the Radiologic Technology Program.

It is important to note that the program does not assume responsibility for students while they are employed outside of the educational setting. College-provided liability insurance only applies to activities directly associated with the educational program and does not extend to employment in any healthcare facility.

Students are not permitted to wear Western Dakota Technical College name tags or radiation monitors while working in a paid role. Additionally, students may not engage in clinical education activities during paid work hours.

Remediation Plan

If a student does not achieve a passing course grade, the following remediation protocol will be implemented:

Didactic (Procedures Course)

1. The instructor records the student's initial grade.
2. The student reviews the relevant course materials.
3. If the student is failing the course at the end of the semester, final, the student will have one opportunity to retake the final exam to improve the final course grade to passing if the final was failed. If the student passes the final, then the lowest test grade will be the test that will be repeated to improve the final course grade to passing. If the student passes the chapter test and is still not passing the course, other test retakes maybe available, depending on performance in all other areas of the program. If the student does not raise the final course grade to passing with the earned retake test score, the student will be dismissed from the program due to failure of a course. Any failed component will require the student to meet with the instructor to discuss options to help the student be successful.
4. It is the student's responsibility to work with the instructor to schedule the retake exam.

Laboratory Competency Evaluation

1. The instructor identifies problem areas and provides necessary demonstrations due to the failed competency evaluation.
2. If a student fails more than three initial laboratory competencies, the fourth failed competency will need to be repeated to earn a minimum of 79%
3. The student schedules a new laboratory evaluation; one attempt is allowed. If the student fails, they will be referred to the Program Director.
4. Depending on the students performance in other areas of the program , one more opportunity may be awarded. Failure of the repeated competency evaluation more than once time may result in dismissal from the technical component of the radiology technology program.
5. It is the student's responsibility to work with the instructor to review the failed exam.

Patient Competency Evaluations (Initial and Terminal)

1. The instructor records the student's achieved grade.
2. The instructor identifies problem areas and demonstrates the correct procedure if needed.
3. The instructor creates an educationally valid remediation plan based on the reason for failure and documents it accordingly.
4. The student repeats the procedure for competency evaluation. The student will have 1 opportunity to pass the patient competency evaluation. Failure to achieve a 79% or higher may result in dismissal from the technical component of the radiology technology program.
5. It is the student's responsibility to work with the clinical preceptor or registered technologist to perform the retake competency performed in the clinical setting. In the laboratory setting, the student will need to schedule the retake with the instructor. See below for terminal competency evaluations.

Terminal Competency Evaluations

Prior to graduation, students must demonstrate their final competency in clinical education. Each student is required to successfully complete one terminal competency evaluation in each category ARRT required categories. The evaluation process and criteria will be identical to those used in previous clinical competency assessments.

<u>If a terminal competency is failed</u>.

1. The instructor identifies problem areas and demonstrates the correct procedure if needed.
2. The instructor creates an educationally valid remediation plan based on the reason for failure and documents it accordingly.
3. The student repeats the procedure for competency evaluation. The student will have 1 opportunity to pass the patient competency evaluation. Failure to achieve a 79% or higher may result in dismissal from the technical component of the radiology technology program.
4. The repeated grade will be averaged with the failed competency grade and that score will count towards the final grade.

The instructor or faculty member will schedule the time to repeat the failed terminal competency.

Clinical Evaluation Rationale

The primary goal of clinical education in a radiography program is to facilitate the application of theoretical knowledge to practical skill development. This process ensures that, by the time of graduation, students achieve the level of competence required for entry-level employment in diagnostic radiography.

This is achieved through a structured progression of clinical assignments that encompass all areas of diagnostic radiographic procedures, closely aligned with corresponding classroom instruction and laboratory practice.

Evaluation of Clinical Performance

To assess students' clinical proficiency, an evaluation method has been established in accordance with guidelines set forth by the American Society of Radiologic Technologists (ASRT) and endorsed by the Joint Review Committee on Education in Radiologic Technology (JRCERT). This method has been adapted slightly to meet the specific objectives of this program. Despite these modifications, the overarching goal remains consistent with the philosophy of both accrediting bodies: to graduate competent radiographers who possess strong critical thinking and problem-solving responsibilities, and who are prepared to meet the expectations of future employers.

Students should understand that clinical performance evaluation extends beyond image quality and technical execution during diagnostic procedures. A comprehensive evaluation also includes the following components, each of which contributes significantly to overall clinical performance and is formally assessed by faculty once per semester and weekly by clinical staff or the clinical preceptor at the clinical sites on a weekly basis:

- Attendance
- Punctuality
- Personal Appearance
- Professionalism
- Affective Domain Attributes
- Interpersonal Relationships with Patients, Health Care Professionals, and Peers

Radiography Student's Professional Guidelines

All radiography students are expected to demonstrate professionalism, integrity, and ethical behavior at all times—both in the clinical and academic environment. The following guidelines outline the standards of conduct required throughout the program:

1. Respect and Professional Conduct
   Disrespectful behavior toward patients, instructors, faculty, or staff will not be tolerated and may result in immediate dismissal from the program.
2. Prohibited Items and Substances
   Students must not possess or use drugs, alcohol, firearms, or other weapons while on hospital or college premises. Exceptions for the college campus can be found in the Weapons Restricted Campus Policy: 6011. Violation of this policy is grounds for disciplinary action, including possible dismissal. Random drug tests may occur. This means that a student can be asked to submit a drug screen test. If a student refuses to take a random drug test, he or she will be dismissed from

the program. A positive drug test will result in immediate dismissal from the program, and it will prevent a student from starting the technical component of the program. This is because a student will not be able to participate in clinicals with a positive drug test.

3. Patient Confidentiality
   Adherence to all HIPAA regulations is mandatory. Patient information must remain confidential at all times. This applies to the clinical, laboratory, and classroom settings.
4. Image Access Protocol
   Students are not permitted to show radiographs or digital images to patients. Only a floor supervisor or radiologist may authorize patient review of images.
5. Courtesy and Collaboration
   Professionalism is reflected in respectful and cooperative interactions with patients, technologists, nurses, physicians, visitors, and peers.
6. Maturity and Accountability
   The radiography profession demands maturity and responsibility. Students are expected to serve as positive role models, arrive punctually for class and clinical assignments, and actively engage in learning.
7. **Social Networking**
   - Students are expected to use social media responsibly and professionally. It is important to remember that privacy does not exist on social media platforms. Posts can be shared, copied, and discovered by search engines long after they are created. Always consider how your online activity may reflect on you and on Western Dakota Tech.
   - If you wouldn't say something in a face-to-face conversation, do not post it online. Posting confidential, trademarked, or identifying information about classmates, faculty, or patients is strictly prohibited. Respect for privacy must be maintained in all forms of communication—both personal and professional.
   - Even information that appears to be de-identified may still be recognized by others, including those directly involved or their acquaintances. Students are responsible for understanding how to use social media appropriately and how to avoid common pitfalls related to online communication.
   - Inappropriate or unprofessional use of social media is considered a violation of professional conduct standards and may result in disciplinary action.

8. **Cell Phones**
   Cell phones are permitted for educational purposes only. See policy below.

Clinical Preparation

During the 1st semester of the program, students will be working through content that will prepare them to enter the clinical setting. The students will start their clinical assignments approximately halfway through the semester. The first 2 to 3 weeks will be observation of a clinical setting. This will help ensure the student will understand how a

clinical setting feels and have an example of performing examinations on patients. Students will also need to complete all the different clinical sites' orientation materials and any training that is mandatory.

Clinical Sites and Obligations

Clinical sites are currently located in the following South Dakota locations: Spearfish, Rapid City, Sturgis, Lead-Deadwood, and Custer. There are additional clinical sites in Gillette Wyoming. Student selection for clinical sites starts with students choosing their preferred location. The faculty will then start by assigning preferred sites in order of rank. If a market fills, then the student home address and rank will be the deciding factor to fill the remaining clinical sites. Students are required to travel, and the distance may be up to 150 miles and may not get his or her first choice for clinical location. Clinical spots are limited by resources at our clinical sites. Students are responsible for arranging their own transportation to and from assigned clinical sites and other incurred expenses. Clinical shifts may be scheduled during daytime, evening, weekend hours or holidays. Other obligations include background check, drug screen, and vaccinations that need to be completed prior to starting the technical component of the program. Students may not exceed 40 clinical hours per week or 10 hours per day. Any hours beyond these limits must be voluntary and initiated by the student.
All students are required to accurately document their clinical attendance using the Trajecsys tracking system as instructed. Clinical assignments may not follow WDTC's published academic calendar.

Oyate Health Center 3200 Canyon Lake Dr. Rapid City, SD 57702 605-355-2500	**Campbell County Health** 501 S. Burma Gillette, WY 82716 307-688-1000	**Orthopedic Urgent Care at Black Hills Orthopedic & spine Center** 2201 South Douglas Hwy, Suite 120 Gillette, WY 82718
Black Hills Orthopedic & Spine Center 7220 Mount Rushmore Rd Rapid City, SD 57702 605-341-1414	**The Spine Center at Black Hills Orthopedics** 4141 5th St Rapid City, SD 57701 605-415-4054	**Black Hills Surgical Hospital** 216 Anamaria Dr Rapid City, SD 57701 605-721-4700
Monument Health Rapid City Urgent care, Lacrosse Street 1303 North LaCrosse Street Rapid City, SD 57701 605-755-2273	**Monument Health Rapid City Urgent Care, Jackson Boulevard** 2116 Jackson Boulevard Rapid City, SD 57702 605-755-2273	**Monument Health Rapid City Clinic- Elderberry Drive** 2526 Elderberry Drive Rapid City, SD 57703

Monument Health Box Elder Urgent Care 375 Berky Drive Box Elder, SD 57719	**Monument Health Rapid City Hospital** 353 Fairmont Blvd Rapid City, SD 57701 605-755-1000	**Monument Health Custer Hospital** 1220 Montgomery Street Custer, SD 57730 605-755-9400
Monument Health Orthopedic & Specialty Hospital 1635 Caregiver Circle Rapid City, SD 57702 605-755-6100	**Monument Health Spearfish Clinic, North 10th Street** 1420 North 10th Street Spearfish, SD 57783 605-755-8595	**Wyoming Orthopedics & Spine** 508 Stocktrail Ave Gillette, Wy 82716 307-686-1413
Monument Health Orthopedics and Sports Medicine- Spearfish 2479 E Colorado Blvd Spearfish, SD 57783 605-644-4460	**Monument Health Spearfish Hospital** 1440 N Main St Spearfish, SD 57783 605-644-4000	**Monument Health Rapid City Medical Center** 2820 Mt Rushmore Rd Rapid City, SD, 57701 605-755-6495
Black Hills Imaging Center 215 Anamaria Drive Rapid City, SD 57701 605-721-4800	**Monument Health Rapid City Flormann Clinic** 640 Flormann St Rapid City, SD 57701	**Fort Mead VA Medical Center** 113 Comanche Road Fort Mead SD 57741 605-347-2511
Monument Health Sturgis Hospital 2140 Junction Ave Sturgis, SD 57785	**Monument Health Lead/Deadwood Hospital** 61 Charles St Deadwood, SD 57732	

Clinical Staff and Preceptors

Oyate Health Center

- Rachael Raftery, RT(R)

Campbell County Health

- Carey Allen, RT (R)(M)

Orthopedic Urgent Care at BH Orthopedic & Spine Center, Gillette Wy

- Kelsey Ditsch, RT(R)
- Brittany Senko, RT(R), (CT)

Black Hills Orthopedic & Spine Center

- Colleen Freeman, RT(R)

The Spine Center at Black Hills Orthopedics

- Tabitha Madden, RT(R)

Black Hills Surgical Hospital

- Ryan Powell, RT(R)

Black Hills Imaging Center

- Mitchell Brenda, RT(R)(CT)(MR)

Monument Health Rapid City Urgent care, Lacrosse Street

- Pat Howe, RT(R)
- Jay Dahl, RT(R)
- Mary McDaniel, RT(R)(MR)
- Jama Shaulis, RT(R)(M)

Monument Health Rapid City Urgent Care, Jackson Boulevard

- Pat Howe, RT(R)
- Jay Dahl, RT(R)
- Mary McDaniel, RT(R)(MR)
- Jama Shaulis, RT(R)(M)

Monument Health Rapid City Clinic- Elderberry Drive

- Pat Howe, RT(R)
- Jay Dahl, RT(R)
- Mary McDaniel, RT(R)(MR)
- Jama Shaulis, RT(R)(M)

Monument Health Box Elder Urgent Care

- Pat Howe, RT(R)
- Jay Dahl, RT(R)
- Mary McDaniel, RT(R)(MR)
- Jama Shaulis, RT(R)(M)

Monument Health Rapid City Hospital

- Tim Henke, RT(R)
- Lauren Penticoff, RT(R)

Monument Health Custer Hospital

- Kaela Bachelor, RT (R), (CT), CBDT

Monument Health Orthopedic & Specialty Hospital

- Jen Crow, RT(R)
- Samantha Corr, RT(R)
- Judy Buchman, RT(R)
- Jessie Soske, RT(R)

Monument Health Spearfish Clinic, North 10th Street

- Kristin Ulmer, RT(R),ARDMS

Monument Health Orthopedics and Sports Medicine- Spearfish

- Heather Delahoyde, RT(R)

Monument Health Spearfish Hospital

- Tyler Berger
- Brianna Baumann RT(R)(CT)

Fort Mead VA Medical Center

- Chesna Krogstad, RT (R)

Monument Health Rapid City Medical Center

- Genae Adams, RT(R)(M)
- Tashina Pashby, RT(R)(M)

Advisory Committee

Western Dakota Technical College is actively pursuing JRCERT accreditation. To meet accreditation standards and ensure program quality, the Radiologic Technology Program has established an Advisory Committee.

The Advisory Committee serves to support the ongoing development and success of the program and its students. Its responsibilities include evaluating current and future program needs, providing guidance on policies and procedures, and assisting WDTC in maintaining compliance with accreditation standards.

Advisory Committee Members

Tracey Mann	Ryan Powell	Cory Holmes	Tyler Berger
Chesna Krogstad	Terri Kinney	Dr. Dane Schroeder	Genae Adams
Griffith Himes	Ronnie Johnston	Nicholas Christensen	Rachael Raftery
Priscillia Borton	Tiffany Howe	Jodi Kor	Kelsie Phillips
Nan Bradeen	Student Rep 2nd year	Carey Allen	Wendy Meadows
Student Rep 1st year	Dr. Kendra Ericson		

Clinical Rotation Assignments

Students will rotate through multiple clinical sites. There are clinical sites located in another state. Students assigned to these sites will primarily be located in that state. The faculty will determine the clinical rotation schedule and location of the student clinical assignments.

Consistent attendance at assigned clinical sites is critical for the successful completion of program requirements. Students are expected to arrive on time, fully alert, and prepared to begin their clinical duties at the scheduled start time. Punctuality, dependability, and accountability are fundamental attributes of professional behavior and are expected throughout the clinical experience. Schedules will be posted at least 4 weeks prior to starting the clinical experience for the following semester. Start times will vary. Weekend and evening shifts are a requirement of the program. The program clinical schedule may not follow the college posted schedule.

Clinic Rotation Hours

Semester 1: 160 hours

Semester 2: 200 hours

Semester 3: 160 hours

Semester 4: 240 hours

Semester 5: 240 hours

Clinical Policies

Clinical Attendance policy

The purpose of this policy is to ensure that all clinical expectations are met. This policy specifically addresses attendance expectations for the clinical settings.

Students must report to their assigned clinical rotation on time and clock in utilizing Trajecsys. After clocking in you will need to report to your room rotation and check in with your supervising technologist. If you cannot find your supervising technologist, check in with a clinical preceptor.

The clinical component of the Radiologic Technology program requires 100% attendance. Missed clinical time will need to be made up and rescheduled with a similar shift and similar shift time. The shift needs to be made up as soon as it can be. A student will not be released to take the certification exam with the ARRT until all time is made up. An absence must be documented in Trajecsys by the student and approved by the Clinical Coordinator. No Call No Show will result in immediate disciplinary action and may result in dismissal from the program.

Trajecsys Time Tracking

Students are required to enable clock in and out utilizing their cell phone. Students will need to log in within 50 feet of the work area to clock in and out. **The students must turn on location on their phones for the clocking in and out for the clinical location and the student will be considered absent.** This will be an unexcused absence. If the student forgets his or her phone, report it to the clinical supervisor immediately. Next, report it to the clinical coordinator.

There will be 5-time exceptions allowed per semester. An example is forgetting to clock in or out.

TRS Login

Where do I call in if I will not be at clinicals for a shift?

- The student will need to call the clinical coordinator or program director and the clinical site where you are located for the shift that you will not attend.

Call out needs to be a minimum of 1 hour prior to shift start time. Please follow site specific instructions below.

Facility	Black Hills Orthopedics	Black Hills Orthopedic and Spine of Wyoming	Black Hills Surgical Hospital	The Spine Center at Black Hills Orthopedics	Rapid City Medical Center	Rapid City Medical Center - South	Monument Health Rapid City Clinic, Flormann	Dakota Radiology	Fort Mead VA Medical Center	Oyate Health Center	Campbell County Health/Wyoming Ortho &
Trajecsys Code	BHO	BHOW	BHSH	SCBHO	RCMC	RCMCS	MHFSC	DAKR	FMVA	OYATE	CCH
Site Manager	Tracey Mann	Tracey Mann	Ryan Powell	Tracey Mann	Cory Holmes/ Kylie Tucker	Cory Holmes/ Kylie Tucker	Cory Holmes	Wendy Meadows	David Klutz	Yetzenia Dominguez-Garcia	Terri Kinney
Clinical Preceptor(s)	Colleen Freeman Joe Johnson	Brittany Senko, Kelsey Ditsch	Ryan Powell	Tabitha Madden	Genae Adams Tashina Pashby	Tashina Pashby Genae Adams	Cassidy Jones	Ashten Rombough, Melissa Mallioux	Chesna Krogstad	Rachael Raftery	Carey Allen, Tia Knapp
Preferred student call-out method	Will communicate during orientation	Will communicate during orientation	Will communicate during orientation	Will communicate during orientation	MHMISXRAYStudentCallout@monument.health	MHMISXRAYStudentCallout@monument.health	MHMISXRAY StudentCallout@monument.health	Will communicate during orientation	Call 605-347-2511 ext 7708 for the tech area. The imaging department phone number is 605-720-	Group text with clinical instructors: Rachael (605-786-2878) and Pricilla (210-540-3547)	Will communicate during orientation
Student Reporting Locations	tech work area 605-341-1414				Main building radiology tech work area. 605-755-6495	Main x-ray room 605-755-6495	Tech work area 605-755-3373	Tech work area 605-342-2852	Building 113 1st floor Room 141	X-ray suite area	Tech work area

Facility	Monument Health Custer	Monument Health Orthopedic and Specialty Hospital	Monument Health Rapid City Clinic - Elderberry Drive	Monument Health Rapid City Hospital	Monument Health Rapid City Urgent Care - Jackson Blvd	Monument Health Rapid City Urgent Care - Lacrosse St	Monument Health Spearfish Clinic	Monument Health Spearfish Hospital	Monument Health Orthopedics (Spearfish)	Monument Health Box Elder Urgent Care	Monument Health Sturgis Hospital
Trajecsys Code	MHCH	MHOSH	MHUCE	MHRCH	MHUCJ	MHUCL	MHSPC	MHSPH	MHOSP	MHUCB	MHSH
Site Manager	Ashley Seward	Cory Holmes	Cory Holmes	Cory Holmes	Cory Holmes	Cory Holmes	Kristin Ulmer	Kristin Ulmer	Kristin Ulmer	Cory Holmes	Ashley Seward
Clinical Preceptor(s)	Kaela Bachelor	Jen Crow, Samantha Corr, Judy Buchman,	Pat Howe, Jay Dahl, Mary McDaniel, and Jama Shaulis	Kari Nugent, Tim Henke, Lauren Penticoff	Pat Howe, Jay Dahl, Mary McDaniel, and Jama Shaulis	Pat Howe, Jay Dahl, Mary McDaniel, and Jama Shaulis	Abbie Roberts, TinaWethington	Tyler Berger, Brianna Baumann	Heather Delahoyde	Pat Howe, Jay Dahl, Mary McDaniel, and Jama Shaulis	Mika Hess
Preferred student call-out method	MHMISXRAYStudentCallout@monument.health	MHMISXRAYStudentCallout@monument.health	MHMISXRAYStudentCallout@monument.health	MHMISXRAYStudentCallout@monument.health	MHMISXRAYStudentCallout@monument.health	MHMISXRAYStudentCallout@monument.health	MHMISXRAYStudentCallout@monument.health	MHMISXRAYStudentCallout@monument.health	MHMISXRAYStudentCallout@monument.health	MHMISXRAYStudentCallout@monument.health	MHMISXRAYStudentCallout@monument.health
Student Reporting Locations	Tech work area 605-673-9428	Tech work area 605-755-6671	Tech work area 605-755-4941	Tech work area 605-755-8429	Tech work area 605-755-3906	Tech work area 605-755-6605	Tech work area 605-717-8674	Tech work area 605-717-4076	Tech work area 605-717-4495	Tech work area 605-755-6067	Tech work area 605-720-2510

Facility	Monument Health Custer
Trajecsys Code	MHLDH
Site Manager	Ashley Seward
Clinical Preceptor(s)	Larissa Morovits
Preferred student call-out method	MHMISXRAYStudentCallout@monument.health
Student Reporting Locations	Tech work area 605-717-6113

Types of Absences

Excused Absences

An absence will be considered excused under the following circumstances:

- Personal illness (a doctor's note may be required)
- A doctor's note excusing the student from attending
- Death of an immediate family member

Excessive absences—defined as **two or more excused or unexcused absences per semester**—will result in **disciplinary action**.

Unexcused Absences

An absence is considered unexcused if the student:

- Fails to notify the clinical coordinator and the clinical site (clinical preceptor preferred) at least **one hour before the clinical assignment begins if student will be absent**
- Does not receive prior authorization for the absence

Excessive unexcused absences—**two or more per semester**—will result in **disciplinary action**.

Tardiness

- Arriving **after the start of the clinical shift or clocking out more than 5 minutes early** for a clinical assignment is considered a **tardy**.
- More than **two tardies per semester** will result in **disciplinary action**.
- Two tardies will count as the 1st offense.
- If a student is absent for more than **three consecutive days**, they may need to provide an **official doctor's note** to return to the clinical assignment rotation.

Attendance Expectations

1. **Punctuality & Full Participation**
    - Students are expected to attend all clinical assignments **on time** and remain for the entire duration.
    - Being late or leaving early—**more than five minutes**—is considered an **unexcused absence**. You can clock in 5 minutes before your rotation starts and up to 5 minutes earlier at the end of your rotation and not be considered tardy.
    - Exceptions will be considered on a case-by-case basis.
2. **Emergency Absences**
    - Emergency absences will be evaluated individually.
    - Excessive emergency absences may result in **disciplinary action**.
3. **Bereavement Leave**
    - This will be addressed on an individual basis.
    - All clinical time will need to be made up.
4. **Make-up Policy**
    - All the missed clinical time will need to be made up.
5. **Military Leave**
    - If deployment occurs, the WDTC Military Withdrawal Due to Activation and Readmission After Service Policy will be followed.
    - Each case will be evaluated on an individual basis. Possible resolutions would be making up time missed, content and skills evaluation.

Consequences of Absences

Any absence—excused or unexcused—**may lead to grade deductions, clinical probation, or dismissal from the program**. Grade penalties can include loss of participation points, weekly evaluation points lost for attendance and up to 5% of final clinical grade deduction.

Disciplinary Policy and Procedure

Disciplinary actions will be taken when program expectations are not met. The following steps will be followed:

1. **First offense** – Verbal warning.
2. **Second offense** – A written behavioral correction plan will be implemented.
3. **Third offense** – A WDTC Code of Conduct Violation will be documented.
    - This may result in probation, suspension, or dismissal from the Radiologic Technology Program. The Program Director can review absences to determine if an exception can be made.

While there is no exhaustive list of offenses, examples can be found in the **WDTC Student Handbook** and **Radiologic Technology Handbook**.

If a grade is lowered as part of the discipline, this could lower the students grade below passing. Any grade lower than a “C” will cause the student to be removed from the technical component of the Radiologic Technology program at the end of the semester.

Social Media, Cell Phone, Media Capable Devices, Guidelines, and General Internet Use

Personal business taken care of on personal cellular devices, including phone calls, text messaging, YouTube, and other media sites, is strictly prohibited in the classroom, lab, and clinical settings. This restriction applies to all media-capable devices, such as smartwatches. Smartwatches will not be allowed in any capacity due to the distraction they cause. These devices may only be used during designated break periods or in emergencies.

Students will have access to Clover Learning. This is a site that has curriculum-based education that can be used to review content for class and prepare for examinations that you will be comping on. Students will be able to use their cell phone to access this site during class, lab, and clinicals. This is the only time cell phone use is authorized. Laptops can be used to perform classwork and Clover Videos when in the classroom or when the instructor deems appropriate. Laptops can be used for only the Clover Videos in the lab.

While in the clinical setting, students must store all digital devices with their personal belongings. Do not have your cell phone or smart watch on person during your clinical rotations while **performing patients**. HIPPA violations, infection control issues, and damage to your device can occur when students have personal cell phone devices or smart watches on them performing patient care. Failure to comply will result in disciplinary action. During clinical rotations, students are required to use facility phones solely for work-related purposes. Browsing the internet or engaging in personal social networking is not permitted while in the clinical setting and on duty.

Any patient information, including images posted or discussed outside direct patient care, is considered a HIPAA violation and will result in dismissal from the radiology program. If a student is dismissed for a HIPAA violation, there will be no opportunity to reapply for the radiologic technology program.

Inappropriate use of any component of this policy may result in disciplinary action.

During testing, all cell phones, smart watches, or tablets will be put away and off the desks per instructor preference.

MRI Safety Policy

MRI safety training is required. All radiography students will complete an MRI Screening form, MRI safety video and pass the MRI safety quiz with 100%. Students must be screened to ensure that they can enter the MRI suite. Possible reasons for not being able to participate in MRI rotations is having aneurysm clips, pacemaker, etc.

Screening material will be completed during the first semester prior to starting clinicals. Screening forms will be reviewed by radiology program faculty to ensure the student is safe to enter an MRI suite. If a student's MRI safety status has possibly changed, inform radiology program faculty asap, so reassessment can be made. An example would be getting metal in eyes. The student needs learn and follow the MR zoning policy at each facility (safe and unsafe areas).

Before entering the MR environment, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, cell phones, eyeglasses, hair pins, barrettes, jewelry, body piercing, watch, safety pins, paperclips, money clip, credit cards, bankcards, magnetic strip cards, coins, pens, nail clippers, tools, clothing with metal fasteners, and clothing with metallic threads or have copper fibers.

MRI technologist or Radiologist can be consulted for questions or concerns prior to entering the MRI suite. It is the student's responsibility to disclose any information that could compromise his/her, technologist or patient safety.

Performance Evaluations

Evaluations

Evaluation tools play a vital role in the ongoing improvement of the WDTC Radiologic Technology Program. A variety of tools are used to collect and track data related to all aspects of the program. This data is reviewed and analyzed annually to support program development and effectiveness. These evaluations are an important component of radiology program success.

Didactic Courses
Students will have the opportunity to evaluate didactic courses. Feedback is used to support instructional quality and continuous program improvement.

Student Performance
Radiologic Technology students will be evaluated regularly during clinical rotations. Registered technologists or clinical preceptors will complete electronic evaluations through the Trajecsys reporting system.

Clinical Site Evaluation
Students will evaluate each of their assigned clinical sites once per semester. These evaluations help identify strengths and areas of concern at each site. These evaluations will be completed through Trajecsys.

Program Faculty Evaluation

At the end of each semester, program faculty will complete an evaluation and review information from the students' weekly evaluations.

Student Expectations

- Adhere to all policies outlined in both the WDTC Student Handbook, Radiologic Technology Student Handbook and the Radiologic Technology Clinical Handbook.
- Engage fully and consistently in the learning process.
- Attend all scheduled clinical experiences.
- Notify both your Preceptor or clinical site and the Program Director in advance of any absences from the clinical site.
- Inform your Preceptor if you anticipate being late for a scheduled shift.
- Refrain from attending clinicals while experiencing symptoms of an infectious illness.
- Demonstrate professionalism in the classroom when interacting with instructors, staff, and fellow students.
- Exhibit professional conduct at clinical sites toward patients, visitors, staff, instructors, and peers.

- Maintain strict patient confidentiality and HIPAA at all times.
- Provide patient care in a non-discriminatory manner, upholding human rights and individual dignity.
- Deliver safe, appropriate care and practices within the scope of a student surgical technologist.
- Only perform procedures under the direct supervision of a clinical preceptor or instructor.
- Wear proper personal protective equipment (PPE), including eye protection when deemed necessary.
- Ensure all documentation is accurate, truthful, and complete.
- Follow dress code guidelines as specified in this handbook and those required by clinical sites.
- Take personal responsibility for your own academic and professional growth.

Western Dakota Technical College
Radiologic Technology Program
Clinical Handbook

I have received from my advisor a copy of the Radiologic Technology Program Clinical Handbook. By signing below, I certify that I have read, understand, and agree to abide by the policies and procedures of the clinical rotations.

Printed Student Name _____

Student Signature _____

Date _____

*Please turn in the signed form to the Radiologic Technology Program Director one week prior to the start of clinical rotations.