



School of Health Professions
Advanced Imaging Program

Computed Tomography
Vascular Interventional Radiography
CT|VI Emphasis

CLINICAL POLICIES
2025-2026

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Diagnostic Imaging Program CT|VI Emphasis Policies

DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.00	Clinical Education Center Rules and Regulations.
DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.01	Clinical Supervision.
DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.02	Clinical Attendance.
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DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.06	Pregnant Radiation Workers/Students.
DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.07	Clinical Dress and Personal Appearance.
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DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.10	Student Employment While Attending Clinical Education.
DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.11	Demonstrating Clinical Competency.
DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.12	Electronic Devices.
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DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.14	Clinical Merits.
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DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.16	Clinical Probation.
DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.17	Clinical Suspension.
DIAGNOSTIC IMAGING PROGRAM CT/VI EMPHASIS POLICY # DI 4.18	Energized Radiographic Lab.

CLINICAL EDUCATION CENTER RULES AND REGULATIONS

PURPOSE

Due to the multiple Clinical Education Centers affiliated with the CT|VI Emphasis, it is possible for conflicts to arise between the policies and procedures of the Program and its clinical affiliates. This policy serves to provide clarification in these situations.

POLICY STATEMENT

The policies and procedures of the Clinical Education Center always supersede the Program Policies and Procedures should such a conflict arise between them. Students are subject to all of the policies and procedures of the clinical education center.

SCOPE

The entire student body of the Advanced Imaging Program – CT|VI Emphasis.

PROCEDURE

Students will adhere to all policies and procedures of the Clinical Education Center that they are attending.

CLINICAL SUPERVISION

PURPOSE

To ensure patient safety and the best possible care of our patients, clinical supervision is required for all advanced imaging students.

POLICY STATEMENT

Students are required to work under **DIRECT SUPERVISION** until they have successfully demonstrated competency. After demonstrating competency of a specific examination, the student may perform the examination under **INDIRECT SUPERVISION**.

Please note that a repeat of ANY unsatisfactory images requires that a certified technologist DIRECTLY SUPERVISE the student.

SCOPE

The entire student body of the Advanced Imaging Program – CT|VI Emphasis.

PROCEDURE

- 1.0 The Diagnostic Imaging Program follows the JRCERT definitions for supervision. All clinical supervisors and clinical instructors are aware of this policy and agree to assure compliance.
- 2.0 JRCERT Definitions
 - 2.1 **Direct Supervision:** Student supervision by a qualified practitioner 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 present during the procedure, and reviews and approves the procedure.
 - 2.2 **Repeat Exams:** A qualified practitioner must be present during student performance of a repeat of any unsatisfactory procedure. Direct supervision is mandatory.
 - 2.3 **Indirect Supervision:** Supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where the procedure is being performed. This availability applies to all areas where ionizing radiation is in use.
 - 2.4 **Qualified Practitioner:** A radiographer or computed tomography or vascular interventional technologist who is possessing ARRT certification or equivalent and active registration in the pertinent discipline while practicing in the profession.
- 3.0 Failure to comply with the supervision or repeat policy is a violation of supervision requirements. The first offense will result in a clinical written advisement, second offense placed on clinical probation, and additional incidents will result in dismissal from the program of study.

CLINICAL ATTENDANCE

PURPOSE

To ensure that adequate time is being spent in clinic to complete procedure repetitions and competencies, students are required to attend clinical as assigned.

POLICY STATEMENT

The University of Texas MD Anderson Cancer Center School of Health Professions Advanced Imaging Program CT/VI Emphasis are competency and repetition based.

1. The Clinical Faculty will assign students to a clinical affiliate and schedule all rotations within MD Anderson, its satellites, and other clinical education sites.
2. Clinical rotation schedules will reflect equal and equitable experience for all students enrolled in the program. Requested assignments and changes will NOT be made for a student's convenience. Faculty may change schedules for operational/educational purposes only.
3. The clinical and didactic schedule for the CT|VI Emphasis will not exceed 40 hours per week during the academic semester.
4. Students are required to adhere to the clinical schedule posted in Trajecsys. Students are required to be at their assigned clinical area ready to participate in the clinical activities at their assigned arrival time.
5. Students in the CT|VI Emphasis will not be assigned by the program to more than 10 hours of clinical education in a 24-hour period.
6. Evening, night, or weekend clinical assignments are required to ensure that all students complete the necessary repetitions and competency requirements.
7. Students are required to take a 30-minute meal break during their assigned clinical shift. Students are required to clock in and out for meal breaks in the clinical area at all clinical sites.
8. Students have three Personal Time Off (PTO) days allowance per semester that can be requested as needed. An Attendance Report must accompany a request for a PTO day.
9. Students have two excused late arrivals to clinic per semester. An Attendance Report must accompany a request to use an excused late arrival.
10. Students have two excused early departures from clinic per semester. An Attendance Report must accompany a request to use an excused early departure.
11. Please refer to the Internship Syllabus and the Attendance Report form (see Appendix F) regarding missed clinical time.
12. Students are required to attend scheduled tours, meetings, or any other School Mandatory Events as assigned by Program Faculty.
13. Students participating in the STARS Program at MD Anderson Cancer Center are excused from clinic to attend any mandatory event related to the STARS. Clinical time is excused only for the duration of the STARS event.
14. Students are provided a grace period for a maximum of ten minutes for any unforeseen circumstances that limits their ability to be punctual while keeping their assigned clinical schedule.

DEFINITIONS

Absence: Time off from a scheduled clinical shift. Please refer to the Internship Syllabus regarding excused/unexcused absences.

Early Departure (ED) : Leaving clinic prior to the scheduled departure time of a clinical shift or school event. Demerits will be assessed accordingly.

Leave Without Permission (LWP): Leaving clinical assignment without permission from program officials, including Clinical Instructors, Supervisors, and Faculty and/or Program Director. Demerits will apply.

Make-up time: Clinical time assigned by the program faculty to account for time missed due to excused or unexcused absences from clinical assignment.

No call/No Show (NC/NS): Failure to follow the notification procedure and report to an assigned clinical shift. NC/NS is a Severe Attendance Infraction. One NC/NS occurrence will immediately result in clinical probation and 5 demerits per occurrence.

Pattern: A series of incidents (tardiness, early departure, unexcused absences, NC/NS, and/or LWP) documented over a period of months. Examples:

- Frequent absences adjacent to institutional holidays.
- A pattern of frequently reporting being late or absent to a clinical assignment.

Personal Time Off (PTO): excused absence allowance of three (3) clinical shifts per semester.

Late Arrival (LA): When a student reports to his/her clinical rotation after the scheduled start time or returns late from a scheduled break or school event. Demerits will be given for the third occurrence and beyond per semester.

SCOPE

The entire student body of the Advanced Imaging Program – CT|VI Emphasis.

PROCEDURE

- 1.0** Students will clock in and out as they enter and leave the clinical setting using approved systems only.
- 2.0** In the event of an absence or tardiness the student will notify a Clinical Instructor or Clinical Supervisor directly, either by phone or via email prior to the beginning of his or her shift.
- 3.0** In the event of an absence, the student will notify the Program Faculty via e-mail or phone prior to the beginning of his or her shift.
- 4.0** In the event of a late arrival, the student will notify the Program Faculty via e-mail or phone upon arrival.
- 5.0** If clinical shifts are missed in excess of the three (3) PTO shift allowance, time must be made up as assigned by Program Faculty.
- 6.0** The corresponding Attendance Report form must be completed and submitted to Program Faculty preferably before an attendance event or within two school days upon return to regular school activities.

- 7.0** In the event of sickness or an emergency, the Attendance Report form can be submitted to Program Faculty within 2 school days upon return to clinic.
- 8.0** In case of STARS Program mandatory events, students must clock out at the time of the event using the Time Exception feature in Trajecsys to document the reason for leaving the clinical setting. Clinical time is excused only for the duration of the STARS event.
- 9.0** School Events are considered mandatory. If the student cannot attend a School Event, an Attendance Report must be submitted to request the corresponding PTO day.
- 10.0** Additional policies and procedures can be found in the Internship Syllabus and in the Attendance Report.
- 11.0** Students are permitted to use a time exception for any type of school activity/meeting that requires early release or completing examinations that requires students to report extension of stay from the clinical site. If a time exception is utilized, students must not change the time record.
- 12.0** Grace period will be provided for all students with a maximum of 10 minutes for any unforeseen events. Clinical time that exceeds past this grace period will be considered a late arrival.
- 13.0** The student has two excused late arrivals (LA) and two excused early departures (ED) that do not exceed one hour from the beginning or the end of the clinical shift. The time missed after an excused hour must be made up. All incidents after the two excused will receive two demerits per occurrence. It is possible for the student to combine excused LA and ED events but not to exceed 2 hours of excused absence per clinical day.
- 14.0** It is possible for the student to use Merit Hours; however, these cannot exceed 2 hours of excused clinical absence per day.

CLINICAL ROTATION ASSIGNMENTS

PURPOSE

To assure each student receives an equal and valid educational experience. Clinical rotations allow equal opportunity for each student to complete clinical competencies and the requirements for their clinical education.

POLICY STATEMENT

All students are responsible for completing all procedure repetitions and competencies as outlined in the Internship Syllabus. Clinical rotations will be arranged by the Clinical Faculty and must be strictly adhered to. Students will receive a rotation schedule outlining each phase of clinical education at the beginning of each semester. It is the student's responsibility to know and report to the clinical area to which he or she is assigned. Students must have a reliable form of transportation that will enable them to travel to all of the clinical affiliates. The costs of travel, lodging, parking, meals, and other expenses are the student's responsibility. The program does not provide transportation to clinical affiliates.

SCOPE

The entire student body of the Advanced Imaging Program – CT|VI Emphasis.

PROCEDURE

Students will report on time to their assigned clinical area/site. Students who report to the incorrect clinical site will be considered absent/late.

- 1.0** The Clinical Faculty will assign students to a clinical affiliate and schedule all rotations within The University of Texas MD Anderson Cancer Center, its satellites, and other clinical education sites.
- 2.0** Clinical rotation schedules will reflect equal and equitable experience for all students enrolled in the program. Requested assignments and changes will NOT be made for a student's convenience. Faculty may change schedules for operational purposes ONLY. No student schedule change requests will be accepted once the schedule is published.
- 3.0** The clinical and didactic schedule will never exceed 40 hours per week during the academic semester.
- 4.0** Students are required to adhere to the clinical schedule that will be posted on Trajecsyst and on the Internship Canvas course. At the arrival shift time, students are expected to be at their assigned clinical area ready to participate in the clinical activities.
- 5.0** Faculty reserves the right to make any necessary changes to the clinical assignments' schedule at any time during the course of the semester in order to provide all students with the best clinical experience possible.

CLINICAL COMPETENCY GRADING AND REMEDICATION

PURPOSE

To have all on-line and/or written procedure forms completed by an appropriate clinical evaluator to document clinical competency and/or repetitions.

POLICY STATEMENT

Demonstrating competency is the primary objective of the clinical experience. The process should be followed closely to ensure the student's success. A clinical competency score of less than 80% is considered failure and must be repeated.

Students must declare that they will perform an examination for competency prior to beginning of the procedure. Every competency must be accompanied by a Competency Evaluation completed by the supervising clinical instructor, or the clinical manager or supervisor.

All clinical repetitions and competencies must be completed successfully in order to graduate from the program.

SCOPE

The entire student body of the Advanced Imaging Program – CT/VI Emphasis.

PROCEDURE

- 1.0** In the event the student fails a competency the student will perform two repetitions before attempting competency again.
- 2.0** In the event of a second failed competency, the student will be required to perform remediation activities provided by Program Faculty.
- 3.0** Failing a competency on a third attempt will result in the student being placed on clinical probation.
- 4.0** In the event that the student fails to meet the required clinical competencies by the end of the academic year, the student will receive 3 demerits per missing competency. Demerits will be deducted from the Clinical Progress Grade Group in the Internship III – Summer Semester Course.

RADIATION MONITORING

PURPOSE

State laws require that all radiation workers be monitored for radiation exposure in the clinical setting. The program will provide the student with a radiation badge. This badge must be worn at all times while in the clinic and care must be taken not to damage the badge.

POLICY STATEMENT

All standard radiation safety practices must be strictly adhered to for the safety of personnel and patients. A cumulative exposure record is available to the student from the radiation officer and/or the program director.

In restricted areas, controls must be such that no student over 18 years of age will receive in any one calendar year, an occupational radiation effective dose equivalent in excess of the following:

Effective Dose Equivalent

Whole body (external deep ¹ dose equivalent to the whole body ² plus the committed ³ organ dose equivalents resulting from internal uptakes of radionuclides, taking into account applicable weighting factors as per subsection 289.202 (f) of 25 TAC 289.	5000 mrem (50 mSv)⁴
Lens of eye (external dose equivalent to the lens ¹ of the eye)	15000 mrem (150 mSv) ⁴
Extremity (external shallow ¹ dose equivalent to an extremity ² – averaged dose over a 1 cm ² area)	50000 mrem (500 mSv) ⁴
Skin (external shallow ¹ dose equivalent to the skin of whole body – averaged over a 1 cm ² area)	50000 mrem (500 mSv) ⁴
Total Organ Dose Equivalent, TODE, (max. committed ³ dose equivalent to any organ or tissue, other than the lens of the eye, plus the whole body external deep dose equivalent)	50000 mrem (500 mSv) ⁴

¹ External deep dose equivalent is measured (or calculated) for a tissue depth of 1.0 cm (1000 mg/cm²); eye dose equivalent at a tissue depth of 0.3 cm (300 mg/cm²) and shallow dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²).

² External whole-body doses mean doses to the trunk (including male gonads); arms above the elbow; or legs above the knee: Extremity means the hands; arms at or below the elbow; feet; or legs at or below the knees).

³ c Committed dose equivalent (HT,50) to an organ (or tissue) means the dose equivalent to that organ or tissue of reference (T) that will be received from an intake of radioactive material by an individual during the 50-year period following the intake

⁴ d SI units in parentheses.

Minimum Exposure Limits for Exposure Report Period

Exposure Area	Level I	Level II	Level III	Level IV
Total Effective Dose Equivalent*	200 mrem (2 mSv)**	410 mrem (4.1 mSv)	1250 mrem (12.5 mSv)	5000 mrem (50 mSv)
Extremity: Shallow dose to hands, forearms, lower legs, feet or ankles	2000 mrem (20 mSv)**	4000 mrem (40 mSv)	12500 mrem (125 mSv)	50000 mrem (500 mSv)
Skin of Whole Body: Shallow dose to major portion of skin	2000 mrem (20 mSv)**	4000 mrem (40 mSv)	12500 mrem (125 mSv)	50000 mrem (500 mSv)
Lens of Eye	600 mrem (6 mSv)**	1250 mrem (12.5 mSv)	3750 mrem (37.5 mSv)	15000 mrem (150 mSv)
Total Organ dose Equivalent***	2000 mrem (20 mSv)**	4000 mrem (40 mSv)	12500 mrem (125 mSv)	50000 mrem (500 mSv)

* TEDE is the deep dose equivalent (from external, whole body exposure) plus the committed effective dose equivalent from internal radionuclide uptakes during the monitoring period. An external exposure to the head, trunk, gonads, arms above the elbow or legs above the knee is considered to constitute a whole body exposure.

** SI units are shown in parentheses.

***TODE is the maximum dose equivalent to any organ or tissue not listed above. The TODE is calculated by adding the deep dose equivalent external) and committed dose equivalent to that organ or tissue.

SCOPE

The entire student body of the Advanced Imaging Program – CT|VI Emphasis.

PROCEDURE

- 1.0** Each student is issued a Luxel OSL (optically stimulated luminescent) dosimeter.
 - 1.1 The student is required to wear the radiation safety monitoring badges during clinical hours and during energized laboratory experiences.
 - 1.2 Dosimeters are exchanged every quarter by the clinical faculty.
- 2.0** Dosimeters must not be exposed to excessive heat or moisture.
 - 2.1 Dosimeters must be worn in the proper position (outside the protective lead apron, on the collar).
 - 2.2 Results of the radiation monitoring will be available quarterly upon receipt of the report.
 - 2.3 To access your radiation dose history report
 - A. Login to <https://www.myldr.com/WebSelfService/>
 - B. Username: mdanderson

- C. Password: EndCancer77030
- D. Select 85100- MD ANDERSON –QUARTERLY from the drop down menu.
- E. Enter the required numbers from the back of your dosimeter as shown on the webpage.

2.4 It is the responsibility of the students to track their own radiation exposure.

- 3.0 In addition to the established state laws for effective dose equivalents and maximum permissible dose limits and actions taken by the RSO and institution, the Diagnostic Imaging Program wants to establish that for students in their clinical education experience, the administrative dose equivalent limit is 1,000 mrem/yr or 1rem/yr. Therefore, investigational action levels set by the Diagnostic Imaging Program at The University of Texas MD Anderson Cancer Center School of Health Professions are as follows:

A student who receives more than 150 mrem or 1.5 mSv per calendar quarter will be counseled on safe radiation protection practices for the patient, self, and others during imaging exposures.

- 4.0 Additionally, students who receive radiation badge exposure above maximum permissible dose limits established by NRC will be removed from the clinical setting and the following actions will occur:

- 4.1 Level I - The student and his/her Program Director and Clinical Coordinator are interviewed, by a Radiation Safety Officer (RSO) to determine the reason for the exposure, any specific procedural or other problems during the monitoring period which might account for the exposure and a note is added to the student's exposure report and individual exposure file.
- 4.2 Level II - The Clinical Coordinator must complete and return an exposure investigation form that is entered into the student's individual exposure file. The student, Program Director and Clinical Coordinator are interviewed by a RSO to determine the reason for the exposure and any specific procedural or other problem that might account for the exposure. Methods are discussed and recommended for avoiding future such exposures.
- 4.3 Level III - In addition to Level II actions, the RSO (or designee) interviews the student to obtain a detailed account of the person's activities during the monitoring period.
- 4.4 Level IV - In addition to Level III actions, a report is sent to the TAC giving details of the exposure and procedures instituted to avoid repeated exposures at this level. A copy is entered into the student's individual exposure file. A report is also sent to the person involved and their Program Director and Clinical Coordinator are given the same information as above. A Texas Bureau of Radiation Control (TBRC) inspector will probably investigate the exposure and interview the persons involved. Repeated exposures at this level without reasons acceptable to the RSO and the MD Anderson, Radiation Safety Committee will require the person to be removed from the Diagnostic Imaging Program.

REFERENCES

Radiation badge self-service dosimetry reports

[Radiation Safety site](#) (inside)

PPREGNANT RADIATION WORKERS/STUDENTS

PURPOSE

To inform the enrolled female student of the program pregnancy policy and assure the student that the policy is consistent with applicable federal regulations and state laws and does not discriminate.

POLICY STATEMENT

Advanced Imaging Program Computed Tomography/Vascular Interventional Emphasis

Exposure to ionizing radiation may pose a risk to the developing fetus. The Advanced Imaging Program assures the safety of students through the implementation of published policies and procedures that are following Nuclear Regulatory Commission (NRC) regulations and state laws and monitors student's radiation exposure data. However, a female student must inform program official of pregnancy status so that appropriate radiation safety practices can be implemented to help assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). Monitoring of the fetus is not automatic and can only occur through voluntary disclosure. The pregnancy policy of the DI Program contains three vital elements to guide the female student and the procedures taken by program officials.

1. Students providing written notice of voluntary declaration. (See Appendix C)
2. Program official and student discussion for option for continuance in the program without modification or leave of absence.
3. Student option for written withdrawal of declaration of pregnancy.

SCOPE

The entire student body of the Advanced Imaging Program – CT|VI Emphasis.

PROCEDURE

Upon admittance into the program the female student must read and sign an Acknowledgment of the Pregnancy Policy. Included in the student clinical policy manual is also a copy of the Voluntary Declaration of Pregnancy Form. In the event the female student becomes pregnant and chooses to voluntarily inform the program of her pregnancy status the following steps must occur.

1.0 Advanced Imaging Program Computed Tomography/Vascular Interventional Emphasis

- 1.1 Submit in writing, a declaration of pregnancy (see Appendix C) with the expected due date, to the Program Director (PD) or Associate Program Director (APD), Education Coordinator (EC), and Radiation Safety Officer (RSO). Additionally, complete the declaration of pregnancy form in the clinic handbook. (Written notification is voluntary, but disclosure is mandatory to begin monitoring the fetus). The student will meet with the RSO, PD or APD, EC who will advise the

student about the possible health risks involved as a result of occupational exposure during pregnancy.

- 1.2 The student will meet with the RSO, PD or APD, EC who will advise the student about the possible health risks involved as a result of occupational exposure during pregnancy and discuss radiation safety and radiation biology regarding the fetus.

A. The student will discuss the **options of continuance in the program.**

- Option 1 – Continue without Modifications.
- Option 2 – Continue with Modifications.
- Option 3 – Take a leave of absence.

B. It is recommended the student inform her health provider the nature of her clinical experiences before this discussion.

C. The student must have a clear understanding of radiation safety and radiation biology before making the decision to continue.

- 1.3 The student will review the current clinical rotation schedule with the EC to ensure compliance with the recommended **Effective Dose Equivalent** to the fetus from occupational exposure to the expectant mother does not exceed 0.5 rem during the remaining gestational period.

- 1.4 Option 1: If the student chooses to **continue without modifications**, the following will occur:

A. The student will attend all clinical rotations and continue without any changes.

B. Notify all appropriate radiology department personnel of expectant status of the student in order to ensure proper clinical education experiences while maintaining standards of radiation safety.

C. Student will complete the form for a second OSL fetal radiation monitoring device.

- **This device will be always worn at waist level and underneath the protective lead apron during fluoroscopy.**
- **The fetal OSL will be exchanged monthly.**

- 1.5 Option 2: If the student chooses to **continue with modifications**, the following will occur:

A. The student and the EC will discuss revisions to the current rotation schedule. The student must complete all procedures missed and make up all clinical time missed during the gestation period upon receiving the written withdrawal of pregnancy declaration.

- If pregnancy occurs during the 1st through 3rd semester of the program and the student continues in the program, the student must make up the time and complete the required repetitions and competencies before program completion.

(a) The student will be given a grade of **I (Incomplete)** until all procedure repetitions and competencies are completed, and the missed clinical time is made up.

(b) Upon successful completion of all clinical requirements, the student will be allowed to apply to the American Registry of Radiologic Technologists (ARRT)

Computed Tomography Exam, and if applicable to the Vascular Interventional Exam.

- B. Notify all appropriate department personnel of expectant status of the student in order to ensure proper clinical education experiences while maintaining standards of radiation safety.
 - C. Student will complete the form for a second OSL fetal radiation monitoring device.
 - **This device will be always worn at waist level and underneath the protective lead apron during fluoroscopy.**
 - **The fetal OSL will be exchanged monthly.**
 - D. **If the student requests modifications that the program cannot accommodate, the student may take a leave of absence. The student must withdraw and reapply the following year.**
- 1.6 Option 3: The student may request leave of absence. Students who take a leave of absence must withdraw and reapply or seek reinstatement.
- 1.7 The student has the **option for written withdrawal of declaration** of pregnancy at any time.
- 1.8 Once pregnancy has ended, the student must inform program officials and the RSO in **writing to withdraw declaration of pregnancy**. The fetal monitoring dosimeter must be returned. A doctor's note is required to return to the clinical rotation.
- 1.9 All forms related to the student's voluntary declaration of pregnancy are kept in the secured student files.

CLINICAL DRESS AND PERSONAL APPEARANCE

PURPOSE

Students are to abide by the program requirements related to personal appearance, in order to present a positive, well groomed, and professional appearance; to be easily identified by patients and co-workers; and to maintain safety related to attire for themselves and their patients.

POLICY STATEMENT

The Program expects each student to present a professional, businesslike image to our patients and to the public while in the workplace. All students are expected to meet the requirements for safety in the conditions they work under and to apply common sense and good taste regarding personal appearance. Students are also expected to follow entity guidelines regarding uniforms and other specifics of personal appearance and grooming.

General Appearance

1. Clinical scrubs must be clean, properly fitted, and appropriate to the work situation.
2. Only long black or white sleeve tops can be worn underneath scrub top.
3. Tattoos should not be visible in the clinical setting.
4. Wearing of tight-fitting, suggestive, or see-through attire is prohibited.

Footwear

1. Clean, comfortable, and closed-toe shoes that are ALL white or ALL black are required. Shoelaces should match accordingly.
2. Hosiery or socks must be worn by students who provide patient care.

Grooming

1. Good personal hygiene is an essential element of appearance. Students are expected to be clean and to practice good hygiene habits.
2. Nails must be clean, well-groomed, and of a length appropriate to the work situation.
3. Artificial nails and nail jewelry are prohibited based upon health and safety guidelines related to patient contact (infection control).
4. No chipped nail polishes permitted.

Hair

1. Hair must be clean, combed, neatly trimmed, or arranged.

2. Hair must be pulled back in a manner that does not hang/dangle/fall on a patient while performing an exam.
3. Colored hair must appear professional and in good taste.
4. When required, students shall adhere to departmental guidelines regarding hair covering. Sideburns, mustaches, and beards must be neatly trimmed. Students whose work requires protective or other equipment on the face may be required to remove facial hair, depending upon the type of work and equipment.

Accessories

1. Jewelry may be worn in moderation.
2. One set of small stud earrings worn in earlobes only, a wristwatch, and one ring on either hand. All other jewelry is considered excessive for the clinical setting and therefore prohibited (i.e. large dangling/hoop earrings, any ear jewelry besides small studs).
3. Jewelry on other parts of the face is prohibited.

Cosmetics

1. Cosmetics must be used in good taste and moderation.
2. Heavy makeup and eye shadow are not acceptable.

Fragrances

1. Strong smelling colognes and perfumes are prohibited.
2. Colognes, perfumes, and any other scents should be used sparingly, if at all. Please note that colognes, perfumes, and other scents may be especially offensive to very sick patients.
3. **An effective antiperspirant/deodorant is a MUST.**

SCOPE

The entire student body of the Advanced Imaging Program – CT|VI Emphasis.

PROCEDURE

Appropriate Clinical Attire

- 1.0** First year students must wear the appropriate program uniform that is Caribbean blue colored scrubs with The University of Texas MD Anderson SHP Logo.
- 2.0** A white lab coat with the MD Anderson SHP Logo is optional.
- 3.0** Second- and third-year students must wear the appropriate program uniform which is burgundy-colored scrubs with the MD Anderson SHP Logo.
- 4.0** Clean, comfortable, and closed-toe shoes that are all white or all black are required. Shoelaces should match accordingly.

- 5.0** Students in areas where ionizing radiation is used must wear assigned radiation monitors. By law any student attending clinical education without their radiation- monitoring device will be immediately sent to retrieve it. Time missed from clinical education must be made up.
- 6.0** Students are to abide by the policy statement above pertaining to professional appearance and dress. Students in violation of the dress and personal appearance policy will receive demerits, which may impact their clinical grade.

EMERGENCY MEDICAL CARE

PURPOSE

In the case of a medical emergency, students may go to The University of Texas MD Anderson Cancer Center emergency center or the emergency center of the clinical affiliate for care. The student is responsible for any expenses incurred.

POLICY STATEMENT

MD Anderson and its affiliates will provide emergency medical care for enrolled students during program hours at the student's expense. Students are required to carry their own health insurance coverage to defray the cost of any medical service rendered. The University of Texas System offers medical insurance policies to eligible students. **The program/institution and/or its affiliates are not responsible for any costs incurred by the student.**

SCOPE

The entire student body of the Diagnostic Imaging Program CT|VI Emphasis.

PROCEDURE

- 1.0** In the event of an emergency, students may take themselves to the emergency center to be cared for. The student badge must be presented upon check in.
- 2.0** Students are encouraged, when prudent, to use the UT Health Services, 7000 Fannin St. Ste. 1620, Houston, TX 77030. 713-500-3267.
- 3.0** The student's health insurance card must be presented upon check in. The student is responsible for any expenses incurred during need of care.
- 4.0** Students must complete the Emergency Contact Information form and turn it to faculty prior to the start of the clinical rotations. This form will be kept in the students' personal file. A copy of this form can be found in Appendix J of this document.

PATIENT RELATED INCIDENTS

PURPOSE

For the protection of our patients and our staff, any unprofessional performance is not tolerated in the clinic.

POLICY STATEMENT

Any incident, that would warrant an incident report for staff would be, considered an incident for students with the following inclusion. Failing to report an incident warranting a report constitutes a major infraction.

1. Remarks deemed unprofessional by Clinical Instructors/Preceptors.
2. Any complaint lodged by a patient concerning student's conduct in the presence of patients.

SCOPE

The entire student body of the Diagnostic Imaging Program.

PROCEDURE

- 1.0** Students will stay in the assigned area until the clinical instructor completes an incident report. The Clinical Staff and Program Faculty will be made aware of the incident.
- 2.0** The student will give an oral report to the Clinical Supervisor and Program Faculty, and if necessary, to the Attending Physician as well.
- 3.0** The Program Director will decide, based on the incident report and the student's oral report, whether there was an infraction of rules and if any disciplinary action is to be taken.
- 4.0** If a patient related incident occurs because of infraction of program rules, the student will be placed on probation.
 - 4.1** Another patient related incident during the student's tenure in the program will be grounds for dismissal.
 - 4.2** Serious incidents may warrant immediate dismissal as determined by the Program Director and Dean.

STUDENT EMPLOYMENT WHILE ATTENDING CLINICAL EDUCATION

PURPOSE

We recognize the need for students to work while attending school. Due to the nature of the limited working business hours of the clinical sites, the faculty and staff will not make accommodations.

POLICY STATEMENT

If you are employed or gain employment during your academic preparation, you **must** maintain separate schedules of hours for work and clinical education. Your employment must be arranged outside of the clinical schedule. **Employment MUST not interfere with regular academic and clinical responsibilities.** Outside activities and employment will not be considered valid excuses for poor clinical performance or lack of attendance within the program.

SCOPE

The entire student body of the Diagnostic Imaging Program CT|VI Emphasis.

PROCEDURE

- 1.0** Students could gain employment at The University of Texas MD Anderson Cancer Center and its affiliates while enrolled in school, however, they must maintain separate schedules from work and clinical assignments. It is the students' responsibility to maintain and balance their schedules.
- 2.0** **Any exam that is performed while working as a paid employee requires prior arrangement and approval by school faculty and the affiliated institution.**

DEMONSTRATING CLINICAL COMPETENCY

PURPOSE

To ensure students are ready to enter the workplace as an entry-level CT or CT/VI technologist, they must prove competence in the clinical setting.

POLICY STATEMENT

The Program Faculty and Clinical Staff will evaluate the student clinical repetitions, competencies, and assignments. Group or committee review may be used when deemed appropriate by the Education Coordinator, Associate Program Director, or Program Director.

Specific requirements for each rotation will vary according to the department in which the student is assigned. Students will be assigned to work with an ARRT Certified Registered Technologist or other professional depending on the area rotation.

During clinical education, the student is expected to participate in all aspects of patient care (i.e., clean and stock room and all duties as assigned). The included Clinical Competencies (see appendices) have been established to assist the student in obtaining competency in Clinical Practice.

The student is expected to continue strengthening skills and technical understanding of the imaging equipment, further developing manual skills in patient contact, positioning and machine manipulation, teamwork and attention to clinical data. The student will also be expected to continue to learn professional skills and performance.

SCOPE

The entire student body of the Diagnostic Imaging Program CT/VI Emphasis.

PROCEDURE

3.0 Students will be active in clinical education and obtain a variety of experiences.

- 3.1 The student will prove competency through clinical evaluations of their skills as well as documented clinical repetitions and competencies on specific imaging procedures as outlined by the ARRT and the program's requirements.
- 3.2 The following process has been established to assure successful completion of the required clinical competencies.
 - A. Observe and assist in the care of patients and performance of diagnostic imaging procedures.
 - B. Document all attempts at demonstrating clinical competency.
 - C. Complete clinical repetitions and competencies.

- D. Review the competency by evaluating images with the Clinical Instructor and notify the Associate Program Director and/or Education Coordinator of exam completion. It is highly recommended that this process is completed within five (5) days of performing the competency.
- E. Ensure all required signatures are on the competency forms. The program will not grant competency or repetition approval if the required signatures are not present.
- F. All competency attempts must be accompanied by a Competency Evaluation completed by the Clinical Instructor supervising the procedure, or by the clinical manager, supervisor, or lead technologist.

3.3 Always remember that the patient's safety and comfort is your primary goal as well as obtaining the highest possible standards in Diagnostic Imaging.

- A. **Do not attempt any imaging procedures you do not feel comfortable performing.**
- B. **You must always work under the direct or indirect supervision of an ARRT Registered Technologist.**

4.0 Continued Competency

- 4.1 All students are required to first demonstrate competency in performing a procedure and then demonstrate continued competency on the procedure.
- 4.2 To demonstrate continued competency, starting Semester 2, the student may be challenged on any competency previously completed.
- 4.3 If you are unable to satisfactorily complete and pass the competency, it will be **REVOKED**.
- 4.4 When a competency is revoked, the student must prove competency on the procedure again with direct supervision.
- 4.5 **Any student who has more than one competency REVOKED in any one semester will be placed on clinical probation.**

5.0 Final Competencies

- 5.1 All CT students must complete final competency and repetition requirements to graduate from the program and to be eligible to take the CT ARRT certification exam. If the student is enrolled in the CT/VI Emphasis, the student is expected to complete both the CT and the VI clinical requirements to be eligible to take both the CT and the VI ARRT certification exams.
- 5.2 In the event that the student fails to meet the required clinical competencies by the end of the academic year, the student will receive 3 demerits per missing competency. Demerits will be deducted from the Clinical Progress Grade Group in the Internship III – Summer Semester Course.

ELECTRONIC DEVICES

PURPOSE

For the safety and consideration of all patients and other students, pagers, mobile phones, laptop computers, and other electronic devices are not permitted in the clinical setting.

POLICY STATEMENT

All electronic devices including mobile phones are prohibited in the clinical setting. Mobile phone usage is considered hazardous in many areas of the clinical/hospital setting. Additionally, the use of mobile phones and accessories may violate HIPAA regulations.

Students may keep mobile phones in backpacks or lockers. The phones may be used during breaks.

SCOPE

The entire student body of the Diagnostic Imaging Program CT|VI Emphasis.

PROCEDURE

Students who use a mobile phone or other electronic devices in the clinical setting will be in violation of this policy and will be subject to demerits.

Personal electronic devices must not be used to clock in and out of clinic on the Trajecsys Report System.

INTERNET USAGE

PURPOSE

The purpose of this policy is to provide rules and guidelines regarding the appropriate use of the institution's equipment, network, and Internet access.

POLICY STATEMENT

Student use of school and clinical sites computers, networks, and Internet services is a privilege, not a right. Students are not to use computers at clinical sites for personal use. This includes "surfing" the Internet for non-clinical information, checking personal emails, or instant messaging. Students shall only use the Internet and computers of the clinical sites for clinic or school related activities. The use of the clinical sites computers and Internet services must be preapproved by the clinical supervisor.

SCOPE

The entire student body of the Diagnostic Imaging Program CT/VI Emphasis.

PROCEDURE

Students who violate the policy and/or rules by misusing the clinical sites computers or Internet, including checking email, or using them for non-business or non-school related purposes may have their computer privileges revoked and may also be subject to further disciplinary action.

CLINICAL MERITS

PURPOSE

To provide numerical documentation of clinical performance that exceeds the stated expectations and requirements.

POLICY STATEMENT

Merits will be issued for:

ACCOMPLISHMENT	NO. OF MERITS
Written thanks or praise from patients	1 Merit per written praise (not to exceed 4 per semester)
Written comments from clinical staff regarding performance	1 Merit per written comment (not to exceed 4 per semester)
Participation in program activities e.g., information sessions, student interviews, HARC Annual Meeting	1 Merit per event collaboration (not to exceed 4 per semester)

One merit equals one hour of compensating time off from clinical assignment not to exceed 2 merits per day. Merits can only be used during the current semester. Merits can be combined with excused hours of early departures or late arrivals that do not exceed more than 2 hours of clinical time off.

SCOPE

The entire student body of the Diagnostic Imaging Program CT|VI Emphasis.

PROCEDURE

- 1.0** Merits are assigned by Program Faculty and are used in exchange for compensating time off from clinical assignment.
- 2.0** One merit equals one hour of compensating time.
- 3.0** Merits **cannot** be carried from one semester to the next.
- 4.0** Merits DO NOT off-set demerits or makeup time.
- 5.0** Any student placed on probation/disciplinary action forfeits merits earned.
- 6.0** Merits can be combined with excused early departures or late arrivals but cannot exceed more than 2 hours of clinical time off.

CLINICAL DEMERITS

PURPOSE

To provide numerical documentation of unsatisfactory clinical performance in which will affect the student's clinical grade.

POLICY STATEMENT

Demerit(s) will be issued for:

INFRACTIONS	NO. OF DEMERITS
Not following the notification procedure when late to or absent from clinic	2
Clocking in or out on unapproved electronic devices (i.e. mobile phones, tablet, laptop, etc.)	5
Leaving clinic or assigned clinical area without permission (LWP)	5
Violation of dress code.	2
Violation of electronic devices policy	5
Violation of Internet usage policy	5
All late arrivals to clinic after the two (2) excused	2
Not following professional standards of ethics	5
Being unprepared for clinical assignments	2
Mislabeled images/items/specimens	2
Failure to finish a procedure after starting it	2
Inconsistent performance in the clinical setting	2
All missed time entries after two (2) excused (e.g., meal breaks)	2
Failure to exchange the Radiation Dosimeter on assigned dates.	2
Not entering the appropriate data in the computer system	2
Failure to attend or participate in scheduled tours, labs, meetings, or any other School of Health Professions events.	5
Sleeping or the appearance of being asleep in the clinic	5
Not following the professional code of conduct	5
Not completing the minimum required competencies for Program completion	3

NOTE: This is only a partial list; the above list and other infractions may result in the issuance of demerits at the discretion of the Program Faculty.

One demerit equals a one-point (1.0) deduction from the Clinical Progress grade. Students are expected to maintain a consistent professional attitude and performance.

SCOPE

The entire student body of the Diagnostic Imaging Program CT/VI Emphasis.

PROCEDURE

- 1.0** Demerits are assigned by Program Faculty.
- 2.0** The number of demerits given will depend upon the severity and frequency of the infraction.
- 3.0** One demerit equals one point deducted from the Clinical Progress grade.
- 4.0** Program Faculty will establish and implement a remediation plan of action every time the student receives an infraction.

CLINICAL PROBATION

PURPOSE

To notify students who demonstrate a consistent lack of performance in the clinical requirements of the program and/or are performing below average (grade “C”) that they are failing to progress clinically. Continued performance without progress will result in clinical suspension and/or dismissal from the program.

POLICY STATEMENT

When a student demonstrates a consistent lack of performance in the clinical requirements of the program and is performing below average (grade “C”) the student is placed on clinical probation. A student can also be placed on clinical probation for severe infraction of program policy or the continuation of an unprofessional attitude or performance that has required previous counseling by the Program Faculty.

If a student is placed on clinical probation, the student will have a time frame designated to demonstrate that clinical performance can be improved. At the time of assigning the probationary status, the student will be advised of the problem and be offered suggestions and methods to improve clinical performance. If the student does not demonstrate improvement the student will be suspended from clinic.

Probation will result in a one-letter grade drop in final clinical grade applicable in the current semester. It can also result in the student being removed from the program for failure to meet or abide by the published program policies and requirements. The student will be allowed due process.

SCOPE

The entire student body of the Diagnostic Imaging Program CT|VI Emphasis.

PROCEDURE

- 1.0** Students who fail to progress clinically and are earning a below average (grade “C”) will be placed on clinical probation.
- 2.0** The student will formulate a plan of action based on the suggestions and methods for improvement provided in the counseling from the Program Faculty.
- 3.0** Students who fail to meet the stated goals in their plan of action will be suspended.
- 4.0** A student can also be placed on clinical probation for severe infraction of program policy, or the continuation of an unprofessional attitude or performance that has required previous counseling by the Program Faculty.

CLINICAL SUSPENSION

PURPOSE

To protect patients, staff, faculty, and fellow students a student can be placed on clinical suspension for severe infraction of program policy, or the continuation of an unprofessional attitude or performance that has required previous counseling by the Program Faculty.

POLICY STATEMENT

The program may take such immediate disciplinary action as is appropriate under the circumstances when it reasonably appears to the program from the circumstances that the continuing presence of the student poses a potential danger to persons or property or a potential threat for disrupting any activity in the clinic.

When placed on clinical suspension, the student will be advised and counseled on clinical performance. In the event the student does not demonstrate improvement, the student may be dismissed from the program.

SCOPE

The entire student body of the Diagnostic Imaging Program CT|VI Emphasis.

PROCEDURE

- 1.0** Any student may be summoned by request of the Program Director for a meeting for purposes of the investigation and/or to discuss the allegations. The request shall specify the meeting location, date and time.
- 2.0** Clinical suspension will result in a one-letter grade drop in the clinical grade.
 - 2.1** It may also result in dismissal from the program for failure to meet or abide by the program policies and clinical requirements.
 - 2.2** The student will be allowed due process.
 - 2.3** Any clinical time missed would need to be made up during the break between semesters.

ENERGIZED RADIOGRAPHIC LAB

PURPOSE

The purpose of this policy is to assure compliance with JRCERT standard 4.3 and state requirements to provide a safe environment for DI students prior to utilization of the energized Radiographic Lab.

POLICY STATEMENT

JRCERT standards 4.3 Assures that students employ proper radiation safety practices.

The program must also assure radiation safety in energized laboratories. Student utilization of energized laboratories must be under the supervision of a qualified Radiologic Technologist who is readily available. If a qualified Radiologic Technologist is not readily available to provide supervision, the radiation exposure mechanism must be disabled.

The DI energized lab is located at B3.4583. **The DI CT/VI Lab will be relocated in Spring 2026.** The unit meets all state and federal regulations. The unit is utilized to obtain objectives in courses as stated in the curricula.

SCOPE

The entire student body of the Diagnostic Imaging Program CT/VI Emphasis.

PROCEDURE

- 1.0** Students are allowed to utilize the lab to practice and prepare for simulation and clinical competencies and synthesize actual practice with didactic material. All students must abide by the lab policy.
 - 1.1** Laboratory use is restricted to educational assignments and only those students enrolled in the School of Health Professions Diagnostic Imaging Program.
 - 1.2** **UNDER NO CIRCUMSTANCES shall students be allowed to operate ionizing equipment without the guidance of a faculty member. A faculty member must be immediately available before exposures are made.**
 - 1.3** General safety rules (use of electrical equipment, hazardous materials precautions, etc.) must be followed when utilizing the laboratory.
 - 1.4** The door entering the laboratory must be closed during a radiographic exposure.
 - 1.5** All persons must be physically located in the control area before and during a radiographic exposure.
 - 1.6** All students **must wear** radiation-monitoring devices during all labs requiring an exposure.

- 1.7 **Only phantoms or non-living objects may be used as subjects when performing an experiment or practice examination. Exposure to fellow student or non-living subjects in the lab or for lab experiments will result in immediate dismissal from the program.**
- 1.8 Phantoms can be checked out for practice during downtime in the clinic environment. The students must check out the equipment from the course instructor and return them the same day.
- 1.9 The CT/VI lab must be kept neat and clean. Students are responsible for maintaining the laboratory when performing experiments or practice procedures.
- 1.10 Any equipment failure must be immediately reported to a faculty member.
- 2.0 Failure to follow this policy may result in the dismissal of the student from the program.
- 3.0 The CT scanner must be only operated under the direct supervision of a faculty member. Only phantom or non-living objects may be used as subjects when performing an experiment or practicing examinations. Exposure to fellow students or non-living subjects in the lab or for lab experiments will result in immediate dismissal from the program.

Appendix A – Letter of Understanding

The following agreement is intended to acquaint the Diagnostic Imaging Program student with the requirements and guidelines of the program at The University of Texas MD Anderson Cancer Center, School of Health Professions (SHP).

I understand that during my education at The University of Texas MD Anderson Cancer Center, patient safety is the priority of all students, faculty, and staff. Signing this document is verification that I have read and understand the Program Policies to include but not limited to:

1. During my clinical education, I understand I must be directly or indirectly supervised 100% of the time during clinical assignment. All repeat examinations require direct supervision.
2. I have reviewed and understand the governing regulations of the SHP printed in the SHP Catalog and the SHP DI Student Handbook.
3. I have reviewed and understand the governing regulations of the Diagnostic Imaging Program as printed in the Diagnostic Imaging Program CT|VI Emphasis Clinical Policies Manual.
4. I understand that I am responsible to adhere to all applicable provisions concerning conduct, general departmental and grooming standards promulgated by the Program and its clinical affiliated facilities.
5. I acknowledge that as part of my professional education, attendance is required and missing clinical experiences and didactic classes will affect my grade and can be grounds for dismissal from the program.
6. I acknowledge that as part of my professional education, I am required to demonstrate continued competency in the academic and clinical setting. If I have or am diagnosed with a physical, mental, or learning disability prior to starting or during the program, it is my responsibility to notify the Program Director in writing so that reasonable accommodations can be made.
7. I will purchase the required uniform including scrubs, shoes, and any protective materials the clinical education center requires. The upkeep of these items is my responsibility.
8. I will purchase the required textbooks and course materials.
9. I will attend clinical education as scheduled and I will strictly adhere to the clinical rotation and time schedule.
10. I understand clinical rotations are assigned exclusively by program faculty to guarantee that all students gain the best clinical experience possible. Any modifications will be considered on a case-by-case basis.

11. I understand clinical assignments may be scheduled for days, evenings, or weekend rotations. Refer to the CT|VI Program Clinical Schedule for site assignments.
12. I understand rotations will require travel up to 60 miles from the Houston, Texas Medical Center. All costs associated with the rotations are the student's responsibility.
13. I understand during clinical rotation a 30-minute meal break is mandatory.
14. I understand that any major breach of policy will be grounds for immediate dismissal from the program. A major breach of policy includes, but is not limited to: Injuring a patient, performing clinical activities without appropriate supervision, not reporting patient related incidents, unprofessional conduct that causes a patient to question the integrity of their care, unprofessional conduct related to patients, faculty and staff, and falsification or destruction of any student or patient related (academic or clinical) records.
15. Students can grieve any disciplinary actions.
16. I must document my clinical experience using the program-approved method. Additionally, I understand that documenting my clinical attendance with any unauthorized electronic means is not permitted.
17. I will clock in and out of clinical education assignment only on computers identified at my clinical education center deemed acceptable by the program. Documenting clinical attendance for another student and/or purposely documenting clinical attendance inaccurately is considered falsifying academic/clinical records and may result in immediate dismissal from the program.
18. I understand that due to the compromised immunity of patients, if I become ill, including having a temperature of greater than 99.0 degrees Fahrenheit, nausea, vomiting and/diarrhea or a known contagious illness, I will not attend clinical or didactic education. Do not report to clinic if you are unsure about the nature of your illness, contact program officials immediately to discuss attendance. My absences from clinical education must be made up during the semester break as assigned by Program Faculty.
19. I understand I am expected to fully participate in all didactic and professional growth opportunities offered at The University of Texas MD Anderson Cancer Center, School of Health Professions regardless of grading criteria.
20. I will wear my assigned radiation monitor badge/dosimeter at all times during clinical education. I understand it is my responsibility to track my own radiation exposure. I understand that if I do not have the most current issued dosimeter, I will be removed from clinic resulting in clinical demerits.
21. I acknowledge I must earn a 75% or higher grade in each course to progress to the following semester.
22. I will not be released to sit for the ARRT examination in Computed Tomography and Vascular Interventional until all didactic and clinical requirements are completed.

- 23. I understand health care coverage is required, and it is my responsibility to maintain it. I understand that medical insurance may be purchased through The University of Texas Health Sciences Center.
- 24. I will abide by the guidelines of HIPAA and maintain patient confidentiality. I understand that sources of patient information that contain more than one way of patient identification should not leave hospital. (i.e., patient requisitions or patient identification stickers).
- 25. I understand that I must maintain my American Heart Association Health Care Provider CPR/BLS credentials.
- 26. I understand that I am required to complete all satellite clinical requirements before my rotation is approved. This may include ID badges, Health and Safety paperwork and immunization.
- 27. I understand that each satellite facility has their own requirements and may require immunization annually.
- 28. An Annual Flu Vaccine and a TB Screening Test are mandatory.

I understand any substantial breach of regulations, any serious departure from professional bearing or any prominent deficit in my academic achievement, motivation or attitude may constitute grounds for my expulsion from the program.

Signed _____ Date _____

Print Name _____

Witness _____ Date _____

Appendix B – Acknowledgement of Pregnancy Policy

The program does not discriminate based on pregnancy status. However, since exposure to ionizing radiation or magnetic and radiofrequency fields may pose a risk to the developing fetus, there are three options available to the student per the pregnancy policy.

1. Students providing written notice of voluntary declaration.
2. Program official and student discussion for option for continuance in the program without modification or leave of absence.
3. Student option for written withdrawal of declaration of pregnancy.

The policy states the student submit in writing, a declaration of pregnancy with the expected due date, to the Program Director or Associate Program Director, Clinical Faculty and the Radiation Safety Officer (if applicable.)

The student will be issued a fetal badge to monitor monthly exposure to the fetus during pregnancy.

The Radiation Safety Officer will then provide counsel concerning the rules, regulations and rights of the student as an occupationally exposed healthcare worker, inform her healthcare provider of the nature of student's clinical experiences and of the potential risk that may exist for exposure to ionizing radiation.

The clinical rotation schedule will be reviewed by the Program Director or Associate Program Director, Clinical Faculty, and the Radiation Safety Officer. The student retains the right to continue in her preset schedule, just as she retains the right to not declare herself pregnant.

A written declaration of the '*end of pregnancy*' must also be provided to school faculty and monthly fetus exposure monitoring will then be suspended.

I have read this policy and understand my rights to declare pregnancy status.

Signed _____ Date _____

Print Name _____

Witness _____ Date _____

Appendix C – Voluntary Declaration of Pregnancy

Computed Tomography | Vascular Interventional Radiography

I am pregnant and I wish to continue my clinical and didactic education. I agree this will be in the same capacity and with the same assignments I have had until this date, providing an appraisal of the radiation exposure entailed, based on all available data including monitoring records, leads to the reasonable conclusion that such exposure will not be expected to result in a fetal dose during my pregnancy which exceeds 0.5 rem. I will meticulously follow established radiation protection techniques to minimize radiation exposure to my fetus. I do not expect to receive an exemption from any regular assignments during my pregnancy.

Signed _____ Date _____

Print Name _____

Endorsement 1

I recommend the clinical education status of _____ be continued under the terms set forth above concerning exposure of pregnant students to ionizing radiation. I believe this individual's continued education will not result in a fetal exposure exceeding 0.5 rem and shall supervise work assignments and pay particular attention to monitoring records to minimize the possibility this dose will be exceeded.

Signed _____ Date _____
Clinical Coordinator

Print Name _____

Endorsement 2

I have reviewed this application and recommend (approval) (disapproval) of this student's application of continued clinical and didactic education during pregnancy.

Conditions:

Signed _____ Date _____
Hospital Radiation Safety Officer

Print Name _____

Signed _____ Date _____
Program Faculty

Print Name _____

Appendix D – Confirmation of Receipt and Understanding of Program Policies

My signature and initials below are an acknowledgment that I have read and understand the policies of the Diagnostic Imaging Program contained within the Diagnostic Imaging Student Handbook and Clinical Policies Manual.

Signed _____ Date _____
 Student

Print Name _____

Initials	DI Handbook Policies	Initials	Clinical Policies Manual
_____	Statement of Policy Change	_____	Clinical Education Center Rules &
_____	Professional Liability	_____	Regulations
_____	Reporting Illness	_____	Clinical Supervision
_____	Program Communication	_____	Clinical Attendance
_____	Professional Conduct	_____	Clinical Rotation Assignments
_____	Blogging and Social Networking	_____	Clinical Competency Grading and
_____	Statement of Criminal Conduct	_____	Remediation
_____	Representation on the SHP	_____	Radiation Monitoring
_____	Student Congress	_____	Pregnant Radiation Workers/Students
_____	Lambda Nu Honor Society	_____	Clinical Dress and Personal Appearance
_____	Release for Registry Eligibility	_____	Emergency Medical Care
_____	Release of Student Information	_____	Patient-Related Incidents
_____	Due Process	_____	Student Employment While Attending
_____	Dismissal	_____	Clinical Education
_____	Readmission	_____	Demonstrating Clinical Competency
_____	Credit Award Calculation	_____	Electronic Devices
_____	Grading Standards	_____	Internet Usage
_____	Technical Standards	_____	Clinical Merits
_____	Testing	_____	Clinical Demerits
_____	Course Syllabi	_____	Clinical Probation
_____	Programmatic Standards of Accreditation	_____	Clinical Suspension
_____	Certification Requirement	_____	Energized Radiographic Lab

Appendix E – Reinstatement Plan

The student is subject to all School of Health Professions (SHP) and DI Program attendance, grade, and dismissal policy.

Upon student reinstatement to the program, student must complete all didactic and clinical requirements for graduation, to include:

1. Completion of all competencies and repetitions as indicated in the Internship Syllabus.
2. Completion of all pertaining Competency Forms

I understand that all requirements listed above must be completed prior to taking the ARRT Computed Tomography or Computed Tomography and Vascular Interventional Examinations.

I understand that I am subjected to the current DI clinical attendance, clinical grade calculation, and dismissal policies. Failure to complete the above requirements will result in dismissal from the DI Program CT|VI Emphasis.

Signed _____ Date _____
Student

Approved _____ Date _____
Education Coordinator

Approved _____ Date _____
Program Director or Associate Program Director

Appendix F – Attendance Report

SECTION 1 - TO BE COMPLETED BY STUDENT

Name: Clinical Site:

Event to Report: Date: Time Missed:

Reason:

Request for Make-Up Assignment: Date: Time:

SECTION 2 - TO BE COMPLETED BY PROGRAM FACULTY

Notified by Student before Start of Shift: YES ☐ NO ☐

Make-Up Assignment: Date: Time:

Comments:

SECTION 3 - SIGNATURES

Program Faculty: Date:

Student: Date:

For Faculty Use Only: Breach (Circle/Highlight All That Apply)	Demerits
A. Tardiness /Early Departure occurrences require make-up of missed time. First two excused.	2
B. Unexcused absences from clinic. These require make-up for each day missed*	5
C. Failure to submit Attendance Report.	2
D. Failure to follow the notification procedure and report to an assigned clinical shift. No Call/No Show (NC/NS) is a Severe Attendance Infraction. One NC/NS occurrence will immediately result in clinical probation and 5 demerits per occurrence.	5
The PROGRAM FACULTY WILL ASSIGN MAKE-UP TIME. These clinical hours may be in increments of no less than four (4) hours at a time and may not be added to regular clinical time to create a shift of greater than ten (10) hours in a day.	
*Students are allowed to miss three (3) shifts as <i>Personal Time Off</i> (PTO) per semester. Each individual absence thereafter will be reviewed by the Program Faculty to determine whether the absence is excused or unexcused. Students must submit any documentation pertaining to a clinical absence for consideration along with this form upon their return to clinic	
A Pattern of Attendance Infractions is defined as a series of incidents (Tardiness, Early Departure, Unexcused Absences, NC/NS, and/or Leave Without Permission (LWP) documented over a period of months. If a Pattern is determined, the student will be placed on Clinical Probation.	

Appendix G – Student Information for Clinical Placement

PROGRAM:

MD ANDERSON ID/EMP NUMBER:

I. IDENTIFYING INFORMATION:

Last Name:

First Name:

Middle Name:

Date of Birth:

Place of Birth:

Social Security Number:

Driver's License Number:

Are you a US Citizen?

Yes

☐

No

☐

If No, answer the following questions:

Country of Citizenship:

Are you a Permanent Resident?

Yes

☐

Attach a copy of your Resident Alien Card

No

☐

What VISA do you hold?

Home Address:

City, State, Zip Code:

Home Phone:

Cell Phone:

E-mail Address:

II. EMERGENCY CONTACT INFORMATION

First Contact Name:

Second Contact Name:

Relationship:

Relationship:

E-mail Address

E-mail Address:

Mailing Address:

Mailing Address:

City, State, Zip Code:

State, Zip Code:

Phone Number:

Phone Number:

III. CRIMINAL HISTORY AS REQUESTED BY CLINICAL AFFILIATES

1. Have you ever been convicted of a felony or a misdemeanor (including, but not limited to such offenses as Driving Under the influence ("DUI"), battery, theft, writing worthless checks, healthcare fraud, etc.)? Yes ☐ No ☐

If yes, what charges and dates?

2. Have you ever pled nolo contendere ("no contest") or pled guilty to a felony or misdemeanor crime, (including, but not limited to such offenses as DUI, battery, theft, writing worthless checks, healthcare fraud, etc.)? Yes ☐ No ☐

If yes, what charges and dates?

3. Have you ever received deferred adjudication for a felony or misdemeanor offence (including, but not limited to such offenses as DUI, battery, theft, writing worthless checks, healthcare fraud, etc.)? Yes ☐ No ☐

If yes, what charges and dates?

If yes, have you successfully completed the probation period? Yes ☐ No ☐

Upon completion of the probation period, was the case dismissed? Yes ☐ No ☐

IV. EDUCATION

A. UNDERGRADUATE EDUCATION: (Last to first in chronological order):

Name of Institution: <input type="text"/>	From: (mm/yyyy) <input type="text"/> : (mm/yyyy) <input type="text"/>
City, State: <input type="text"/>	Date Degree Awarded: <input type="text"/> ee: <input type="text"/>

Name of Institution: <input type="text"/>	From: (mm/yyyy) <input type="text"/> : (mm/yyyy) <input type="text"/>
City, State: <input type="text"/>	Date Degree Awarded: <input type="text"/> ee: <input type="text"/>

B. HEALTH PROFESSIONS SCHOOL:

Name of Institution: <input type="text"/>	From: (mm/yyyy) <input type="text"/> : (mm/yyyy) <input type="text"/>
City, State: <input type="text"/>	Date Degree Awarded: <input type="text"/> ee: <input type="text"/>

Name of Institution: <input type="text"/>	From: (mm/yyyy) <input type="text"/> : (mm/yyyy) <input type="text"/>
City, State: <input type="text"/>	Date Degree Awarded: <input type="text"/> ee: <input type="text"/>

V. HEALTH INFORMATION

A. Immunizations: <ul style="list-style-type: none"> If you do not have immunization records: You can either repeat the vaccinations or have your medical provider obtain a blood sample to test for serological confirmation of immunity. 	Date of Vaccine or Titer:
a. Influenza * Last dose <ul style="list-style-type: none"> Flu vaccine is required during the flu season from 10/1 to 3/31 every year. 	I. <input type="text"/>
b. Tdap (Tetanus) <ul style="list-style-type: none"> One dose within the past 10 years. 	I. <input type="text"/>
c. Measles (Rubeola) <ul style="list-style-type: none"> Vaccines or Serologic Confirmation by Rubeola Titer. 	I. <input type="text"/> II. <input type="text"/>
d. Mumps <ul style="list-style-type: none"> Vaccines or Serologic Confirmation by Mumps Titer. 	I. <input type="text"/>
e. Rubella <ul style="list-style-type: none"> Vaccine or Serologic Confirmation by Rubella Titer. 	I. <input type="text"/>
f. Varicella <ul style="list-style-type: none"> Vaccines or Positive History of Chicken Pox Disease or Serologic Confirmation by Varicella Titer. 	I. <input type="text"/> II. <input type="text"/>
g. Hepatitis B <ul style="list-style-type: none"> Vaccine Series or Positive Hepatitis B Surface Antibody Titer. Clinical sites may require a Hepatitis B Titer within the past 5-years. 	I. <input type="text"/> II. <input type="text"/> III. <input type="text"/>
B. TB Screening <ul style="list-style-type: none"> Required within the last 12 months unless documentation of a past positive is provided. This can be completed with a Tuberculin Skin Test (PPD) or an Interferon-Gamma Release Assays (IGRAs). If PPD or IGRAs is positive, a PDF copy of a Chest X-Ray Report must be provided with this form. 	
Date: <input type="text"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/>	
If positive, did you take isoniazid (INH) prophylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
C. Have you ever been diagnosed with Hepatitis C? Yes No <input type="checkbox"/>	
D. CPR/BLS Certification's expiration date: <input type="text"/>	

VI. REQUIRED DOCUMENTS:

Please provide a separate PDF copy of each of the following documents and write your **Initials** when provided, **N/A** when not applicable, or **P** when pending:

1. Driver's License (Front and Back) or US Passport
2. Current American Heart Association CPR/BLS card (Front and Back).
3. Health Insurance Card (Front and Back)
4. ARRT (R), (N), (S) or (T) or NMTCB or ARDMS Card
5. Visa or Green Card (If applicable)
6. TB screening report or chest x-ray report

VII. ATTESTATION AND RELEASE OF INFORMATION STATEMENT:

By completing and signing this form, I certify that all the information provided is true to the best of my knowledge and that I have the corresponding documentation to support this information. I hereby give permission to the School of Health Professions to release the information it contains to all my clinical rotation sites.

In accordance with all clinical affiliates' internship enrollment requirements, I understand that additional information/documentation may be required at any time during my training. In this way I will be compliant with all the requirements needed for the completion of my educational program.

Student's Electronic or Printed Signature

Date

Appendix H – CT Competency Master Log

A. HEAD, SPINE AND MUSCULOSKELETAL		
PROCEDURE	DATE	SUPERVISED BY
1. Head without contrast		
2. Head with contrast*		
3. Trauma head		
4. Arteriography head (CTA)*		
5. Venography head (CTV)*		
6. Brain perfusion*		
7. Temporal Bone/IACs		
8. Orbits		
9. Sinuses		
10. Facial bones/mandible		
11. Cervical spine		
12. Thoracic spine		
13. Lumbar spine		
14. Spinal trauma		
15. Upper extremity		
16. Lower extremity		
17. Shoulder and/or Scapula		
18. Bony Pelvis and/or Hips		
19. Musculoskeletal Trauma		
20. Arteriography extremity/runoff (CTA)*		
21. Venography extremity (CTV)*		
B. NECK AND CHEST		
1. Soft Tissue Neck		
2. Arteriography neck (CTA)*		
3. Venography neck (CTV)*		
4. Chest without contrast		
5. Chest with contrast*		
6. HRCT		
7. Low dose lung screening		
8. Chest trauma*		
9. Pulmonary angiography/PE study (CTPA)*		
10. Vascular chest (CTA, CTV, aorta, SVC)*		
11. Heart (e.g., coronary angiography, TAVR)*		
12. Coronary artery calcium scoring		
* The use of iodinated contrast is mandatory for this exam.		

C. ABDOMEN AND PELVIS		
PROCEDURE	DATE	SUPERVISED BY
1. Abdomen/Pelvis without contrast		
2. Abdomen/Pelvis with contrast*		
3. Liver (multi-phase)*		
4. Kidneys (multi-phase)*		
5. Pancreas (multi-phase)*		
6. Adrenals		
7. Enterography Study		
8. Appendicitis Study		
9. Renal Stone Protocol (without IV contrast)		
10. Abdominal Trauma*		
11. Arteriography abdomen/pelvis (CTA)*		
12. Venography abdomen/pelvis (CTV)*		
13. Urogram*		
14. Retrograde cystogram		
15. Pelvic trauma*		
16. Colorectal Studies (rectal contrast)		
D. ADDITIONAL PROCEDURES		
1. Biopsies		
2. Drainages		
3. Aspirations		
4. Pediatric (12 and under)		
5. Arthrography		
6. Ablations		
7. Myelography		
E. IMAGE DISPLAY AND POST-PROCESSING		
1. Geometric, Distance, or Region of Interest (ROI) Measurements		
2. Multiplanar Reconstruction (MPR)		
3. 3D Rendering (MIP, SSD, VR)		
4. Retrospective reconstruction with different parameters (e.g., DFOV, algorithm, slice thickness)		
F. QUALITY ASSURANCE AND QUALITY CONTROL		
1. Calibration Checks		
2. CT Number and Standard Deviation (water phantom)		
ARRT CT Clinical Requirements Effective July 2022		

Appendix I – VI Competency Master log

1. Vascular Diagnostic Procedures	Date	Verified
A. Neurologic Angiography		
1. Intracranial Arteriography		
2. Carotid/Vertebral Arteriography		
3. Spinal Arteriography		
B. Thoracic Angiography		
1. Thoracic Aortography		
2. Pulmonary Arteriography		
3. Bronchial Arteriography		
C. Abdominal Angiography		
1. Abdominal Aortography		
2. Pelvic Arteriography		
3. Renal Arteriography		
4. Adrenal Arteriography		
5. Celiac Arteriography		
6. Superior Mesenteric Artery (SMA)Arteriography		
7. Inferior Mesenteric Artery (IMA)Arteriography		
D. Peripheral Angiography		
1. Upper Extremity Arteriography		
2. Lower Extremity Arteriography		
E. Venography		
1. Pelvic Venography		
2. Superior Vena Cavagram		
3. Inferior Vena Cavagram		
4. Renal Venography		
5. Adrenal Venography		
6. Gonadal Venography		
7. Hepatic Venography		
8. Portal Venography		
9. Upper Extremity Venography		
10. Lower Extremity Venography		
11. Venous Sampling		
F. Miscellaneous Studies		
1. Hemodialysis Graft/Fistula Study		
2. Physiologic Pressure Measurements		

3. Central Venous Device Check (e.g., port, PICC, hemodialysis catheter)		
4. Lymphangiography (General Mapping)		
2. Vascular Interventional Procedures	Date	Verified
A. Angioplasty		
1. Neurologic		
2. Body		
B. Stent Placement		
1. Neurologic		
2. Body		
C. Embolization		
1. Neurologic		
2. Body		
D. Thrombolysis		
1. Neurologic		
2. Body		
E. Thrombectomy		
1. Neurologic		
2. Body		
F. Atherectomy		
G. Percutaneous Thrombin Injection		
H. Distal Protection Device Placement		
I. Foreign Body Retrieval (e.g., broken catheter, bullet, guidewire, filter piece)		
J. Endograft Placement		
K. Caval Filter Placement/Removal		
L. Transjugular Intrahepatic Portosystemic Shunt (TIPS) Placement or Revision		
M. Transvenous Biopsy		
N. Chemoembolization		
O. Radioembolization		
P. Venous Access (e.g., tunneled catheter, non-tunneled catheter, port placement, port removal, PICC line placement, peripheral IV)		

3. Nonvascular Procedures	Date	Verified
A. Nephrostomy		
B. Ureteral Dilation/Stents		
C. Antegrade Urography Through an Existing Catheter		
D. Suprapubic Catheter Placement		
E. Percutaneous Ablation (e.g., radiofrequency [RFA], thermal, cryo)		
F. Percutaneous Transhepatic Cholangiogram		
G. Biliary Internal/External Drainage		
H. Cholecystostomy		
I. Gastrostomy/Gastrojejunostomy Placement		
J. Percutaneous Enteric Tube Evaluation (verification with contrast)		
K. Vertebroplasty/Kyphoplasty		
L. Epidural Steroid Injection/Lumbar Puncture/Myelogram		
M. Chest Tube/Drain Placement		
N. Thoracentesis		
O. Percutaneous Biopsy		
P. Paracentesis		
Q. Abscess, Fistula, or Sinus Tract Study		
R. Percutaneous Drainage With or Without Placement of Catheter (excluding thoracentesis or paracentesis)		
S. Removal of Percutaneous Drainage Catheter (e.g., tunneled, nontunneled)		
T. Change of Percutaneous Tube or Drainage Catheter		
U. Tunneled Drainage Catheter Placement (e.g., thoracic, abdominal)		

ARRT Rules and Regulations:

- At least 200 repetitions of VI procedures must be documented.
-
- A maximum of 10 procedures may be logged each day on the procedure forms.
-
- Each selected procedure must be performed a minimum of 5 times (repetitions) and a maximum of 10 times (repetitions) for the candidate to receive credit for that procedure.
-
- A minimum of 50 procedures must be documented per each of the following categories
 1. Vascular Diagnostic
 2. Vascular Interventional
 3. Nonvascular
-
- For any given patient, you may count only one Vascular Diagnostic Procedure, but you may count additional Vascular or Nonvascular Procedures in the same patient.

ARRT VI Clinical Requirements
Effective 2023

Appendix J – Emergency Contact Information Form

STUDENT INFORMATION:

Student Name

Academic Term

Address

City

State and Zip Code

Personal Email

Phone Number

EMERGENCY CONTACT INFORMATION:

First Contact Full Name

Relationship to Student

Email

Phone

Second Contact Full Name

Relationship to Student

Email

Phone