



**Thatcher Campus**

# **Radiologic Technology Clinical Handbook**

**2025/2026**

The purpose of the clinical notebook is to provide students with the resources needed to be successful in the clinical educational experience, to obtain the necessary skills required to become a highly marketable radiologic technologist.

## **Contact Information**

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## **VITAL SIGNS**

### **Objectives Check off Form**

Student \_\_\_\_\_ Date Completed \_\_\_\_\_

Evaluator \_\_\_\_\_

Objectives Completed      \_\_\_\_\_ Yes      \_\_\_\_\_ No

### **THE STUDENT IS ABLE TO:**

\_\_\_\_\_ A. Define vital signs

\_\_\_\_\_ B. List the normal rates/limits of temperature, pulse, respiration, and blood pressure

\_\_\_\_\_ C. Demonstrate proper oxygen mask or cannula placement and oxygen gauge

\_\_\_\_\_ D. Identify various pulse sites

\_\_\_\_\_ E. Accurately read a clinical thermometer

\_\_\_\_\_ F. Accurately monitor pulse rate to be done clinically

\_\_\_\_\_ G. Accurately monitor respirations

\_\_\_\_\_ H. Accurately monitor blood pressure



**STERILE AND ASEPTIC TECHNIQUE**  
**Objectives Check off Form**

Student \_\_\_\_\_ Date Completed \_\_\_\_\_

Evaluator \_\_\_\_\_

Objectives Completed \_\_\_\_\_ Yes \_\_\_\_\_ No

**THE STUDENT IS ABLE TO:**

- \_\_\_\_\_ A. Demonstrate the proper hand-washing technique that is accepted as medically aseptic when working with patients
- \_\_\_\_\_ B. Demonstrate the proper method of putting on a mask
- \_\_\_\_\_ C. Demonstrate the correct method of putting on a sterile gown and sterile gloves
- \_\_\_\_\_ D. Demonstrate the ability to locate infectious control measures on patient requisitions
- \_\_\_\_\_ E. Demonstrate proper infectious control measures when working with patients
- \_\_\_\_\_ F. Demonstrate the correct method of opening a sterile pack and of placing a sterile object on a sterile field
- \_\_\_\_\_ G. Demonstrate the skin preparation for a sterile procedure
- \_\_\_\_\_ H. Demonstrate the correct method of removing and reapplying a dressing
- \_\_\_\_\_ I. Identify areas in the operating room that are considered sterile and those that are not
- \_\_\_\_\_ J. Demonstrate the correct method of passing by a sterile person



## VENIPUNCTURE

Student \_\_\_\_\_ Date Completed \_\_\_\_\_

Evaluator \_\_\_\_\_

Objectives Completed \_\_\_\_\_ Yes \_\_\_\_\_ No

### THE STUDENT IS ABLE TO:

- \_\_\_\_\_ A. Identify contraindications to contrast administration
- \_\_\_\_\_ B. Identify potential adverse effects of administering contrast
- \_\_\_\_\_ C. Correctly identify signs of extravasation and its treatment
- \_\_\_\_\_ D. Identify potential sites for venipuncture
- \_\_\_\_\_ E. Gather equipment needed for venipuncture
- \_\_\_\_\_ F. Demonstrate proper handwashing and glove placement
- \_\_\_\_\_ G. Properly apply tourniquet, select, and cleanse injection site
- \_\_\_\_\_ H. Correctly initiate puncture of the injection site
- \_\_\_\_\_ I. Confirm vein entry and secure the catheter
- \_\_\_\_\_ J. Properly prepare and proceed with injection
- \_\_\_\_\_ K. Properly remove the catheter
- \_\_\_\_\_ L. Demonstrate proper disposal of sharps and waste



Eastern Arizona College  
RADIOLOGIC TECHNOLOGY PROGRAM  
**REPEAT IMAGE POLICY**

**JRCERT STANDARD FOUR Objective 4.6, “Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images. The technologist assures safety; proper educational practices must be physically present and approve procedure.”**

To monitor the repeat image policy the student must log all images repeated in Trajesys. Not properly logging repeat images, and proper supervision during repeat images is the responsibility of the student. Failure not to comply with this policy will result in a clinical incident report. If a student is found not to comply after a report is made, this will result in dismissal from the program.

## Mandatory Competencies

Procedure	Facility	Date Completed	Verified by (initials)
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)			
C-Arm Procedure Surgical (Requiring Manipulation around a sterile field)			
<b>Mobile Radiographic Procedures</b>			
Chest			
Abdomen			
Upper or Lower Extremity			
<b>Pediatric Patients (Age 6 or younger)</b>			
Chest Routine			
<b>Geriatric Patient</b> (At least 65 years of age and physically or cognitively impaired)			
Chest Routine			
Upper or Lower Extremity			
<b>Chest and Thorax</b>			
Chest Routine			
Chest AP (Wheelchair or Stretcher)			
Ribs			
<b>Upper Extremity</b>			
Thumb or Finger			
Hand			

Wrist			
Forearm			
Elbow			
Humerus			
Shoulder			
Clavicle			
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*			
Trauma: Upper Extremity (Non-Shoulder)*			
<b>Lower Extremity</b>			
Foot			
Ankle			
Knee			
Tibia-Fibula			
Femur			
Hip			
Pelvis			
Cross-Table Lateral Hip (horizontal beam patient recumbent)			
Trauma: Lower Extremity (Trauma requires modifications in positioning due to injury with monitoring of the patient's condition)			
<b>Spine and Pelvis</b>			
Cervical Spine			

Thoracic Spine			
Lumbar Spine			
Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)			
<b>Abdomen</b>			
Abdomen Supine			
Abdomen Upright			
<b>General Patient Care</b>			
CPR/BLS Certified			
Care of patient tubes, catheters, medical equipment			
Vital Signs Temperature			
Vital Signs Pulse			
Vital Signs Pulse Ox			
Vital Signs Respiration			
Vital Signs Blood Pressure			
Sterile and Aseptic Technique			
Patient Transfer			
Venipuncture			
<b>Procedure</b>	<b>Facility</b>	<b>Date Completed</b>	<b>Verified by (initials)</b>

## Elective Competencies

Procedure	Facility	Date Completed	Verified by (initials)
<b>Fluoroscopy Studies –</b> Candidates must select two procedures from this section and perform per site protocol.			
Upper GI Series, Single or Double Contrast			
Contrast Enema, Single or Double Contrast			
Small Bowel Series			
Esophagus ( <i>NOT</i> Swallowing Dysfunction Study)			
Cystography/Cystourethrography			
ERCP			
Myelography			
Arthrography			
Hysterosalpingography			
<b>Pediatric Patients</b>			
Upper or Lower Extremity			
Abdomen			
Mobile Study			
<b>Geriatric Patients</b>			
Hip or Spine			
<b>Chest Thorax</b>			

Chest Lateral Decubitus			
Sternum			
Upper Airway (Soft-Tissue Neck)			
Sternoclavicular Joints			
<b>Upper Extremity</b>			
Scapula			
AC Joints			
<b>Lower Extremity</b>			
Toes			
Calcaneus			
Patella			
<b>Head-</b> Candidates must select at least one elective procedure from this section			
Skull			
Facial Bones			
Mandible			
Temporomandibular Joints			
Nasal Bones			
Orbits			
Paranasal Sinuses			
<b>Spine and Pelvis</b>			
Sacrum and/or Coccyx			
Scoliosis Series			
Sacroiliac Joints			
Abdomen Decubitus			

Intravenous Urography			
<b>Procedure</b>	<b>Facility</b>	<b>Date Completed</b>	<b>Verified by (initials)</b>
	Mandatory	Electives	Patient Care
<b>Total Required</b>	<b>36</b>	<b>15</b>	<b>10</b>

# PERFORMANCE EVALUATION AND COMPETENCY EVALUATION GRADE SHEET

The Competency Evaluation is designed for evaluating a maximum of 4 views.

In order to be considered competent in a Radiological Procedures the student must be able to perform the Radiological Procedure demonstrating appropriate skills in all areas listed:

- Evaluation of requisition and verified patient ID and pregnancy status
- Room readiness and portable/C-arm cleanliness
- Effective patient care and management
- Obtained and documented exam related history
- Correct positioning skills and alignment
- Correct CR and part positioning/rotation
- Correct use of collimation (ALARA)
- Proper image identification including use of Lead Markers
- Demonstrated professional behavior
- Post procedure instructions and/or paperwork
- Resulting images demonstrating proper positioning key anatomy and properly displayed
- Resulting images are properly exposed
- Exam was completed in a timely manner
- Understand "S" or "Di" number ranges
- Demonstrate competence with operating system functions (WW/WL, orientation and labeling)

Did the student perform the Radiological Procedure demonstrating all above skills listed and in doing so show competency in performance of this examination?

YES ☐ Competency Passed

NO ☐ Competency Failed

Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

**Date**

**NOTICE OF UNSAFE OR UNACCEPTABLE PRACTICE OR ACT**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Instructor: \_\_\_\_\_ Course: \_\_\_\_\_

Location of  
Occurrence \_\_\_\_\_

This is UPA (#1 DATE \_\_\_\_\_) (#2 DATE \_\_\_\_\_) (#3  
DATE \_\_\_\_\_)

(#4 DATE \_\_\_\_\_) (#5 DATE \_\_\_\_\_)

A "UPA" is an action, which potentially or jeopardizes patient safety, or an action that demonstrates poor judgment in areas which the student has had previous opportunities for learning and may result in exclusion from the clinical area. Unsafe or improper actions will result in a "clinical contract" and may result in withdrawal from the clinical area.

You may have COMMITTED A "UPA" IN THE CATEGORY CHECKED BELOW.

**YOU HAVE FAILED TO PROPERLY:**

**Patient Safety**

1. Warn personnel in proximity when doing a portable X-Ray exposure.
2. Practice radiation protection.
3. Ascertain if patient is pregnant
4. Inquire if patient has allergies prior to radiopaque contrast media administration
5. Identify a patient before beginning a procedure
6. Practice standard precautions
7. Elevate side rails of patients who are confused, medicated, or a loss of consciousness (ALOC).
8. Restrain confused or irrational patients
9. Check physician's orders before beginning procedure and obtain pertinent history.
10. Recognize and report important patient changes: Respiration, color, bleeding, emotional state.
11. Perform a repeat exposure without proper supervision
12. Inability to demonstrate appropriate level of judgment, confidence, and professionalism.

**UNSAFE PRACTICE ACTS**

Maintain patients legal rights:

1. Maintain patient confidentiality
2. Provide for client privacy
3. Initiate and correctly perform life support measures (CPR)
4. OTHER \_\_\_\_\_

Meet Student Role Requirements:

1. Recognize own limitations: perform procedures not competent to perform without a preceptor.
2. Demonstrate inappropriate professional behavior that could jeopardize patient safety: tardiness, excessive absences, inappropriate grooming/dress/interpersonal behavior, reporting to clinical under the influence of alcohol or drugs, stealing or lying regarding medications, possessions (staff or patient) or treatments in the clinical experience, not following policy of Eastern Arizona College Community College and the Radiologic Technology Program.
3. OTHER \_\_\_\_\_

Description of Deficiency (include names of persons involved):

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This UPA results in (please check those that apply):

- \_\_\_\_\_ 1. 5%-point reduction in final clinical grade
- \_\_\_\_\_ 2. "Clinical Contract": Student may be placed on a clinical contract based on the nature of the problem.
- \_\_\_\_\_ 3. Exclusion from the clinical area. Justification:

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The evaluating committee will consist of the Clinical Coordinator, The Program Director and a representative from the clinical site. If the student disagrees with the committee

decision, he/she may appeal the decision by following the process outlined in the Student Rights and Responsibilities document in the program handbook. The student will not be allowed to return to the clinical site until all appeals have been completed.

## Statement of Contractual Agreement

I, \_\_\_\_\_, understand and agree to the following:

Target Behavior:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

Clinical Coordinator \_\_\_\_\_ Date \_\_\_\_\_

## **RADIATION SAFETY REVIEW FORM**

\_\_\_\_\_ has exceeded the maximum dose equivalent of 125mrem during the following month \_\_\_\_\_. The dosimeter report has been reviewed and signed by the student. He/she has been given a radiation safety review and can describe means in which to adhere to the concept of ALARA and understands the importance of practicing good radiation safety measures.

Clinical site where the radiation incident occurred \_\_\_\_\_

Clinical site notified on \_\_\_\_\_ (date)

Possible Activity that led to the reported incident:

\_\_\_\_\_  
\_\_\_\_\_

Suspected Date(s) during the report period that the incident may have happened:

\_\_\_\_\_

Actions Taken:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Program Director Signature

## **Radiographic Procedures Clinical Competency Requirements and Process**

The clinical competency requirements include 10 general patient care activities and 51 radiographic procedures for a total of 61 competencies.

Demonstration of competence should include variations in patient characteristics (e.g., age, gender, medical condition). Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements.

### **1. General Patient Care**

**Requirement:** Students must be CPR certified and demonstrate competence in the remaining nine (9) patient care activities listed below. The activities should be performed on patients; however, simulation is acceptable.

### **2. General Performance Considerations:**

Demonstration of competence should include variations in patient characteristics such as age, gender, and medical condition.

### **3. Simulated Performance**

**Simulations must meet the following criteria:**

- The student must simulate the procedure on another person with the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient. Examples of acceptable simulation include positioning another person for a projection without activating the x-ray beam.
- The program director or designee must be confident that the skills required to competently perform the simulated procedure will transfer to the clinical setting, and if applicable, the candidate must evaluate related images.

### **4. Imaging Procedures**

As part of the EAC Radiologic Technology program, students must demonstrate competence in the clinical activities identified below:

- Ten mandatory general patient care activities;
- 36 mandatory imaging procedures;

- 15 elective imaging procedures selected from the list of 34 procedures;
- One of the 15 elective imaging procedures must be selected from the head section; and
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section, one of which must be either upper GI or contrast enema.

Students must demonstrate competence **in all 36 procedures listed as mandatory (M).**

Students must demonstrate competence in **15 of the 34 elective (E) procedures.**

\*A maximum of ten procedures may be simulated if demonstration a patient is not feasible.  
Procedures eligible are noted as an (S) on the master competency sheet

**Total number of competencies required is 61.**

Simulated Performance must meet the following criteria:

- Simulation of imaging procedures requires use of proper radiographic equipment without activating the x-ray beam
- A total of ten imaging procedures may be simulated. Imaging procedures eligible for simulation are noted on the master competency sheet.
- If applicable, the student must evaluate related images.
- Demonstration of competence includes requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, positioning skills, radiation safety, image processing, and image evaluation.
- Some situations are acceptable for General Patient Care (i.e. Vital signs, Venipuncture, Patient Transfer, Sterile and Aseptic technique, and Oxygen). These do not count toward the ten imaging procedures that can be simulated.

#### 5. **Competency Requirements**

When performing Imaging Procedures, the candidate must independently demonstrate appropriate:

- Patient identity verification
- Examination order verification
- Patient assessment
- Room preparation
- Patient management
- Equipment operation
- Technique selection
- Patient positioning
- Radiation safety
- Image processing
- Image evaluation

\*Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc. Exp. (Orthogonal views using the IR and tube instead of the patient part)

Once a competency has been achieved, the student will require indirect supervision by a certified R.T., for that examination **(except for examinations that are repeated and portable exams).**

\*One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both)

## Clinical Incident Report

Name of person preparing this Incident Report: \_\_\_\_\_

Date that this Incident Report is being prepared: \_\_\_\_\_

Name of student involved in the incident being reported: \_\_\_\_\_

Time, date and place of incident being reported: Time: \_\_\_\_\_ Date: \_\_\_\_\_

Location where incident occurred: \_\_\_\_\_

Description of the incident (please provide as much detail as possible—use additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Names of other witnesses to, or persons with information concerning, the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Clinical Instructor Notified \_\_\_\_\_ date \_\_\_\_\_

Program Director Notified \_\_\_\_\_ date \_\_\_\_\_

Clinical Coordinator Notified \_\_\_\_\_ date \_\_\_\_\_

### Signature and Contact Information of Person Preparing This Incident Report

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone number of other contact information