

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND
HEALTH PROFESSIONS

Department of Medical Imaging & Radiation Sciences



ARKANSAS STATE
UNIVERSITY

Student Handbook

Radiation Therapy Program

Revised April 2023

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MISSION, PHILOSOPHY AND GOALS

University Mission

We pursue and share knowledge within a caring community that prepares students in challenging and diverse ways to become more productive global citizens.

College of Nursing & Health Professions Mission

The primary mission of the College of Nursing and Health Professions is to provide quality education to students and graduates in a variety of health disciplines. Teaching, research and scholarly activity, service, and professional and practice activities are the principle faculty roles in the College. Recognizing its unique position in the lower Mississippi Delta region, the College provides educational programs that are designed for upward mobility and lifelong learning based on the expressed needs of its varied constituencies.

Program Mission

The Radiation Therapy Program exists to produce competent entry-level radiation therapists for the practice of radiation therapy.

Program Philosophy

The Radiation Therapy Program is founded in the belief in the need for better educational opportunities in the changing health care profession of Radiation Therapy. Our program is based on the concept that education is a continuing process whereby the learner determines goals, clarifies values, and develops such discipline and understanding as best meets individual needs for self-actualization. Through specific general education courses, curriculum and clinical experiences, it is our goal to educate students for a professional career in which they can be successful.

Program Goals/Outcomes

1. Students will be clinically competent:
Outcomes
 - a. Students will be able to perform treatment procedures accurately
 - b. Students will be able to perform simulation procedures accurately
2. Students will communicate effectively:
Outcomes
 - a. Students will demonstrate written communication skills
 - b. Students will use effective oral communication skills
3. Students will develop critical thinking skills:
Outcomes
 - a. Students will be able to adapt standard radiation therapy techniques to varying clinical situations
 - b. Students will identify & assess effective treatment plans
4. Students will demonstrate professionalism:
Outcomes
 - a. Students will understand professional ethics
 - b. Students will demonstrate professional conduct

General Program Objectives

Graduates of the program in Radiation Therapy should exhibit the following terminal behaviors:

1. Deliver a planned course of radiation therapy.
2. Verify the mathematical accuracy of the prescription.
3. Calculate monitor units from a prescribed dose.
4. Record and maintain treatment chart.
5. Provide patient care and comfort.
6. Observe the clinical progress of the patient undergoing radiation therapy.
7. Detect any equipment malfunctions and report them to the proper authority.
8. Practice radiation safety.
9. Understand treatment methods and protocols.
10. Understand the different pathology and staging of malignancies.
11. Understand the function of the equipment and treatment accessories.
12. Simulate and plan a prescribed course of treatment.
13. Construct beam-directional devices and immobilization devices.
14. Assist in brachytherapy procedures.
15. Assist in calibration of equipment, quality assurance and in treatment planning procedures.
16. Participate in patient education programs.

GENERAL INTRODUCTION

This handbook has been compiled to acquaint students with the policies and procedures utilized by the professional program in radiation therapy. **It is the responsibility of the student to read the entire handbook.**

Students enrolled in the Radiation Therapy Program are responsible for observing all policies and procedures stated in this handbook, in addition to any rules and regulations which are contained in the A-State Undergraduate Bulletin and/or the A-State Student Handbook. **Failure to read this handbook does not excuse students from the requirements and regulations contained herein.**

Students are expected to adhere to the highest standards of medical ethics in all periods of attendance in the clinical education centers. All clinical education centers, while separately located, are considered to be an integral part of the University campus. Any infraction of medical ethics in the clinical education center will be dealt with under appropriate disciplinary policy of the University. It is the student's responsibility to know what the appropriate policies and procedures are at each of the clinical education centers. This is covered during the orientation session.

STUDENT POLICIES

1.0 Academic Advising

Each radiation therapy student will be assigned to a faculty member who will act as his or her academic adviser. Each adviser will have regularly scheduled office hours which are posted and other hours by appointment.

If a student plans to seek employment in addition to carrying a full-time academic load, this should be discussed with his or her adviser. A realistic workload is recommended. Under no circumstances should employment schedules interfere with academic or clinical responsibilities.

Regularly scheduled classroom and clinical activities may not exceed 40 hours per week.

2.0 Academic Responsibilities and Standards

2.1 Textbooks

Each student is responsible for purchasing the required textbooks before the second meeting of the class. Because the same textbook may be used again in later courses, it is strongly recommended that before selling books, a student consult the radiation therapy faculty who will be teaching future courses.

2.2 Assignments

Each student is responsible for completing all reading, written, and oral assignments made by the faculty. If a student is absent from class for any reason, he or she is still responsible for the material disseminated in class.

2.3 Classroom Etiquette

Each student is responsible for learning the content of any course in which he or she is enrolled and for respecting the rights of fellow students in the classroom.

The instructor has the right to request any disruptive student to leave the classroom. Continued misbehavior in the classroom is cause for disciplinary action.

The use of any tobacco product is prohibited in the classroom and/or in the laboratory.

Cell Phone – See cell phone policy 25.0

2.4 Course Syllabus

Within the first two class meetings of the semester each instructor is required to provide each student in the course with a syllabus. The syllabus will contain a description of the course, the goals and/or objectives of the course, the method of evaluating and grading students, make-up policy, and a description of written or oral assignments.

2.5 Evaluation and Grading

The program has established standards of grading that supersede the University's grading policy and that are consistent with the minimum passing score on the Radiation Therapy Registry.

The grading scale used is:

A =	93 - 100
B =	84 - 92
C =	75 - 83
	Below 75 - Failing

Each instructor is responsible for determining academic achievement for each student in the course.

2.6 Standards of Academic Achievement

When the cumulative, semester, or session grade point average falls below 2.00, the student in radiation therapy will be placed on probation. At the end of the next semester or session of enrollment the cumulative grade point average must be at least 2.00 for the student to remain in the Radiation Therapy program.

A student who receives a grade below "C" in any of the Radiation Therapy courses may not continue in the Radiation Therapy Program. The policy and procedure for readmission into the Radiation Therapy Program is clearly outlined in the A-State Undergraduate Bulletin. This handbook also has a readmission policy (Student Policies, 12.0).

Clinical evaluations will be filled out each semester and may be used to set goals for future clinical assignments.

2.7 Cheating and Plagiarism

The maintenance of academic standards and integrity includes the obligation of honesty. A student who uses dishonest or deceitful means to obtain a grade is guilty of cheating; a student who submits another's work as his or her own without adequate attribution is guilty of plagiarism.

Cheating and/or plagiarism will result in disciplinary action and may result in dismissal from the program. Each student will be required to sign the College Honor Code Contract as well as the Academic Honesty Policy and Clinical Experience Contract.

2.8 Copyright Violation

It is illegal to copy any copyrighted material unless permission has been obtained from the copyright owner. A student guilty of copyright violation may face sanctions by the Radiation Therapy Program, University, State and Federal authorities.

3.0 Expenses

In addition to the normal university tuition, fees, and book costs, a student in the Radiation Therapy Program will incur additional expenses. These expenses include, but are not limited to, the following:

Transportation:

Each student is responsible for transportation to his/her assigned clinical education center. Transportation and all costs incurred for travel to the clinical education centers is the sole responsibility of the student.

Uniforms:

Each student is responsible for providing his/her own uniforms, including lab coat, shoes, and name tag.

Hepatitis-B Vaccine:

Beginning in the Fall Semester 1992, all students in the College of Nursing and Health Professions must provide documented evidence of vaccination for Hepatitis-B. Vaccination consists of three separate doses of the vaccine, given at time zero, 1 month and 6 months. Optimal protection is not conferred until after the third dose. The student must start this series prior to entering the Clinical Education Center.

Liability Insurance:

Proof of professional liability insurance is required before a student can begin clinical education. Forms to obtain liability insurance may be picked up in the office of the Program Director.

Dosimeter:

Each student is required to purchase radiation monitoring devices (film badges) prior to the beginning of procedure courses and clinical education. This one-time fee may be given to the Program Director.

Criminal Background Check & Drug Screen:

Arkansas State University College of Nursing and Health Professions requires background checks for students admitted to professional programs. This is to ensure compliance with agreements between the College and Clinical Facilities. Some facilities may require a drug screen to be able to participate in clinical rotations.

Online Clinical Software:

All clinical recordkeeping will be done through an Online Clinical Software Reporting System. This will be an additional cost to student. All students are required to purchase this program since all clinical records will be done through this system. Students are responsible for maintaining their account and checking it daily to ensure their competencies, evaluations, and time records are updated.

4.0 Change of Address

The Department of Health Professions, Radiologic Sciences Programs and University registrar's office should be notified promptly of changes in name or address. Correct phone numbers should be filed with the Department of Health Professions and Radiation Therapy Program so that students can be reached in case of an emergency.

5.0 Health**5.1 Health Examination**

Students are required to submit a completed health form and to have a physical examination prior to entering the clinical education center. The required health form is to be completed by a physician and turned in to the Program Director before the beginning of the Fall semester. If at all possible, a health form is mailed to the student with the acceptance letter into the Radiation Therapy program so the student will have the opportunity during early summer to get it completed. If, however, the student does not receive one in the mail, there is a health form located in the appendix.

5.2 Health Care

The Student Health Center is open Monday through Friday for the benefit of students. A description of services and the hours of availability are listed in the Undergraduate Bulletin. Except for the services of the Student Health Center, the University assumes no responsibility for health care costs.

5.3 Illness

If the student is ill and unable to attend the clinical education center the Radiation Therapy clinical supervisor and Program Clinical Coordinator must be notified as soon as possible prior to the scheduled starting time. A student is expected to use good judgment in determining whether or not to attend the clinical education center because of illness. The student's time records must indicate the person notified and the time the call was made.

If the student is ill and can't attend class, the Program Director should be notified prior to the start of class.

A student who has a communicable disease may be restricted from working with high risk patients. Examples of common communicable diseases include herpes simplex, strep, hepatitis, colds, and flu. If a student has a suspected communicable disease he/she should:

1. contact the clinical supervisor before reporting for duty.

Communicable diseases may require that one or more of the following protective measures be taken. The student may be:

1. required to use reverse isolation techniques while working with non-high-risk patients.
2. reassigned to a non-patient care area.
3. relieved from clinical duty until he or she is no longer contagious.

5.4 Injury

Should a student become injured or acutely ill during the course of assigned clinical duties, the clinical education center to which that student is assigned will provide treatment and emergency care, with any charges for treatment being the sole responsibility of the student.

Any injury, however minor, occurring while on duty at the clinical education center must be reported to the clinical supervisor and the appropriate incident form completed with copies to the Program Director at A-State.

5.5 Health Insurance

Students are strongly encouraged to obtain individual health insurance coverage. Information on Student Health Insurance is available through the Office of Student Affairs, Administration Building. Professional liability insurance should not be misconstrued as including health insurance coverage.

5.6 Pregnancy

In compliance with the Nuclear Regulatory Commission (NRC) regulations, a female student who becomes pregnant has the option of whether or not to inform program officials of her pregnancy. If the woman chooses to voluntarily inform the officials of her pregnancy, it must be in writing and indicate the expected date of confinement (delivery). In absence of this voluntary written disclosure, a student cannot be considered pregnant.

If the student does voluntarily disclose her pregnancy, she does have the option of continuing the educational program without modification of interruption. Another option can include modification in clinical assignments.

If the pregnant student does choose to disclose her pregnancy, she will receive counseling and be required to sign a form releasing the university and the program of any responsibility should problems develop with the pregnancy.

At any point in time, the student may provide a written withdrawal of declaration.

5.7 Policy/Procedure Guidelines for Infection Control

INTRODUCTION

The policy guidelines herein are of a general nature and deal with HIV-related infections as well as other blood borne pathogens. They apply to all students/faculty in the College of Nursing and Health Professions (CNHP). Due to differences in the various programs, individual CNHP programs may have specific rules and/or guidelines that are modifications of those in the general policy, however, the specific policies of the various programs will be consistent in their intent with the guidelines noted herein. This policy shall be reviewed annually and modified as necessary based on the current information from the CDC and OSHA.

ADMISSIONS

The HIV/HBV (Human Immunodeficiency Virus/ Hepatitis B Virus) status of an applicant should not enter into the application process. Applicants applying for healthcare programs should, however, be informed that certain diseases may necessitate either a modification of their program, or in the extreme may necessitate their dismissal from a program if they cannot perform procedures and/or tasks that are considered essential to their educational experience.

RETENTION

If it is determined that a student is sero-positive for HIV/HBV or is clinically manifesting symptoms of either disease process, that student should receive counseling about personal health care concerns and about interaction with others, especially clients. The student should be counseled by a designated faculty member in his/her respective program. The function of the designated faculty member is to counsel the student as to whether the program of education should be modified, another educational program considered, or in the extreme, whether the student should be dismissed from a program because of the inability to perform procedures and/or tasks crucial to the educational program. When considering the possibility of modifying clinical experiences or whether to dismiss, the designated faculty member will request that the Infection Control Committee convene to consider the specific student situation.

INFECTION CONTROL COMMITTEE

The Infection Control Committee will be comprised of one representative from each of the programs in the College of Nursing and Health Professions. The dean will be charged with appointing faculty to serve on this committee after consultation with chairs or directors of the various programs. Once the committee is established, a chair shall be elected by the members. In addition, a community member who is an expert in infectious disease will be designated as a consultant to the committee.

The committee shall function to consider the specific student/faculty situations outlined in the HIV/HBV Guidelines. In addition, this committee will function to review the HIV/HBV Guidelines on an annual basis. The committee will coordinate annual instruction on Standard Precautions for the faculty. This committee will also serve the programs by making recommendations for infection control policy that may impact both the student and faculty populations. Information regarding such policy will be included in the various program's *Student Handbook* and the *CNHP Faculty/Staff Handbook*.

When the Infection Control Committee convenes to consider specific student/faculty situations, a timely response is in order. Individuals will be provided a letter outlining the committee recommendations within a one-week period after convening. During this time period the student/faculty person shall not engage in direct client contact. Should an individual wish to appeal the decision of the committee, the established University Grievance process should be followed (See *A-State Student/Faculty Handbooks*).

COUNSELING

It is the responsibility of the programs to provide counseling to a student/faculty member who is determined to be sero-positive for HIV/HBV or who manifests symptoms of either disease process. The counselor interaction with the student/faculty member should be reported to the Infection Control Committee only when the person's health status necessitates a modification in the clinical program or dismissal. It will be the responsibility of the counselor to verify that the student is aware of options for testing, counseling and health care. In addition, the counselor will verify that the student has been provided with specific information that relates to client contact.

The following information is provided in order to refer students when necessary to outside agencies for assistance and follow-up. This information should be reviewed and updated annually.

HIV Infection Services provided by A-State Student Health Center:

Students at Arkansas State University who desire HIV testing may obtain this service free at the Student Health Center. The Center encourages appointments but will accept students on a walk-in basis. Pre- and post-test counseling is provided by certified CDC counselors. Specimens are sent to the Craighead County Public Health Department for testing.

The Student Health Center has developed a media library (videos, pamphlets) for persons coming in with questions about HIV infection. The Center is located directly across from the College of Nursing and Health Professions and can be reached at ext. 2054.

Services offered by the Public Health Department

The Craighead County Public Health Department is open from 8:00 a.m. until 3:30 p.m. for testing. The department offers pre- and post-test counseling as well as HIV testing. The cost of the service is \$3.00 which pays the record maintenance fee. The Public Health Department can be contacted by calling 933-4585. Offices are located in the Arkansas Services Center on McClellan Drive.

An individual who desires testing should allow about one hour for the procedure because pre-counseling is extensive.

Services offered by Northeast Arkansas Regional AIDS Network (NARAN)

This organization offers free confidential testing. Pre- and post-counseling is provided by certified counselors. They also provide direct care services to those persons who need them, including financial counseling. NARAN is also a network agency for persons living with AIDS. A referral can be made by contacting the office at 931-4HIV (4448). The office is located at 1000 S. Caraway in Jonesboro.

Services offered by Regional Aids Interfaith Network (RAIN)

Chapters of this organization do exist here in Northeast Arkansas. The program coordinator is Rev. Ed Pruitt, chaplain at Methodist Hospital in Jonesboro. This group provides spiritual and social support for the person with HIV infection and family members.

Other

The American Red Cross office now advertises the Arkansas HIV/AIDS Network. The office can be reached at 935-2437 and is located at 701 S. Union in Jonesboro. The group is funded by the C.D.C. whose primary goal is to provide HIV education to Arkansans. However, the Red Cross will provide information to those who call.

The counselor should not neglect to refer the student/faculty member to his/her private physician for guidance.

Students and faculty outside of Craighead County should seek specific referral information from the Chair of the Infection Control Committee or from a faculty member designated as counselor at the distant sites.

FREQUENTLY ASKED QUESTIONS ABOUT HEPATITIS B

Q. How can HBV infection be detected?

A. Although most individuals do not have symptoms of infection, blood tests can accurately identify persons with either a chronic or resolved infection.

Q. How does one become infected with HBV?

A. The virus is present in saliva and blood and is spread when these fluids come in contact with breaks in the skin or other body surfaces. Hepatitis B is approximately 100 times more contagious than HIV. There are certain groups of Americans who engage in activities that place them at risk, but many of the cases do not fit into these groups. Between 15 and 30% of cases in recent years (45,000 - 90,000) are newly infected persons who have no identified risk factors.

Q. Who should be vaccinated?

A. Vaccination is recommended for health care personnel who have contact with blood and/or body fluids. Vaccination prior to training of health care professionals before such exposure occurs will decrease any risks related to unintentional injuries or exposures while they are learning health care techniques and processes.

Q. How is the vaccine administered?

A. The standard recommendation for HBV is a 3-dosage procedure. The hepatitis B vaccine is inoculated intramuscularly, usually in the deltoid area. The first dose is followed by a second dosage inoculation 1 month after the initial dose. The last dose then is administered 6 months following the second dose. Ninety percent (90%) protection is usually achieved using this procedure.

Q. How long will protection last?

A. Studies have shown that the initial 3-dose immunization series provides protection from HBV infection for years. All studies indicate that the immunity is long-term and may be lifelong.

Q. Is post-vaccination screening for antibody production necessary?

A. Screening for antibody is advised for personnel at on-going risk for blood exposure to determine whether response to vaccinations has occurred and to aid in determining the appropriate post-exposure prophylaxis or the need for re-vaccination.

Q. What is the rationale for post-vaccination screening?

- A. Individuals who do not produce antibodies or who do not complete the primary vaccination series should be re-vaccinated with a second 3-dose vaccine series or evaluated to determine whether they are HbsAg seropositive. Re-vaccinated persons should be tested for anti-HBs at the completion of the second series.

If they do not respond, no further vaccination series should be given and they should be evaluated for the presence of possible HbsAg (possible chronic HBV infection).

Q. What happens if there is an exposure?

- A. The need for post-exposure prophylaxis, vaccination, or both depends on the HbsAg status of the source of the exposure as well as the immunization status of the person exposed.

5.8 Guidelines for HIV/HBV Students/Faculty in the Laboratory/Clinical Setting

Note: This policy assumes that the HIV/HBV infected student/faculty member has been identified and is currently a member of a program.

In accordance with sections 503 and 504 of the Rehabilitation Act of 1973, schools must provide equal treatment to persons who have contracted the HIV/HBV virus. Furthermore, schools may not discriminate against any individual based on the perception that he/she is infected.

TRANSMISSION INFORMATION

All CNHP students and faculty will employ Standard Precautions while in the clinical setting. CNHP students will receive instruction and annual evaluation regarding transmission of blood-borne pathogens and the use of Standard Precautions. The Infection Control Committee will coordinate instruction on Standard Precautions for faculty on an annual basis. It will be the responsibility of faculty members to document annual instruction through the Infection Control Committee.

POLICY

Students, faculty, and staff with HIV/HBV should be allowed equal access, as long as their medical condition permits, to university facilities or campus activities, including participation in clinical experiences or other academic and social activities offered by the university.

All confidential medical information is protected by statute and any unauthorized disclosure may create legal liability. The duty of the health care providers to protect this confidentiality is superseded by the necessity to protect others in very specific circumstances.

An infected student/faculty who is symptomatic may be excluded from providing direct client care, determined on a **CASE-BY-CASE** basis by the Infection Control Committee. In addition, should an individual sero-convert and express concern regarding clinical practice, the committee will convene to review the case.

Any student who has a positive history of HIV/HBV probably should not participate as a source partner in on-campus laboratories for procedures involving needle sticks or other forms of vascular access. For criteria related to laboratory participation, see the specific program handbook.

EXPOSURE (Laboratory and Clinical)

Students and faculty in the College of Nursing and Health Professions may be exposed to blood borne pathogens such as HIV and HBV. In the clinical and classroom laboratory settings, students/faculty are expected to utilize Standard Precautions, hand washing and protective clothing/gear to prevent contact with blood and other potentially infectious materials.

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from one's duties as a CNHP student or faculty member. An exposure incident involving a student/faculty member in the CNHP while in a clinical facility or campus laboratory is treated in a similar manner to any type of accident occurring within the agency.

Laboratory Post-HIV/HBV Exposure Protocol

Should a student or faculty member be exposed to HIV/HBV in an on-campus laboratory setting, the following post-exposure protocol is recommended:

1. The student will notify the faculty member supervising the learning experience. If the exposed individual is a faculty member, he/she will notify the chairperson of the specific program in the CNHP.
2. As soon as possible following the exposure, the college incident form will be completed by the faculty member/student.
3. The exposed individual will be referred to the Student Health Center for evaluation if the event occurs during operating hours. If the exposure occurs when the Health Center is closed, the faculty member will determine the individual's primary care options and refer the person to those resources.
4. It is recommended that both individual and source be tested for HIV and HBV when an exposure occurs. Testing will be conducted at the individual's expense.

5. It is recommended that post-exposure prophylaxis of those involved be directed by the individual's primary care providers at the individual's expense.
6. If there is a delay in reporting an exposure incident, it is recommended that the same protocol be followed.

Clinical Post HIV/HBV Exposure Protocol

If a student/faculty member is exposed to blood or other potentially infectious materials in the clinical environment, this protocol is to be followed:

1. The student will notify the clinical faculty. If the exposed individual is a faculty member, s/he will notify the chairperson of the specific program at the CNHP.
2. The student, clinical faculty or chairperson will notify the supervisor of the area where the exposure occurred. Thereafter, post-exposure protocols for the clinical institution will be followed.
3. The infection control staff member/epidemiologist of the clinical facility will be notified of the exposure immediately by the student or if possible by the clinical faculty member. If a faculty member has been exposed, this individual will notify the infection control staff/epidemiologist.
4. As soon as possible following a report of an exposure incident the clinical faculty and infection control staff/epidemiologist should provide the student with counseling about an immediate confidential medical evaluation and follow-up at the student's expense. In some instances the clinical facility may cover costs of treatment and testing as would be done for an employee. In the case of a faculty member's exposure, the individual is expected to communicate directly with the infection control staff/epidemiologist. The medical evaluation and follow-up should include, at a minimum, the following requirements:
 - (a) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
 - (b) Identification and documentation of the source individual unless the clinical facility staff establishes that the identification is unfeasible or prohibited by state or local law.
 - (1) The source individual's blood shall be tested as soon as possible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the clinical facility shall establish that the source individual's consent cannot be obtained. When the source individual's consent is

not required by law, the source individual's blood shall be tested and the results documented.

- (2) When the source individual is already known to be infected with HIV or HBV, testing for the source individual's HIV or HBV status need not be repeated.
 - (3) Results of the source individual's testing shall be made available to the exposed individual who should also be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- (c) The exposed student/faculty member's blood should be tested as soon as possible after consent is obtained. Agencies which provide testing for HIV include:
- Northeast Arkansas Regional AIDS Network (NARAN)
(931-4HIV)**
 - Craighead County Public Health Department (933-4585)**
 - Student Health Center (972-2054).**
- Additionally, the exposed individual has the option of utilizing their private physician for confidential testing.
- (d) It is suggested that post-exposure prophylaxis be managed by the student/faculty member's personal healthcare provider.
 - (e) A copy of the OSHA Bloodborne Pathogens Standard (29 CFR 1910-1030) is accessible in this document (attached).

5.9 Incident Report Form

**COLLEGE OF NURSING AND HEALTH PROFESSIONS
Incident Report Form**

Date: _____

Time: _____

Location: _____

(On Campus/Off Campus)

- CLINICAL LABORATORY SCIENCES
- COMMUNICATION DISORDERS
- DISASTER PREP. & EMERGENCY MGMT
- NURSING
- NUTRITIONAL SCIENCE
- PHYSICAL THERAPY
- MEDICAL IMAGING AND RADIATION SCIENCES
- SOCIAL WORK

Student: _____ Student ID Number _____

Description of Incident (Name all persons involved):

Witnesses of the Incident:

Action taken (notification of/by whom):

Review/Comments:

Does this need review by the Infection Control Committee? Yes No

Student _____ Date _____

Faculty _____ Date _____

Follow-up:

If more space is necessary, use additional pages or back of sheet.

Two copies (one copy in student file; one in Departmental Office file).

5.10 HIPAA / HITECH Compliance Contract

Protecting the Privacy of Patients' Health Information

Overview: *Each time a patient sees a doctor, is admitted to a hospital, goes to a pharmacist or sends a claim to a health plan, a record is made of their confidential health information. In the past, family doctors and other health care providers protected the confidentiality of those records by sealing them away in file cabinets and refusing to reveal them to anyone else. Today, the use and disclosure of this information is protected by a patchwork of state laws, leaving gaps in the protection of patients' privacy and confidentiality.*

Congress recognized the need for national patient record privacy standards in 1996 when they enacted the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The law included provisions designed to save money for health care businesses by encouraging electronic transactions, but it also required new safeguards to protect the security and confidentiality of that information. The law gave Congress until August 21, 1999 to pass comprehensive health privacy legislation. When Congress did not enact such legislation after three years, the law required the Department of Health and Human Services (HHS) to craft such protections by regulation.

In November 1999, HHS published proposed regulations to guarantee patients new rights and protections against the misuse or disclosure of their health records. During an extended comment period, HHS received more than 52,000 communications from the public. In December 2000, HHS issued a final rule that made significant changes in order to address issues raised by the comments. To ensure that the provisions of the final rule would protect patients' privacy without creating unanticipated consequences that might harm patient's access to care or quality of care, HHS Secretary Tommy G. Thompson opened the final rule for comment for 30 days. After that comment period, President Bush and Secretary Thompson allowed the rule to take effect on April 4, 2001, as scheduled, and make appropriate changes during the next year to clarify the requirements and correct potential problems that could threaten access to, or quality of, care. On July 6, 2001, HHS issued its first set of guidance to answer common questions and clarify confusion about the final rule's provisions.

COMPLIANCE SCHEDULE

The final rule took effect on April 14, 2001. As required by the HIPAA law, most covered entities have two full years - until April 2003 - to comply with the final rule's provisions. The law gives HHS the authority to make appropriate changes to the rule prior to the compliance date.

COVERED ENTITIES

As required by HIPAA, the final regulation covers health plans, health care clearinghouses, and those health care providers who conduct certain financial and administrative transactions (e.g., electronic billing and funds transfers) electronically.

INFORMATION PROTECTED

All medical records and other individually identifiable health information used or disclosed by a covered entity in any form, whether electronically, on paper, or orally, are covered by the final rule.

CONSUMER CONTROL OVER HEALTH INFORMATION

Under the final rule, patients will have significant new rights to understand and control how their health information is used.

- patient education on privacy protections. Providers and health plans will be required to give patients a clear written explanation of how the covered entity may use and disclose their health information.
- Ensuring patient access to their medical records. Patients will be able to see and get copies of their records, and request amendments. In addition, a history of non-routine disclosures must be made accessible to patients.

Receiving patient consent before information is released. Health care providers who see patients will be required to obtain patient consent before sharing their information for treatment, payment, and health care operations. In addition, separate patient authorization must be obtained for non-routine disclosures and most non-health care purposes. Patients will have the right to request restrictions on the uses and disclosures of their information.

BOUNDARIES ON MEDICAL RECORD USE AND RELEASE

With few exceptions, such as appropriate law enforcement needs, an individual's health information may only be used for health purposes.

- Ensuring that health information is not used for non-health purposes. Health information covered by the rule generally may not be used for purposes not related to health care - such as disclosures to employers to make personnel decisions, or to financial institutions - without explicit authorization from the individual.
- Providing the minimum amount of information necessary. In general, disclosures of information will be limited to the minimum necessary for the purpose of the disclosure. However, this provision does not apply to the disclosure of medical records for treatment purposes because physicians, specialists, and other providers need access to the full record to provide quality care.

ENSURE THE SECURITY OF PERSONAL HEALTH INFORMATION

The final rule establishes the privacy safeguard standards that covered entities must meet, but it gives covered entities the flexibility to design their own policies and procedures to meet those standards. The requirements are flexible and scalable to account for the nature of each entity's business, and its size and resources. Covered entities generally will have to:

- **Adopt written privacy procedures.** These include who has access to protected information, how it will be used within the entity, and when the information may be disclosed. Covered entities will also need to take steps to ensure that their business associates protect the privacy of health information.
- **Train employees and designate a privacy officer.** Covered entities will need to train their employees in their privacy procedures, and must designate an individual to be responsible for ensuring the procedures are followed.

ESTABLISH ACCOUNTABILITY FOR MEDICAL RECORDS USE AND RELEASE

In HIPAA, Congress provided penalties for covered entities that misuse personal health information.

- **Civil penalties.** Health plans, providers and clearinghouses that violate these standards will be subject to civil liability. Civil money penalties are \$100 per violation, up to \$25,000 per person, per year for each requirement or prohibition violated.
- **Federal criminal penalties.** Under HIPAA, Congress also established criminal penalties for knowingly violation patient privacy. Criminal penalties are up to \$50,000 and one year in prison for obtaining or disclosing protected health information under "false pretenses"; and up to \$250,000 and up to 10 years in prison for obtaining or disclosing protected health information with the intent to sell, transfer or use it for commercial advantage, personal gain or malicious harm.

BALANCING PUBLIC RESPONSIBILITY WITH PRIVACY PROTECTIONS

In limited circumstances, the final rule permits - but does not require - covered entities to continue certain existing disclosures of health information without individual authorization for specific public responsibilities.

These permitted disclosures include: emergency circumstances; identification of the body of a deceased person, or the cause of death; public health needs; research, generally limited to when a waiver of authorization is independently approved by a privacy board or Institutional Review Board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and related to national defense and security.

All of these disclosures could occur today under existing laws and regulations, although the privacy rule generally establishes new safeguards and limits. If there is no other law requiring that information be disclosed, covered entities will use their professional judgments to decide whether to disclose any information, reflecting their own policies and ethical principles.

SPECIAL PROTECTION FOR PSYCHOTHERAPY NOTES

Psychotherapy notes (used only by a psychotherapist) are held to a higher standard of protection because they are not part of the medical record and are never intended to be shared with anyone else. All other personal health information is considered to be sensitive and protected consistently under this rule.

EQUIVALENT REQUIREMENTS FOR GOVERNMENT ENTITIES

The provisions of the final rule generally apply equally to private sector and public sector entities. For example, both private hospitals and government medical units have to comply with the full range of requirements, such as providing notice, access rights and requiring consent for routine uses.

COST OF IMPLEMENTATION

The final rule projected the implementation costs at \$17.6 billion over 10 years - a figure more than offset by the \$29.9 billion in projected savings under the final electronic transactions regulation issued in August 2000.

PRESERVING EXISTING, STRONG STATE CONFIDENTIALITY LAWS

As required by the HIPAA law itself, stronger state laws (like those covering mental health, HIV infection, and AIDS information) continue to apply. These confidentiality protections are cumulative; the final rule will set a national "floor" of privacy standards that protect all Americans, but in some states individuals enjoy additional protection. In circumstances where states have decided through law to require certain disclosures of health information, the final rule does not preempt these mandates.

COMPLIANCE AND ENFORCEMENT

The rule will be enforced by the HHS Office for Civil Rights (OCR). On July 6, OCR issued its first set of guidance to answer many common questions about the new patient privacy rule and to clarify some of the confusion regarding the rule's potential impact on health care delivery and access. Before covered entities must comply with the rule, OCR will provide assistance to providers, plans and health clearinghouses in meeting the requirements of the regulation. The initial guidance and other information about the new regulation are available on the Web at <http://www.hhs.gov/ocr/hipaa/>.

Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.

6.0 Substance Abuse Policy & Procedures

See Appendix N

7.0 Student Records

The registrar's office maintains records of all didactic and related courses attempted and/or completed by all students. The following records are kept in the Department of Health Professions and the Radiation Therapy Program:

1. Radiation monitoring record
2. Attendance and clinical rotation records
3. Clinical competency records
4. Pre-admission high school and/or college transcripts
5. Advising documents

Under the Federal Family Educational Rights & Privacy Act of 1974 (Buckley Amendment), students have the right to inspect and review any and all official records, files and data pertaining to them.

7.1 Health and Safety

Policies on emergency preparedness, campus safety, harassment, communicable diseases and substance abuse are located on the A-State Website as well as the A-State Student Handbook.

8.0 Student Counseling

The purpose of student counseling is to promote, assist, and maintain superior student performance. Feedback given in counseling persons may be used to identify areas of strength and weakness in student performance or behavior. All counseling sessions are documented and filed in the student's permanent folder.

9.0 Withdrawal from the Program

The following steps are necessary when withdrawing from the program.

1. The student should meet with the Program Director to discuss the withdrawal process.
2. The student should write a formal letter of resignation stating the reason for withdrawal. This letter will remain in his/her permanent file and will be considered in the event the student seeks readmission to the program at a later date.
3. The student will return the film badge that has been issued and any other material that may be on loan.
4. The student will follow University guidelines for completing the withdrawal process, securing the appropriate signatures when necessary.

If a student withdraws from a professional course, the student must withdraw from the program.

10.0 Dismissal from the Program

There are conditions that will necessitate dismissal from the Radiation Therapy Program. These include, but are not limited to:

1. Failure to meet academic standards.
2. Failure to demonstrate suitable progress in clinical practice.
3. Patterns of behavior jeopardizing patient safety, individual or group progress, and/or contract agreement with the clinical affiliate.
4. Patterns of behavior indicating an attitude of irresponsibility to self, patient, profession, or University.
5. Cheating and/or plagiarism.
6. Physical or emotional conditions affecting ability to attain curricular objectives.
7. Falsification of any records or knowledge of such (i.e., time sheets, competency evaluations, etc.) related to the Radiation Therapy program.
8. Upon a clinical site's request for a student to leave / not return to the facility.

Dismissal will be based on the following:

- a. Written documentation describing the offense and/or offenses.
- b. Review of the student's performance records by the A-State faculty, and the Radiation Therapy Program Director.
- c. A recommendation will be made in writing and discussed with the student and will become part of the student's permanent record. Any student wishing to appeal must follow the appeal process stated in the A-State Student Handbook.

11.0 Readmission to the Program

A student wishing to be readmitted to the program must make formal application to the program and to the University, if not currently enrolled. Readmission is granted on an individual basis, based on the student's previous records and the availability of space.

Readmission will be denied if:

1. the cumulative grade point average is lower than 2.00.
2. the student has received a final grade lower than "C" in the same course, or has received a grade lower than "C" in professional courses in two separate semesters in the same program.

12.0 Application for Registry Examination

In the last semester of the program each student will receive an application form for the Registry exam. The ARRT rules and regulations require that candidates must have successfully completed a program of formal education before sitting for the exam. Additional information will be provided by the Program Director.

13.0 Grievance Procedures

A grievance is a complaint alleging that one or more of the “academic rights of students” has been violated. Steps for filing a grievance are listed in detail in the A-State Student Handbook.

14.0 Program Non-Compliance

If, during the course of your professional education, you feel the A-State Radiation Therapy Program does not comply with the Joint Review Committee on Education in Radiologic Technology Standards (see Appendix, Standards for an Accredited Educational Program in Radiologic Technology) you have the right to notify the JRCERT. Their address is: Joint Review Committee on Education in Radiologic Technology, 20 N. Wacker Dr. Suite 2850, Chicago, IL 60606-2901. Phone number: (312) 704-5300. OR www.jrcert.org

15.0 Social Media Guidelines

Social media can be a way to share life experiences and opinions with others. Use of social media presents risks and carries with it certain responsibilities.

Social media includes all means of communicating or posting information or content of any sort via the Internet or other electronic communication method. Social media includes both your personal or someone else’s personal web log/blog, journal, website, or chat room, and group interchanges such as Facebook, Twitter, or Linked-in and social media anonymous sites. You are solely responsible for what you post online. Inappropriate postings specific to patients, classmates or faculty that include discriminatory remarks, harassment or threats, or violations of professional codes of conduct are subject to disciplinary action. Your actions could adversely affect your standing in your health professions program which could include program dismissal. CNHP Faculty/Staff Handbook 2015-2016 45

You should be aware that future employers may view potential candidate’s websites. Students are advised to review their site (s) for any unprofessional images or language which could adversely affect successful employment upon graduation. Please make responsible decisions about your use of social media.

CLINICAL POLICIES AND PROCEDURES

General Introduction

During each semester of the professional program in Radiation Therapy at Arkansas State University the student will be enrolled in a clinical course that requires attendance in the clinical education center in order to:

- Acquire expertise and proficiency in a variety of radiation therapy clinical set ups.
- Develop and practice work habits and appropriate interpersonal relationships with patients and other members of the health care team.

In the Clinical Education Center the student will be representing Arkansas State University, the College of Nursing and Health Professions, and the Radiation Therapy Program. The student is expected to conduct himself/herself in a professional manner at all times.

16.0 Clinical Assignments

Each student is assigned to a specific area in the radiation therapy department at the Clinical Education Center (CEC). Assignments are arranged by the Program Director and the assigned schedule must be followed closely by each student. All students are scheduled and rotated through various areas during the professional program so that they have an equal opportunity to perform all types set ups. A composite of all clinical assignments is maintained on each student to verify the equity of the assignments.

Clinical assignments will be on Mondays, Wednesdays, and Fridays.

It is logistically impossible to assign all students to the same clinical activities at the same time throughout the program. Thus, it is the students' responsibility to coordinate clinical course competencies with clinical assignments. In this manner, students progress at their own rate and engage in procedures related to their specific clinical assignment.

Students are responsible for making sure that all documentation (both paperwork and electronic records) is accurate and submitted upon completion of the clinical site rotation. Failure to submit required documents within one week of following the completion of a clinical site rotation may result in a lowered or incomplete grade.

17.0 Dosimeter

A dosimeter is provided to the student for the purpose of monitoring radiation exposure. Students will not be allowed in the clinical area without the film badge. The dosimeter is to be worn on the collar and is to be downloaded on or before the first of each month. Failure to download dosimeter can result in an additional clinic deviation. If a female student is pregnant, she will also wear a fetal monitor (baby

badge) on her abdomen, also to be replaced every month. The A-State dosimeter IS NOT TO BE WORN when employed by a health care facility.

A radiation exposure report is made available each month to the students. Students must initial the monthly exposure report to ensure they are aware of their exposure (if any). If a student exceeds a reading of 30 millirems, and investigation of cause will occur and the student will be counseled regarding exposure. If a student exceeds a reading of 60 millirems, the student will be removed from clinical rotations while a formal investigation of cause will occur. After assurance of student safety has been established, the student will be allowed back in the clinical setting with no loss of clinical time on their record.

Proper care of the dosimeters is the responsibility of the individual student. Any discrepancy which might affect the film badge reading should be reported immediately to the Clinical Coordinator and Program Director.

Should a student come to the clinical area without a current dosimeter, that student will be asked to leave the clinical area and will receive an absence for that day.

18.0 Dress Code

All students:

1. Gray scrubs with the A-State Radiation Therapy logo on the upper left corner of the shirt will be the required uniform. Only solid white shirts may be worn under the scrub top.
2. White lab coats are required. Students may select any style they prefer.
3. Shoes must be predominately white, grey or black with matching shoe laces.

General Appearance:

1. A-State photo ID's with the "Radiation Therapy Program" designation are to be worn in the clinical area at all times.
2. The A-State ID **IS NOT TO BE WORN** when employed by a health care facility.
3. Hair should be neat/clean. Long hair should be pulled back, away from the face.
4. Personal hygiene is to be maintained at all times.
5. Plain wedding bands and watches (with a second hand) are the only recommended jewelry to be worn. If ears are pierced, posts may be worn. Excessive body piercing is not allowed.
6. Uniforms must be kept clean and neat at all times. Shoes and laces should be kept clean.
7. Fingernails should be kept trimmed and neat, with no colored nail polish.
8. All visible tattoos must be covered.
9. Students should refrain from perfumed products out of respect for patient sensitivities.
10. Regulations regarding appearance are intended to foster professionalism. Faculty reserve the right to regulate student appearance.

19.0 Online Clinical Software

All clinical recordkeeping will be done through an Online Clinical Software Reporting System. This will be an additional cost to students and will be paid through online clinical software program. All students are required to purchase this program since all clinical records will be done through this system. Students are responsible for maintaining their account and checking it daily to ensure their competencies, evaluations, and time records are updated.

20.0 Attendance

Students are required to be in attendance 100% of all assigned clinical days. Any days missed will have to be made up before grades are due for that semester. The days missed must be made up at the clinical education center at which they were missed. It is the responsibility of the student to check with the clinical supervisor at that clinical education center to make sure the days they will make up are acceptable to that CEC.

Students will receive a reduction of 1 letter grade for every 3 deviations and/or absence during each semester. A deviation and/or absence includes arriving to clinic late and/or leaving early. If a student misses one hour or more of the clinical day, this will count as an absence. Any time missed will have to be made up and will still count as an absence. Comp time is not given.

The student is responsible for calling both the clinical site and the Clinical Coordinator when they are not going to clinic prior to 8 am. Failure to do so will result in 1 additional absence.

Clinical hours are from 8:00 a.m. until 4:00 p.m. The only exception to this is when:

1. mandatory warm-ups are being completed. (In this case, it is acceptable for the student to arrive at the clinical site when the therapist(s) will begin machine warm-up and leave early.)
2. all therapists in a department leave for the day.

In both cases, logs must reflect the reason for the discrepancy.

Any days not made up will be unexcused and will result in an incomplete clinical grade. Extenuating circumstances will be at the discretion of the program Director.

Evidence of falsified clinical time records will result in immediate dismissal from the program, including changing and / or incorrectly reporting clock in/clock out times.

21.0 Weather

If the University closes for inclement weather then the student is excused from clinic for that day. If the University does not close for inclement weather but the local schools close in the area where the student is traveling to clinic, then the student is

encouraged not travel to clinic. This day will however; be required to be made up at a later time.

22.0 MRI Safety

Safety screening protocols for students in the magnetic resonance environment: Students in the A-State Radiation Therapy Program will be trained in MRI safety procedures including field strength, flux lines, projectile/missile effects, torque, tissue heating and other safety issues through a MRI safety presentation presented by the A-State Program Director of the MRI program during their Introduction to Radiation Therapy and Patient Care course (RST 4203). During this presentation, student will practice using the MRI screening form to ensure understanding of MRI safety. This presentation will be given during the first week of classes to ensure all students are prepared for any interactions they may have in an MRI environment. The program director will review the forms to ensure there are no contraindications for student to enter the MRI suites. If there are contraindications noted, student will be counseled and not be allowed to enter a MRI suite during their clinical rotations.

23.0 CLINICAL COURSE REQUIREMENTS

RST 4513, 4523, 4533

Miscellaneous Policy Concerns and Proposals

Any student attending less than 100% scheduled clinical hours will receive an incomplete grade for that clinical course, regardless of the number of competency objectives achieved. Clinical grade will be comprised of the following:

Comps / Proficiencies

Evaluations

Clinical Experience (Folder, journals, case studies, labs, etc)

Syllabi will be distributed every semester with details on grade composition. Evaluation criteria for Clinical Competency Objectives as well as Student Clinical Evaluations are clearly stated on the forms included in this handbook and will be discussed during orientation by the Program Director.

All clinical courses reflect a 7:1 ratio of clock hours to credit hours. Student clinical hours are from 8:00 am to 4:00 pm. Students are responsible for their own transportation and any costs associated with travel.

Clinical education centers include:

- St. Bernard's Medical Center – Jonesboro, AR
- NEA Baptist Memorial Hospital – Jonesboro, AR
- Poplar Bluff Regional Medical Center – Poplar Bluff, MO
- White River Medical Center – Batesville, AR

- St. Jude Children's Research Hospital – Memphis, TN
- Methodist University- Memphis, TN
- West Cancer Center and Research Institute- Germantown, TN

All students will receive fair and equitable rotations to include all equipment types.

24.0 CLINICAL COMPETENCY OBJECTIVES

1. Students will observe and participate in machine warm-ups at least two times during the Fall semester. Students will observe and participate in machine warm ups at least three times in the Spring semester.
2. The following competencies are the minimum competencies required. Completing the minimal number of competencies each semester will result in a grade of 84% (B) towards the competency component of the grade. An additional 5 competencies will result in a grade of 100% (A) towards the competency component of the grade.
3. Students will perform all 27 clinical competencies required by the ARRT as listed below. Please note that a Knowledge Assessment must be filled out PRIOR to the competency to show knowledge of the competency. If a knowledge assessment is not entered into Trajecsys prior to the competency, the competency will not be valid.
 - a. For the Fall semester, students will perform at least 10 of the required competencies and 10 proficiency exams. Proficiency exams are any exams the student feels competent in performing. They can be duplicated from the required competencies, but have to be 10 separate exams from the required competencies. This is for an 84%. For 100% the student must complete 10 required competencies and 15 proficiencies.
 - b. For the Spring semester, students will perform at least 10 required competencies and 10 proficiency exams. This is for an 84%. For 100% the student must complete 10 required competencies and 15 proficiencies.
 - c. For the Summer Semester, students must complete the remaining 7 required competencies and 10 proficiency exams. This is for an 84%. For 100% the student must complete 7 required competencies and 15 proficiencies.
 - d. All 27 procedures must be evaluated by a qualified Radiation Therapist and will be part of the student's clinical grade.
 - Competency verification is required for select treatment comps per the VERT system by a member of the Program Faculty
 - e. Select required treatment competencies performed in the clinical setting will be verified through the use of the final competency evaluation performed by the program director or the clinical coordinator using the VERT system to determine final pass/fail for the competency. If the student does not pass the final competency, the attempted competency must be performed again in the clinical setting. The competency will not be considered valid until it is verified within the clinical software. (simulation and participatory comps not included)

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

Mandatory or Required Treatment Competencies:Breast

- Tangential only
- Tangential with Supraclavicular
- Tangential with Supraclavicular + Posterior Axilla Boost
- Special set up (e.g., photon or electron boost, prone, IMRT, gating)

Head and Neck

- Multi-field

Thorax

- Multi-field (non-IMRT)
- IMRT and/or arc therapy

Brain

- Primary
- Metastatic

Abdomen

- Multi-field

Pelvis

- Multiple field –Supine
- Multiple field- Prone

Skeletal

- Multi-field spine
- Extremity

Electron Fields

- Single

Photon or Electron

- Abutting fields

- Multi-field includes two or more fields, and may include 3D conformal, IMRT, and/or arc therapy.

Simulation Procedures:

Student responsibility for competency should include the following levels of responsibility: Perform, discuss and review

1. Brain
2. Head and Neck
3. Thorax
4. Breast
5. Pelvis
6. Skeletal

Participatory Procedures:

1. Total Body Irradiation (TBI)
2. Craniospinal (CSI)
3. Brachytherapy
4. SBRT/SRS Treatment
5. Special Treatment Simulation Procedure (e.g., 4D CT, SBRT, Gating or Brachytherapy)

The following are mandatory competencies that must be completed before the student can be eligible for graduation from the program. These are not counted toward required number of treatment competencies but are still required.

Dosimetry

Competency required: (will be completed during physics rotation)

Perform calculations for each of the following:

- Single fields
- Parallel opposed fields
- Weighted fields
- Wedged fields
- Computer generated isodose plans
- Electron field

Treatment Accessory Devices (will be completed during simulation rotation)

Competency requirement:

Fabricate the following beam modification devices:

- Custom Bolus
- Custom Immobilization devices
(foaming agents, vacuum bags, etc)
- Thermo plastic mold
- Custom Block Process (photon or electron)*
- *may or may not include actual block fabrication (e.g., third party outsourcing)

General Patient Care (will be completed during nursing rotation)

Competency requirement: perform the following general patient care procedures:

- CRR-BLS
- Vital signs (blood pressure, pulse, respirations and temperature)
- O₂ administration
- Patient Transfer techniques

Students will also have to be certified in CPR

Quality Control Procedures (will be done with physicist during QA testing)

Competency requirement: perform the following QA procedures:

- Linear Accelerator
 - Laser Alignment
 - Imaging Systems
 - Beam output and symmetry

Simulator
Laser Alignment
QA Water Phantom (e.g., CT Number)

25.0 Clinical Advising Program

All students enrolled in radiation therapy clinical education are evaluated and advised regarding their ability to care for patients in a professional and ethical manner. The advising program is conducted via several documents:

- a. “**Significant Incident Record**” forms are to be utilized by anyone to document any positive or negative educational experiences of the student. In most cases students are expected to assist in obtaining positive records while negative experiences are usually documented by clinical education center staff or university faculty.
- b. “**Clinical Evaluation**” forms are used by radiation therapists to give students and faculty an opinion of the students' trends in professional attitudes and behavior. Students do not see these actual forms but are supplied with a composite each semester.
- c. All records of the Clinical Advising Program will be destroyed after graduation except those which document mandatory advising sessions or dismissal from the program.

26.0 Clinical Supervision

Students are not to operate the equipment with a patient in the room at any time without a registered radiation therapist present (direct supervision). It is the responsibility of the therapist to enter the room immediately upon completion of the patient's treatment.

Students are allowed to operate the controls and set the machine ONLY if the student and therapist both feel confident the student is ready and the student has received both didactic and clinical evaluation. The therapist must be present and check the student (direct supervision).

By the Spring semester, students should perform all duties at the treatment console, to include image guidance protocols. Actual delivery of treatment is not required.

27.0 Evaluations and Clinical Checklist

Upon completion of the student's assigned rotation in each particular clinical setting, the student must be able to complete the Competency Objectives as outlined on the form incorporated into this handbook.

There are certain objectives and criteria for each particular area of rotation for the student. The forms for the clinical competency evaluations and the Clinical Competency Objectives will be discussed during orientation by the Program Director.

In addition, the student will be clinically evaluated by the therapist on the machine/clinical assignment to which the student is assigned. The student's Clinical Evaluation Form to be filled out by the therapist is also included in this handbook and will be discussed in Orientation. The student will also fill out an evaluation for the clinical instructor he/she was assigned to.

It is the student's responsibility to fill out the Clinical Checklist included in this handbook for each machine/clinical assignment they are assigned. The Clinical Checklist is to be kept daily and marked according to the set-ups and procedures the student has observed or performed each day.

It is the student's responsibility to have the Clinical Checklist, Student Clinical Evaluation Form, and Competency Objective Forms completed by the end of each rotation. The last week of the rotation or when the student feels confident to challenge the objective the student must contact the Radiation Therapist/Clinical Instructor to be clinically evaluated on the competency objective.

At the end of each rotation, the student is responsible for making sure all clinical documents have been completed online by the appropriate individuals. Failure to ensure completion of all forms will result in a penalty to student's clinical grade.

At the end of each clinical rotation, the student will fill out a Clinical Affiliate Evaluation Form for each clinical site he/she visited.

28.0 Clinical Rotation

The student's first few days on a new clinical rotation should be used for observation. This gives the student time to learn the setups, equipment and routine of the machine.

29.0 Additional Clinical Rotations

In addition to the routine machine rotations and simulator rotations, students will also do a 1-week rotation through the nursing department of the Ben E. Owens Cancer Treatment Center at St. Bernard's Regional Medical Center. This will allow the student to experience the initial visit of the patient as well as follow up appointments after the treatment. It also allows the student to recognize and report abnormal blood work as well as weekly monitoring of weight.

The student will also do a clinical rotation through the physics/dosimetry department at the various CEC's. This will allow the student to participate in treatment planning, learning to read isodose curves, calculate monitor units, and chart checks.

Students may also be required to participate in any type of special procedures that may become available when the student is in that particular site. This could include brachytherapy, proton therapy, and CT treatment planning.

30.0 Cell Phone Policy

Classroom:

Cell phones are not to be used during class time. Cell phones should not ring during class. If the student has an emergency that they need to respond to they can leave the class quietly and be allowed to return. If there is an emergency during the class period, you may be reached through the Radiologic Sciences office at 870-972-3073. If the student's cell phone rings during class, you will be asked to leave the classroom and not be allowed to return for that class period, which will result in an unexcused absence (meaning no makeup work allowed).

Clinic:

All cell phones are to be turned off while the student is in the clinical site. They are not to be carried on the student at all. They must be put away at a location other than on the student. You may use phones during breaks away from patient care areas. Any student caught carrying their cell phone in clinic will be subject to being asked to leave clinic and will result in an unexcused absence.

31.0 Criminal Background Checks:

Criminal background checks will occur on each student accepted into the program. Students will be responsible for the costs associated with the background check. Proof of compliance will be required before students can be placed in clinical assignments. Each clinical site will have an individual policy regarding background checks. Clinical sites will be the only ones able to access the criminal background check information. No A-State faculty or program director will know the results of the criminal background check. If a clinical site chooses to deny clinical access to a student, then it is the responsibility of the program director/clinical coordinator to re assign that student to a different clinical site based on clinical availability. If a student cannot fulfill his/her clinical requirements, he/she may not be able to graduate from the program.

**AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS
CODE OF ETHICS**

1. The Radiologic Technologist acts in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
2. The Radiologic Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The Radiologic Technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination, regardless of sex, race, creed, religion or socio-economic status.
4. The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purposes for which they have been designed, and employs procedures and techniques appropriately.
5. The Radiologic Technologist assesses situations; exercises care, discretion and judgement; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment management of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The Radiologic Technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The Radiologic Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The Radiologic Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The Radiologic Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new and innovative aspects of professional practice.

**CODE OF ETHICS
FOR RADIATION THERAPISTS**

1. The radiation therapist advances the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
2. The radiation therapist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socioeconomic status.
3. The radiation therapist assesses situations; exercises care, discretion and judgement; assumes responsibility for professional decisions and acts in the best interest of the patient.
4. The radiation therapist adheres to the tenets and domains of the SCOPE OF PRACTICE FOR RADIATION THERAPISTS.
5. The radiation therapist actively engages in lifelong learning to maintain, improve and enhance professional competence and knowledge.

THE PATIENT'S BILL OF RIGHTS

The Patient's Bill of Rights was designed to inform patients of their rights while in a hospital. As radiation therapists who will be experiencing clinical education in several hospitals, you are obligated to respect these rights.

- a. The patient has the right to considerate and respectful care.
- b. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his behalf. He has the right to know, by name, the physician responsible for his care.
- c. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedure and/or treatment.
- d. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.
- e. The patient has the right to every consideration of his privacy concerning his own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have the permission of the patient to be present.
- f. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.
- g. The patient has the right to expect that within its capacity, a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and the institution to which the patient is to be transferred must first have accepted the patient for transfer.
- h. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him.

- i. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
- j. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.
- k. The patient has the right to examine and receive an explanation of his bill, regardless of source of payment.
- l. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

**Joint Review Committee on Education in Radiologic Sciences
Standards for Educational Programs:**

Standard One: Integrity

The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.

Standard Two: Resources

The program has sufficient resources to support the quality and effectiveness of the educational process.

Standard Three: Curriculum and Academic Practices

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

Standard Four: Health and Safety

The program's policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Standard Five: Assessment

The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Standard Six: Institutional/Programmatic Data

The program complies with JRCERT policies, procedures, and **STANDARDS** to achieve and maintain specialized accreditation.

APPENDIX

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM**
Counseling Document Form

Student: _____

Date: ____ / ____ / ____

Faculty Advisor:

Reasons for Counseling
Suggestions for Corrective Action
Faculty Advisor's Comments
Student's Comments

Faculty Advisor Signature

Student Signature

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM**

**CLINICAL EDUCATION CENTERS
CLINICAL SUPERVISORS/CLINICAL INSTRUCTORS**

Program Director / Clinical Coordinator:

Tracy White / Jody Nutt

Ben E. Owens Cancer Treatment Center

St. Bernard's Medical Center
Jonesboro, AR

Clinical Supervisor:

Tonya Harris, BSRS (R)(T)

Clinical Instructors:

Cynthia Andrews, BSRS (T)
Jade Ball, BSRS(T)
Mike Cox, CMD
Kristen Neiswander, BSRS (R)(T)
William Weaver
Joanna Whitlatch, RTT
Chandra Woodard, BSRS (R)(T)
Holly Young, RTT

Danny Bell Cancer Treatment Center

Poplar Bluff Regional Medical Center
Poplar Bluff, MO

Clinical Supervisor:

Chris Ellsworth, BSRS (R)(T)

Clinical Instructors:

Brittany Baldwin, BSRS (R)(T)
Sarah Headd, RT (R)(T)

Fowler Family Center for Cancer Care

NEA Baptist Medical Center

Jonesboro, AR

Clinical Supervisor:

Amy Tillman, BSRS (R)(T)

Clinical Instructors:

Katie Chronister, BSRS(T)

David Domino, BSRS (R)(T)

Dustin King, CMD

Kari Simmons, BSRS (R)(T)

St. Jude Children's Research Hospital

Memphis, TN

Clinical Supervisor:

Laura Jolovic, (T)

Mary Beth Wainwright, (T)

Clinical Instructors:

Andrew Saunders, BSRS (R)(T)

Hanna Smith, BSRS (T)

Logan Snyder, BSRS (R)(T)

Grant Townsend, BSRS (R)(T)

White River Medical Center Cancer Care Center

Batesville, AR

Clinical Supervisor:

Angie Odom, BSRS (R)(T)

Clinical Instructor:

Beth Willfond, BSRS (R)(T)

Methodist University

Memphis, TN

Clinical Supervisor:

Megan Westmoreland RT(T)

Clinical Instructors:

Anna Hermsdorfer RT(T)

Tonia Jones RT(T)

Kelly Middleton BSRS(R)(T)

West Cancer Center and Research Institute
Germantown, TN

Clinical Supervisor:
Kristen Day

Clinical Instructor:
N/A

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM**

ROOM ORIENTATION CHECKLIST

Student _____ Date _____

CEC _____ Room _____

Radiation Therapist _____

Student working in a radiation therapy room should be oriented to the following:

ROOM EQUIPMENT	YES	NO
1. Main breaker switch		
2. Emergency off buttons		
3. Wedges		
4. Electron cones		
5. Bolus		
6. Table controls		
7. Gantry Controls		
8. Linens		
9. Immobilization devices		
10. Custom blocks		
11. Storage area for accessories (Ex. emesis basin, gloves, etc.)		
12. Radiation safety devices		
13. Quality Assurance procedures/ devices		
14. Any additional information not listed above:		

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM**

Department Orientation Checklist

Topic	Yes	No
1. Codes relevant to institution (Fire, Patient, Emergency)		
2. Hazards (Fire, Chemical, Electrical, block room)		
3. Review Direct Supervision Policy		
4. Location of Crash Cart		
5. Rules and Regulations of Department		
6. Radiation Safety Policies		
7. Tour of Department		
8. Department Chain of Command		
9. Incident Report Policy		
10. HIPAA		
11. Lunch Breaks/ Parking		
12. Expectations of Students		
13. Emergency Preparedness		
14. Harassment		
15. Communicable Diseases/ Standard Precautions		
16. Substance Abuse		

Clinical Supervisor Signature _____ Date _____

Clinical Education Center _____

Student Signature _____ Date _____



**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM
Knowledge Assessment**

Name: _____ Date: _____

Competency: _____

Competency:	
1.	Discuss how patient is traditionally positioned for this competency:
2.	What immobilizations devices are generally used for this competency:
3.	What is the most common pathology / histology for this competency:
4.	What is the common dose (total and daily) and fractionation scheme for this competency:
5.	What are some common critical structures within the treatment fields for this competency?
6.	Discuss if this competency is generally treated as IMRT, Non IMRT or VMAT and why?

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM
Competency Evaluation**

Student Name: _____ Date: _____

Procedure: _____ Clinical Site: _____

Circle One:

Circle One:

Required Comp or Proficiency

Patient or Simulated Exam

Please rate the student during their demonstration of a "Competency" procedure:

- 5 – Outstanding
- 4 – Above average but needs further experience/ learning
- 3 – Average performance
- 2 – Needed excessive assistance or time
- 1 – Competence not demonstrated

The Student:

1. Interacted and communicated in a professional manner with the patient and patient's family	Yes	No			
2. All machine parameters were set correctly and double checked	Yes	No			
3. Positioned the patient accurately and with sensitivity to the patient's condition	Yes	No			
4. Chose correct immobilization devices and used them properly	Yes	No			
5. Accessory devices placed, changed and removed correctly when needed	Yes	No			
6. Manipulates both in room and console equipment with efficiency including taking port films when needed	Yes	No			
7. Correctly sets and reads SSD's when required	Yes	No			
8. Correctly obtains image sets and makes appropriate patient Shifts/adjustments as needed (*By the Spring semester, students Must complete all duties at the treatment console, to include image Guidance protocols, with the exception of actual beam delivery.)	Yes	No			
9. Monitors patient during treatment	Yes	No			
10. Accurately identifies what fields are being treated	Yes	No			
11. Documented procedure by using the Record & Verify system	Yes	No			
12. Demonstrated respect and compassion for the patient	Yes	No			
13. Practiced radiation protection	Yes	No			
14. Performed the procedure with confidence	5	4	3	2	1
15. Was able to discuss all aspects of treatment procedures	5	4	3	2	1
16. Was able to identify anatomy within the area being treated	5	4	3	2	1
17. Was able to identify critical structures and the doses that they will receive within the area being treated	5	4	3	2	1
18. Answered all other technical questions asked in regards to the treatment procedure being performed and applicable side effects	5	4	3	2	1

Clinical Instructor Signature

Student Signature

Date

*Clinical Instructors may assist the student under the student's direction.

*Grading:

- Any "No" response = failure to successfully complete the Competency
- Any grade less than 3 = failure to successfully compete the Competency

**Arkansas State University
Radiation Therapy Program
Final Competency Evaluation**

Performed in the classroom setting on the VERT equipment using simulated patients

Student: _____ Date: _____
 Procedure: _____ Clinical Site: _____ Date of Comp. _____
 Evaluated by: _____ Score: _____ Average: _____

Student rating during completion of procedure:

5 – Outstanding 4 – Above Average 3 – Average
 2 – Needed Excessive assistance or time 1 – Competence not demonstrated

** Any grade less than a 3 = failure to successfully complete the competency.

The student:

1. Interacted and communicated in a professional manner and used 2 patient identifiers to identify patient:

5	4	3	2	1
---	---	---	---	---

2. Positioned the patient accurately and with sensitivity to the patient's condition using correct immobilization devices, positioning accessories, bolus, SSD, etc.

5	4	3	2	1
---	---	---	---	---

3. Correctly set machine parameters, including correct use of wedges, electron cones, etc.

5	4	3	2	1
---	---	---	---	---

4. Correctly performs image acquisition and registration and makes appropriate shifts

5	4	3	2	1
---	---	---	---	---

5. Operates equipment correctly while monitoring patient during treatment and maintains radiation protection methods.

5	4	3	2	1
---	---	---	---	---

6. Carefully monitored patient during entire treatment procedure.

5	4	3	2	1
---	---	---	---	---

7. Accurately identified treatment volume localization and dose to critical structures.

5	4	3	2	1
---	---	---	---	---

8. Discussed verification of dosing for the patient (fx's, daily dose, total dose).

5	4	3	2	1
---	---	---	---	---

9. Performed procedure with confidence, and discussed patient management and education.

5	4	3	2	1
---	---	---	---	---

10. Discussed the type of cancer, pathology, stage, and grade.

5	4	3	2	1
---	---	---	---	---

Comments:

Arkansas State University – Radiation Therapy Program
Participatory Procedure Verification

The following procedures are infrequent, high-risk procedures. Because of this, participation rather than competency is expected of each student. Participation means the student takes an active role in the procedure and understands the critical concepts vital to the success of the procedure.

Student: _____

Procedure	Date	Clinical Site	Verified by
Total Body Irradiation (TBI)			
Craniospinal (CSI)			
Brachytherapy			
SBRT/SRS Treatment			
Special Treatment Simulation Procedure (e.g., 4D CT, SBRT, Gating, or Brachytherapy)			

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM
Clinical Evaluation Form (General Rotation)**

Student _____ Date ____/____/____

Clinic Site/Machine _____ Grade _____

Clinical Observations: Evaluate the student based on the following observations

	5 (Excellent)	4 (Great)	3 (Average)	2 (Poor)	1 (Awful)	
1. Student can set patient up in the room using appropriate equipment.	5	4	3	2	1	
2. Student observes patient under equipment.	5	4	3	2	1	
3. Student fully comprehends patient's treatment plan (as based on knowledge for length of time in program).	5	4	3	2	1	
4. Student can participate in obtaining imaging sets and making appropriate shifts when needed.	5	4	3	2	1	

Student Evaluation: Evaluate the student on his/her actual observed performance as compared with others of the same rate

	5 (Excellent)	4 (Great)	3 (Average)	2 (Poor)	1 (Awful)
1. ADAPTABILITY: Is the student able to adapt to varying clinical situations?	5	4	3	2	1
2. CAPABILITY: The student's capability as reflected by his/her work	5	4	3	2	1
3. MOTIVATION: Student meets clinical requirements and seeks additional duties and assignments	5	4	3	2	1
4. EMOTIONAL STABILITY: The student's ability to react under stress in a mature and dependable manner	5	4	3	2	1

5. STUDENT RAPPOR T: The student's ability to interact with and under others' direction	5	4	3	2	1
6. PATIENT RAPPOR T: The student's ability to relate with ill people in such a way as to promote confidence and understanding					
7. ATTENDANCE : The reliability of the student to be at an assigned place on time	5	4	3	2	1
8. CONDUCT : The student demonstrates professional conduct and appearance	5	4	3	2	1

MISCELLAENOUS INFORMATON AND COMMENTS: Please give any further information that you feel might be helpful in evaluating this student

DATE: ____/____/____ SIGNATURE: _____

POSITION: _____

This evaluation form was reviewed by me personally with the Educational Program Director and it is my understanding that the information will be on file with Arkansas State University Radiologic Sciences Programs, Radiation Therapy Program.

STUDENT

DATE

PROGRAM DIRECTOR

DATE

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM
CLINICAL OBJECTIVES FOR “CT” SIMULATOR**

Upon completion of the simulator rotation, the student will be able to:

1. Identify each patient before simulation, introduce self by name.
2. Assures that ALARA concept is used.
3. Operates CT scanner, performs daily QA as appropriate (lasers, phantom scans, etc.)
4. Explains procedure to patient, prepares supplies needed for simulation, and monitors patient and equipment during procedure.
5. Construct and use appropriately immobilization devices for patient during simulation.
6. Position the patients using available tools and instrumentation as required (ex. Lasers, fiducial markers)
7. Performs CT scan for region of interest; participates in determining treatment fields (on film or digitally).
8. Review and discuss CT scans and treatment plan with appropriate personnel.
9. Utilizes preset protocols or adjusting field parameters to obtain optimal images.
10. Marks isocenter and transmits network of images to workstation.
11. Records patient position and other required information in chart (eg, set-up, table position).
12. Manages patient as situation requires, including monitoring for possible contrast reactions.
13. Instructs patient on maintenance of skin marks.

Arkansas State University – Radiation Therapy Program
Simulator Competency Evaluation Form

CT Simulation

Student: _____ Date: _____

Procedure: _____

All criteria must be successfully completed in order for the student to pass this evaluation.

Please note which areas, if any, need work.

	Pass	Fail	Comments
Reviews patient chart to become familiar with diagnosis and region of interest			
Discusses patient with therapist and/or radiation oncologist to determine desired positioning and protocol			
Identifies patient prior to simulation, introduces self by name			
Ensures that ALARA concept is followed			
Operates CT scanner, performs daily QA as appropriate (laser, phantom scans, etc.)			
Explains procedure to patient, prepares supplies needed for simulation, and monitors patient and equipment during procedure			
Positions and immobilizes patient using available tools and instrumentation as required (lasers, fiducial markers)			
Performs CT scan for region of interest; participates in determining treatment fields (on film or digitally)			
Reviews and discusses CT scan and treatment plan with appropriate personnel			
Utilizes preset protocols or adjusts imaging parameters to obtain optimal images			
Marks isocenter and transmits network images to workstation			
Records patient position and other required information (set-up, table position)			
Manages patient as situation requires, including monitoring for possible contrast reactions			
Instructs patient on maintenance of skin marks			

Radiation Therapist Signature: _____ Date: _____

Student Signature: _____ Date: _____

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM
Clinical Evaluation Form (CT Simulation Rotation)**

Student _____ Date ____/____/____

Clinic Site/Machine _____ Grade _____

Clinical Observations: Evaluate the student based on the following observations

	5 (Excellent)	4 (Great)	3 (Average)	2 (Poor)	1 (Awful)	
1. Student reviews patient information prior to simulation.	5	4	3	2	1	
2. Student is able to explain simulation procedure clearly to the patient and answer any questions they the patient may have.	5	4	3	2	1	
3. Student is able to immobilize and initially set up the patient for the appropriate simulation.	5	4	3	2	1	
4. Student is able to assist physician in localizing tumor volume.	5	4	3	2	1	
5. Student is able assist in all imaging protocols	5	4	3	2	1	N/A
6. Student is able to select the correct protocol for CT simulation.	5	4	3	2	1	N/A
7. Student is able to mark the field on the patient correctly.	5	4	3	2	1	

Student Evaluation: Evaluate the student on his/her actual observed performance as compared with others of the same rate

	5 (Excellent)	4 (Great)	3 (Average)	2 (Poor)	1 (Awful)
1. ADAPTABILITY: Is the student able to adapt to varying clinical situations?	5	4	3	2	1
2. CAPABILITY: The student's capability as reflected by his/her work	5	4	3	2	1
3. MOTIVATION: Student meets clinical requirements and seeks additional duties and assignments	5	4	3	2	1
4. EMOTIONAL STABILITY: The student's ability to react under	5	4	3	2	1

stress in a mature and dependable manner					
5. STUDENT RAPPOR T: The student's ability to interact with and under others' direction	5	4	3	2	1
6. PATIENT RAPPOR T: The student's ability to relate with ill people in such a way as to promote confidence and understanding	5	4	3	2	1
7. ATTENDANCE : The reliability of the student to be at an assigned place on time	5	4	3	2	1
8. CONDUCT : The student demonstrates professional conduct and appearance	5	4	3	2	1

MISCELLAENOUS INFORMATON AND COMMENTS: Please give any further information that you feel might be helpful in evaluating this student

DATE: ____/____/____ SIGNATURE: _____

POSITION: _____

This evaluation form was reviewed by me personally with the Educational Program Director and it is my understanding that the information will be on file with Arkansas State University Radiologic Sciences Programs, Radiation Therapy Program.

STUDENT

DATE

PROGRAM DIRECTOR

DATE

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM
Nursing Rotation**

Student Name _____ Date _____

Nurse _____

OBJECTIVE:	Yes	No	Comments
Identify and stock exam rooms with necessary nursing and radiation therapy examination supplies.			
Clean and prepare examination rooms.			
Observe and assist in examinations for pre and post radiation treatment.			
Measure and record patient's vital signs: blood pressure, temperature, pulse, and respiration.			
Move and lift patients utilizing proper body mechanics.			
Recognize normal medications patients may be given or may be taking during radiation therapy treatments.			
Administer O ₂ properly.			
Notice normal and abnormal skin changes related to radiation therapy treatments.			
Assist in obtaining nurse assessment of patient.			

COMMENTS:

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM**

Physics/Dosimetry Objectives

Upon completion of this rotation, the student should be able to:

1. Observe, assist and perform isodose plans on the treatment planning computer, and observe, assist and perform a CT planning procedure.
2. Participate in the custom block process to include constructing Styrofoam molds and pouring Cerrobend blocks for electron or photon beams
3. Perform dose calculations.
4. Perform hand dose calculations.
5. Observe an intracavitary or interstitial implant procedure.
6. Observe in loading the radioactive sources into the patient and perform radiation therapy safety checks of the room.
7. Perform dose calculation checks in a patient's chart on a weekly basis.
8. Observe, assist, and demonstrate knowledge of methods of calibration of equipment and quality assurance on the treatment machines.

Arkansas State University – Radiation Therapy Program
Physics / Dosimetry Check-off Sheet

Student: _____

This student has performed the following calculations correctly, without error.

Calculations	Dosimetrist / Physicist Signature	Date
Single, open field		
Parallel opposed field with field shaping		
Weighted fields		
Wedged fields		
Computer generated isodose plan		
Electron field		

Chart Checks

During the Physics / Dosimetry rotation, the student will be able to check treatment charts for possible errors according to the objectives established in the student handbook.

	Pass/Fail	Date	Patient Number	Evaluator Initials	Errors
1					
2					
3					
4					
5					

Arkansas State University – Radiation Therapy Program
Treatment Accessory Devices

Students must produce the following treatment accessory devices:

Device	Yes	No
Custom Block (Photon or Electron)*		
Bolus		
Custom Immobilization Devices for Thorax or Abd/Pelvis (e.g., foaming agents, vacuum bags)		
Thermoplastic Mold (Aquaplast)		

(*For Custom Block- Photon or Electron, students may participate if unable to Produce.)

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM
Clinical Evaluation Form (Physics/Dosimetry Rotation)**

Student _____ Date ____/____/____

Clinic Site/Machine _____ Grade _____

Clinical Observations: Evaluate the student based on the following observations

	5 (Excellent)	4 (Great)	3 (Average)	2 (Poor)	1 (Awful)
1. Student shows interest in increasing their knowledge of the physics aspect of treatment.	5	4	3	2	1
2. Student is able to gather and enter computer planning information.	5	4	3	2	1
3. Student is able to perform or assist in performing basic treatment planning procedures and chart checks.	5	4	3	2	1
4. Student's ability to comprehend basic physics and treatment planning concepts based upon time in program.	5	4	3	2	1

Student Evaluation: Evaluate the student on his/her actual observed performance as compared with others of the same rate

	5 (Excellent)	4 (Great)	3 (Average)	2 (Poor)	1 (Awful)
1. ADAPTABILITY: Is the student able to adapt to varying clinical situations?	5	4	3	2	1
2. CAPABILITY: The student's capability as reflected by his/her work	5	4	3	2	1
3. MOTIVATION: Student meets clinical requirements and seeks additional duties and assignments	5	4	3	2	1
4. EMOTIONAL STABILITY: The student's ability to react under stress in a mature and dependable manner	5	4	3	2	1
5. STUDENT RAPPORT: The student's ability to interact with and under others' direction	5	4	3	2	1

6. PATIENT RAPPOR T: The student's ability to relate with ill people in such a way as to promote confidence and understanding	5	4	3	2	1
7. ATTENDANCE : The reliability of the student to be at an assigned place on time	5	4	3	2	1
8. CONDUCT : The student demonstrates professional conduct and appearance	5	4	3	2	1

MISCELLAENOUS INFORMATON AND COMMENTS: Please give any further information that you feel might be helpful in evaluating this student

DATE: ____/____/____ SIGNATURE: _____

POSITION: _____

This evaluation form was reviewed by me personally with the Educational Program Director and it is my understanding that the information will be on file with Arkansas State University Radiologic Sciences Programs, Radiation Therapy Program.

STUDENT

DATE

PROGRAM DIRECTOR

DATE

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM
Brachytherapy Lab**

Student: _____ **Date:** _____

Objective: Upon completion of the Brachytherapy class and lab, the student will be able to: check () boxes upon completion

1. Explain which sources are used for prostate implants and interstitial needle implants.
2. Locate and briefly describe the usage of the following equipment:

Well Ion Chamber
Lead Glass
Special Shields
Transport "Pig"
Cesium 137 Sources

"L" Shield
Lead Storage Safe
Forceps (large & small)
Tandem Plastic Applicator
Spacers

Radioactive Needles
Radioactive Seeds
Radiation Indicator
Source Log
Ovoid - Round, Square & Mini Carriers

3. Briefly define and describe the application of the three (3) principles of radiation safety/protection; time, distance and shielding.
4. Demonstrate the preparation of sources for a GYN implant using the following steps:

a. Locate and cut to proper length plastic after loading device.
b. Place plastic in special shielded holder behind "L" shield.
c. Locate the drawer which contain the prescribed Cesium 137 sources.
d. Use forceps to properly select and load the prescribed combination of Cesium 137 sources into applicator.
e. Cut and install plastic source retaining rod into after loading device.
f. Label plastic applicator, if needed.
g. Place the loaded plastic source holder into the rolling transport safe and close lid.

Ovoid's Prescription:

	h. Select proper RT and LT carriers for ovoid's used.
	i. Locate the drawers which contain the prescribed Cesium 137 sources.
	j. Using forceps proper select and load a source into one of the carriers.
	k. Label carrier, if needed.
	l. Place loaded carrier into the short side of the rolling transport safe and close lid.
	m. Repeat steps for remaining carrier.

5. Log out all sources used and fill out inventory sheet.

Instructor Signature: _____

Student Signature: _____

Arkansas State University – Radiation Therapy Program
Nursing Competencies
(General Patient Care)

General Patient Care Comps	Yes	No
CPR-BLS		
Vital Signs (BP, pulse, respiration, temperature)		
O ₂ Administration		
Patient Transfer		

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM
Clinical Evaluation Form (St. Jude Rotation)**

Student _____ Date ____/____/____

Clinic Site/Machine _____ Grade _____

Clinical Observations: Evaluate the student based on the following observations

	5 (Excellent)	4 (Great)	3 (Average)	2 (Poor)	1 (Awful)
1. Student's interest in learning about new technologies and procedures.	5	4	3	2	1
2. Student's assistance when participating in treatment set-ups.	5	4	3	2	1
3. Student's ability to familiarize himself/herself with the different equipment.	5	4	3	2	1

Student Evaluation: Evaluate the student on his/her actual observed performance as compared with others of the same rate

	5 (Excellent)	4 (Great)	3 (Average)	2 (Poor)	1 (Awful)
1. ADAPTABILITY: Is the student able to adapt to varying clinical situations?	5	4	3	2	1
2. CAPABILITY: The student's capability as reflected by his/her work	5	4	3	2	1
3. MOTIVATION: Concern for others' feelings and the student's ability to view the parameters of existing circumstances	5	4	3	2	1
4. EMOTIONAL STABILITY: The student's ability to react under stress in a mature and dependable manner	5	4	3	2	1
5. STUDENT RAPPORT: The student's ability to interact with and under others' direction	5	4	3	2	1
6. PATIENT RAPPORT: The student's ability to relate with ill	5	4	3	2	1

people in such a way as to promote confidence and understanding.					
7. ATTENDANCE: The reliability of the student to be at an assigned place on time	5	4	3	2	1
8. CONDUCT: The student demonstrates professional conduct and appearance	5	4	3	2	1

MISCELLAENOUS INFORMATON AND COMMENTS: Please give any further information that you feel might be helpful in evaluating this student

DATE: ____ / ____ / ____ SIGNATURE: _____

POSITION: _____

This evaluation form was reviewed by me personally with the Educational Program Director and it is my understanding that the information will be on file with Arkansas State University Radiologic Sciences Programs, Radiation Therapy Program.

STUDENT

DATE

PROGRAM DIRECTOR

DATE

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM**

MACHINE WARM-UP AND Q.A. OBJECTIVES

*Each clinical site will have different equipment and Q.A. checklists for their equipment, these objectives are **general**. The student is responsible for at least 5 machine warm-ups. After the student feels comfortable with the procedure they must perform the procedure themselves with **direct supervision**. Student will complete 2 Machine warm ups in the Fall Semester and 3 Machine warm ups in the Spring Semester.

1. Students should be able to check all of the parameters necessary for machine warm-ups and daily Q.A. for all the radiation therapy treatment machines.
2. Students will be able to perform the quality assurance checks done within the treatment room including, but not limited to:
 - a) Field size at 10x10
 - b) ODI (optical distance indicator)
 - c) Lasers (left, right, ceiling, and back pointer)
 - d) Gantry angle (180, 90, 0, 270)
 - e) Collimator angle (180, 90, 270)
3. Students will be able to perform the following quality checks outside the room including, but not limited to:
 - a) Radiation Monitor
 - b) Door lights
 - c) Door interlocks
 - d) Beam off button
 - e) Motion enables
 - f) CBCT and/or kV imaging of phantom
 - g) Shift accuracy on phantom (Lateral, Longitude, Vertical)
 - h) Image verification of shift on phantom (Lateral, Longitude, Vertical)
 - i) Output Consistency-all photon beams
 - j) Output Consistency-all electron beams
 - k) Intercom
 - l) TV monitor
4. Students will also be to locate and read the gas pressure, water pressure, and water temperature.
5. Students will be able to locate the operational manual for each machine.
6. Students must complete 2 CT Daily QA procedures during the CT Simulation rotation.

Daily Linac QA:

Facility: _____

Linac: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:							
Monitors & Audio							
Water Pressure (12-13 psi)							
Water Temp. (30C max)							
ODI Checked (+/- 1.5mm)							
Laser Accuracy (+/- 2mm)							
Light Field Size (10x10cm) (+/- 2mm)							
Door Interlock							
Radiation Monitor (Light & Sign)							
Console Beam Off							
6 MV Output Consistency (+/- 3%)							
10 MV Output Consistency (+/-3%)							
6 MV Output Consistency (+/- 3%)							
Electron Output Consistency (+/-3%)							
Notes:							

--

CBCT Shift (+/- 2mm)	Lat. (Left 1.0cm)							
	Long. (Inf. 1.4cm)							
	Vert. (Pos. 1.2cm)							
2D Shift (+/- 2mm)	Lat. (0)							
	Long. (0)							
	Lat. (0)							
Performed by RTT:								
Review by Physicist:								

Arkansas State University – Radiation Therapy Program
Machine Warm Up

Students must complete 5 Machine warm ups

2 Machine warm ups in the Fall Semester:

3 Machine warm ups in the Spring Semester:

Machine Warm Up	1	2	3	4	5
Therapist signature / date					

CT Simulation Daily QA	1	2
Therapist signature / date		

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM
ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM**

CLINICAL INSTRUCTOR EVALUATION

The purpose of this questionnaire is to evaluate the clinical instructor. Please be objective when considering your responses to these questions. Please read each statement and rate your response using a 1 to 5 scale, with 5 = strongly agree, 4 = agree, 3 = no opinion, 2 = disagree, 1 = strongly disagree.

Clinical Instructor: _____

1. Helps me to apply classroom knowledge to the clinical situation.	1	2	3	4	5
2. Is willing to provide clinical supervision and guidance as required by the student handbook.	1	2	3	4	5
3. Discusses my performance with me, if necessary.	1	2	3	4	5
4. Corrects me in a constructive and professional manner when necessary.	1	2	3	4	5
5. Appears interested in my and my learning experience.	1	2	3	4	5
6. Is a professional role model for me.	1	2	3	4	5
7. Helps me develop my problem-solving skills.	1	2	3	4	5
8. Encourages me to perform at an appropriate level of confidence.	1	2	3	4	5
9. Evaluates me according to my clinical performance.	1	2	3	4	5
10. Assists me in finding answers to my questions.	1	2	3	4	5

Comments:

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM**

CLINICAL AFFILIATE EVALUATION

The purpose of this questionnaire is to evaluate the clinical affiliate. Please be objective when considering your responses to these questions. Please read each statement and rate your response using a 1 to 5 scale, with 5= strongly agree, 4= agree, 3= no opinion, 2= disagree, and 1= strongly disagree.

Clinical Affiliate:

1. The amount of time spent in the clinical affiliate was adequate time to expose you to a variety of procedures.	1	2	3	4	5
2. Competencies were easily obtained.	1	2	3	4	5
3. The number of procedures conducted at the affiliate were sufficient to provide adequate practical experience.	1	2	3	4	5
4. The Radiation Therapists were willing to give instructions and assistance.	1	2	3	4	5
5. You were supervised according to the guidelines stated in your student handbook (direct supervision).	1	2	3	4	5
6. You were allowed ample opportunity to perform radiation therapy procedures.	1	2	3	4	5
7. The Radiation Therapists were good examples in rendering patient care.	1	2	3	4	5
8. You received feedback on your performance to improve your weaknesses.	1	2	3	4	5
9. You were allowed to perform procedures at your competency level with minimal assistance.	1	2	3	4	5
10. The Radiation Therapists completed evaluations and competencies in a timely manner.	1	2	3	4	5
11. The Radiation Therapists acted in a professional manner.	1	2	3	4	5
12. This affiliate was a valuable learning experience.	1	2	3	4	5

COMMENTS:

To the Student:

Information you provide will have no effect upon your admission to the University. It will be used solely as an aid in providing necessary health care while you are a student.

REPORT OF MEDICAL HISTORY

This information is a confidential document and a copy of it will be kept in your medical record in the Department of Medical Imaging & Radiation Sciences, unless required by law.



The other side of this form is for staff of the A-State Student Health Center or your family-physician to fill out. The physical examination is optional but may be recommended by the program you are entering especially if you have a chronic medical problem or significant past medical or family history of illness.

SEX: Male Female

LAST NAME (Print)	FIRST NAME	MIDDLE INITIAL			
HOME ADDRESS (Number and Street)	CITY or TOWN	STATE	ZIP CODE	DATE OF BIRTH	
NAME, RELATIONS, and ADDRESS OF NEXT OF KIN			HOME TELEPHONE NUMBER		
NEXT OF KIN'S BUSINESS ADDRESS			BUSINESS TELEPHONE		
PROGRAM YOU ARE ENTERING			CITIZENSHIP		
DO YOU HAVE MEDIAL INSURANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>			ID or SOCIAL SECURITY NUMBER		

NAME OF COMPANY (A student insurance plan is available in the Student Health Center)

Immunization Completed	YES	NO	Date Last Injected
Tetanus			
Diphtheria			
Chicken Pox			
MMR			
Menomune			
Plio			
Thyphoid			
Small Pox			

Have any of your relatives ever had any of the following?

	YES	NO	Relationship
Tuberculosis			
Diabetes			
Depression or Mental Illness			
Heart Disease or Hypertension			
Blood Disorder			
Cancer			
Asthma, Hay Fever			
Epilepsy, Convulsions			

PERSONAL HISTORY PLEASE ANSWER ALL QUESTIONS.

Comment on all positive answers in space below or on additional sheet

HAVE YOU HAD?	YES	NO	YES	NO	YES	NO	YES	NO
Scarlet Fever			Insomnia		Chest Pain/Pressure		Rupture, Hernia	
Measles			Nervous Disorder		Diabetes		Dizziness, Fainting	
German Measles			Frequent Depression		Chronic Cough		Weakness, Paralysis	
Mumps			Seizures		Palpitations (Heart)		Venereal Disease	
Chicken Pox			Recurrent Headache		High Blood Pressure		Kidney Disease	
Malaria			Recurrent Colds		Lung Disease		Frequent Urination	
Sinusitis			Hay Fever, Asthma		Shortness of Breath		Albumin/Sugar in Urine	
Eye Trouble			Tuberculosis		Other Injuries		Gum or Tooth Trouble	
Ear/Nose/Throat Trouble			Allergies		Back Problems		Recent Gain/Loss of Weight	
Surgery			Penicillin		Tumor, Cancer, Cyst		List Current Prescriptions	
Appendectomy			Sulfonamides		Jaundice			
Tonsillectomy			Serum		Recurrent Diarrhea			
Hernia Repair			Food (which)		Gallbladder Trouble			
Other			Other		Gallstones			
Rheumatic Fever or Heart Murmur			Head Injury w/ Unconsciousness		Disease or Injury of Joint			

YES NO

A. Has your physical activity been restricted during the past five years?		
B. Have you had difficulty with school, studies, or teachers?		
C. Have you received treatment or counseling for a nervous or emotional condition or personality or character disorder?		
D. Have you had any illness or injury or been hospitalized other than already noted?		
E. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past five years?		

F. Have you been rejected for or discharged from military service because of physical, emotional, or other reasons?		
G. Do you have any question in regard to your health, family history, or other matter which you would like to discuss now with a member of the staff of the Health Services?		

REMARKS OR ADDITIONAL INFORMATION
 Comment on any items checked "Yes" above
 (Use additional sheet if necessary)

Student's Signature _____

Date _____

REPORT OF HEALTH

TO THE EXAMINING LICENSED HEALTH CARE PROVIDER: Please review the student's history and complete the form below. Please comment on all positive answers. The information supplied will not affect the student's admission status: it will be used only as a background for provided necessary health care. This information is strictly for the use of the Department of Medical Imaging & Radiation Sciences and will not be released without student consent. If there is a serious or chronic medical problem or you have more detailed record or recommendation, please send to Clinical Coordinator, Edwin Wallace, BSRS, RT(R)(T), P.O. Box 910, State University, AR 72467.

SEX: Male Female

LAST NAME (Print)	FIRST NAME	MIDDLE INITIAL	
Blood Pressure _____	Height _____ Inches	Weight _____ lbs.	BMI _____
Vision – Right 20/ _____	Left 20/ _____	Tuberculin Skin Test: _____ Positive	_____ Negative
Corrected Vision - Right 20/ _____	Left 20/ _____	Date of Tuberculin Skin Test _____	

URINALYSIS

Sugar _____
 Albumin _____
 Micro. _____

HEMOGLOBIN (if indicated) GM% _____

HEMATOCRIT (if indicated) % _____

OTHER LABORATORY TEST

Are there abnormalities of the following systems?

	YES	NO
1. Head, Ears, Nose or Throat	_____	_____
2. Respiratory	_____	_____
3. Cardiovascular	_____	_____
4. Gastrointestinal	_____	_____
5. Hernia	_____	_____
6. Eyes	_____	_____
7. Genitourinary	_____	_____
8. Musculoskeletal	_____	_____
9. Metabolic/Endocrine	_____	_____
10. Neuropsychiatry	_____	_____
11. Skin	_____	_____

Describe fully. Use additional if needed.

Is there loss or seriously impaired function of any paired organ?

_____ YES _____ NO

Are there any known allergies?

Recommendation for physical activity (PE, Intramurals, ROTC) _____ Unlimited _____ Limited Explain: _____

Do you have any recommendation regarding the care of this student? _____ YES _____ NO

Is the patient now under treatment for any medical or emotional condition? _____ YES _____ NO

PHYSICIAN'S SIGNATURE _____

ADDRESS (Print) _____

PRINT NAME _____ DATE _____

and sex is used only for affirmative action reporting purposes. Social security numbers may be used as identification numbers for the convenience and for consistency with other needs.

Edwin Wallace, BSRS, RT(R)(T)
Clinical Coordinator - Radiation Therapy Program
College of Nursing & Health Professions
Medical Imaging & Radiation Sciences

Standards for an Accredited Educational Program in Radiation Therapy

Standard One: Integrity

The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.

Standard Two: Resources

The program has sufficient resources to support the quality and effectiveness of the educational process.

Standard Three: Curriculum and Academic Practices

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

Standard Four: Health and Safety

The program's policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Standard Five: Assessment

The program develops and implements a system of planning and evaluation of student learning and program outcomes in support of its mission.

Standard Six: Institutional/Programmatic Data

The program complies with JRCERT policies, procedures, and **STANDARDS** to achieve and maintain specialized accreditation.

For more detailed information or a copy of the complete standards, please visit www.jrcert.org

STATEMENT OF CONFIDENTIALITY

I understand and agree that in the performance of my duties as a student in the **Radiation Therapy Program at Arkansas State University**, I must hold all medical information in confidence. I understand that any violation of the confidentiality of medical information may result in punitive action.

Date

Signature of Student

Date

Faculty Witness

**ARKANSAS STATE UNIVERSITY
RADIATION THERAPY PROGRAM
Physical Performance Requirements**

Students are advised of the following physical guidelines for working in the radiologic technology environment. Please indicate if you can perform at the level indicated or if you need accommodations to accomplish the designated task.

STRENGTH & MOBILITY ____ YES ____ NO

- ✓ On your feet most of the day.
- ✓ Walking several hours of the day, either performing exams, patient transfers, or portable procedures.
- ✓ Assume varied postural positions (bending, kneeling, stretching) to work with equipment and patients.
- ✓ Lift heavy weight as necessary, either equipment or patients.
- ✓ Push/pull stretchers, wheelchairs, and supply carts as necessary.

In NO, please explain _____

MANUAL DEXTERITY & COORDINATION ____ YES ____ NO

- ✓ Able to perform manipulative skills using thumb/hand/wrist and arm and hand movements such as venipuncture, positioning of equipment, assisting patient movements, operating a computer, and positioning table and gantry.
- ✓ Able to perform manipulative skills using the lower extremities, such as foot table locks.
- ✓ Wears protective clothing correctly, when necessary, such as gowns, masks, gloves, shoe covers when working with patients in isolation, and surgical gowns, caps, gloves, shoe covers for surgery cases.

If NO, please explain _____

SENSORY DISCRIMINATION ____ YES ____ NO

- ✓ Able to see objects distinctly and clearly with or without corrective devices.
- ✓ Able to compensate for hearing loss.

If NO, please explain _____

MENTAL ABILITIES ____ YES ____ NO

- ✓ Follow oral and written instructions correctly.

If NO, please explain _____

In accordance with the Americans with Disabilities Act, _____
Print Name

(please check one)

- _____ need special accommodations to complete the Radiation Therapy program (list needs on back).
- _____ require no special accommodations to complete the Radiation Therapy program

Student signature: _____ Date: ____ / ____ / ____

**ARKANSAS STATE UNIVERSITY
DEPARTMENT OF HEALTH PROFESSIONS
RADIATION THERAPY PROGRAM**

STATEMENT OF UNDERSTANDING/AGREEMENT

NAME
(PRINT): _____

ADDRESS & TELEPHONE: _____

My signature below certifies that I agree with the following:

1. I have received the Radiation Therapy Student Handbook.
2. I have read the Radiation Therapy Student Handbook.
3. I understand that I am responsible for all assignments and policies specified in the Handbook, even if they are not stated aloud by the Radiation Therapy Faculty.
4. I understand all policies stated in the Handbook.
5. I understand the penalties for policy violation and/or misconduct.
6. I understand the clinical grading procedure.
7. I agree to abide by the professional behavior requirements stated in the Handbook.
8. I understand that addendums may be made at any time that will affect the policies listed in the Handbook. I agree to abide by the changes made by those addendums.
9. I agree to adhere to the guidelines and policies stated in the Handbook.

Signature

Date

Faculty Witness

**ARKANSAS STATE UNIVERSITY
DEPARTMENT OF HEALTH PROFESSIONS
RADIATION THERAPY PROGRAM**

CLINICAL ROTATION FINANCIAL UNDERSTANDING/AGREEMENT

NAME (PRINT): _____

ADDRESS: _____

TELEPHONE: _____

As part of the professional degree program, I will be required to enroll in clinical/field courses at various sites and locations prior to my graduation. My signature on this form acknowledges that I understand I not be financially compensated for these field or clinical courses by either Arkansas State University or the entity who operates the site and location where these field or clinical courses will take place.

Signature

Date

Faculty Witness

APPENDIX N
 Substance Abuse Policy & Procedures
 College of Nursing and Health Professions
 Arkansas State University

POLICY

The College of Nursing and Health Professions recognizes its responsibility to provide a healthy environment within which students may learn and prepare themselves to become members of a health occupation. Within each profession there are codes and standards for conduct by which all members of the profession are expected to function. Thus, when engaged in educational activities whether on campus or in the clinical setting health professionals are expected to be free from the abusive influence of chemical substances/drugs¹. When students are under the influence of drugs and alcohol, they present a threat to patients, other students and the employees and visitors of clinical facilities. **IT IS THE RESPONSIBILITY OF THE STUDENT TO REPORT ANY MEDICATION/S TAKEN WHICH WOULD ADVERSELY AFFECT HIS/HER ABILITY TO PERFORM SAFELY IN CLASS OR CLINIC. WRITTEN DOCUMENTATION WILL BE REQUIRED FOR VERIFICATION OF MEDICATIONS TAKEN AND WILL BE PLACED IN THE STUDENT'S FILE.** As a condition of admittance and retention in any professional program in the Arkansas State University College of Nursing and Health Professions all students must sign a **SUBSTANCE ABUSE COMPLIANCE CONTRACT** agreeing to adhere to the *Substance Abuse Policy & Procedures* when conducting any activity associated with their educational program. As the contract notes, it is inclusive of testing for substances and appropriate release of that information.

PROCEDURES

1. If a faculty member or supervisor observes a student demonstrating behavioral changes giving probable cause to believe the student is under the influence of drugs or alcohol while performing course activities the student will immediately be asked to submit to body fluid testing for substances at a lab designated by the College of Nursing and Health Professions (in Jonesboro, Occupational Health) who have identified procedures for collection (see attached). **THE COST OF THE TEST WILL BE BORNE BY THE STUDENT.** Refusal to submit for testing warrants immediate program dismissal.

At the time the specimen is released to the testing lab, the student will sign a release statement requesting that the test results be sent to the Dean's Office, College of Nursing and Health Professions, and to the student. If the results are negative, no further action will be taken and the student will only be allowed to make up work missed. If the results are positive (and substantiated by a second or confirmation test), the student will be dismissed from the professional program. Laboratory results will be disclosed to individuals whose duties necessitate review of the test results and confidentiality will be adhered to as stringently as possible.

2. This policy applies only to a student exhibiting behavior creating probable cause to believe drug or alcohol abuse is present. A student may be removed from the clinical environment or educational program for any prohibited behaviors as set out in the university or program handbooks, rules and regulations, whether or not related to substance abuse.

3. Readmission of the student to the program is contingent upon the following conditions:

- a. Formal application for readmission to the program.
- b. Meeting specific program admission criteria as noted in the Undergraduate/ Graduate Bulletin
- c. Clinical space availability.
- d. Documentation that a prescribed treatment program has been completed by the student related to the drug/alcohol condition. The documentation is to be submitted to the Dean's Office, College of Nursing and Health Professions by the designated treatment facility.
- e. Follow-up program as suggested by the treatment facility which may include, but is not limited to, one or more relapse prevention procedures. The follow-up program will be individual specific and written as part of a contractual agreement with the student.

4. Arkansas State University may be required by state or national regulatory boards to submit information regarding a student's substance abuse history when he/she applies to take the examination for licensure. There is no guarantee that these boards will allow individuals with a substance abuse history to take the examination. Each case is judged individually by each board.

5. Students will be required to abide by individual institutional policies relating to substance abuse in clinical agencies to which they are assigned.

The generic meaning of the term "drug" is broadly defined as any chemical substance which affects living systems. For the purposes of this policy, substance and/or drug abuse are used interchangeably and defined as socially unacceptable use of drugs or other chemical substances for non-therapeutic purposes. The substance alcohol (ethanol), by its properties and actions, is a drug and is used as such in this policy. Drugs prescribed by a physician licensed to practice medicine and surgery, as long as the drug is taken in accordance with the provider's instructions and do not impair the student's ability to perform his/her duties, are exempt from this policy.

Reference:

Reiss, B. & Melick M. (1987). *Pharmacological Aspects of Nursing Care* (2nd Ed.). Albany, NY: Delmar Publishers, pp. 2, 627, 631-633.

SUBSTANCE ABUSE COMPLIANCE CONTRACT

COLLEGE OF NURSING AND HEALTH PROFESSIONS
ARKANSAS STATE UNIVERSITY

I, _____, have read the Board of Trustee approved *Substance Abuse Policy & Procedures* of the Arkansas State University College of Nursing and Health Professions and agree, as a student in the professional health program, to comply with all aspects of the policy as written, including testing for substance abuse and appropriate release of that information. Furthermore, I agree to abide by the provisions for determining dismissal and to follow the conditions of readmission as outlined.

Student's Name

Student's Signature

Date

For Student File

BEHAVIORAL CHANGES ASSOCIATED WITH DRUG ABUSE

The College of Nursing and Health Professions has developed the following list of behaviors that are not all inclusive but, when observed, can be used as indices to identify an individual who at the moment of observation could be under the influence of a "drug" (see the *Substance Abuse Policy* for definition of the term "drug" and for the mechanisms to operationalize the policy). The College of Nursing and Health Professions is guided by behavioral descriptors that are stated in the latest edition of Diagnostic & Statistical Manual of Mental Disorders.

* Observation of any of these behaviors will result in dismissal from the learning environment (clinical or classroom).

Attention Deficit/Cognitive Impairment

- ataxia
- tremors, especially of the hands
- slowed response time in a familiar skill
- diminished from the usual in coordination/dexterity

Social Impairment

- inappropriate verbal remarks (subjects/words/expletives)
- inappropriate behaviors or those beyond the societal norm such as:
 - angry outbursts/unrestrained agitation
 - crying that cannot be explained
 - euphoria
 - paranoia
 - hallucinations
- behaviors that are markedly changed from that individual such as:
 - introversion
 - extroversion
 - sullen/irritable
 - giddy
 - defensiveness

Somatic Manifestations/Discomforts

- odor of alcohol on breath
- nausea/vomiting/thirst
- frequent trips to bathroom/complaint of urinary frequency or diarrhea
- hiccoughs
- reddened sclera (bloodshot eyes)
- pupil changes/drooping eyelids
- complain of blurred vision or inability to focus

Speech/Communication Impairment

- slurred (thick tongue)
- rapid/choppy communication pattern
- incoherent speech

BEHAVIORAL PATTERNS ASSOCIATED WITH SUBSTANCE ABUSE

CNHP Faculty/Staff Handbook 2017-2018

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The following is a list of behavioral patterns that may surface when drugs have been abused. While these patterns have many causes, thorough assessment and detailed documentation is needed over a period of time to determine if there is any relationship to drug abuse. Patterns of behavior to observe and validate are:

- repeated tardiness
- frequent absenteeism
- numerous and chronic somatic complaints (colds/GI problems/lack of sleep/weight loss/sluggishness/ low energy)
- untidy personal appearance or deterioration in quality of grooming
- lack of attention to hygiene (hair, nails, skin, oral)
- multiple crises in personal life
- avoidance/lack of eye contact
- isolation/lack of peer support
- repeated excuses for below standard performance
- forgetfulness with appointments/assignments
- slowed response time in familiar activities
- behavior shifts/mood swings
- lack of trust and suspicious of the motives of others
- needle tracks on body surface
- behaviors surrounding the administration of narcotics:
 1. frequent need to waste "unused" medications
 2. recording the administration of larger doses than ordered
 3. unauthorized possession of the narcotic key
 4. unsupervised entry into narcotic cabinet
 5. volunteering to be in situations to gain greater access to narcotics
 6. taking frequent breaks/numerous occasions when whereabouts unknown

CRITERIA FOR URINE DRUG SCREENS

CNHP Faculty/Staff Handbook 2017-2018 118

NOTICE: PROVIDE LAB WITH THIS CRITERIA**ANY DRUG SCREENS SUBMITTED TO ARKANSAS STATE UNIVERSITY, COLLEGE OF NURSING AND HEALTH PROFESSIONS, SHALL HAVE MET THE FOLLOWING CRITERIA:**

1. Specimen collection is witnessed.
2. BASIC 10-PANEL* DRUG SCREEN INCLUDING ALCOHOL, MEPERIDINE AND DRUG OF CHOICE (SEE #7).
3. To ensure the accuracy and fairness of our testing program, all testing will be conducted according to DHHS/SAMHSA guidelines where applicable and will include a screening test; a confirmation test; review by a Medical Review Officer, including the opportunity for students who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody. All DHHS/SAMHSA labs are CLIA certified but not all CLIA labs are DHHS/SAMHSA certified.
4. Confirmation of positive results is done by GCMS2. If specimen must be sent to another laboratory for confirmation, the chain of custody is maintained.
5. Report, in addition to results, will include:
 - a. Chain of custody;
 - b. Drug history;
 - c. List of drugs screened;
 - d. Confirmation of method used; and
 - e. Specific gravity.
6. The laboratory will retain negative specimens for a minimum of two (2) weeks and positive specimens for a minimum of one (1) year.

***10-PANEL INCLUDES:**

Amphetamines	Benzodiazepines
Cannabinoids	Cocaine
Opiates	PCP
Barbiturates	Methadone
Methaqualone	Propoxyphene

7. THE DRUG SCREEN SHALL TEST FOR THE FOLLOWING:

Amphetamines	Methaqualone
Barbiturates	Phencyclidine
Benzodiazepines	Propoxyphene
Cannabinoids	Alcohol
Cocaine	Meperidine
Opiates	Drug of choice _____
Methadone	

DRUG SCREENS WHICH DO NOT TEST FOR THE ABOVE WILL BE CONSIDERED NON-COMPLIANT WITH THE ORDER.

1. Clinical Laboratory Improvement Act: Set of Federal Regulations which clinical labs must meet for certification.

2. Gas Chromatography Mass Spectrometry.

Adopted from Arkansas State Board of Nursing, January 1997.

Waiver of Release of Medical Information
SUBSTANCE ABUSE POLICY AND PROCEDURES
ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS

I, _____, am a professional health student at Arkansas State University and have previously received, read and understand the College of Nursing and Health Professions' *Substance Abuse Policy & Procedures*.

I hereby consent to having a sample of my body fluid collected immediately (or within the hour) on this day of _____, 20_____, according to the terms set forth in the policy for the purpose of testing for identified substances at my own expense.

I understand that a positive test result may affect my status in the professional program. I understand that if I am taking any medications which would adversely affect the results of the test, that I should disclose those immediately. Written medical documentation from my physician will be required by me for verification of those medication/s taken.

I authorize the release of test results related to the screening or testing of my blood/urine specimen to the Dean, College of Nursing and Health Professions at Arkansas State University, and to myself.

I hereby release Arkansas State University, its Board of Trustees, officers, employees, and agents from legal responsibility or liability arising from such a test, including but not limited to, the testing procedure, analysis, the accuracy of the analysis, or the disclosure of the results.

Student's signature

Date

Time

Witness

Date

Time

(Revised 9/14/15)



Fact Sheet

FOR IMMEDIATE RELEASE
Monday, April 14, 2003

Contact: HHS Press Office
(202) 690-6343

PROTECTING THE PRIVACY OF PATIENTS' HEALTH INFORMATION

Overview: *The first-ever federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers took effect on April 14, 2003. Developed by the Department of Health and Human Services (HHS), these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country. State laws providing additional protections to consumers are not affected by this new rule.*

Congress called on HHS to issue patient privacy protections as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA included provisions designed to encourage electronic transactions and also required new safeguards to protect the security and confidentiality of health information. The final regulation covers health plans, health care clearinghouses, and those health care providers who conduct certain financial and administrative transactions (e.g., enrollment, billing and eligibility verification) electronically. Most health insurers, pharmacies, doctors and other health care providers were required to comply with these federal standards beginning April 14, 2003. As provided by Congress, certain small health plans have an additional year to comply. HHS has conducted extensive outreach and provided guidance and technical assistance to these providers and businesses to make it as easy as possible for them to implement the new privacy protections. These efforts include answers to hundreds of common questions about the rule, as well as explanations and descriptions about key elements of the rule. These materials are available at <http://www.hhs.gov/ocr/hipaa>.

PATIENT PROTECTIONS

The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients' personal medical information. The regulations protect medical records and

other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these new standards include:

- **Access to Medical Records.** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access these records within 30 days and may charge patients for the cost of copying and sending the records.
- **Notice of Privacy Practices.** Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit following the April 14, 2003, compliance date and upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received this notice. Health plans generally must mail the notice to their enrollees by April 14 and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.
- **Limits on Use of Personal Medical Information.** The privacy rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside business for purposes not related to their health care.
- **Prohibition on Marketing.** The final privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.
- **Stronger State Laws.** The new federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the privacy rule will set a national "floor" of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply. When a state law requires a certain disclosure -- such as reporting an infectious disease outbreak to the public health authorities -- the federal privacy regulations would not preempt the state law.

- **Confidential communications.** Under the privacy rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor's office should comply with that request if it can be reasonably accommodated.
- **Complaints.** Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint at <http://www.hhs.gov/ocr/hipaa> or by calling (866) 627-7748.

HEALTH PLANS AND PROVIDERS

The privacy rule requires health plans, pharmacies, doctors and other covered entities to establish policies and procedures to protect the confidentiality of protected health information about their patients. These requirements are flexible and scalable to allow different covered entities to implement them as appropriate for their businesses or practices. Covered entities must provide all the protections for patients cited above, such as providing a notice of their privacy practices and limiting the use and disclosure of information as required under the rule. In addition, covered entities must take some additional steps to protect patient privacy:

- **Written Privacy Procedures.** The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected information, how it will be used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.
- **Employee Training and Privacy Officer.** Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an employee failed to follow these procedures, they must take appropriate disciplinary action.
- **Public Responsibilities.** In limited circumstances, the final rule permits -- but does not require -- covered entities to continue certain existing disclosures of health information for specific public responsibilities. These permitted disclosures include: emergency circumstances; identification of the body of a deceased person, or the cause of death; public health needs; research that involves limited data or has been independently approved by an Institutional Review Board or privacy board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. The privacy rule generally establishes new safeguards and limits on these disclosures. Where no other law requires disclosures in these situations, covered entities may

continue to use their professional judgment to decide whether to make such disclosures based on their own policies and ethical principles.

- **Equivalent Requirements for Government.** The provisions of the final rule generally apply equally to private sector and public sector covered entities. For example, private hospitals and government-run hospitals covered by the rule have to comply with the full range of requirements.

OUTREACH AND ENFORCEMENT

HHS' Office for Civil Rights (OCR) oversees and enforces the new federal privacy regulations. Led by OCR, HHS has issued extensive guidance and technical assistance materials to make it as easy as possible for covered entities to comply with the new requirements. Key elements of OCR's outreach and enforcement efforts include:

- **Guidance and technical assistance materials.** HHS has issued extensive guidance and technical materials to explain the privacy rule, including an extensive, searchable collection of frequently asked questions that address major aspects of the rule. HHS will continue to expand and update these materials to further assist covered entities in complying. These materials are available at <http://www.hhs.gov/ocr/hipaa/assist.html>.
- **Conferences and seminars.** HHS has participated in hundreds of conferences, trade association meetings and conference calls to explain and clarify the provisions of the privacy regulation. These included a series of regional conferences sponsored by HHS, as well as many held by professional associations and trade groups. HHS will continue these outreach efforts to encourage compliance with the privacy requirements.
- **Information line.** To help covered entities find out information about the privacy regulation and other administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, OCR and HHS' Centers for Medicare & Medicaid Services have established a toll-free information line. The number is (866) 627-7748.
- **Complaint investigations.** Enforcement will be primarily complaint-driven. OCR will investigate complaints and work to make sure that consumers receive the privacy rights and protections required under the new regulations. When appropriate, OCR can impose civil monetary penalties for violations of the privacy rule provisions. Potential criminal violations of the law would be referred to the U.S. Department of Justice for further investigation and appropriate action.

- **Civil and Criminal Penalties.** Congress provided civil and criminal penalties for covered entities that misuse personal health information. For civil violations of the standards, OCR may impose monetary penalties up to \$100 per violation, up to \$25,000 per year, for each requirement or prohibition violated. Criminal penalties apply for certain actions such as knowingly obtaining protected health information in violation of the law. Criminal penalties can range up to \$50,000 and one year in prison for certain offenses; up to \$100,000 and up to five years in prison if the offenses are committed under "false pretenses"; and up to \$250,000 and up to 10 years in prison if the offenses are committed with the intent to sell, transfer or use protected health information for commercial advantage, personal gain or malicious harm.

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Note: All HHS press releases, fact sheets and other press materials are available at <http://www.hhs.gov/news>.

Last Revised: April 14, 2003

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
College Student Code of Honor

Each student admitted to a professional program in the College of Nursing and Health Professions is charged with the responsibility of honorable conduct. A student is assumed honorable until his/her actions prove otherwise. An honor offense is defined as an act of lying, cheating, or stealing. Formal procedures exist for violations of the honor code.

As a student in a health program, it is fundamental that you act in an honorable and virtuous way so that a community of trust is established among members of the college and your clients. Honor is a practiced ideal that will positively impact your relationship with fellow students, faculty, administrators, patients and other members of the community. As you live an honorable life, you will find that you cannot live without it.

All students in this college are bound by the Honor Code and all are needed to make it work. The atmosphere of trust and integrity that is created by an honor system enables the student to know his/her word will be taken as true, to compete fairly in the classroom and to keep what is rightfully his/hers. The system functions best when all members of the college not only take responsibility for their own actions, but hold their peers to the same standards.

As a student admitted to a health professions program, you must agree to live by and support the basic principles of honesty - no lying, cheating or stealing; be accountable for your actions; and share information about honor offenses. If you are not prepared to accept these responsibilities, you should select a program outside this college.

I have read the explanation of the College Student Code of Honor. I understand that as an admitted student in one of the programs in the college, I have accepted the pledge of honesty and will be expected to meet the standards as set forward.

Signature

Date

PROCEDURES FOR COLLEGE STUDENT CODE OF HONOR

The College Student Code of Honor exists in addition to the University Code of Conduct and the Academic Integrity Policy found in the Student Handbook. An honor offense by the college code is defined as an act of lying, cheating or stealing. These terms are defined as follows:

Lying - a false statement (written or oral) made with the deliberate intent to deceive; something intended to or serving to convey a false impression.

Cheating - to practice fraud or deceit; academic fraud is a form of cheating and includes such things as plagiarism (including Internet resources), false citation, false data and submission of the same work to fulfill academic requirements in multiple classes.

Stealing - to take the property of others without permission or right; to take ideas, credits, words without right or acknowledgement; to accept credit for another's work.

These honor code violations apply whether they are performed individually or in groups. They apply to didactic, laboratory and clinical experiences of the program as well as in situations where you are representing your program/college.

PROCEDURES:

If a student is aware of an honor offense, the student should report that offense to their ethics committee representative. The representative will accompany the student to the faculty member, program/director or chair's office OR will direct the student to the faculty member of the class in question, the program director or the department chair. An investigation will result.

If there is evidence to bring forward, the student will be notified, in writing, of the specific charges, who the hearing body will be and the time and place of the hearing. Such notification will be delivered at least two working days in advance of the hearing. The date of the hearing, if possible, must be set within 10 working days from the date of notification to the student.

The College Code of Ethics Committee will hear the case. The Ethics Committee will be selected each fall and will be comprised of six CNHP student representatives and two CNHP faculty appointed by the dean. A committee of alternate representatives will be selected by the Dean to include six (6) students and two (2) faculty members*. Actions by the Ethics Committee may include: 1) dismissal of the case, 2) sanction the student, 3) refer the case to the Dean of Students, Student Affairs. Disciplinary sanctions by the committee may include educative, reprimand, restrictions and restitution. The committee does not have the authority to suspend or expel the student. However, the committee may forward the case to the faculty member or director/chair with a recommendation of suspension or program dismissal. The Dean of Students, or designee, will educate the committee and their alternates on the hearing process and sanctions in the fall semester of each year.

Student rights in this committee process are outlined in the A-State Student Handbook under the caption "Disciplinary Hearings". The student is entitled to one appeal rendered by the Associate Dean for Judicial Affairs. The process for appeal is found in the section on Appeal Process.

*On each distance campus, one student will be designated as an ethics representative.

Arkansas State University**Radiation Therapy Program****Technical Standards**

In order to ensure patient safety and welfare, the student must demonstrate "with or without accommodations" in order to successfully complete the program:

1. Sufficient eyesight to observe teaching methods and patients, manipulate equipment and accessories, and evaluate radiographs for quality.
2. Sufficient hearing to communicate effectively with members of the healthcare team and patients and hear various patient, equipment and background sounds.
3. Sufficient gross and fine motor coordination to manipulate equipment and accessories, lift a minimum of fifty (50) pounds, and respond promptly to patient's needs.
4. Satisfactory intellectual and emotional functions to ensure patient safety and to exercise independent judgment in the performance of assigned responsibilities in stressful situations.
5. Satisfactory verbal, written, and reading skills to effectively and promptly communicate in English.
6. The ability to work collaboratively and demonstrate ethical behaviors with all members of the healthcare team.

By signing below, I agree that I can meet all the standards listed above.

Student Signature: _____ Date: _____

Arkansas State University
Radiation Therapy Program
Academic Honesty Policy and Clinical Experience

All class members are assumed to be honest. Consequently, any cheating or plagiarism during any class activity is considered to be unethical and may result in a grade of "0" for that activity, failure of the course, or dismissal from the academic program. For clinical experiences, academic honesty also includes keeping accurate clinical records such as: log books, time records, competencies and proficiencies. **Discovery of falsified clinical documents WILL result in immediate dismissal from the program.**

I understand this policy and this document will serve as written warning. I understand that falsification of clinical documentation will result in my dismissal from the Radiation Therapy program.

Student Signature

Student Printed Name

Date

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS

Clarification of Student Role

I hereby confirm that I am being assigned to one of the following clinical sites: NEA Baptist Memorial Hospital in Jonesboro, AR, St. Jude Children's Research Hospital in Memphis, TN, White River Cancer Center in Batesville, AR, St. Bernard's Medical Center in Jonesboro, AR, and Poplar Bluff Regional Medical Center in Poplar Bluff, MO, and the "Institution," for the purpose of participating in clinical training and experience required as a part of my course of study at Arkansas State University, the "University". I recognize and agree that I am not the agent or employee of the University for any purpose whatsoever during my clinical studies at the Institution. I further acknowledge and confirm that I am a student only and have no authority to act on behalf of the University in any capacity.

Student

Date

Arkansas State University
College of Nursing and Health Professions
HIPAA / HITECH Compliance Contract

I, _____, have read the information provided to me concerning the Health Insurance Portability and Accountability Act (HIPAA) and understand its intention. As a student in a professional health program, I agree to comply by the requirements of HIPAA.

I understand that during clinical experiences, I will have access to protected personal health information (PHI as defined by HIPAA) of individuals and agree to:

- a) Only use or disclose PHI as permitted Clinical Service under HIPAA statute(s);
- b) Use appropriate available safeguards to prevent misuse of PHI;
- c) Make PHI available to individuals as set forth under the HIPAA statute(s);
- d) Return or destroy all PHI upon termination of a clinical assignment: and
- e) Report any improper disclosure of PHI within ten days of discovery to my Clinical Instructor and/or the Director of Clinical Education.

Student's name

Student's signature

Date

Appendix Y

Student Background Checks

CNHP students:

Arkansas State University College of Nursing and Health Professions now requires background checks for students admitted to professional programs if the screening is required by an affiliate requirement. This is to ensure compliance with agreements between the College and Clinical Facilities.

Arkansas State University's College of Nursing and Health Professions has worked with Verified Credentials, Inc. to establish an acceptable screening procedure. This cost of the background check varies by state from \$47 - \$77. Applicants who fail to submit a background check will not be eligible to participate in the clinical experience. Please follow the directions below for submitting your application to Verified Credentials:

1. Go to <http://student.verifiedcredentials.com/?organization=arkansasstate>
2. **Enter your 10-character program code.**
 - Background Check – AR Clinical Rotation: KMFHX-63942
 - Background Check – MO Clinical Rotation: GFHCJ-43246
 - Background Check – MS Clinical Rotation: WXRPD-97738
 - Background Check – TN Clinical Rotation: JKDDP-63378
 - Drug Test Only – All Clinical Rotations: HHGCT-44273
3. Create a profile and complete all information/application pages pressing DONE when finished with each one.
4. Make your payment selection and pay by credit card, debit card or PayPal.
5. Sign the Disclosure.
6. Submit your Order.
7. Check your email (inbox, junk & spam) for 2 separate emails from QualifiedFirst@verifiedcredentials.com
 - 1) Congratulations you have registered with Verified Credentials through QualifiedFirst.
 - 2) A Track your Order receipt once you have completed payment.
 - 3) If you have requested a Drug Test, you will receive a third email from clientservice@verifiedcredentials.com with your **Donor Registration** and an **Order Reference** number to initiate your Drug Screen.

Upon completion of the background screening, you will be sent a notice that the report is complete. The report will apprise you of the findings as well as your final score of:

- Red—Convictions or Discrepancy found
- Yellow—Possible Discrepancy found
- Green—No Convictions or Discrepancies found

You will be required to share the detailed report with the clinical site. If any information is found that would negatively affect your eligibility for clinical placement in the Program, you will be given an opportunity to challenge the information through the Adverse Action process associated with Verified Credentials. The clinical site will review any information concerning reports that are yellow or red and will determine your eligibility to participate in the clinical experience base on their criteria. If you have any questions, please contact Verified Credentials Client Services at 800.938.6090.

It is important that you submit information in a timely fashion. Thank you for your prompt attention to this request.

RELEASE OF SCREENING RESULTS

I, _____, am currently enrolled in one of the Arkansas State University College of Nursing and Health Professions Programs below as indicated by the check mark:

- Nursing
- Clinical Laboratory Science
- Physical Therapy
- Medical Imaging and Radiation Science
- Communication Disorders
- SocialWork
- Nutrition

I realize that the criminal background check policy/process may require that my results be shared with clinical affiliates and if a negative indicator is recorded, determine if I am permitted to participate in the clinical experience. My signature on this document serves as proof that I am granting permission for my criminal background check reports to be released as indicated.

Printed name: _____ Date: _____

Signature: _____

PLEASE TAKE TO YOUR DEPARTMENT TO BE PLACED IN YOUR STUDENT FILE.

Objective: To assist students in meeting requirements for placement in certain health care facilities through documentation of a satisfactory criminal background check.

Required: Effective August 1, 2009 students must submit to and demonstrate a satisfactory criminal background check as a prerequisite for clinical practice for certain health care facilities. Students who fail to submit to a background check or to allow the Clinical facilities access to the report will be ineligible for clinical placement. Those who do not pass the background check are afforded the opportunity to explain the circumstances surrounding the situation and if the final determination is that the student is ineligible for clinical placement he/she will be given the opportunity to withdraw from the Program. Attendance in clinical practice is mandatory for successful completion of all of the Nursing or Health Professions Program.

The criminal background check will include but is not limited to: ID Search Plus; Criminal Background; Sex Offender Search; Abuse Registry; OIG Medicare Sanctioned List;

Situations in which a student does not receive a satisfactory background check will be reviewed by the Clinical Facility on a case-by-case basis. Convictions involving the following crimes, but not limited to these crimes, may serve to disqualify a student from participating in the mandatory clinical learning experiences.

- Any felony, whether listed below or not
 - Crimes involving drugs, including but not limited to unlawful possession or distribution
 - Crimes of physical violence to include any type of abuse (child, spousal, or of the elderly), abduction such as kidnapping, manslaughter, murder, robbery, sexual crimes, possession of a restricted fire arm or any related weapons offenses, assault and battery
 - Conviction of a misdemeanor related to abuse, neglect or exploitation
- A private company approved to perform Criminal Background Checks will conduct the background check. The cost of the background check will be borne by the student.

Process Guidelines:

- ❖ Arkansas State University College of Nursing and Health Professions has adopted Verified Credentials as the background screening vendor for those clinical sites that require a background check. This will become effective August 1, 2009. Students will be responsible for all associated costs.
- ❖ Students will be required to complete a background check screening with the Program's vendor. The background check is to be completed prior to participating at the health care facility where such a requirement is stipulated.
- ❖ At present, Verified Credentials completes screening through Criminal Search (County), FACIS (Level I – Individual), IDSearchPlus and the National Sex Offender Public Registry.
- ❖ Through Verified Credentials, students are assigned a GREEN, YELLOW or RED indicator in each of the screening areas listed above. A copy of each student's report will be sent directly to the clinical site for review and/or available for review per Verified Credentials'WEB site. Students will be required to provide all clinical affiliates open access to criminal background check reports.
- ❖ In the event the student receives a **GREEN** indicator(s), the student will be cleared to participate in clinical experiences.
- ❖ In the event the student receives any **YELLOW** indicator(s), the student's Verified Credentials Report will be reviewed by the clinical to determine if they will be permitted to participate in the clinical experience.
- ❖ In the event the student receives any **RED** indicator(s), the student's Verified Credentials Report will be reviewed by the clinical site to determine if the student will be permitted to participate in the clinical experience.
- ❖ Additional background checks with other vendors may be stipulated by some clinical affiliates (e.g. mental/behavioral health). Clinical affiliates reserve the right to refuse entrance of any student based on background check information. In the event, a clinical affiliate declines a student for clinical experience the student may not be able continue in the program since program objectives cannot be met. Students will be provided a copy of the program policy regarding criminal background check screening. In the event changes are made to the background check screening process, students will receive the applicable updates.

**Arkansas State University
College of Nursing & Health Professions
Criminal Background Check**

Student name: _____

I understand that criminal background checks may occur as part of my professional education at A-STATE. Evidence of a previous charge or conviction of a felony/misdemeanor on my record may affect my progress in this program. While the faculty cannot realistically determine whether this will have any future impact on my ability to work in my profession, I do understand that the following issues could arise during my time as a student or as a graduate of the program.

1. Certain rotation sites could deny me access for rotation.
2. Hospitals or other health care institutions could refuse to allow me access for a clinical experience.
3. The above two issues could make it impossible for me to complete the clinical portion of my education and therefore not graduate.
4. Upon graduation, a state licensing agency could refuse to grant me a license.
5. As a licensed professional, certain health care institutions could refuse to grant me privileges.
6. There could be other, unforeseen, impacts of this incident on my ability to practice as a professional.

Student signature: _____ Date: _____

Arkansas State University Student Information

Arkansas State University has partnered with Verified Credentials to manage your program requirements including the following:

- Background Report
- Drug Test

To access Verified Credentials- Student go to:

<http://student.verifiedcredentials.com/?organization=arkansasstate>

HowItWorks:

1. Enter code for the program you will be attending located above the "Get Started!" button on the right side of the page

AR Clinical Rotations	MO Clinical Rotations
KMFXH-63942	GHFCJ-43246
TN Clinical Rotations	MS Clinical Rotations
JKDDP-63378	WXRPD-97738
Drug Screen Only	Drug Screen – Retest
HHGCT-44273	TVBCW-82298

2. Create an account or if you already have a QualifiedFirst account, log back in as a "returning user" and enter the code at the top of your home page.
3. Enter all required information
4. Provide supporting documentation
5. Track your progress
6. Information will automatically be shared with your school

NOTICE: If your code includes a drug test, you will receive a notification with a registration number and nearby collection sites within 1 business day of submitting your application.

If you have any questions, our Client Services Team is ready to assist you. Please call us at 800.938.6090 or email us at ClientServices@verifiedcredentials.com.

COVID 19 Vaccine Policy

By signing below, I acknowledge that I understand that while the COVID vaccine is not required, it may be necessary to get the vaccine to complete the clinical requirements of the radiation therapy program. Some clinic sites do require the vaccine and if others continue to add this policy, students may be required to have the vaccine in order to attend clinic at those sites. Due to limited availability of clinic sites, you may not be able to attend clinic without the vaccine which would lead to you not being able to complete the clinical component of the program. This would mean you would not be able to graduate and sit for the registry on time.

Signed: _____ Date: _____

Pregnancy Declaration

ARKANSAS STATE UNIVERSITY COLLEGE OF NURSING AND HEALTH PROFESSIONS
RADIOGRAPHY PROGRAM

Pregnancy Declaration Form

I, _____, have been personally advised of the possible risks and complication due to radiation exposure to my unborn child by a faculty member of the Radiography Program. I understand these risks and the radiation precautions I must take in choosing to remain active in the professional program. My anticipated due date is: _____.

My signature below indicates my understanding of the possible risks due to radiation exposure to my unborn child. My signature also indicates that I release Arkansas State University, the Radiography Program and its faculty, the clinical education center and its employees from all liability of problems or complications that may arise during my pregnancy.

At this time, I would like to:

- _____ Declare my pregnancy and continue in the program with appropriate modifications
 _____ Declare my pregnancy and continue in the program without modifications
 _____ Withdraw a previously declared pregnancy
 _____ Withdraw from the program with the option to return at a later date (upon seat availability)

Signature of Student _____ Date _____

Faculty Witness _____ Date _____

Arkansas State University
Radiation Therapy
Clinical Site Onboarding

All radiation therapy students are required to complete and self-submit all vaccinations, onboarding, mandated training, background checks, drug screening, elder abuse registry checks, child abuse registry checks and any other documentation as required by the clinical site prior to being approved to attend clinical site rotations.

By signing below, I acknowledge that I understand that I am responsible for submitting all requested onboarding and training as required by the clinical site 4-6 weeks prior to the start date of the clinical site rotation. Failure to complete and submit the required paperwork may delay or prevent attendance as scheduled for clinic rotations. I understand that failure to complete all clinic time as scheduled prior to the last day of semester classes and at the clinical site assigned to will result in receiving a failing clinical grade for the semester, and that I will be unable to continue in the radiation therapy program.

Student Signature

Student Printed Name

Date