



CLINICAL HANDBOOK

SCHOOL OF RADIATION THERAPY

2020-2021

CLINICAL HANDBOOK TABLE OF CONTENTS

	Page
GENERAL INFORMATION	5
Introduction	5
Clinical Rotations	5
Clinical Affiliates	5-6
Uniform Attire	6
Uniform Deficiency	8
Personal Hygiene	8
Unethical Behavior	8-9
Radiation Monitoring	10
ASRT Code of Ethics	10
Unsafe Practice	10-11
Direct Supervision of Students	11-12
ATTENDANCE POLICIES	
Clinical Hours	12-13
Inclement Weather Policy	13
Jury Duty	13
Bereavement Leave	13-14
Leave of Absence Policy	14
Holidays	14-15
Semester Breaks	15
Three Month Probationary Policy	15
Make Up Time	15-16
Sickness	16-17
Authorized Leave Time	17
Unplanned Absences	18
Unauthorized Absences	18-19
Tardiness	19
Incomplete in Clinical Grade	19-20
CLINICAL REPRIMAND PROCEDURE	
Clinical Reprimand Procedure	20
Clinical Probation	20
Clinical Suspension	20
Attendance Evaluation Procedure	20
Disciplinary Action	21

	Page
CLINICAL EVALUATION GRADING SYSTEM	
General Information	21
Incomplete in Clinical Grade	22
Paper work	22
Staff Evaluation of Student Proficiency	22
Personal & Professional Growth Evaluation	23
Competency Evaluations	23
COMPETENCY REQUIREMENTS	
Competency Requirements	24
Final Competencies	24
Patient Care Competencies	24-25
Treatment Competencies	25-26
Simulation Procedures Competencies	26-27
Beam Modification Devices Competencies	27
Low Volume, High Risk Procedures Competencies	27
Dosimetry Competencies	28
Warm up of Equipment/QA Checks Competencies	28
Tumor Board and Chart Round Attendance	29
GOALS AND OBJECTIVES	
Clinical Goals	30
Clinical Professional Objectives	30
Clinical Objectives	30-35
Treatment Competency Objectives	35-36
Simulator Competency Objectives	36-38
Maps	39-47

CLINICAL EDUCATION

Introduction

The Grady Health System School of Radiation Therapy is committed to quality health care, quality education, professional standards of accreditation and credibility in the health profession. The major goal of the School of Radiation Therapy is to enable the student to develop skills that will allow him/her to perform the duties of a radiation therapist successfully. The first step in this process is the acquisition of knowledge through classroom and clinical learning experiences. It is then necessary to practice these skills until they are mastered.

Simultaneously with classroom instruction, the first few weeks of clinical are spent observing staff therapists in the clinical area and learning basic patient care handling skills. Participation in the clinical area becomes increasingly more active participation, with the student assisting the staff therapist with the treatment and simulation procedures. The student therapist then begins to perform the procedure with the staff therapists' assistance and/or observation.

Enclosed are the components of the clinical evaluation system, which include: policies concerning attendance, uniform attire, expected clinical behavior and clinical reprimand procedures. A step-by-step description of the areas of clinical rotation, clinical grading system, and clinical objectives are included in the student clinical handbook.

CLINICAL ROTATIONS

Students are equally placed on a clinical rotation schedule and rotate every three/four weeks. Clinical schedules are posted in designated treatment areas, classrooms, and in the Program Office. Students are given a copy of the clinical schedule prior to the beginning of the semester. The students rotate through the following clinical areas:

Oncology Nursing (Fall Semester only)	Treatment
Simulation	Dosimetry

CLINICAL AFFILIATES

The following clinical education sites are affiliated with the Program:

Grady Health System; Grady Cancer Center (**GCC**)

The Emory Clinic, Winship Cancer Center (**TEC**)

Emory University Hospital Midtown (**TECM**)

WellStar Kennestone Hospital (**KH**)

Northside Cancer Institute (**NH**)

WellStar Paulding Hospital (**PH**)

Emory St. Joseph's Hospital (**ESJ**)

Grandview Medical Center (**GVM**)

Clinical Site	Phone number	Clinical Site	Phone number
Grady Radiation Oncology	(404) 616-6372	WellStar Kennestone Radiation Oncology	(770) 793-7500
Emory Midtown Radiation Oncology	(404) 686-7857	Northside Hospital Radiation Oncology	(404) 851-8153
Emory Radiation Oncology	(404)778-0595	Well Star Paulding Radiation Oncology	(470) 644-8157
Grandview Medical Radiation Oncology	(205) 971-1273	Emory St. Joseph's Radiation Oncology	(678) 843-7017

PROPER UNIFORM ATTIRE

Uniform	Blue scrub shirt* & blue scrub pants* (Uniforms cannot be too tight or too loose. Any shirt worn under uniform shirt must be solid white or solid black; no writing on that undershirt may be visible. Under shirt must be tucked in. Pants must come to ankle. Pants cannot touch the floor. Pants must be worn at the waist (underwear must not be seen).
Shoes	Clean athletic or clinic shoes. Shoes must be all leather (no canvas, suede, mesh, holes, open toe or open back shoes or any material that allows fluids to penetrate).
Socks/stockings	Solid white or solid black socks or stockings must be worn.
Lab coat	Blue lab coat with school emblem*
ID badge	Identification badge must be worn at collar level with photo visible (No buttons or pins allowed on ID badge unless approved by the Program). <i><u>ID badge is to be worn at all times, clinical education sites, all Grady properties as well as the classroom.</u></i>
Dosimetry badge	Worn at collar or upper torso.
Jewelry	Rings & bracelets - only one ring or bracelet may be worn on each hand. Necklace - must be worn under uniform. Earrings - only one Earring is allowed in each ear, they must be small (no larger than 1

Hairstyles	<p>inch in diameter). Other jewelry - no jewelry is permitted in the tongue, lip, eyebrow or nose except for religious reasons.</p> <p>Hair may be worn as long as you like, but if it is longer than shoulder length, it MUST be tied back away from the face while working in the hospital in patient care areas. If a hair band or barrettes must be worn, they should be simple in design. Hairstyles and color must be professional and not have extreme design.</p>
Beards	<p>Male students must be clean-shaven. Beards and mustaches may be grown if they are kept trimmed and sanitary. Facial hair must not interfere with the seal on the isolation mask.</p>
Cosmetics	<p>Use makeup in moderation in a tone, which denotes professionalism in a hospital. Fingernails may not extend more than 1/4 inch beyond the fingertip. No acrylic nails. Students may wear the following color nail polish: clear, pearl, and white. No jewels or designs in nail polish are allowed.</p>
Eyewear	<p>Dark glasses will not be worn indoors while on duty unless wearing the glasses indoors has been prescribed by a physician.</p>
Tattoos	<p>Tattoos must be covered during clinical education.</p>
Hats/Caps/ Head coverings:	<p>Hats, caps or head coverings are not allowed unless worn for religious reasons.</p>
Accessories	<p>Fanny packs are acceptable. No cell phones or electronic devices allowed during clinical time or classroom time.</p>
Underclothes	<p>Undergarments should NOT be visible.</p>

Uniforms should be **CLEAN AND PRESSED** and in good repair (not torn) at all times, shoes polished, socks/stockings in good shape.

This dress code is an attempt to be clear, **BUT THE EVALUATION AND/OR DEVIATION OF THE UNIFORM ATTIRE IS LEFT TO THE DISCRETION OF THE PROGRAM.** Proper uniform attire is to be worn in ALL AREAS of clinical rotation and class.

Students not attired in the proper uniform will receive a clinical reprimand. The student will be sent home to change into the proper uniform. Time missed will be made up.

UNIFORM DEFICIENCY

1. Students who are out of proper uniform attire (including radiation monitoring & personal hygiene) will be written up on the first occurrence for failure to follow the Proper Uniform Attire using the Uniform Deficiency form.
2. On the second offence will warrant a reprimand.
3. The third offence will warrant further action by the Program (i.e. Suspension, probation, dismissal).

PERSONAL HYGIENE

1. Students are expected to take pride in their personal appearance and hygiene. First impressions are critical when meeting patients and their families and may influence the professional rapport you are able to establish with them. Equally important is how their instructors, clinical staff, and physicians who may be a future job reference, employer, or colleague regard students.
2. Students must demonstrate acceptable personal hygiene. Daily bathing with soap, shampooing hair, shaving, brushing teeth, and wearing deodorant are required.
3. Failure to comply with the appropriate personal hygiene policy may result in the student being sent home. Time from clinical missed must be made up.
4. No overwhelming or excessive perfume, scented body sprays, lotions, creams, aftershave, or scented hair spray may be worn. The patient's sense of smell is often heightened and extremely sensitive to odors. They may be offended or sickened by perfume or scents.
5. Students are not allowed to smoke while attending clinical education. The patient's sense of smell is often heightened and extremely sensitive to odors. They may be offended or sickened by the residual odor of smoke on hair, skin, clothes, and breath.

UNETHICAL BEHAVIOR

1. A "profession" is defined as an occupation that has or utilizes a specific body of knowledge, special literature, and a code of ethics. Students are expected to demonstrate ethical professional conduct. Codes of ethics and professional regulations for healthcare providers serve several important purposes:

- a. They protect the integrity of the profession.
 - b. They enhance the delivery of patient care.
 - c. They provide opportunities for personal growth while enhancing competence as care givers.
2. Unethical behavior is defined as a student exhibiting qualities and characteristics that are inconsistent with the American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and Radiation Therapy, the American Society of Radiologic Technologists (ARRT) Code of Ethics for Medical Imaging, ASRT Code of Ethics for Radiation Therapy, The ARRT Rules and Regulations, the ARRT Standards of Ethics, or that violate appropriate moral, ethical, social, and/or legal aspects.
- A. Unethical behavior will include, but is not limited to:
- 1. Violating the patient's rights, including
 - 2. Autonomy
 - a. Privacy
 - b. Confidentiality
 - c. Respect
 - d. Nondiscrimination
 - e. Informed consent
 - 3. Professional misconduct including:
 - a. Inappropriate speech and/or tone of voice
 - b. Unprofessional, negative, or disrespectful attitude
 - c. Using or being under the influence of alcohol or drugs
 - d. Dishonesty, lack of integrity, or irresponsibility
 - e. Violating professional and certification organization policies
 - f. Violating civil or criminal law, including:
 - 1. Negligence
 - 2. Assault and/or battery
 - 3. Defamation of character
 - 4. Invasion of privacy
 - 5. False imprisonment
 - 6. Malpractice
3. For the first occurrence the student will receive a written reprimand.
4. For the second occurrence the student will be suspended.
5. For the third occurrence the student will be placed on probation.
6. If any other infractions occur the student will be dismissed.

RADIATION MONITORING

In order to insure proper precautions against radiation accidents, all radiation therapy students are provided with dosimeters for radiation monitoring and control. The dosimeter is changed each month. Reports are available in the Program Director's office, so that each student has access to their record of accumulated radiation dosage. A report is kept in the student's permanent record.

**ASRT® 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 judgment; 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 lifelong learning to maintain, improve and enhance professional competence and knowledge.

UNSAFE PRACTICE

1. Unsafe practice is defined as a student performing a procedure in an unsafe manner, causing harm or possible harm to patient, clinical staff, Program's faculty, himself or herself, or equipment.
2. Unsafe practice will include, but is not limited to:
 - A. Injuring the patient, clinical staff, Program's faculty, themselves or others.
 - B. Damaging equipment, accessories, or physical facilities.
 - C. Failure to protect the patient, clinical staff, Program's faculty, themselves, or others from accidental or unnecessary radiation exposure.

- D. Failure to wear radiation monitoring device
 - E. Excessive permissible radiation doses.
 - F. Failure to practice Universal Precautions or utilize safety devices when appropriate or required.
 - G. Being under the influence of narcotics, alcoholic beverages, or controlled substances.
 - H. Initiating "Beam On".
3. For the first occurrence the student will receive a written reprimand.
 4. For the second occurrence the student will be suspended.
 5. For the third occurrence the student will be placed on probation.
 6. If any other infractions occur the student will be dismissed

SUPERVISION OF STUDENTS

Radiation therapy students must ***always*** perform all clinical procedures ***under the direct supervision of a registered radiation therapists and/or qualified healthcare professional.***

1. **Direct Supervision** is provided by:
 - A. A qualified practitioner who reviews the procedure in relation to the student's achievement.
 - B. A qualified practitioner who evaluates the condition of the patient in relation to the student's knowledge.
 - C. A qualified practitioner who is present during the conduct of the procedure.
 - D. A qualified practitioner who reviews and approves the procedure.
2. Students will be ***directly*** supervised in clinical education by qualified practitioners, including the Program's faculty, Clinical Supervisors, and/or Clinical Instructors. A qualified practitioner is defined as an individual who possesses appropriate professional certification in the pertinent discipline, maintains active registration, and is practicing in their profession. Practitioners who are registry eligible ***are not*** allowed to supervise students unless a qualified practitioner is also present.
 - A. The Program's faculty are defined as Radiation Therapists certified by the American Registry of Radiologic Technology (ARRT), employed by the Schools of Radiation and Imaging Technologies, and recognized by the Joint Review Committee for Education in Radiologic Technology (JRCERT) to have met the criteria for Program Director or Clinical Coordinator.
 - B. Clinical Supervisors are defined as Radiation Therapists certified by the American Registry of Radiologic Technology (ARRT), employed by a clinical affiliation, and

recognized by the Joint Review Committee for Education in Radiologic Technology (JRCERT) to have met the criteria for Clinical Supervisor.

- C. Clinical Instructors are defined as:
1. Radiation Therapists certified by the American Registry of Radiologic Technology (ARRT) and employed by a clinical affiliation.
 - a. Radiation Therapists who are registry eligible are not allowed to supervise students unless a certified Radiation Therapist is also present.
 - b. Medical Dosimetrists certified by the Medical Dosimetrist Certification Board (MDCB) and employed by a clinical affiliation. They may supervise students in Dosimetry only, *unless* they are also a Radiation Therapist certified by the American Registry of Radiologic Technology (ARRT).
 - a. Medical Dosimetrists who are registry eligible are not allowed to supervise students unless a certified Medical Dosimetrist, certified Medical Physicist, or licensed Radiation Oncologist is also present.
 - b. Medical Dosimetrists who are registry eligible but are also a Radiation Therapist certified by the American Registry of Radiologic Technology (ARRT) are not allowed to supervise students in Dosimetry only, unless a certified Medical Dosimetrist, certified Medical Physicist, or licensed Radiation Oncologist is also present.
 - c. Radiation Therapists certified by the American Registry of Radiologic Technology (ARRT) who is in the process of completing at least two (2) years clinical dosimetry experience under the direction of a Certified Medical Dosimetrist, certified Medical Physicist or licensed Radiation Oncologist in preparation for registry eligibility. They may supervise students in any area except Dosimetry.
 - a. Radiation Therapists who are not certified in Medical Dosimetry are not allowed to supervise students in Dosimetry unless a Certified Medical Dosimetrist, certified Medical Physicist, or licensed Radiation Oncologist is also present.
 4. Registered Nurses licensed by the Board of Nursing and employed by a clinical affiliation. They may supervise students in Nursing only.
 - a. Nurses who are board eligible are not allowed to supervise students unless a Registered Nurse is also present.

ATTENDANCE POLICIES

CLINICAL HOURS

8:00am - 4:00pm or hours approved by the Training Coordinator and Clinical Supervisor

SIGN IN PROCEDURES:

1. The student will log into Trajecsys as a first attempt to clock in and to clock out of clinic.
2. If computer access is not available, the student will call the school at **404-616-5024** and leave a message on the recorder that they have arrived in their clinical area and they will call again at the end of the shift and say that they are leaving for the day.
2. Students will have a mandatory half hour lunch break. When students are in the clinical setting the staff therapist or supervisor will determine the lunch times.
3. Students are allowed one 15-minute break during their clinical rotation. The break time will be at the discretion of the technologist to whom the student is assigned. Break time will depend upon patient flow. Break times are not always guaranteed.

INCLEMENT WEATHER POLICY

It is urgent that the Grady Health System maintain operations during inclement weather conditions. The Schools of Radiation and Imaging Technologies are full-time programs. In case of inclement weather, every effort should be made to attend training hours as soon as conditions permit. The Education Manager will make a decision concerning closure or late opening of the program. Students will be emailed with the notification. The notification will also be sent to local TV/radio stations for announcement. If the Education Manager closes or delays opening, the clinical time will not have to be made up. Any other time missed will be deducted from PTO hours. If time missed exceeds the student's PTO hours, those remaining clinical hours will be made up during semester break. Students must either call or email if conditions prohibit them from attending class/clinical during a weather emergency. When classes must be cancelled because of the weather event, the school will maintain contact with students through phone/email to let the students know what day(s) classes will be rescheduled.

JURY DUTY/COURT APPEARANCE/MILITARY RESERVES

If a student is summoned for jury duty, subpoenaed for a court appearance, or ordered to report for military reserve duty, he/she must notify and provide supporting documentation to an instructor immediately upon receipt of the notice. When the student has completed their court or jury duty appearance they are expected to immediately return to their assigned clinical area. Time missed for jury duty, court appearance, or military reserve duty will be deducted from PTO time, if time exceeds PTO hours, the remainder of the clinical time missed will be made up during semester break. This time missed will not affect the clinical grade.

BEREAVEMENT LEAVE

Bereavement leave is available for the following family members: spouse, child, step-child, parent, step-parent, sister or brother, step-sister or step-brother, grandparent, grandchild, mother or father-in-law, sister or brother-in-law. A student is required to contact the School if he/she will be absent as a result of the death of an immediate family member. You may be granted up to 3 days of bereavement time per calendar year. Such absences are not made up. However, if additional time off to attend to family and estate matters is requested, this time missed must be made up during semester break. If time off is requested for funerals of other than immediate family members, the time will be treated as authorized leave time and will be deducted from PTO time, if time exceeds PTO hours, the remainder of the clinical time missed will be made up during semester break. This time missed will not affect the clinical grade.

LEAVE OF ABSENCE POLICY

A leave of absence (LOA) is a temporary interruption in a student's program of study. Leaves of absence, including maternity leave, can be granted to the student in unusual or emergency situations. A LOA must meet specified conditions to be counted as a temporary interruption in the student's education. If a LOA does not meet the specified conditions, the student is considered to have ceased attendance and will have to withdraw from the school. In order for a LOA request to qualify for approval:

1. The student must submit a written request in advance for a LOA. It should include the reason for the request. If the LOA is for health reasons, medical documentation of the need for a LOA should accompany the written request.
2. The school may grant a LOA to a student who did not provide the written request prior to the LOA, due to unforeseen circumstances. The school must receive a verbal request from the student within 24 hours of the initial absence, followed by a written request within 7 days.
3. There must be a reasonable expectation that the student will return from the LOA.
4. The LOA together with any additional absences must not exceed a total of 160 clinical hours.
5. For medical LOA's, the student must provide a physician's statement of fitness to return to academic class and/or clinical duty.
6. If a LOA extends longer than six weeks, the student **MUST RESIGN OR BE TERMINATED** from the program.
7. No more than one leave of absence will be granted during the length of the program.

HOLIDAYS

The following holidays are observed by the Programs in Radiation and Imaging

Technologies. Some holidays are included in semester breaks.

M.L. King Birthday (one day)

Memorial Day (one day)

July 4th (one day)

Labor Day (one day)

Thanksgiving (two days)

Christmas (two days)

New Year's Day (one day)

SEMESTER BREAKS

1. Students are given time off between semesters, with the exception of the summer semesters.
2. No other time off is given, unless approved by the Program.
3. Students will make up any time missed from clinical.
4. Students are given a memo at the end of the semester to let them know how much clinical time they owe, the dates of makeup time, and the clinical area in which the time is to be made up. All policies concerning clinical procedures will be followed during make up time. Students are evaluated by the Staff during the makeup time.

THREE MONTH PROBATIONARY PERIOD

During the first three months of the Program the student is not allowed to take any time off with the exception of sick or doctor appointments, or court occurrences.

MAKE UP TIME

1. If because of illness, late occurrences or absences the student has missed clinical hours (and has not made the time up during the semester) the time must be made up during semester break. Every attempt will be made to schedule the makeup time in the area in which it was missed.
2. The student will be allowed to make up a maximum of 16 hours during the semester in which it was missed. The student must make up the time within two weeks of missing the clinical time; otherwise this time owed will be made up during the semester break. This verification form must be turned in to the Program Director. No makeup time may be earned during the students scheduled clinical/class hours. If a student is out sick on the date that they are scheduled for up make up time, they cannot come in to earn time on that date.

3. Requests for make-up time must be submitted to the program manager by email or letter and approved prior to the make-up time being scheduled or completed. If not the time will not be recognized.
4. If the student fails to show up for the assigned make up time, this will be considered an unauthorized absence (5 points are subtracted from the final clinical grade), and the student will receive disciplinary action from the Program.
7. Tardiness & absences from makeup time will affect the grade the same as during the semester.
8. The student will be assigned a lunch break during the hours he/she is doing make up time; no credit will be given for the lunch break time.
9. **If a student misses more than 72 clinical hours during his/her training they may be dismissed from the program.** The Program will take into consideration a documented consecutive illness.

SICKNESS

3. If the student is sick, **he/she must call the Program Director AND clinical supervisor of the assigned clinical site.** Email and/or text messaging is not an acceptable form of communication. Notification must be received NO LATER THAN ONE-HOUR AFTER YOUR SCHEDULED SHIFT STARTING TIME. If you fail to call in by the designated time, this will be considered an unauthorized absence

Program Director	(404) 616-3611
Training Coordinator	(404) 616-5024
GCC Treatment Area	(404) 616-6372
TEC Treatment Area	(404) 778-5315
TECM Treatment Area	(404) 686-7857
KH Treatment Area	(770) 793-7500
NH Treatment Area	(404) 851-8000
2. Sick time will be made up during semester breaks.
3. The program may require medical verification for your illnesses. Medical verification must be turned into the Program Director within 48 hours of returning to clinical duty.
4. **Absences of 21 or more hours in a semester are excessive.** If a student misses more than 21 hours without verified excuses, his/her clinical attendance record will be

reviewed by the Program for further action, i.e. probation, dismissal, etc. This will happen whether or not some of the time is made up. **The student will still be subject to disciplinary action if they miss more than 21 hours of clinical time.**

5. If attendance does not improve during the probationary period imposed by the Program, the student will be subject to further action.
6. Sick time without a Dr. note of documentation will affect the Clinical grade.
7. A student who becomes ill during clinical hours may visit the Employee Health clinic to be released from clinical duty. All clinic slips from Employee Health must be given to the Program Director.

AUTHORIZED LEAVE TIME

1. Educational leave time off, such as seminars and/or conventions, with approval from the Program and with verification of attendance, does not have to be made up. Those on Probation may not be considered for this type of time away from the Program. If a student fails to show verification of attendance, this time is considered an unauthorized absence and 5 points will be subtracted from the final clinical grade.
2. Jury Duty leave will be granted when students present verification of Jury Duty. Clinical time missed will be made up, or the student can change his rotational shift for the period of Jury Duty.
3. Funeral leave for death in the immediate family does not have to be made up. Immediate family members include: spouse, child, stepchild, parent, sister or brother, grandparent, grandchild, mother or father-in law, sister or brother-in-law. The student may be granted up to 3 days of bereavement leave per year. Time off is given at the discretion of the Program. If additional time off is needed to attend to family and estate matters, this time missed must be made up. If time off is requested for funeral of persons other than immediate family members, the time will be treated as authorized leave time and must be made up.
4. Notification of military reserve leave must be presented in advance to the Program. The time taken off for this leave must be made up.
5. For a Declared Pregnancy, Pregnancy Leave may be arranged with the Program. The student must submit a memo to the Program Director to receive Pregnancy leave time off. Time missed will be made up. (See Leave of Absence Policy)
6. Time off for sickness in immediate family (spouse, children) will be made up.

7. Elective Surgery - All elective surgery must be scheduled during Semester breaks.
8. Time off - Students must submit a written request 24 hours in advance prior to taking the time off. The student must obtain approval from the Program before taking the time off. If not received in advance, it will be considered an Unplanned Absence. All time must be made up.

UNPLANNED ABSENCES

1. Unplanned personal leave includes, but is not limited to: car trouble, family difficulties, personal problems, etc.
2. More than 3 days of unplanned absences in one semester is considered excessive.
3. The student **must call the Clinical Supervisor of the assigned clinical site AND Program Director**. Notification must be received **NO LATER THAN ONE-HOUR AFTER YOUR SCHEDULED SHIFT STARTING TIME**. If you fail to call in by the designated time, this will be considered an unauthorized absence.
4. Unplanned absences will affect the Clinical grade. One point is subtracted from the final clinical grade for each occurrence.
5. The Clinical hours missed will be made up.

UNAUTHORIZED ABSENCES

1. The following absences are considered Unauthorized Absences:
 - a. Failure to call in sick.
 - b. Failure to request Authorized Leave Time.
 - c. Failure to produce written medical excuse when requested by the Program.
 - d. Failure to come in for clinical duty.
 - e. Leaving clinical area without proper authorization.
 - f. Taking unauthorized time off. As an example: Time off denied by the Program, but the student calls in sick anyway. This will be subject to action by the Program, i.e. suspension or termination.
 - g. Falsification of time records
 - h. Failure to call in before the end of the clinical training shift.
 - i. Failure to perform exams when in assigned clinical area
2. If a student fails to call or come in for 3 consecutive days, the student must report to

the Program Director before returning to clinical duty.

3. Unauthorized absences will severely affect the clinical grade. Five points are subtracted from the final clinical grade.
4. Students will receive a written reprimand for an unauthorized absence. Penalties for unauthorized absences will be determined by the Program in accordance with their severity.
5. Clinical hours missed for Unauthorized Absences MUST be made up during Semester break(s).

TARDINESS

1. More than 3 occurrences of tardiness in a semester are considered excessive. **A written warning will be given when a student has 4 tardies.**
2. **Excessive tardiness will warrant a written reprimand (6 lates).** If it continues to be excessive the student will come before the Program for further action.
3. Time away from Clinical must be made up.
4. You are considered late 8 minutes after your assigned shift starts. Time owed is recorded in semester hours i.e., if you are late 8 minutes, you owe 15 minutes.
5. A student who is chronically late 1-7 minutes will receive a clinical deficiency form after 4 days of being late (1-7 minutes). This will count as one late occurrence (one point will be subtracted from final clinical grade).
7. Tardiness will affect the clinical grade. One point is subtracted from the final clinical grade for each occurrence.

CLINICAL REPRIMAND PROCEDURE

1. In the event of an offense in the area of clinical performance that warrants action, a student will be disciplined. Disciplinary action may include: verbal warnings, written reprimands, written reprimands with suspension, and dismissal.
2. If the problem is not corrected and the student again commits the same offense, the student will be subject to probation with suspension of up to 3 days.
3. On the third offense, the student will be dismissed.

4. If a student receives a total of 3 reprimands for various offenses, they will be placed on clinical probation.

CLINICAL PROBATION

1. Students will be subject to probation who:
fails to obtain a "B" average (80%) in clinical rotations or competency evaluations, has excessive sick time, late, and/or absenteeism, or displays unethical performance in patient care or departmental procedures and relationships.
2. A student who has been placed on Clinical probation more than one time while in the Program will be dismissed.

CLINICAL SUSPENSION

1. Students who are suspended from the Program will not be allowed to make up the time owed until the semester break.

ATTENDANCE EVALUATION PROCEDURE

At the end of every semester, the Program will evaluate students who:

1. Misses more than 21 clinical hours (without documented excuses)
2. Have any unauthorized absence
3. Have 7 or more late occurrences
4. Have a repeated pattern of lateness in consecutive semesters
5. Have 4 or more unplanned absences

DISCIPLINARY ACTION:

The Program reserves the right, at their discretion, to recommend a student for reprimand, probation, or dismissal whether or not the student has been previously reprimanded for a clinical attendance violation. The Program will decide what, if any, disciplinary action is warranted according to the following established guidelines:

1. Time missed within one semester:

Violation

22 to 29 hours missed

Action

Written reprimand

30 or more	Clinical probation
2. Unauthorized Absences during ENTIRE clinical training:	
<u>Violation</u>	<u>Action</u>
1 unauthorized absence	Written reprimand
2 unauthorized absences	Clinical probation
3 unauthorized absences	Dismissal
3. Late occurrences within one semester:	
<u>Violation</u>	<u>Action</u>
6 late occurrences	Written reprimand
7 or more	Clinical probation
4. Unplanned absences within one semester:	
<u>Violation</u>	<u>Action</u>
4 unplanned absences	Written reprimand
5 or more	Clinical probation
5. Combination of problems for such occurrences as:	
<u>Violation</u>	<u>Action</u>
Clinical reprimands for 1 or more semesters	Clinical Probation
Violation of clinical probation	
Repeated pattern of lateness in consecutive semesters	
Clinical probation for more than 1 semester	Dismissal

CLINICAL EVALUATION GRADING SYSTEM

The following system of grading is used to calculate the clinical grade average:

A - Excellent	=	90 - 100%
B - Good	=	80 - 89%
C - Marginal	=	75 - 79%
D - Poor	=	70 - 74%

Five (5) points will be deducted from the final clinic grade for each incomplete competency for each semester.

***Competencies are graded Pass/Fail**

The following system of grading is used to calculate competency grade:

P – Pass	=	> 79%
F - Failure	=	Below 79%

The clinical grade is a semester course grade and is calculated in the overall GPA. The clinical grade is derived in the following manner:

(A) Paperwork	20%
(B) Staff evaluation	20%
(C) Personal & Professional Growth	20%
(D) Clinical Objectives & Competencies	40%

INCOMPLETE IN CLINICAL GRADE

1. If a student does not make up all time owed during the semester break they will receive an Incomplete in Clinical Education.
2. An Incomplete in Clinical Education may warrant disciplinary action by the Program.
3. All Clinical time owed to the Program must be made up before the incomplete grade is removed. Failure to complete all make up time during the semester break without a Doctor's verification or court verification will warrant further action.
4. If at any point during the year a student accumulates more time owed than the Program feels may be made up during the remaining semester breaks, that student will not graduate with his/her class. The time will be made up during the semester following graduation. The student will not receive a diploma until all time owed is made up.

The following documents are submitted at the end of each rotation:

(A) PAPERWORK

1. Clinical Practice Record – this includes the patient hospital number, date, what type of procedure, whether the student observed, assisted, or performed a competency on that patient.
2. Student Evaluation(s) of Clinical Affiliate and Instructor - At the end of each rotation the student will evaluate the clinical site and staff therapist who supervised them in that clinical area. The therapist does not see the name of the student and these evaluations are shared annually with the Administrative Therapist in charge of that area.
3. Department Orientation - this should be completed during the first rotation through each clinical site.
4. Chart Rounds/Tumor Board Attendance Record and Meeting Summary - student must attend two meetings per semester.

(B) STAFF THERAPIST'S EVALUATION OF PROFICIENCY OF STUDENT THERAPIST

1. The Clinical faculty will complete the Staff Therapist's Evaluation of Student Proficiency at the end of each clinical rotation.
2. The student is evaluated according to their level of training.
3. Clinical objectives serve as a guideline for the student's competency in that area. They also serve as a basis in determining the student's evaluation score.

(C) PERSONAL & PROFESSIONAL DEVELOPMENT OF STUDENT THERAPIST EVALUATIONS

1. The Clinical faculty will complete the Personal & Professional Growth Evaluation at the end of each clinical rotation.
2. The faculty will evaluate the student in the following areas:

Professional Appearance	Performance Under Pressure
Attitude and Cooperation	Uses Good Judgment and Critical
Desire to Learn	Thinking Skills
Reaction to Instructional Criticism	Self Confidence
Tact and Courtesy	Quality of Work
Patient Communication Skills	Professional Ethics
Ability to Follow Instructions	Organizational Skills
Radiation Protection	Patient Identifiers
Industry and Energy	Proper Hand Hygiene
Attendance and Punctuality	

(D) COMPETENCY EVALUATIONS

1. The student will be evaluated on his/her performance in the Radiation Oncology Department. The patient's condition should be assessed before attempting to perform the competency.
2. Each student must perform at least the minimum competency evaluations scheduled for that semester. ***If The Student Does Not Complete The Minimum Number Of Competencies Required, 5 Points Will Be Subtracted From The Final Grade For Each Competency Not Completed.*** By the end of the summer semester, all competency evaluations must be completed.
3. If a student does not complete all required competencies the following semester he/she will be placed on clinical probation. Points are still subtracted from the final Clinical grade.
4. If a student does not complete all required competencies for the third semester he/she will be suspended from the Program and again be placed on clinical probation. Points are still subtracted from the final Clinical grade.
5. In the event that a student makes below a score of 80% on a procedure, additional instruction will be given in that area and the student will be reevaluated to determine competency in that particular procedure.

6. In the event that the second reevaluation is not successful, it will be considered grounds for probation or dismissal, depending on the student's overall clinical performance.
7. All reevaluations are given on a pass or fail grade.
8. If a student fails 2 or more competencies during one semester they will be placed on probation. If a student fails 6 competencies during training they will be subject to dismissal, no matter at what point they are in their clinical training.

COMPETENCY REQUIREMENTS

Competence includes but is not limited to considerations related to equipment operation, radiation safety, dose to critical structures, patient positioning, treatment volume localization, dose verification, imaging procedures, record keeping, and patient care and education.

Radiation Therapy Students must ALWAYS perform all clinical procedures under the direct supervision of a Registered Radiation Therapy Technologist.

Students must complete thirteen (13) competencies by the end of Fall semester.

Students must complete a minimum of twenty-five (25) competencies by the end of Spring semester; treatment, simulation, dosimetry, beam modification devices, and participatory procedures

By the end of Summer semester students must complete remaining ARRT competencies and ten (10) FINAL competencies. All competency requirements must be satisfied to complete the radiation therapy program.

FINAL COMPETENCIES

Final competencies are treatment and simulation procedures chosen by the training coordinator clinical supervisor for the student to perform under direct supervision (i.e. Tangent breast, supine pelvis, IMRT H&N, etc.). After observing patient procedures at the facility; Students are expected to prepare the room, independently set up the patient, perform console operations, and answer any treatment related questions the clinical supervisor asks.

GENERAL PATIENT CARE

Students must demonstrate competence in the patient care activities listed below. The activities should be performed on patients; however, simulation is acceptable if state or institutional regulations prohibit candidates for performing the procedures on patients.

General Patient Care	Date Completed	Competence Verified By
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CPR		
O ₂ Administration		
Safe Patient Transfer - Stretcher		
Safe Patient Transfer - Wheel chair		
Vital Signs	Date Completed	Competence Verified By
Blood Pressure		
Pulse		
Respiration		
Temperature		

TREATMENT COMPETENCIES

Competency must be demonstrated in a minimum 18 mandatory procedures and 5 final procedures identified below. Fifteen of the treatment procedures MUST be demonstrated on patients; Three of the procedures may be demonstrated under simulated conditions if demonstration on patients is not feasible. Demonstration of competence does not require actual delivery of treatment dose.

Radiation Treatment Procedures	Mandatory
Brain	
Primary	X
Metastatic	X
Head and Neck	
Multiple Fields	X
Chest	
IMRT	X
Multiple Fields	X
Breast	
Tangentials Only	X
Tangetials with Supraclavicular	X
Tangentials with Supraclavicular and Posterior Axilla BOOST	X
Breast Specials	X
Abdomen	

Multiple Fields	X
IMRT	X
Pelvis	
Multiple Field Supine	X
Multiple Field Prone	X
Skeletal	
Spine	X
Multiple field spine	X
Extremity	X
Electron Fields	
Single	X
Abutting Fields	X

SIMULATION COMPETENCIES

Students must demonstrate competence in treatment simulation for the anatomic regions listed below. Simulation procedures may utilize a conventional simulator or CT simulator. It is expected that the student will participate with appropriate personnel at one or more of the following levels of responsibility: perform, discuss, review, or observe. **All simulation procedures must be demonstrated on actual patients.**

Important: Demonstration of competence includes considerations related to radiation safety, equipment operation, patient and equipment monitoring, patient positioning, treatment volume localization, imaging procedures and processing, record keeping, and patient management and education. Specific requirements for radiographic/fluoroscopic and CT simulation are summarized in the Clinical Objectives section of the Clinical Handbook.

Simulation Procedures	Date Completed	Competence Verified by
Brain		
Head & neck		
Chest		
Breast		
Abdomen		
Pelvis		
Spine		

BEAM MODIFICATION DEVICES (Treatment Accessory Devices)

Students must demonstrate competence in fabrication the following types of beam modification devices:

Beam Modification Devices	Date Completed	Competence Verified by
Custom Block (electron)		
Bolus		
Vac-lock immobilization device		
Thermoplastic mask		

PARTICIPATORY PROCEDURES

The following procedures must be observed and understood. The student will be checked off in the same manner as a standard competency, but he/she will only observe the procedure. Students must demonstrate competence on a minimum of four procedures listed below. Competence may be demonstrated under simulated conditions if necessary. Demonstration of competence does not require actual delivery of treatment dose.

Low Volume, High Risk Procedures	Date Completed	Competence Verified By
Total Body Irradiation (TBI)/ Total Skin Electron Beam Treatment (TSEB)		
Craniospinal Irradiation (CSI)		
Radiosurgery /CyberKnife		
HDR – mammosite/GYN/Prostate		

DOSIMETRY

Students must demonstrate competence calculating doses for each of the following treatment set-ups. The calculations may be performed for simulated or actual patients. Computer generated isodose plans must be performed under the supervision of a medical dosimetrist or physicist.

Dosimetry	Date Completed	Competence Verified by
Single, open field		
Parallel Opposed Fields with Field Shaping		
Weighted Fields		
Wedge Fields		
Computer Generated Isodose Plan		
Electron field		

Warm Up of Equipment / QA Checks Competency)

Machine Warm up competencies are obtained as you go through that clinical site. Warm up procedures do not count towards the required number of competencies.

Equipment Warm Up (Treatment)	Date completed	Competence Verified By
Warm up Equipment/QA checks (GCC)		
Warm up Equipment/QA checks (EU)		
Warm up Equipment/QA checks (TECM)		
Warm up Equipment/QA checks (KH)		
Warm up Equipment/QA checks (NH)		

Mandatory Tumor Board and Chart Round Attendance

The student must attend the minimum of two tumor board or chart round meetings per semester. Additional attendance is encouraged. Verification of attendance is required. Students are also required to submit a written summary of the meeting.

Tumor board/Chart Round

Ask your designated Clinical Supervisor for the schedule of times for meetings.

Meetings	Date	Verified By
Tumor Board		
Tumor Board		
Tumor Board		
Tumor Board		
Tumor Board		
Tumor Board		
Tumor Board		
Chart Rounds		
Chart Rounds		
Chart Rounds		
Chart Rounds		
Chart Rounds		
Chart Rounds		

GOALS AND OBJECTIVES**CLINICAL GOALS**

Students should achieve the following goals:

1. Apply and relate theory to clinical activities.
2. Accept directions quickly and accurately.
3. Demonstrate thoroughness, accuracy, attention and dependability.
4. Utilize time efficiently and perform consistently, be self-directed.
5. Maintain complete, accurate and concise records in accord with institutional and clinical policy and procedures.
6. Demonstrate competence and resourcefulness in utilization of equipment and supplies.
7. Respond to common stresses experienced in the clinical setting.

CLINICAL PROFESSIONAL OBJECTIVES

The student should be able to:

1. Exhibit concern for the dignity and welfare of patients and family members.
2. Ensure confidence of privileged information
3. Acknowledge limitations of practice and responsibility.
4. Maintain forthright and honest behavior at all times.
5. Communicate readily with patients, family members, and staff.
6. Demonstrate courteous, friendly, tactful and positive response to others.
7. Exhibit enthusiasm and initiative in performing assigned tasks.
8. Exhibit professional responsibility for actions.
9. Collaborate with supervisors and instructors to maximize learning and implement optimum patient care.

CLINICAL OBJECTIVES

An acceptable level of competence has been attained when the student is able to meet these objectives:

LINEAR ACCELERATOR

1. State name of the treatment unit, beam characteristics including modality and energy.
2. Describe emergency procedure: If the equipment malfunctions, power failures, fire, or when the patient moves or needs assistance.
3. State the isocenter distance, maximum and minimum field sizes for the unit.
4. Demonstrate the proper use of the patient support assembly and pendant controls.

5. Identify the lasers.
6. Identify and demonstrate the proper use of accessory items including cones, wedges, and OBI Devices.
7. Identify the components of the control panel.
8. Demonstrate the use of patient monitoring devices.

CT SIMULATOR

1. Identify the CT simulator unit.
2. Describe emergency procedure: If the equipment malfunctions, power failures, fire, or when the patient moves or needs assistance.
3. Perform accurate laser alignment.
4. Describe preparation and identify uses for fabrication of immobilization devices and treatment accessories
5. Accurately enter the patient demographics into the control console of CT scanner and perform the scan.
6. Accurately use the computer to finish the simulation, and place marks onto the patient.

WARM UP /QUALITY ASSURANCE OBJECTIVES

The student should be able to:

1. Perform machine warm up
2. Perform consistency check on equipment during warm up.
3. Perform light field vs. radiation field check.
4. Perform laser light check.
5. Perform distance check.
6. Demonstrate emergency shutdown and re-start procedures

TREATMENT PROCEDURES

1. Perform appropriate patient communication, including identification, instruction, and conversation.
2. Perform patient handling tasks (patient lifting techniques, cleaning the room before and after the procedure, and use Universal Precautions.
3. Perform correct patient positioning using lasers, skin marks, and immobilization devices to reproduce treatment set up daily.
4. Set correct dose on machine and monitor patient throughout treatment.
5. Record treatments correctly in Treatment chart.
6. Take necessary verification/port films when due.
7. Proceed efficiently with reasonable speed.

8. Wear dosimetry badge.

CONVENTIONAL SIMULATOR

1. Identify the simulator unit.
2. Describe emergency procedure: If the equipment malfunctions, power failures, fire, or when the patient moves or needs assistance.
3. Identify the characteristics of the x-ray beam.
4. Identify and demonstrate the proper use of the patient support assembly and pendant.
5. Identify the lasers.
6. Demonstrates the proper use of accessory items including blocking trays and fiducial (beaded) trays.
7. Identify and demonstrate the use of the components on the control panel.
8. Identify contrast media, state possible side effects and emergency procedure for reactions.
9. Identify components of immobilization devices, including the head immobilizing system, Alpha-cradle mold system and localization devices.
10. Describe the department film processing procedure.

CT SIMULATOR

1. Identify the CT simulator unit.
2. Describe emergency procedure: If the equipment malfunctions, power failures, fire, or when the patient moves or needs assistance.
3. Perform accurate laser alignment.
4. Describe preparation and identify uses for head immobilizer system, Alpha Cradle system, and Vac-Lock system.
5. Accurately enter the patient demographics into the scanner and perform the scan.
6. Accurately use the computer to finish the simulation, and place marks onto the patient.

SIMULATION PROCEDURE

1. Perform appropriate patient communication, including identification, instruction, and conversation.
2. Perform patient handling tasks (patient lifting techniques, cleaning the room before and after the procedure, and Universal Precautions)
3. Interpret physician's orders and instructions.

4. Perform correct patient positioning using lasers and immobilizer.
5. Perform correct set up procedures from the physician's orders, mark the patient with correct marking pens.
6. Perform film exposure and processing and secure physician approval.
7. Take appropriate measurements for treatment planning.
8. Perform and instruct patient concerning skin markings and tattoos.
9. Schedule patient for treatment.
10. Correctly document set-up information, including diagrams.
11. Complete log book and billing information.
12. Proceed efficiently with reasonable speed.
13. Wear dosimetry badge.

COMPUTER CALCULATION

1. Perform proper sequence to turn on computer.
2. Enter patient name, doctor, therapist, student initials.
3. Enter treatment parameters correctly.
4. Perform calculation print-out to be checked by a hand calculation.

DOSIMETRY/PHYSICS

1. Read and understand the prescription.
2. Derive an equivalent square from a simulation film.
3. Understand calculation charts, graphs, and tables; and can obtain data from these.
4. Identify the appropriate equation, use it correctly; and recognize error in computation
5. Complete a treatment chart correctly, inserting appropriate information (wedges, M.U., computer plans, blocks, etc.)
6. Demonstrate knowledge of human structure, functions and pathology and relates this knowledge in Clinical Dosimetry.
7. Understand treatment planning on the computer. Understand how 3D planning is used.
8. Demonstrate knowledge of radiation physics in radiation interactions and radiation protection techniques.
9. Understand methods of calibration of equipment and quality assurance.

NURSING OBJECTIVES

An acceptable level of competence has been attained when the student is able to meet these objectives:

VITAL SIGNS AND WEIGHT MEASUREMENTS

1. Perform proper patient identification, instruction, and communication.
2. Obtain equipment (glass or electronic thermometer, sphygmomanometer, and a stethoscope).
3. Perform weight measurement and document.
4. Obtain temperature reading from a glass or electronic thermometer and document.
5. Monitor blood pressure and document.
6. Monitor the pulse rate and document.
7. Monitor respiration rate and document.
8. Clean room and equipment.
9. Observe Universal Precautions.

PATIENT HEAD AND NECK EXAM

1. Identify proper equipment, including:
 - Flash light
 - Examination gloves
 - Tongue blades
 - Laryngoscope
 - Ophthalmoscope
 - Otoscope
 - Sometimes an audiometer
2. Perform proper patient identification, instruction, and communication.
3. Perform patient handling tasks (patient lifting techniques, cleaning the room before and after the procedure, and hand washing/Universal Precautions).
4. Position patient in ENT examination chair when possible.
5. Assist physician during examination.

PATIENT PELVIC EXAM

1. Identify proper equipment including:
 - Examination gloves
 - Lubricant
 - Vaginal speculum - female exam
 - Drape
2. Perform proper patient identification, instruction, and communication.
3. Perform patient handling tasks (patient lifting techniques, cleaning the room before and after the procedure and hand washing/Universal Precautions).

4. Instruct patient to undress from waist down and provide a drape.
5. Assist in patient positioning (lithotomy position for females).
6. Assist physician during the examination.

TREATMENT COMPETENCY OBJECTIVES

The student should be able to:

1. Prepare the room for procedure:
 - a. Prepare treatment table.
 - b. Obtain necessary equipment and accessories to perform set up.
 - c. Review patient chart before getting the patient.
2. Greet and assist patient:
 - a. Confirms patient's identity
 - b. Introduces self by name
 - c. Assists and/or supports patient to or from wheelchair, stretcher, bed, etc.
 - d. Escorts patient to and/or from dressing rooms, treatment room, and/or waiting areas.
 - e. Informs patient of procedure to be performed.
3. Explain procedure and confirm the patient understands:
 - a. Informs patient of procedure to be performed.
 - b. Explains procedure in terms patient can understand.
 - c. Informs patient of how frequently procedure will be performed.
 - d. Asks patient if they have any questions.
 - e. Provide answers which are accurate and appropriate to patient's level of understanding.
 - f. Explain importance of patient cooperation
4. Perform patient set up:
 - a. Review chart for correct positioning and parameters.
 - b. Position patient as is described on treatment chart.
 - c. Reassure the patient and attend to the patient needs.
 - d. Immobilize the patient for treatment as required.
 - e. Set out appropriate shielding or blocking for tissues spared. Or visually verify MLC is in the correct position.
5. Perform treatment machine console set up.

- a. Set controls for prescribed dosage, or verify computer parameters.
 - b. Administer correct radiation dosage.
 - c. Take verification or localization films when necessary.
 - d. Observe TV monitor for patient movement.
 - e. Disassemble set-up and remove patient from treatment area.
6. Correctly record and discuss data:
- a. Record the following data per departmental procedure (where applicable): date, dose time or monitor units, prescribed total tumor dose and other pertinent observations or data (landmarks, etc.).
 - b. Add and record accumulated doses and final tumor doses.
 - c. Check and report calculation errors.
 - d. Report discrepancies and/or places for filing.
 - e. Verifies entries with a Therapist.
 - f. Initial chart in appropriate area.

SIMULATOR COMPETENCY OBJECTIVES

The student should be able to:

1. Prepare the room for the procedure:
 - a. Prepare the simulator table.
 - b. Obtain necessary equipment and accessories to perform set up.
 - c. Obtain all records prior to simulation.
2. Greet and assist correct patient:
 - a. Confirm patient's identity.
 - b. Introduce self by name.
 - c. Assist and/or support patient to or from wheelchair, stretcher, bed, etc.
 - d. Escorts patient from waiting area.
3. Explain procedure and confirm the patient understands:
 - a. Inform patient of procedure to be performed.
 - b. Explain procedure in terms patient can understand
 - c. Ask patient if they have any questions.
 - d. Provide answers, which are accurate and appropriate to patient's level of understanding.
4. Perform the simulator procedure:
 - a. Demonstrate patient safety and comfort during simulation.
 - b. Prepare cast or mask according to desired immobilization requirements.
 - c. Demonstrate proper use and operation of simulation equipment:

Conventional

- *Hand pendent
- *Collimator
- *Gantry
- *Table
- *Control console

CT

- *CT scanner
- *Simulator computer
- *CT console area

d. Determines simulation parameters:

Conventional

- *SSD/SAD
- *Field size and centering
- *Correct radiographic technique
- *Mark patient denoting field size and center
 - *Assist physician in localizing the tumor volume and critical organs using radiographic technique
- *Acquire approval of treatment field indicated on film from physician
- *Use proper contrast media.
- *Use markers appropriately (on patient/cassette)

CT

- *Perform correct scans
- *Correctly downloads CT information into simulation computer.
- *Assists physician in localizing the tumor volume.
- *Sets correct field on the computer.
- *Use proper contrast media.
- *Mark the patient according to computer data.
- *Acquire approval of treatment field from physician.

e. **Conventional:**

Correctly label simulation films/scans:

- *Patient name
- *Date
- *Field size
- *SSD/SAD/FSD

f. Conventional: Prepare patient contour with appropriate measurements.

5. Prepare treatment records

Conventional

- a. Record treatment parameters
- b. Complete simulation sheet.

CT

Printout simulation data

6. Prepare billing records

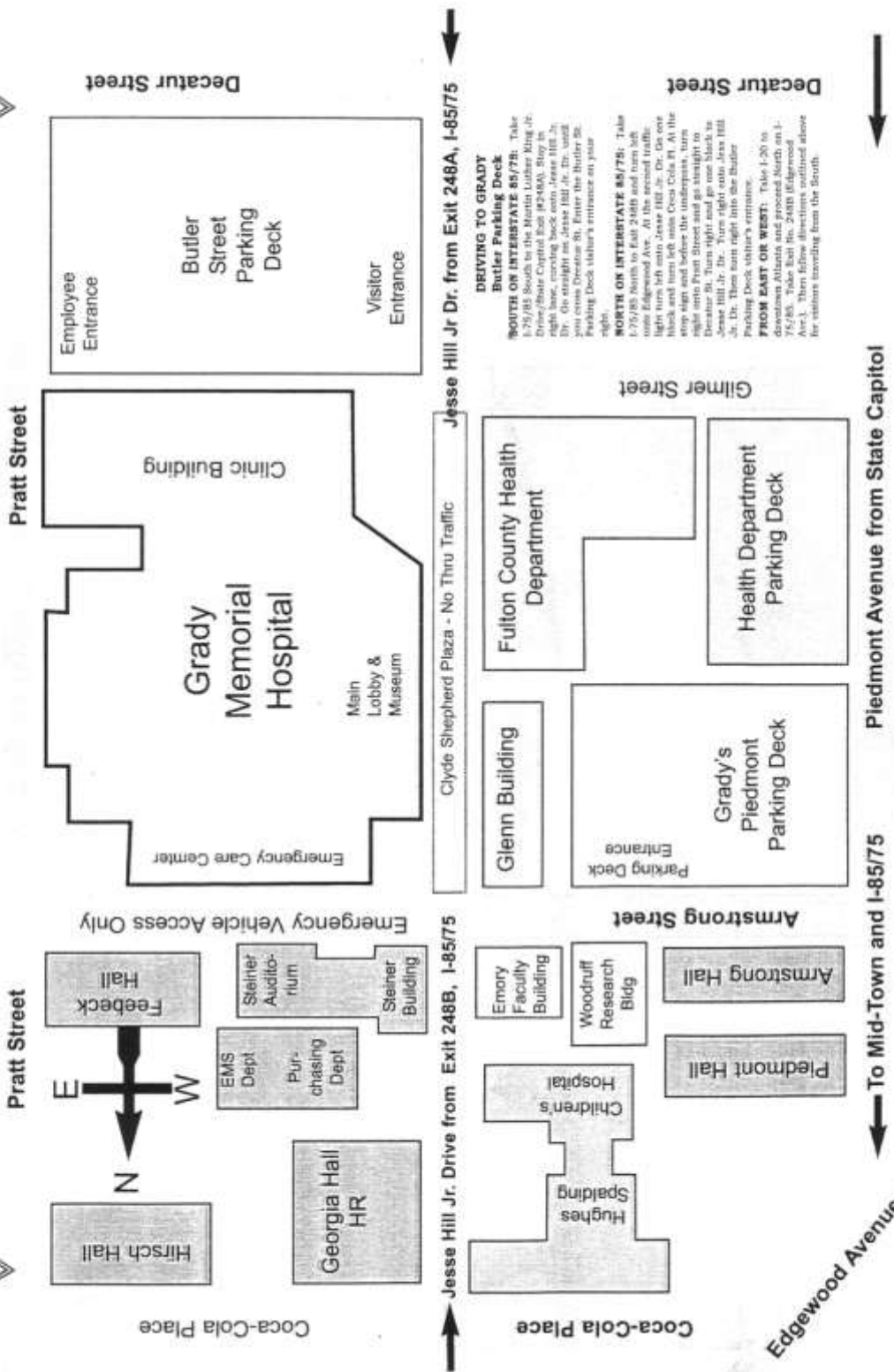
- a. Complete billing procedure of department.



South Bound I-85/75



North Bound I-85/75



DRIVING TO GRADY
Butler Parking Deck
SOUTH ON INTERSTATE 85/75: Take I-75/85 South to the Martin Luther King Jr. Drive/State Capital Exit #248A. Stay in right lane, curving back onto Jesse Hill Jr. Dr. Go straight on Jesse Hill Jr. Dr. until you cross Decatur St. Enter the Butler St. Parking Deck visitor's entrance on your right.

NORTH ON INTERSTATE 85/75: Take I-75/85 North to Exit 248B and turn left onto Edgewood Ave. At the second traffic light, turn right onto Decatur St. Turn left and turn left onto Coca Cola Pl. At the stop sign and before the underpass, turn right onto Pratt Street and go straight to Decatur St. Turn right and go north to Jesse Hill Jr. Dr. Turn right onto Jesse Hill Jr. Dr. Then turn right into the Butler Parking Deck visitor's entrance.

FROM EAST OR WEST: Take I-20 to downtown Atlanta and proceed north on I-75/85. Take Exit No. 248B (Edgewood Ave.), then follow directions outlined above for visitors traveling from the South.

GRADY HEALTH SYSTEM MAIN CAMPUS

GRADY HEALTH SYSTEM

Pick up and drop off behind Grady on Pratt St

The shuttle will run **every ten (10) minutes from 6AM – 9AM and 3PM – 7:50PM**

6:00 AM
6:10 AM
6:20 AM
6:30 AM
6:40 AM
6:50 AM
7:00 AM
7:10 AM
7:20 AM
7:30 AM
7:40 AM
7:50 AM
8:00 AM
8:10 AM
8:20 AM
8:30 AM
8:40 AM
8:50 AM
9:00 AM

These times are from
MLK to Grady Pratt
Street Drop off.

These times are from
Grady Pratt St.
to MLK lot.

3:00 PM
3:10 PM
3:20 PM
3:30 PM
3:40 PM
3:50 PM
4:00 PM
4:10 PM
4:20 PM
4:30 PM
4:40 PM
4:50 PM
5:00 PM
5:10 PM
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6:00 PM
6:10 PM
6:20 PM
6:30 PM
6:40 PM
6:50 PM
7:00 PM
7:10 PM
7:20 PM
7:30 PM
7:40 PM

***(Last shuttle leaves Pratt St. for MLK) 7:50 PM**

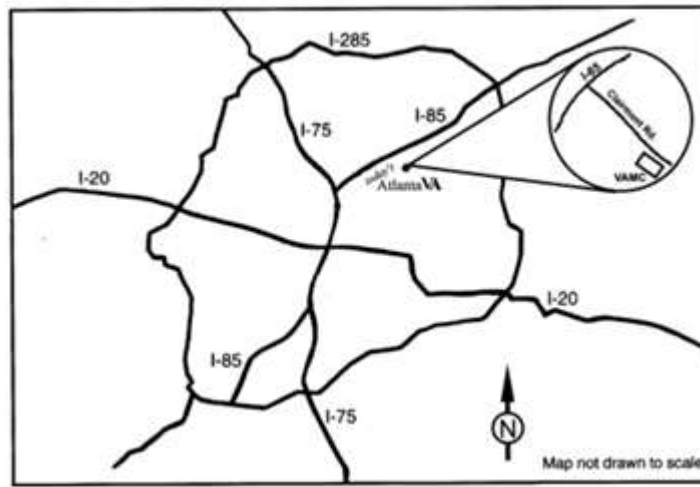
The shuttle will run **every fifteen (15) minutes from 9AM – 3PM**

9:15 AM
9:30 AM
9:45 AM
10:00 AM
10:15 AM
10:30 AM
10:45 AM
11:00 AM
11:15 AM
11:30 AM
11:45 AM
12:00 PM

These times are from MLK to Grady Pratt Street Drop off.

12:15 PM
12:30 PM
12:45 PM
1:00 PM
1:15 PM
1:30 PM
1:45 PM
2:00 PM
2:15 PM
2:30 PM
2:45 PM
3:00 PM

Emory Main Campus Parking is at the VA Medical Center



VA Medical Center | 1670 Clairmont Road | Decatur, GA 30033 | (404) 321-6111

From the South and West (on I-85 North)

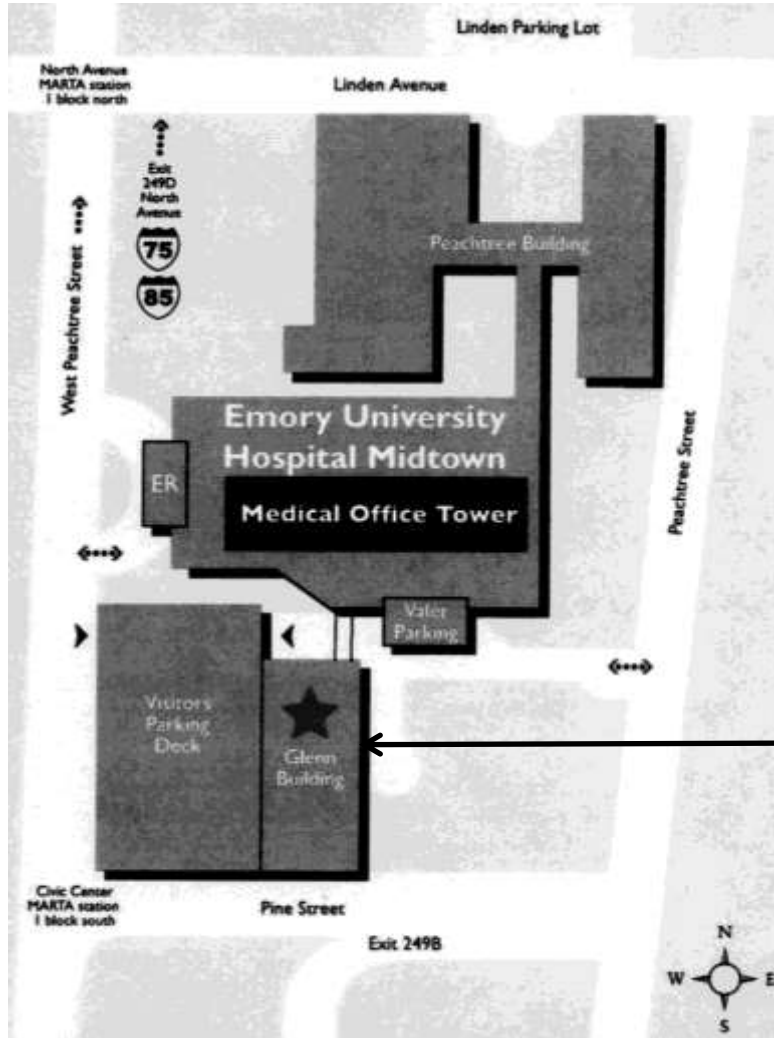
Take I-85 North to the Clairmont Exit, exit 91. Turn right onto Clairmont Road (head east). Continue on Clairmont Road for approximately 3.5 miles.

The VA Medical Center is located on the right.

From the East - Take I-20 West to exit 67-B to I-285 North. From I-285, take exit 39-A, US-78 West (left) toward Decatur/Atlanta. After 4.2 miles, turn right onto Clairmont Road. The Medical Center is located 1.4 miles on the left.

From the North - Take I-285 East toward Greenville/Augusta. At exit 33-A, take I-85 South toward Atlanta. Take exit 91 onto Frontage Rd, stay left. Take the first right onto Clairmont Rd. The Medical Center is located 2 miles on the right.

**Emory University Hospital Midtown
Glen Building
550 Peachtree St, N.E.
Atlanta, GA 30308**



**Park in the Visitors
Parking Deck**

Kennestone Campus

Marietta, GA



Grandview Medical Center
3690 Grandview Parkway, Birmingham, AL 35243



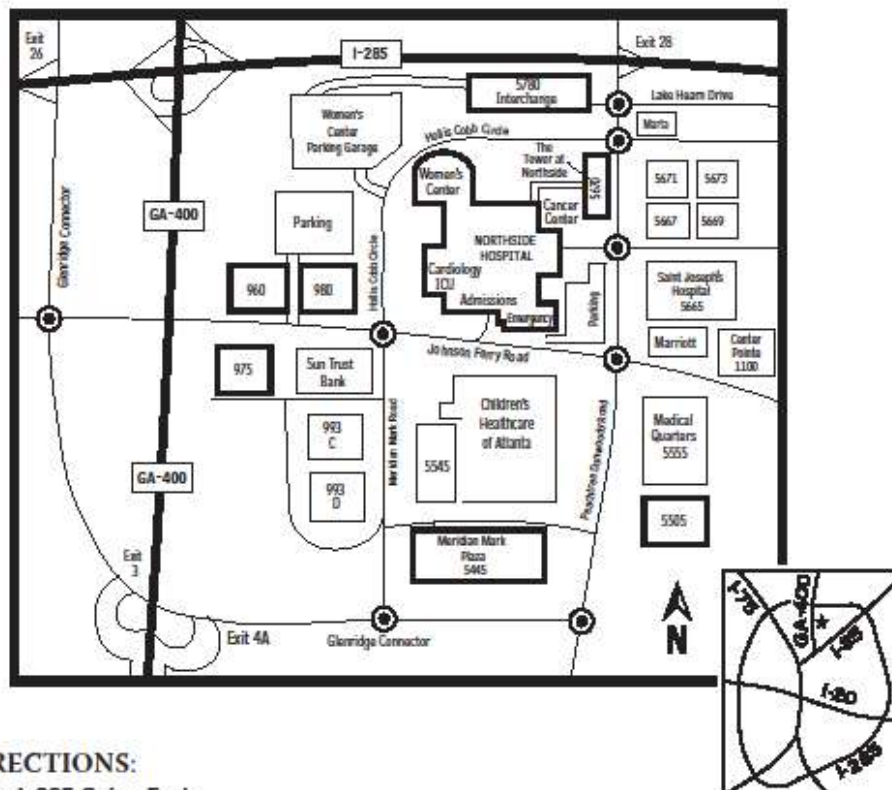


NORTHSIDE HOSPITAL

1000 Johnson Ferry Rd. NE • Atlanta, GA 30342

Information - (404) 851-8000

Directions Line: (404) 303-3900



DIRECTIONS:

From I-285 Going East

Take exit 26 and turn right onto the Glenridge Connector. Take a left at the first light on Johnson Ferry Road. The hospital will be on your left.

From I-285 Going West

Take exit 28 and turn left on Peachtree Dunwoody Road. Turn right at the light on Johnson Ferry Road. The hospital will be on your right.

From GA-400 (North or South)

Take exit 3 (if traveling south) or exit 4A (if traveling north) and turn left on to the Glenridge Connector. Take a right at the light on Johnson Ferry Road. The hospital will be on your left.