Clinical Education Survival Guide

Welcome to “Clinical”. This is the course that provides “hands on” practice in the clinical setting on real patients with real health issues, real feelings, real fears AND real expectations of how they or their loved one should be treated. It is hard for a person to be ill or hospitalized. Patients are asked to give up their freedoms and are told when, where and what they have to do or be! It’s not easy to be sick! Remember that fact the first time someone snaps at you (because they will) and always provide patients with compassionate care that encompasses respect and dignity. Everyone is loved by someone somewhere (just like your family)!

Appearance and Presentation:

Let’s start at the beginning: Everyone needs to wear Navy scrubs every day to the clinical setting. Your scrub tops must be long enough to cover the top of the pants when you bend over. Also, be wary of having the tops gap when you bend over. A camisole or tank top may need to be worn underneath the scrub top. Please acquire more than one set of scrubs as owning just one set hasn’t worked out well in the past. We recommend having 3 sets as you will wear them frequently. Everyone is required to wear their radiation badge at their collar and everyone must wear their ID badge, which must have a student designation on it, these are considered part of the required uniform. Every student is required to carry a pocket notebook and pen daily as part of the required “uniform” as well as the anatomical markers you will receive during intro. Your 1st set of markers is free. If you lose one or both you will be charged for replacements. You cannot work in the clinical setting without your radiation badge, ID badge, or markers. If you do not have them you will be sent home and will have to make up the time you’ve missed!

Please invest in comfortable shoes as you will be on your feet all day, most days, and damage from wearing shoes that aren’t comfortable lasts a lifetime! Socks and underwear are required as part of the dress code, too. I am not going to dictate the color of shoe you wear but you may not wear anything with an open toe (this is for your protection). Your shoes must be clean and well maintained. We recommend that you have a pair that you leave here. When you are in “clinical” you can store your things in the locker that was assigned to you during Intro.

You will not be required to be in clinical on a class day. There is one exception to this and that is when faculty and seniors are gone to symposium. This usually occurs sometime in April. There is a dress code for the classroom. You represent Marshfield Clinic and must always be professionally attired! The specific “dress code” requirements can be found in your handbook.

Cell phones and electronic devices are not permitted in clinical areas. Your cell phone must be kept in your locker and accessed only when you are on scheduled breaks. In the event of an emergency or unusual circumstance (sick family member etc.) you will need to provide your family with the Division of Education’s office phone number, which is 715-387-9251. I know that many of you use your personal tablets for studying and you may bring them into clinical areas to use between exams, however, should you be caught abusing this privilege by using your device for things other than study, you will no longer
be able to bring them into clinical areas. Faculty reserves the right to do electronic spot checks at any
time to monitor compliance with this policy.

**The First Impression a patient makes of you is Visual!! Patients judge you by the look on your face, so
smile!** There are clinic and hospital policies that also govern dress code and appearance. The student
must have their hair up if it is longer that shoulder length (dragging your hair through stuff isn’t cool, it’s
just icky). We currently do not have a specific policy in regard to piercings or tattoos however any of
those things may be addressed at any time if it becomes necessary for us to do so. Your scrubs must be
kept in good repair.

The student will have rotations through departments that require that hospital scrubs to be worn. We
will go over the specific dress codes for those areas as your group is scheduled for rotation through
them. Hospital scrubs may not be worn home and should not be worn if a student is not in the rotation
that they are required for.

Nails must be kept relatively short and clean. No fake finger nails (they harbor germs).

Facial hair must be kept short

Personal Hygiene is important: It is your responsibility to keep yourself clean, well-groomed with no
strong perfumes/colognes etc. (full policy is in the student handbook)

Modest jewelry and makeup are allowed.

**Clinical Area**

One of the most challenging parts of the program is learning to get along with everyone in the clinical
setting. As with any job or training program, there are many personalities blended together and it takes
a little bit of time to truly become comfortable in each department (everyone is anxious in the
beginning, its normal).

During the month of August, you will be introduced to the people, the equipment, computer systems
and patient charting practices. You will also be shown where emergency equipment is located, as well as
where department supplies are located. You won’t remember ALL of these things right away! As we
move into the first semester you will have the opportunity of working with and around all of the
equipment, people and supplies several days a week. Our philosophy is that you “learn from doing” so
plan on doing! **You will never be assigned to clinical without a faculty member with you during the
month of August (Intro).**

The first year of “X-ray” school is hard! It is intense! There is a lot to learn and you will have to learn it
quickly while trying to perform in the clinical setting at the same time. It takes a few months, yes,
*months* to settle into this environment! The cool thing is that every day when you go home you’ll know
something you didn’t know the day before!
In the Clinical setting constructive criticism is handed out like candy is handed out at a parade! Although this advice goes against nature I’m giving it anyway; listen to what people are telling you, self-reflect and learn from it. No one is trying to be “mean to you”; they are trying to help you improve your skills.

You are required to maintain a working knowledge of everything you learn both in the classroom and in the clinical setting at all times. At first it will be difficult to see how everything you learn is connected but it is connected and by the end of your first year things will click into place!

You will be required to create a notebook with the information learned in Procedures Practicum. This should be kept up to date with the most recent exams that you have learned and carried with you in the clinical setting so that you can refer to it when you are doing exams on patients (cheat sheets).

There are clinical instructors in each department as well as all of the radiographers, who are more than willing to answer any question you may have or show you how something works. Your clinical instructors are “working technologists” who have a passion for helping you succeed. Please remember that as a member of the health care team, for all of us, Patients Come First. That means that if an issue that doesn’t require immediate assistance presents itself and the CI (clinical instructor) is with a patient, the issue waits. If there is a student emergency and the CI is unavailable because of a patient, another school official should be contacted, whether it is the other CI or Nikki or Sheila.

The Clinical Instructors are your resource persons. They will manage your weekly rotation schedules; participate in equipment training and your student performance evaluations. They are a liaison between the clinical site and the school. Everyone here takes pride in the young technologists that we produce therefore it is our goal to help you succeed. The technologist that you are assigned to takes responsibility for your actions when you are in the clinical setting with patients. That means that if you make a mistake the blame goes to them. It is their license on the line when a terrible error has been made and that is something you need to always remember! When you first begin your training the technologists will be directly observing you while you are performing examinations on patients. You have to earn the right to become indirectly supervised! You will do this by proving competency on each exam and by performing at a high level to gain the trust of the people you are working with. Own what you earn! There are consequences to making errors that are considered to be preventable, whether they are intentional or unintentional:

- Violating HIPAA
- Performing an examination on the wrong patient
- Neglecting patient and/or staff safety

Many things may be subject to the disciplinary policy but the things listed above will be subject to the disciplinary policy which is listed in your handbook. Depending on the severity of the incident, steps may be skipped or the incident may result in immediate dismissal from the program.

The first semester begins August 29, 2016 and will include assigned clinical time. At the end of the first semester you will be evaluated (check off and test out forms) on your knowledge of the computer
systems, equipment and patient care practices that you have learned and are expected to know (listed objectives in syllabus). Clinical Instructors are responsible for evaluating students on their knowledge of the rooms. The student is responsible to find a CI (clinical instructor) and to perform the room check off forms with them. I will also be available to do them with you from time to time. The first semester check-off forms must be completed by November 18, 2016 and turned in to me by the end of that same day in order for you to advance to the next semester. You must score 85% or above to advance. There are no opportunities to repeat semesters in this program. Failure to advance means that you are no longer in the program.

Patient care evaluations will take place in the classroom in simulated situations and in the clinical setting as part of the “patient exam test out”. Faculty reserves the right to ask any student to demonstrate skills that they are responsible to know at any time when in the clinical setting. Failure to perform will be documented and become part of the semester evaluation process for your clinical grade.

Each semester there are different equipment evaluation requirements. As you progress through the program your knowledge base will expand and so will our performance expectations of you! As rotations through new areas are added to your schedule the equipment check off forms for that new equipment will be added as well.

You will be assigned to a technologist to work with every week when you are scheduled in the hospital. When you are scheduled to work in the clinic you will rotate by exam as the technologist does, the ratio is still 1:1, however the technologist won’t be the same for each exam. Some rotations at both clinical sites require that the student be assigned to the room and work with the technologist who rotates through the area. These areas include surgery, ER, fluoro. and the chest unit.

Not all of the work a technologist does is patient care related. There will be times when you will be asked to clean equipment, stock rooms or empty the laundry or even the trash. These are not student responsibilities but everyone’s responsibility and full participation is expected when performing these tasks as well.

Excellent Infection Control Practices are paramount to protecting the patient and everyone else! Develop a routine that minimizes the spread of infection! It is important to let the patient see you wash your hands or wipe down the equipment. It reassures them that infection control is important to you.

All room check-off forms and evaluation forms are due the Friday before the comp. week in any semester.

Failure to perform or to adequately perform any objective in any semester prevents the student from advancing to the next semester which results in dismissal from the program.

Underperforming Students will be subject to the corrective action plan found in the student handbook but may also be subject to “one on one” evaluations of skills on patient examinations in the clinical setting which will be conducted by program faculty and clinical instructors. If a student is subject to
the evaluation process, a determination of whether the student will be able to continue or not will be made by the evaluators at the end of the evaluation process.

**Professionalism**

All students are required to demonstrate professional behaviors while in the clinical setting as well as in the classroom. This program is the equivalent of a two year interview. Educators, Supervisors and Technologists are watching you develop from day one and are making determinations about who they will offer open positions to when the time comes. Those students who don’t take full advantage of the clinical rotations and participate fully may not receive the reference for or consideration for an open position that may be available upon graduation. We are also looking for individuals who work well with others and are not drawn to conflict. Good strong communication with coworkers and patients is paramount in any patient care venue. As educators, we strive to instill these personality traits in all of our young professionals as these are things that future employers are looking for. Development and demonstration of these characteristics will serve you well.

It is important that we work together to provide patients with the highest quality experience possible every time we encounter them!!

We, as an organization, believe that we are one team, and as such, everyone has the responsibility to help a patient/family member etc. in any situation: that might mean taking them to where they are going, helping them to the bathroom or seeking out someone who DOES know the answer to a question that we can’t answer.

HIPAA is another major concern for students and technologists working in diagnostic imaging departments. We must always be aware of our surroundings when discussing patients or their information and then discuss it only with persons who need the information that we possess to do their job! Never talk about cases that you saw today when you are in common hallways, bathrooms, the cafeteria or any other common area where information could be overheard. As students you may have questions about certain cases that you were involved with. It is appropriate to ask the professionals who were working with you those questions in private, confidential areas.

Social media provides us with a unique opportunity to violate the rights of others without even realizing it.

It is never okay to “stalk” a patient through social media. Performing a patient exam is not permission to add them to Face Book!

There have been instances (not here) of people using their cell phones to take pictures of patients or even to take a picture of themselves with a favorite patient and then post it on face book or other media sites. THIS MUST NEVER BE DONE! **SOCIAL MEDIA BREACHES CONFIDENTIALITY!**
See someone you know and they are a patient? You cannot tell anyone that you saw them!

Any Student that violates HIPAA or breaches a patient’s confidentiality is subject to corrective action (see student handbook). The severity of the violation/breach will determine what step of the corrective action plan is enforced. This may result in immediate dismissal from the program.

Conflicts:

Patients must have confidence in our ability to perform our “job”, the examination; therefore, any conflict in the clinical setting, major or minor, must occur outside of the exam room and out of “earshot” of the patient. Conflict should be resolved after a case is finished and never in a common area where patients or their families can hear what is being said. It doesn’t matter if the conflict is with a technologist, radiologist, nurse, peer or any other employee or student! Never in front of the patient!

Also, when one is complaining about their job or employer or environment (training) within “earshot” of a patient or their family it is very bad PR! Don’t do it! Any negativity from staff is bad PR!

Rotational Assignments:

You will be assigned to a rotational group. This is a schedule that all of you follow and it rotates every 4 weeks, the number of weeks in the rotation schedule is dictated by the number of students in a class. It is simply alphabetical! Every other week you will be assigned to the hospital and every other week you will be assigned to the clinic. You’ll always rotate with the same group of students unless changes in the rotation schedule become necessary. There will also be a weekly schedule. When you are in the hospital the Clinical Instructor on the floor will assign you with a specific technologist for the entire week (some techs. have days off during the week which may alter a day or two). The clinical instructor in the clinic will assign specific room and area rotations when they apply.

The first semester will also include rotations to the patient “desk” area in the clinic, where patients are greeted and the paper work is done and to the transport area, which is in the hospital, where students will learn to maneuver carts, wheelchairs, IV and oxygen equipment and patients throughout the facility. These are fundamentally important rotations and attendance is mandatory for these. If time is missed for these rotations it must be made up.

Each of you will be assigned to a “procedures group”. This is the group you will rotate with to engage in the lab portion of training. It is called Procedures Practicum. There will be no more than 5 students in each group and you will usually have class on the same day and at the same time every week. I say usually as I must reserve the right to alter these class times if it becomes necessary to do so. I choose the members of each group randomly and it is done before you get here!

If you are unable to attend your scheduled Procedures Practicum lab for the week you will need to attend the next scheduled session, preferably trade with someone. If you miss Procedures Practicum please see me and I will schedule a makeup session for you. You are not permitted to miss Procedures Practicum to test out on a patient exam in the clinical setting.
Survival Guide

Procedure Practicum teaches you how to perform specific exams. After you have simulated an exam in the classroom successfully and practiced the exam in the clinical setting you can “test out” on a patient to demonstrate competency. Proving competency does not relieve you of the responsibility of performing the exam in clinical because you have already done it and tested out on it! Successfully testing out on a patient exam means that you have gained the opportunity to perform the exam more independently! Around here practice makes perfect! If for some reason an image that you have taken on a patient needs to be repeated the technologist must be present and actively involved in that repeat. We ask that you carry a repeat radiograph log with you so that repeat information can be written in it.

Clinical Attendance:

Your day starts at 7:30 in the morning and ends at 16:00 (4:00)! You must be in your assigned area and ready to perform at or before 7:30! If you are assigned to a PM shift, the routine start time is 13:00 (1:00pm) and the end time is 21:30 (9:30pm).

Student lunch is at 12:30 (lunch is mandatory) every day and you are entitled to one 20 minute break. If you are on PM’s, your ½ hour lunch is usually around 17:30. A vacation half day is the equivalent of 4 hours. Time can only be taken off or made up in 4 hour increments. The only exception to this is if there is something unforeseen that results in a student being tardy (Dead battery, poor road conditions, cattle crossing the road, etc.), if any of these things happen we would ask that you give us a call or shoot us an email and your time will be adjusted and added to the end of the shift so the clinical time requirement is met.

Half day times are as follows:

Day Shift 7:30 – 11:30, 11:30 – 16:00, the reason you start at 11:30 when you take the morning off is because you will have a scheduled lunch (12:30) to make it easier for the supervisors in clinical (it’s difficult to remember when everyone is supposed to come and go). You will be responsible to log your time in and out.

PM Shift 13:00 – 17:00 or 17:30-21:30

Scheduled ½ day requirements are 7:30 – 11:30, 11:30-16:00 or 17:30 – 21:30 (these are the days WE schedule for you!)

If you need to take an unscheduled day off you must inform school officials as well as the clinical site you are scheduled to be at of your absence. The Division of Education phone # is 715-387-9251 or you may e-mail us, if e-mailing us please message both Nikki and me. The hospital requires you to call, e-mail is NOT acceptable: 715-387-7184, the clinic requires you to e-mail Jessica. Our e-mail addresses are listed below.

As I already stated, everyone MUST be here at 7:30. Film review locations and times will be communicated to you at the beginning of each semester. I am in the office by 6:30 every day, just knock on the door. I also have open availability on Monday between 8 and 1 most of the time (sometimes I might be busy).
I can be reached by email: gregorich.sheila@marshfieldclinic.org, by phone to the school main number, Division of Education: 715-387-9251, in house 79251, private line: 715-387-9161, in house79161. Nikki can be reached by email: hable.nicole@marshfieldclinic.org, by phone to the main line: 715-387-9251 (79251), private line: 715-387-9254 (79254) or by pager: 715-486-1026.

Clinical Instructors:

Jessica Griesbach, Marshfield Clinic, in house 79067 or griesbach.jessica@marshfieldclinic.org

Megan Harris, Ministry St. Joseph’s Hospital, in house 79948, megan.harris@ministryhealth.org

Steve Gorst, Ministry St. Joseph’s Hospital, in house 79948, steve.gorst@ministryhealth.org

**Grading:** 50% of the clinical grade will be determined by graded mid-semester and semester technologist evaluations. Each student will have a total of 8 evaluations done every semester: A Clinical Instructor from both the clinic and the hospital as well as a technologist from each clinical site will be asked to fill out one evaluation on each of you, for a total of 4 twice a semester. *Spot check evaluations done by faculty or clinical instructors may be added into the evaluation portion of the grade.* Patient examination competencies will make up 25% of your grade and film review of those competencies will comprise the final 25% of the clinical grade. If a patient exam competency is failed, 3 documented practice exams on that structure must be performed before the competency can be repeated. Practice exams can be simulated with an instructor. A competency that is repeated and failed a second time results in dismissal from the program. Grades from the first attempt of an exam competency and the repeat will be averaged together and 2 full points will be deducted from the final grade on that exam. Students that fail patient exam competency on any 3 structures will be dismissed from the program.

Grades for the Semester Objective Check-Off forms stand alone and do not affect the clinical grade however the student must maintain a grade of 85% or higher to remain in the program on all clinically graded material and **failure to meet the objectives** in any semester prevents you from advancing in the program(<85%).

Although this seems intimidating, its purpose is to help you to develop into outstanding young professionals who aren’t intimidated by any diagnostic work environment. You represent us when you leave here and we all expect that you will represent us well and make us proud of you! We truly are here to help guide you through the process of becoming a member of YOUR chosen profession so **take** the knowledge you need to succeed from us!
**Quick Phone Guide:**

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<tr>
<th>Department</th>
<th>Phone Number</th>
<th>In House</th>
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<tbody>
<tr>
<td>Division of Education</td>
<td>715-387-9251</td>
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<tr>
<td>Nikki</td>
<td>715-387-9254</td>
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<tr>
<td>Sheila</td>
<td>715-387-9161</td>
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<td>Hospital Department</td>
<td>715-387-7184</td>
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<tr>
<td>Rhonda’s Desk</td>
<td>715-387-9948</td>
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<tr>
<td>Tom or Patti Desk</td>
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<tr>
<td>Randell</td>
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