



MEDICAL RADIOGRAPHY PROGRAM CLINICAL EDUCATION MANUAL

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SECTION 1 INTRODUCTION

The most current electronic version of this manual, and other current information related to Camosun College MRAD clinical education, can be found at <https://camosunmrad.opened.ca/>.

This manual contains important information about the Camosun College Medical Radiography (MRAD) clinical education program. Policies and procedures outlined in the manual pertain to all clinical facilities attended by Camosun College students. For more program information, including academic policies and procedures, please visit <http://camosun.ca>.

Policies and procedures in this manual are established by Camosun, with references from Island Health and the BC Practice Education Guidelines. This information is designed to assist Clinical Instructors/Designates in mentoring MRAD students by:

- promoting standardization of clinical education
- informing Clinical Instructors/Designates of Camosun MRAD clinical policies and responsibilities
- informing Clinical Instructors/Designates of the student's clinical objectives and expectations
- ensuring continuity between practical learning at Island Health and didactic learning at Camosun College while maintaining a nationally recognized standard of education

Overarching responsibilities of the Clinical Instructors/Designates include:

- Collaborating with Camosun College Clinical Liaisons (CLs) for ongoing clinical education improvement and cohesion of learning between the two organizations
- Promoting a welcoming environment that supports the student to meet the program's practicum objectives and competencies
- Encouraging the student to ask questions to seek clarifications and engage in critical thinking opportunities
- Supervising the student to ensure learning procedures are conducted in a safe manner for the student, staff and patients
- Imparting knowledge and demonstrating skills in a professional and positive manner
- Regularly evaluating and providing timely feedback to the student
- Identifying, documenting and communicating, in an objective manner, any student practice concerns to the CL and/or site Leader or Manager
- Continually seeking to develop clinical instructional strategies by participating in meetings and education opportunities

Adapted from "A Preceptor's Guide for Success" (Island Health, 2017)

Clinical education in MRAD is supported by medical imaging staff in two ways:

1. Partnering a student with a CAMRT-certified MRT staff technologist who does not hold a formal Clinical Instructors/Designate role.
2. Partnering a student with a CAMRT-certified MRT Clinical Instructor/Designate who has volunteered for additional responsibilities and duties with respect to clinical education.

ROLES AND DUTIES OF THE CLINICAL PRECEPTOR

Clinical Instructors/Designates play an integral role in the development of each MRAD student. Each activity and interaction between Clinical Instructor/Designate and student should have underlying goals of progressing the student towards competence as an MRT and enhancing the professional relationship between the Instructor/Designate and student.

Duties of the Clinical Instructor/Designate to achieve these goals include, but are not limited to:

- Leading or delegating orientation to each new facility, department or modality, including workflow, layout, imaging equipment and staff introductions
- Working collaboratively with the student to set immediate and long-term learning objectives
- Identifying specific examples where a student showed a need for improvement
- Observing and demonstrating techniques for correction as needed
- Assessing performance of verbal image critiques
- Performing portfolio image audits
- Performing special modality case reviews
- Evaluating the student using competency assessments
- Completing formative evaluations as per the evaluation cycle
- Collaborating with the CL to develop a clinical schedule prior to the start of term
- Managing the clinical schedule during the term and adjusting as needed, within the schedule guidelines, to enable students to meet requirements
- Ensure that student support is in place when the student is scheduled without a Clinical Instructor/Designate present
- Collaborating with CL to create, execute, and monitor learning contracts

The Clinical Instructor/Designate's and student schedules should be aligned so that there is protected weekly time to complete some of these activities without distractions. The amount of protected time varies greatly from one clinical level to the next. It is predicted that at the beginning of Level 1, approximately one scheduled day per week per student is sufficient time to fully engage in these activities. This time is *may* decrease as a student progresses through each clinical level and thus, as their competence increases. However, with increasing expectations within each clinical level, students may need steady support throughout the program.

ROLES AND DUTIES OF THE STAFF TECHNOLOGIST

Staff technologists are essential to the success of the clinical program. In order to complete the clinical requirements, it will be necessary for students to work closely with assigned staff technologists to achieve the intended goals. MRAD students spend 50% of program education in the clinical setting, much of that time with staff technologists. It is the student's responsibility to keep staff technologists informed of their current skill level and pertinent requirements.

Duties of the staff technologist within clinical education include, but are not limited to:

- Sharing knowledge and skills relevant to the student's current skill level
- Observing and demonstrating techniques for correction as needed
- Identifying specific examples where a student showed a need for improvement
- Communicating to the Clinical Instructors/Designates or the CL when there is a student practice concern
- Validating the student's level of performance for cases in which they participated
- Encouraging students to integrate into the department workflow
- Modelling professional workplace behaviours

ROLES AND DUTIES OF THE CLINICAL LIAISON

Each term, there are two Camosun College instructors who support clinical education in their roles as Clinical Liaison (CL). Liaisons are responsible for the preparation, maintenance and support of clinical education courses: MRAD 130 (CP1), MRAD 260 (CP2), and MRAD 290 (CP3).

Duties of the Clinical Liaison include but are not limited to:

- Before each clinical term
 - Reviewing BC Practice Education Guidelines, Island Health and Camosun College policies to ensure clinical courses align to policies
 - Collaborating with Clinical Instructors/Designates and other site staff for education or training regarding clinical education
 - Collaborating with Clinical Instructors/Designates and site supervisors to create clinical schedules
 - Ensuring students have completed pre-placement requirements prior to practicum start
 - Revising and printing clinical portfolios, modes of evaluations and other documents
 - Providing students' clinical items to receiving sites
- During the clinical term
 - Supporting Clinical Instructors/Designates (course requirements, evaluation or teaching strategies, if a student is struggling, regular check-ins, etc.)
 - Supporting students (extra help if they are struggling or feeling like they may not meet course requirements, conflict resolution between students and site personnel, regular check-ins, etc.)
 - Marking course assignments and assigning final course grade

ORGANIZATIONAL CHART – MRAD PROGRAM

The Camosun College Medical Radiography Program is part of the Department of Allied Health and Technologies (AHT). AHT, along with many other health disciplines, is a department within the School of Health Sciences and Human Services (HSHS).

Dean of the School of Health Sciences and Human Services: Carly Hall HallC@camosun.ca

Associate Dean of the School of Health Sciences and Human Services: Dwayne Pettyjohn
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Medical Radiography Program Leaders

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Medical Radiography Program Clinical Liaisons

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- Sarah Erdelyi ErdelyiS@camosun.ca
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The Clinical Liaison assigned to your site during the current term is the first point of contact for any practicum-related questions. Program-wide concerns should be addressed to the program leader or chair.

SECTION 2 CLINICAL EDUCATION GUIDELINES**CLINICAL SITE SELECTION PROCESS**

Clinical placements are distributed across Vancouver Island and there are a limited number of seats available in each region. The site selection process is in place to ensure students have equitable access to opportunities they need to develop their clinical competence and complete their course requirements.

To ensure a fair and consistent approach for all students in the program, the following assumptions are made when students accept a seat in the program:

- Students accepted assigned clinical site placements.
- Students will provide their own transportation, meals, and accommodations while completing their clinical placement.
- When necessary to complete a portfolio requirement, students may be scheduled for occasional shifts at another site (which may include out of city). The purpose of this is to ensure access to learning opportunities that may only be available at certain locations. Clinical Liaisons (program faculty members who coordinate clinical practicums) inform students when these opportunities are available or necessary to complete course requirements.
- The healthcare setting is subject to unpredictable events, such as communicable disease outbreaks, critical staffing shortages, equipment malfunctions, and other scenarios. In the event one of the placement sites is affected by an unforeseen circumstance, the affected student(s) will be notified, and the program will work with the health care organization to make alternate arrangements as needed.

This information is emphasized in the program information session, on the website, and during the site selection process before students are officially offered a seat in the program. For more information on program participation requirements, please visit

https://calendar.camosun.ca/preview_program.php?catoid=7&poid=811.

The program attempts to align student clinical experiences with their preferences; however, there is no guarantee this accommodation can be granted. To be as fair as possible, the program uses randomization to determine who gets placed at high demand locations (typically Victoria sites are the highest demand). This information is collected before assigning placement sites and to help successful applicants make informed choices about accepting a seat in the program.

CLINICAL SITE ACCOMMODATIONS AND EXTENUATING CIRCUMSTANCES

We recognize that circumstances and preferences may change over the two years in the program. The program considers requests for special accommodations on a case-by-case basis. However, the same principles inform our decision-making throughout the entire program.

If at any time during the program a student experiences an unexpected extenuating circumstance (such as an acute change in health status, or any other human rights exception) they should notify the program immediately to discuss site placement considerations. Financial hardship or the desire to live closer to home is not considered a mitigating circumstance. All students pay the same tuition.

CLINICAL PLACEMENT VACANCIES

For a transparent and equitable process, in the instance there is placement vacancy, a lottery will be initiated when a student requests to be switched into the vacancy.

The lottery process will follow these guidelines:

- The lottery will take place in the term prior to the requested switch
- All students will be contacted at the same time, informing them of the vacancy, and the deadline in which to make their request known. Late requests past the deadline will not be considered.
- Names of all students requesting the switch will be pooled together and one name will be randomly drawn
- The drawn student will be notified in writing and they must formally accept or decline the offered vacant seat by the given deadline. Late responses will not be considered and the student will be assumed to forfeit the offer and will remain in their original placement.
- If needed, names will continue to be drawn until a student accepts.
- If multiple vacancies exist, vacant seats will be offered one at a time.

CLINICAL PLACEMENT SWITCHES

When two students request a switch of their two placements, this request must be made in writing to the Program Leader/Clinical Liaison at least one term in advance. Considerations to accept the request will be based on access to opportunities each student needs to develop their clinical competence and complete their course requirements.

SUPERVISION OF MRAD STUDENTS DURING CLINICAL PRACTICE

The level of clinical supervision is based on student progress, which is recorded in the Clinical Portfolio. Students must be directly supervised until competency for an exam type or work area is achieved and documented.

Types of supervision (PEG for BC, Supervision of Students, 2021)

- Direct Supervision: The supervisor is physically present to either directly observe and support or intervene as needed.
- Indirect Supervision: The supervisor is accessible to provide guidance, direction, and support as needed, and to regularly review student progress through debriefing

For *all* procedures in which a student participates, an MRT must approve images and give permission for the student to dismiss the patient. In addition, when completing procedures in RIS, there must be a technologist included as the primary responsible person. The supervising technologist will be named the primary responsible party on RIS, verify the correct images are sent to PACS and oversee input of information into the RIS system.

During CP1, students must perform procedure related activities under DIRECT SUPERVISION.

In CP2 and CP3, there is a possibility for students to gain the ability to work under indirect supervision in any modality. At minimum, the student must have completed and logged the exam as unassisted at least once to be able to work under indirect supervision for that exam type.

However, indirect supervision is earned on a case-by-case basis, at the discretion of the MRT. In addition, the ability to work under indirect supervision may be retracted at any time.

To ensure that students are working within their scope of documented competence, requisitions should be assessed to determine that students have the capability to independently perform the procedure with reasonable success. Repeat exposures require the approval of an MRT and images must still be reviewed with an MRT prior to dismissing the patient.

It is the responsibility of the student to ensure appropriate supervision by an MRT is in place for each procedure. The student should discuss the case with the MRT to clarify the level of supervision required. If a student is found to be working without proper supervision, a learning plan for the student may be implemented.

LEVELS OF PARTICIPATION

UNASSISTED

The student is deemed to have completed a procedure at an unassisted level by performing *all* the core aspects of the procedure independently, including:

- Selecting examination from the worklist
- Setting control panel
- Positioning patient
- Aligning x-ray beam to part and image receptor
- Placing personal radiographic marker
- Collimating radiation field
- Using accessory equipment as needed (grid, filter, sponges, etc.)

These criteria are found on the “Unassisted Case Validation” form in the student pocketbook.

Students will more likely succeed in completing these steps independently when a similar examination type has already been performed at the assisted level or the patient complexity/acuity is low.

ASSISTED

The student is deemed to have complete a procedure at the assisted level if *some* core aspects of the procedure were performed independently. They are expected to observe or assist the technologist with steps of the procedure not performed independently.

Assisted cases will most likely to occur when experience with the examination type is limited or there is a sudden change in patient status or an unexpected complication.

OBSERVED

When a student participates in an examination at the “observed” level, there likely will be minimal patient-student interaction but the student is expected to engage in all steps of the procedure. The student should still seek to assist with simple tasks such as room set up and clean up, tube détente, image receptor positioning, opening patient file at the workstation, completing paperwork, etc.

Observed cases will most likely occur when a new examination type is encountered or when the patient complexity and/or acuity are too high.

Participating at the “observed” level must be kept to a minimum. Students should have a hands-on approach to participation as much as safely possible.

STUDENTS PARTICIPATING IN PROCEDURES OUTSIDE OF PROGRAM CURRICULUM OR COMPETENCY PROFILE

In some instances, clinical sites may perform exams outside of the program curriculum or the CAMRT competency profile (e.g., ultrasound-guided exams in fluoroscopy). In these cases, the clinical site is responsible to provide students with expectations on their level of participation, and these procedures are not eligible to fulfil portfolio requirements.

CLINICAL SCHEDULES AND ABSENCES

During each Clinical Practicum, students are required to attend clinical for 30 clinical hours per week for 15 weeks. Clinical Instructors/Designates must record absences on each formative evaluation. Students must ensure that any schedule changes are recorded on the posted schedule prior to submission to the Clinical Liaison (CL). There is risk of the student receiving an incomplete grade for the course if attendance requirements are not met.

Week 16 (flex week) occurs at the end of term and attendance may be elective or required. Students are strongly encouraged to elect to stay for extra practice. Attendance of flex week will be required if the student:

- misses more than 4 days during the entire term
- misses more than 1 day in OR or FL
- does not meet expectations on the final formative evaluation
- does not complete course requirements by the end of week 15

Attendance is a course requirement that is evaluated on each formative evaluation. A learning plan may be triggered if all criteria are not met on each formative evaluation.

SCHEDULE GUIDELINES

Clinical Instructors/Designates and CLs should work collaboratively to develop a schedule that considers both the department's and the program's needs. Each schedule considers consistency and equality of shifts and student time with shared Clinical Instructors/Designates.

Scheduling for clinical practicum should follow these parameters:

- 16 total weeks of clinical practicum (including flex week)
- 30 clinical hours per week
- Students should not be scheduled for stat days, unless requested by the student
- One scheduled day of non-clinical academic time each week
 - During CP3, students may opt to attend clinical on academic days. This request should be made by the student to the Clinical Instructor/Designate.
 - The Clinical Instructor/Designate may also recommend that students attend clinical on an academic day for extra practice. This is optional for the student. However, if the recommendation is part of a learning plan, the student must attend.
 - The Clinical Instructor/Designate should ensure that students attending clinical on an academic day does not hinder opportunities for students who were regularly scheduled for that day.
- Dedicated FL, OR and CT week(s) are scheduled
 - CP1: 1 week each of FL and OR
 - CP2: 2 weeks each of FL and OR; 1 week of CT
 - CP3: 2 weeks each of FL and OR; 4 weeks of CT
- Changes to the schedule must be noted on the schedule
 - One student per site is responsible to submit the schedule with any revisions to D2L on the same day Formative Evaluations are due

If a student requests a schedule change, these guidelines should be taken into consideration:

- The Clinical Instructor/Designate should set the expectation with the student on how much notice is given for any schedule change requests
- Personal reasons generally should not be acceptable as a reason for request

- Clinical days missed for appointments, illness, and other personal circumstances will be recorded as days absent – disclosure of the nature of missed clinical time is not necessary
- Switches that result in interfering pre-scheduled Clinical Instructor/Designate time with another student should be avoided
- Switches that may be perceived by a student as a potential advantage that cannot also be offered to them should be avoided
- Missed clinical time can be made up any day, provided that the student does not work more than 30 hours that week
- As part of a learning plan for one student, Clinical Instructors/Designates and CLs may make alterations to the schedule for any student at that site, as long as all students continue to progress given the schedule changes
- Requests to perform procedures at another site during weeks 1-15 are generally not approved
- Cross site requests during flex week 16 may be approved, as long as all professional and portfolio requirements are met, the receiving site agrees to the request, and no other students at that site will be negatively impacted
- All cross-site requests must go through the CL

ABSENCES

Students must inform their Clinical Instructor/Designate if they are unable to report for a scheduled clinical day. This must be done prior to the beginning of the clinical day. Chronic failure to notify appropriate personnel may trigger the need for a learning plan.

Extenuating circumstances involving prolonged absences may require additional clinical hours but will be assessed on an individual basis. A doctor's note validating ability to return to clinical is required when returning after a prolonged absence due to health or injury issues.

Casts may not be acceptable at the clinical facilities; individual cases will be evaluating, considered infection control precautions and the student's ability to perform without injury to self or patients.

WEATHER CANCELLATIONS

Closures of the college due to inclement weather may result in cancellation of clinical activities. Due to the geographical spread of the clinical practicum facilities, students and Clinical Instructors/Designates may use their discretion regarding commuting safety. Factors that influence this decision include road conditions, transit availability, official recommendations, and weather predictions. Missed days due to weather may be required to be made up.

CONFIDENTIALITY OF PATIENT INFORMATION

It is understood that for educational purposes, Clinical Instructors/Designates and students will review images and discuss/reflect on details of specific procedures, including ones in which the student or MRT may not have been directly involved. All information related to patients must be treated as confidential. This information may be in written, verbal, electronic, or other form.

Confidentiality applies to everything hospital personnel and students learn in the exercise of their duties and refer to both important and seemingly unimportant information. This includes, but is not limited to, the nature of the patient's illness and its cause, the treatment the patient is receiving, and everything the patient discloses with a view to giving a better understanding of their health condition. Confidentiality also extends to everything learned during the course of the patient examination, e.g., patient reactions and all aspects of their condition. Even the knowledge that an individual is in the hospital must not be volunteered. Patient information disclosed in conversation or during an altered state of consciousness, such as the patient's financial state, home conditions, domestic difficulties, etc. are also considered confidential.

Patient confidentiality also applies to the transmission, use, and management of patient digital x-ray images. All images to be used for off-site student assessment purposes must have all patient and clinical site demographics removed and with express permission of school or Island Health personnel. Sharing x-ray images via social media, email or other unapproved electronic or hard-copy avenues is never permitted.

All students and Island Health employees are required to successfully complete the Island Confidential Information Management course. This confirms that the individual has read the policy and fully understands the expectations and consequences of non-compliance of this policy. [Island Health Confidentiality Policy](#)

PATIENT SAFETY

Patient safety is paramount and any concerns or allegations related to patient safety (physical and emotional) will be investigated by the appropriate authorities (hospital administration, Camosun College administration, and/or law enforcement). During the period of investigation, students may be withdrawn from clinical until a decision regarding continuation in the program is determined. Students have the right to be informed in a timely, confidential manner of relevant practice issues (PEG for BC, Student Practice Issues, 2021).

STUDENT SAFETY

WorkSafeBC coverage is extended to all students in practice education. A practicum is defined as an integral component of a program which is required for program completion and certification. It is an unpaid and supervised work experience which takes place at the host employer's premises or place of business. Out-of-province clinical practicums are not covered by WorkSafeBC.

1. The student must report their injury to the Clinical Instructor/Designate and the CL; the CL will submit a report to the school.
2. The student must seek medical treatment as appropriate.
3. The student must complete a Form 6A "Worker's Report of injury or Occupational disease to Employer". <https://www.worksafebc.com/en/resources/claims/forms/workers-report-of-injury-or-occupational-disease-to-employer-form-6a?lang=en>
4. The Form 6A must be faxed to the Camosun Occupational Safety & Health Coordinator, at 250-370-3664. The process must be started as soon as possible.

STUDENT/TECHNOLOGIST/CLINICAL INSTRUCTOR RELATIONSHIPS

As students in a program that leads to a professional career, professional conduct with integrity, courtesy and respect is expected. All students have the right to expect this of their peers, instructors, and clinical staff as well. A professional relationship must be maintained at all times.

It is intended that students are responsible for their clinical education with Clinical Instructors/Designates providing the resources for students to reach their goals. Resources can include but are not limited to extra demonstrations, learning objective suggestions, schedule alterations, and formative feedback. Students are expected to be continually aware of their own requirements and seek the necessary experiences to meet the required objectives.

STUDENT MISCONDUCT

Students are expected to meet Camosun College Student Conduct standards while in clinical education. Students may be dismissed for activities such as verbal abuse, dishonesty, theft or breach of confidentiality.

[Camosun College Student Misconduct Policy](#)

LEARNING PLANS

Clinical practice is considered a learning environment. In collaboration between the CL and Clinical Instructors/Designates, a learning plan with specific expectations catered to the student's needs may be developed if the student is considered to be at risk of not successfully completing the clinical course.

Some learning needs/behaviours which may trigger a learning plan include but are not limited to:

- practice that risks the safety of self, patients, staff, or other students
- unsatisfactory or inconsistent progress in achieving clinical requirements
- performing procedures outside of documented competency
- unprofessional or unethical behavior and/or practice
- breach of confidentiality
- unsanctioned or excessive absence or tardiness from clinical
- non-compliance with hospital/department policies
- non-compliance with Camosun/student policies

The learning plan outlining the problem and improvement plan will be created by the CL with feedback from the Clinical Instructor/Designate and student. The CL will monitor the learning plan. The plan will include:

- the practice behaviour that does not align with course outcomes and/or CAMRT competency profile
- parameters in plan for improvement – what must be accomplished, resources available, evidence of success
- time limits and the consequences if the learning need/behaviour is not resolved
- responsibilities of the student, Clinical Instructor/Designate, and CL in the execution and monitoring of the learning plan

Depending on the nature of the student practice issue, the student may be asked to leave the clinical setting. Follow-up documentation of student progress/success will be completed by the CL, with feedback from the Clinical Instructor/Designate, at the end date of the learning plan.

Adapted from "Student Practice Issues" (Practice Education Guidelines for BC, 2021)

DOSIMETER EXCHANGE AND RETURN OF CLINICAL DOCUMENTS/ITEMS

Students are provided with dosimeters during each practicum. Dosimeters are exchanged at approximately midterm (December 1, March 1, and June 1) and then returned to Camosun College at the end of each term.

Midterm dosimeter exchange:

- Clinical Instructors/Designates receive new dosimeters, checklist and prepaid return envelope from Camosun College School of Health Sciences and Human Services (HSHS) administration
- Clinical Instructors/Designates will:
 - Verify *new* badge serial numbers match numbers written in the checklist in the package
 - Hand out new badges to students and collect expired badges
 - Verify *expired* badge serial numbers match the numbers written in the checklist
 - Notify Clinical Liaison of any missing expired or new badges
 - Insert checklist and all expired dosimeters into pre-paid, pre-labelled envelope/parcel and return to Camosun College

End of term return of clinical items:

- Clinical Instructors/Designates receive checklist and prepaid return mailer from HSHS administration
- Students will:
 - Return all clinical items (Clinical Portfolio, Student Pocketbook, dosimeter, Island Health ID and Island Health security access card) to Clinical Instructors/Designates
 - Initial checklist to document handover to Clinical Instructor/Designate
- Clinical Instructors/Designates will:
 - Initial the checklist to document handover from students
 - Return clinical items and signed checklist to Camosun College using the provided prepaid mailer

At the end of each term, Clinical Instructors/Designates are responsible for collecting clinical documents and items to return to the college by mail. Clinical documents must not remain at the clinical sites outside of a student's clinical term.

SECTION 3 STUDENT PREPARATION AND EXPECTATIONS

MEDICAL RADIOGRAPHY PROGRAM MAPPING

Year 1		
September – December	January – April	May – August
Term 1: didactic/lab learning	Term 2: Clinical Practicum 1	Term 3: didactic/lab learning
Year 2		
September – December	January – April	May – August
Term 4: Clinical Practicum 2	Term 5: didactic/lab learning	Term 6: Clinical Practicum 3

CLINICAL PRACTICUM 1 PREPARATION AND EXPECTATIONS

Students complete the following didactic and lab components in Term 1 in preparation for CP1:

- MRAD 117 Introduction to Radiographic Procedures
 - Positioning of entire skeleton (minus specific facial bones i.e., TMJs, mandible etc.)
 - Routine scenarios and ambulatory patients, limited introduction to scenarios requiring adaptation
 - Students demonstrate routine projections on lab partners
 - Limited practice with axillary shoulder, mobile chest x-ray
 - Critique of common projections (have not yet covered critique of skyline, tunnel, scaphoid, AC joints, sternum, SC joints, SI joints, and other less common projections)
 - Basic definitions of image quality
- MRAD 108 Clinical Preparation 1
 - Learning and professionalism in the clinical environment
 - Hospital/imaging teams and environments
 - Critical thinking and problem solving
 - Clinical pre-placement requirements
- MRAD 119 Principles of Radiographic Imaging 1
- MRAD 106 Anatomy and Physiology for the Radiographer
- AHLT 112 Patient Management for Allied Health
- AHLT 104 Professional Communication for Allied Health

For all course descriptions:

https://calendar.camosun.ca/preview_program.php?catoid=23&poid=3758&returnto=2036

Upon entry into CP1, students are expected to be able to do the following:

- Communicate and interact with staff, patients and other students in a professional manner
- Review requisitions with technologists and predict appropriate exam protocol
- Identify basic information presented on a patient requisition
- Identify common functions of an x-ray tube and workstation

In CP1, the emphasis is on becoming comfortable and proficient with patient interactions, department workflow and positioning patients in routine scenarios. With practice, students should reach proficiency in the following by the end of term:

- Apply theory learned in Term 1 in the workplace
- Perform all skeletal exams on ambulate and cooperative patients required for the portfolio
- Critique all skeletal exams required for the portfolio
- Use correct relevant scientific terminology
- Use basic HIS/RIS functions – exam start, exam completion, patient portering, etc.
- PACS usage – retrieve previous images, confirm image archival
- Assist in patient transfers and basic patient care
- Choose correct kV ranges
- Observe Fluoroscopy and Operating Room areas to build context for learning next term

During CP1, students are NOT expected to be proficient in the following:

- Adaptive/traumatic procedures
- Discuss sub-optimal image quality due to digital causes (e.g. algorithm errors, EXI/S# errors, etc.)
- Choose correct mAs for manual techniques
- Identify pathologies
- Adjust techniques based on patient pathologies
- Judge image acceptability as per site protocols
- Complete FL or OR procedures unassisted

CP1 is the foundation upon which to further develop in these areas. Students are not expected to be proficient in the full range of competencies expected of the entry-level technologist at the end of CP1. However, with adequate supervision and careful guidance, CP1 students can benefit greatly from being involved in more challenging cases and are encouraged to participate within their own limitations.

CLINICAL PRACTICUM 2 PREPARATION AND EXPECTATIONS

Students complete the following didactic and lab components in Term 3 in preparation for CP2:

- MRAD 157 Advanced Radiographic Procedures
 - Adaptive/Trauma positioning
 - Fluoroscopy/Operating Room procedures
 - Image critique (digital image quality, adaptive techniques)
- MRAD 159 Principles of Radiographic Imaging 2
- MRAD 156 Relational A&P for Technologists – Part A
- MRAD 173 Pathology for Radiographers – Part A
- AHLT 165 Physics of Medical Imaging and Radiation Therapy
- AHLT 134 Legal & Professional Ethics for Allied Health (online concurrently with CP1)
- MRAD 148 Clinical Preparation 2

For all course descriptions:

https://calendar.camosun.ca/preview_program.php?catoid=23&poid=3758&returnto=2036

Upon entry into CP2, students are expected to be able to do the following:

- Discuss requisitions with technologists to confirm exam protocol
- Explain x-ray procedures to patients

After orientation in CP2, students are expected to be able to do the following:

- Demonstrate proficiency in all expected skills of CP1
- Perform common ambulate exams unassisted

In CP2, the emphasis is on building on skills, multitasking, managing different patient scenarios, and becoming integrated within the department workflow in a timely manner. With practice, students should reach proficiency in the following by the end of term:

- Apply theory learned in Term 3 in the workplace
- Discuss and perform most skeletal exams on adaptive, trauma, portable examinations
- Critique all skeletal exams required for the portfolio, including image quality due to digital causes
- Use more advanced RIS/HIS/PACS features: PowerChart, Modify Exam, Cancel Exam, Reset Exam, Create Requisition, Exam Validation
- Assist in patient transfers and all required patient care (e.g., safely handling lines and tubes)
- Perform routine FL and OR procedures
- Choose correct kV ranges for manual techniques
- Discuss correct mAs ranges for manual techniques
- Recognize images that contain abnormalities, may identify some common pathologies
- Recognize if the pathology needs an increase or decrease in technical factors
- Discuss image acceptability with MRT
- Observe in CT to build context for learning next term

During CP2, students are NOT expected to perform the following:

- Dismiss a patient without technologist approval
- Lead adaptive/trauma cases without adequate practice
- Perform FL, OR, mobile or CT procedures without direct supervision
- Complete CT procedures unassisted

CLINICAL PRACTICUM 3 PREPARATION AND EXPECTATIONS

Students completed the following didactic and lab components in Term 5 in preparation for CP3:

- MRAD 277 Computed Tomography Procedures
- MRAD 279 Principles of Computed Tomography
- MRAD 266 Introduction to Cross Sectional Anatomy
- MRAD 273 Pathology for Radiographers – Part B
- MRAD 256 Relational A&P for Technologists - Part B
- MRAD 254 Interprofessional Exploration for Technologists (online concurrently with CP2)
- MRAD 268 Professional Preparation for Imaging Technologists
- HLSC 264 Interprofessional Practices

For all course descriptions:

https://calendar.camosun.ca/preview_program.php?catoid=23&poid=3758&returnto=2036

Upon entry into CP3, students are expected to be able to do the following:

- Review requisition, offer predicted exam protocol, and confirm with MRT
- Answer common questions from patients
- After orientation, perform exams on ambulate patients with confidence
- After orientation, perform more common adaptive procedures

In CP3, the emphasis is on demonstrating routine in their practice, while making procedure-related decisions independently and with confidence. With practice, students should reach entry-level proficiency in the following by the end of term:

- Apply theory learned in Term 5 in the workplace
- Seamlessly embedding personal practice within the department workflow
- Lead adaptive, traumatic and mobile radiographic procedures
- Troubleshoot technical errors relating to PACS, RIS, and HIS
- Predict patient transfer and care needs and integrate predictions into planning the procedure
- Demonstrate understanding of where specific lines/tubes should be visualized on the radiograph (e.g., ETT, NG, PICC, etc.)
- Choose acceptable technical factors for manual techniques
- Predict and then confirm image acceptability with MRT
- Perform routine CT procedures required for the portfolio

During CP3, students are NOT expected to perform the following:

- Perform any radiographic or CT procedure without indirect supervision
- Perform procedures alone in any department

ORIENTATION PERIOD – ALL PRACTICUM LEVELS

A comprehensive orientation is vital to ensure students can start integrating into the daily workflow of the department in a timely manner.

Clinical Instructors/Designates should use the provided “General Orientation Worksheet” to help guide student orientation. If the Clinical Instructor/Designate is unavailable to orient the students during any of their regularly scheduled Clinical Instructor/Designate days, another designate should be appointed. Clinical Instructors/Designates may need extra days scheduled with students during the orientation period so that there is seamless transition into the workplace. This is especially important during CP1. Orientation periods are scheduled for the first two weeks in Clinical 1 and first week in Clinical 2 and 3.

Clinical supplies provided by the school will be given to Clinical Instructors/Designates ahead of the start of term. The Clinical Instructors/Designates will give these items to the students on the first day of orientation:

- Island Health student ID
- Island Health security access card
- Radiation dosimeter
- Clinical portfolio
- Clinical pocketbook

Other preparation activities prior to clinical practicums include:

- PHSA Learning Hub courses:
 - SPECO Curriculum
 - Island Health Student Practice Curriculum

- Other Learning Hub courses as required
- N95 Mask-fit Test
- TB Test
- Criminal Record Check
- Basic Life Support certification
- Current immunizations

Clinical sites may request proof of immunization in the case of an outbreak. If the student cannot produce proof, they may be asked to leave the clinical facility until the outbreak is declared over. This absence may impact the student's ability to complete clinical requirements, and may require additional clinical hours, or could result in non-completion of the clinical course and a failing grade.

SECTION 4 CLINICAL PORTFOLIO AND POCKETBOOK

The Clinical Portfolio of Clinical Experience and Competence (or logbook) is a record of the student's competency and progression of skills. The portfolio requirements must be completed each term in order to meet course outcomes and receive course completion.

The Student Pocketbook is to be used by the student to record procedures completed to later present to the Clinical Instructor/Designate. If accepted by the Clinical Instructor/Designate, the procedure information can then be transferred to the portfolio. Only the Clinical Instructor/Designate should enter updates in the portfolio.

Because of the sensitive information included within the Clinical Portfolio and Pocketbook, these clinical books must remain at hospital sites in a secure location at all times.

For each practicum, requirements are scaffolded such that one requirement gives students the knowledge to work towards the next requirement.

If, nearing the end of term, a student is not able to obtain a required specific body part for the portfolio, a discussion with the Clinical Instructor/Designate and Clinical Liaison should take place. In some circumstances, a similar alternate procedure or a simulation can be performed. This will be decided on a case-by-case basis, depending on factors such as the student's overall performance and the availability of the case.

CLINICAL PRACTICUM 1 PORTFOLIO - NOVICE

There are 3 levels of knowledge and skill that CP1 students are required to successfully complete in sequential order:

- Step 1: Case 1 Oral Image Critiques
- Step 2: Case 2 Image Audits
- Step 3: Competency Assessments

CASE 1 ORAL IMAGE CRITIQUES**Main goal: independently orally critique images**

Near the beginning of term, CIs may need to have to set specific expectations of the image evaluation process, prompting students with the image evaluation questions. Even with prompts, students must still answer questions correctly. The CI is not expected to teach the student *how* to critique, only setting expectations for the image analysis process. As the term progresses, students should progress to analysing the images without prompts.

The student is responsible to practice image analysis before presenting Case 1s to the Clinical Instructor/Designate. Students may present cases in which they performed assisted or unassisted. Images presented need not be optimal, but must be diagnostic. For each Case 1 presented for inclusion in the Clinical Portfolio, the student must independently critique images using correct scientific terminology (see sample critique template in the portfolio). The student is not yet required to independently answer questions pertaining to image quality and the identification of pathology. This should instead be a discussion between the Clinical Instructor/Designate and the student.

Inability to answer image analysis questions correctly warrants a repeat for that body part.

CASE 2 UNASSISTED CASE IMAGE AUDITS

Main goal: perform positioning independently and achieve optimal images

After successfully completing an oral image critique of an anatomical part, students may attempt Case 2s. Procedures logged in the portfolio as a Case 2 must meet the following criteria:

- Cases must be performed unassisted (see “Criteria for an Unassisted Case” form found in the pocketbook)
- The student recorded the case as unassisted (U) in the “Daily Log” of this pocketbook, validated with an MRT’s initials
- A Clinical Instructor/Designate audited the images to ensure they are optimal

Special modality cases performed unassisted must meet all criteria on the respective FL, OR or CT Unassisted Case Validation form found in the pocketbook. Students may record primarily routine scenarios. Acceptability of images is based on the “Criteria for Acceptability” (found in portfolio). Though not a requirement for every Case 2 presented to the Clinical Instructor/Designate, students must be prepared to answer questions pertaining to image critique or procedural steps to demonstrate consistency in competency.

If the image is sub-optimal, the student must provide a rationale that is accepted by the Clinical Instructor/Designate. Once accepted by the Clinical Instructor/Designate, the case information may be entered in the portfolio. Only specific rationales are accepted.

If the Clinical Instructor/Designate rejects the case for entry into the portfolio, they must ensure the student understands why and set expectations for next time. This should be recorded in the “rejected cases” section of the portfolio.

COMPETENCY ASSESSMENTS

Main goal: efficiently manage all aspects of a routine x-ray exam, including patient care and patient safety resulting in acceptable images

The next level of student achievement is the competency assessment. CP1 students may attempt assessments on routine scenarios requiring minimal adaptations. Evaluators use a comprehensive checklist to assess the student’s performance on all aspects of the exam, including safety, professionalism, and efficiency. Successful completion proves that the student would be able to act competently in that particular situation. *It is important to note that successful competencies can be retracted if the student later demonstrates regression in skill for that particular part/scenario. This would necessitate a repeat competency assessment for that particular part/scenario.*

Critical criteria on the competency assessment form highlight skills that are essential to the successful and safe completion of an examination. All “critical criteria” must be to receive a passing score met on each assessment.

The competency assessment has been created with the flexibility to assess students quantitatively and qualitatively. For each assessment, students must **achieve the minimum numerical score AND** have a quality of performance rating at the **Advanced Beginner level**. Sometimes, the numerical checklist alone may not fully capture the student’s ability to be efficient and organized while maintaining high standards of safety. This qualitative assessment allows evaluators the flexibility to mark the student’s performance as sub-standard even if they meet all the items on the checklist.

For example:

Before the first image, the student fails to set the exam technique before positioning the patient. When they return to the control panel to make the exposure, they realize the menu is not set to the correct projection. They set the correct menu item, return to check position, or reposition because the patient has moved. Then they make the exposure. Next, they return to the patient to position for the next projection, but have again forgotten to set the technique. They therefore have to reposition again upon returning to control panel to expose.

In the example above, the student may have successfully completed all skills on the competency assessment (full points for the numerical score), and ultimately maintained safety of the patient. However, they have demonstrated a novice level of efficiency and organization due to forgetting to set the technique multiple times. This student would qualitatively be assessed at the “Novice” level, not meeting the required “Advanced Beginner” level to pass the Cp1 assessment. This student would then not receive a pass, and would need a repeat assessment for that body part.

When the student does not pass a competency assessment, this is an important learning opportunity for feedback and improvement. There are no penalties to the student when repeat assessments are needed. However, many repeated attempts should be addressed and analysed for patterns or chronic issues.

During CP1, the rating of Entry-Level is not attainable and the highest level of achievement is Advanced Beginner.

The student and evaluator must both clearly agree on the intention of the level of participation before beginning a procedure (e.g., unassisted vs. competency assessment). All competency assessment attempts must be recorded and kept in the portfolio, including unsuccessful attempts.

CLINICAL PRACTICUM 2 AND 3 PORTFOLIO – ADVANCED BEGINNER

Students entering CP2 will receive a portfolio that is cumulative between CP2 and CP3. Students must complete requirements in this portfolio in sequential order:

Radiography requirements:

- Step 1: Unassisted Case Image Audits (repeated in CP2 and CP3)
- Step 2: Competency Assessments (cumulative between CP2 and CP3)

Special modalities requirements (cumulative between CP2 and CP3):

- Step 1: Case Reviews
- Step 2: Unassisted Cases
- Step 3: Competency Assessments

RADIOGRAPHY UNASSISTED CASE IMAGE AUDITS

Main goal: independently perform positioning and achieve optimal images

These are identical to Case 2s required in CP 1:

- Cases must be performed unassisted (see “Criteria for an Unassisted Case” form found in the pocketbook)
- The student recorded the case as unassisted (U) in the “Daily Log” of this pocketbook, validated with an MRT’s initials
- A Clinical Instructor/Designate audited the images to ensure they are optimal

Acceptability of images is based on the “Criteria for Acceptability” (found in portfolio). Though a full image critique is not required for unassisted case image audits, students must be prepared to answer questions pertaining to image critique or procedural steps to demonstrate consistency in competency.

If the image is sub-optimal, the student must provide a rationale that is accepted by the Clinical Instructor/Designate. Once accepted by the Clinical Instructor/Designate, the case information may be entered in the portfolio. Only specific rationales are accepted.

If the Clinical Instructor/Designate rejects the case for entry into the portfolio, they must ensure the student

understands why and set expectations for next time. This should be recorded in the “rejected cases” section of the portfolio.

In CP2, students may record routine scenarios requiring minimal adaptations at the beginning of term. Students should work towards higher acuity patients as the term progresses. This may depend on the opportunities available at each clinical site.

In CP3, students should aim to record clinical scenarios requiring a higher level of adaptation (such as trauma or non-ambulatory) even at the beginning of term. Students should also aim to record any body part that was not obtained during CP2 – for example, if a wrist was performed without a scaphoid in CP2, a wrist with a scaphoid should be performed in CP3.

RADIOGRAPHY COMPETENCY ASSESSMENTS

Main goal: independently and efficiently manage all aspects of an x-ray exam, including patient care and patient safety, in multiple types of patient care scenarios, resulting in acceptable images

Competency assessments during CP2 and CP3 focus on how students manage and adapt to procedures in various scenarios, many requiring procedure adaptations. Evaluators will use a comprehensive checklist to assess the student’s performance on all aspects of the exam, including safety, professionalism, and efficiency. Successful completion proves that the student would be able to act competently in that particular situation. *It is important to note that successful competencies can be retracted if the student later demonstrates regression in skill for that particular part/scenario. This would necessitate a repeat competency assessment for that particular part/scenario.*

Because radiography competency assessments are cumulative between CP2 and CP3, each assessment is only completed once between the two terms. As such, **students must demonstrate an Entry-to-Practice level** of competence for each assessment. It is recognized that students may achieve the less complex assessments in CP2 (e.g., routine or mobile), while the more complex scenarios may be completed in CP3 (e.g., trauma and multiple parts).

Each body region (upper extremities, lower extremities, spine, chest, etc.) requires successful competencies demonstrated in multiple scenarios (routine, adaptive, mobile, etc.). Each body region should not use the same body part more than twice. For example, a wrist may be used for the routine and adaptive scenario, but may not be used again for another scenario.

Critical criteria on the competency assessment form highlight skills that are essential to the successful and safe completion of an examination. All “critical criteria” must be met to receive a passing score on each assessment.

The competency assessment has been created with the flexibility to assess students quantitatively and qualitatively. For each assessment, students must **achieve the minimum numerical score AND** have a quality of performance rating at the **Entry-to-Practice level**. Sometimes, the numerical checklist may not fully capture the student’s ability to be efficient and organized. This qualitative assessment allows evaluators the flexibility to mark the student’s performance as sub-standard even if they meet all the items on the checklist.

For example:

The student reads the requisition to prepare the room and predict the protocol for a trauma hip exam. The student asks for help to transfer the patient onto the exam table to perform the AP pelvis projection, and then proceeds to return the patient to the stretcher for the x-table hip projection. They must be guided that it would be safer to take the AP Chest projection on the table before moving the patient off the table. When they eventually have the patient back on the stretcher for the x-table hip, the patient is unable to raise the unaffected leg and the student has to be guided again that the next best course of action is to attempt the Clements-Nakayama projection. However, they

are able to complete the Clements-Nakayama projection without assistance.

In the above example, the student may have successfully completed all skills on the competency assessment (full points for the numerical score), and ultimately maintained safety of the patient. However, they have demonstrated an Advanced Beginner level of efficiency and organization due to the need for guidance in concepts in which they have previous knowledge (e.g., positioning for Clements-Nakayama). This student would qualitatively be assessed at the “Advanced Beginner” level, not meeting the required “Entry-Level” rating to pass the assessment. This student would not pass, and would need a repeat assessment for that body part.

When the student does not pass a competency assessment, this is an important learning opportunity for feedback and improvement. There are no penalties to the student when repeat assessments are needed. However, many repeated attempts should be addressed and analysed for patterns or chronic issues.

The student and evaluator must both clearly agree on the intention of the level of participation before beginning a procedure (e.g., unassisted vs. competency assessment). All competency assessment attempts must be recorded and kept in the portfolio, including unsuccessful attempts.

SPECIAL MODALITY CASE REVIEWS

Main goal: independently orally answer questions related to specific special modality procedures

Students must perform verbal case reviews with any MRT for procedures in the Operating Room, Fluoroscopy and CT to demonstrate an understanding of the procedural steps of required procedures. The MRT/CI is not expected to teach the student the procedural steps during the case review – instead the student must have taken learning opportunities (practice, research, etc.) to ensure their understanding before attempting the case review.

Case Reviews can be discussed for cases in which the student’s level of participation was assisted or unassisted. A successful Case Review of a particular exam type must be completed before attempting to perform that exam type unassisted.

Inability to answer case review questions correctly warrants a repeat for that procedure.

SPECIAL MODALITY UNASSISTED CASES

Main goal: independently perform core procedure steps

Special modality cases performed unassisted must meet all criteria on the respective FL, OR or CT “Criteria for an Unassisted Case” form found in the pocketbook. Students may record primarily routine scenarios.

A conversation between the Clinical Instructor/Designate and the student should occur before the special procedures rotation to discuss which FL and OR exams would be the most appropriate to log in the portfolio. Considerations for the most frequently occurring cases in the department should be taken in account.

MRTs may assist students with any steps related to contrast injection during contrast-enhanced CT scans.

If the Clinical Instructor/Designate rejects the case for entry into the portfolio, they must clearly explain the rationale to the student, and set expectations for next time. This should be recorded in the “rejected cases” section of the portfolio.

SPECIAL MODALITY COMPETENCY ASSESSMENTS

Main goal: independently and efficiently manage all aspects of a routine special modality exam, including patient care and patient safety resulting in acceptable images

Because special modality competency assessments are cumulative between CP2 and CP3, each assessment is only completed once between the two terms. As such, **students must demonstrate an Entry-to-Practice level** of competence for each assessment.

A competency assessment of a particular procedure may only be attempted once the case review and unassisted case of that same procedure has already been successfully completed. Students may record primarily routine scenarios.

Critical criteria on the competency assessment form highlight skills that are essential to the successful and safe completion of an examination. All “critical criteria” must be met on each assessment to receive a passing score.

The competency assessment has been created with the flexibility to assess students quantitatively and qualitatively. For each assessment, students must achieve the minimum numerical score **AND** have a quality of performance rating at the **Entry-to-Practice level**. Sometimes, the numerical checklist may not fully capture the student’s ability to be efficient and organized. This qualitative assessment allows evaluators the flexibility to mark the student’s performance as sub-standard even if they meet all the items on the checklist.

The student and evaluator must both clearly agree on the intention of the level of participation before beginning a procedure (e.g., unassisted vs. competency assessment). All competency assessment attempts must be recorded and kept in the portfolio, including unsuccessful attempts.

FORMATIVE EVALUATIONS – ALL LEVELS

Formative evaluations provide ongoing formal feedback to the student on their professionalism, knowledge development and technical skills. This feedback is completed by the Clinical Instructor/Designate and submitted to the Clinical Liaison by the student.

The rating scale found in the portfolio can be referenced for completing the evaluation. Students must maintain a level of at least “Meets Expectations” on each evaluation. If a student is not meeting expectations, the Clinical Instructor/Designate should provide specific examples of why and/or when this occurred and specific actions for improvement.

If a student is consistently not meeting expectations, a discussion between the Clinical Instructor/Designate, CL and student will determine causes. A learning plan may be implemented by the CL, in collaboration with the Clinical Instructor/Designate and student, to set goals for success.

The frequency of formative evaluations changes at each practicum level. Please refer to the Clinical Portfolio for the number of evaluations required at each level.

SECTION 5 ASSOCIATIONS & ACCREDITATION

PROFESSIONAL ASSOCIATIONS

Canadian Association of Medical Radiation Technologists (CAMRT)

1300-180 Elgin Street
Ottawa, Ontario K2P 2K3, Canada
1-613-234-0012 or Toll free 1-800-463-9729
www.camrt.ca

Canadian Association of Medical Radiation Technologists – BC Division (CAMRT-BC)

Provincial Manager: Sarah Erdelyi serdelyi@camrt.ca
1-613-234-0012 ex. 231 or Toll free 1-800-463-9729
www.camrt.ca/bc

OVERVIEW OF THE CAMRT

The CAMRT is the national professional association for MRTs in Canada. The CAMRT-BC is the professional association for MRTs in British Columbia. Together, the CAMRT and CAMRT-BC support members by delivering essential association services, such as advocacy, education and networking, outreach, communications, and more.

BC PROVINCIAL MANAGER

The functions of the CAMRT-BC are supported and guided by the Provincial Manager, who lives and works in BC, and is connected to the CAMRT office through technology and organizational supports. The Provincial Manager collaborates with the MRT educational programs across BC to organize student outreach activities, annual commencement celebrations for new graduates, and more.

STUDENT MEMBERSHIP

Students are encouraged to join the professional association. Student memberships include membership with both the CAMRT and CAMRT-BC associations. Students can register for free at www.camrt.ca and gain many of the benefits of full practice membership, such as access to journals, volunteer opportunities, and more. (Note that students are not covered by CAMRT's Professional Liability Insurance Policy).

STUDENT VOLUNTEER OPPORTUNITY

Students are encouraged to get involved in their future professional community.

CAMRT-BC is seeking student volunteers from each MRT program in BC to become Site Ambassadors. Site Ambassadors receive communications from the Provincial Manager and more, which can then be shared with hospital staff and peers while attending clinical. <https://www.camrt.ca/bc/about-camrt-bc/site-ambassadors/>.

CAMRT COMPETENCY PROFILE AND CERTIFICATION

Certification with CAMRT requires that students are clinically competent and have successfully written the certification examination.

As the certifying body, CAMRT develops the National Competency Profile for Entry-Level Medical Radiation Technologists (MRTs) in Canada. The profile describes the practice requirements of MRTs at entry-to-practice, to provide safe, effective, compassionate and ethical patient care in a variety of work environments.

The competency profile establishes a standard for entry to the profession, and a foundation upon which to build additional competencies, efficiency and higher levels of practice. The primary uses are to:

- Develop a blueprint for the CAMRT certification examinations
- Provide a guide for the curriculum of accredited education programs
- Provide a standard for the accreditation of education programs.
- Additionally, students may use the profile as a tool to help benchmark and reflect on their learning progress.

Access the Competency Profile and accompanying discipline-specific companion document here:

<https://www.camrt.ca/certification-4/current-competency-profiles/>.

ELIGIBILITY FOR EXAMINATION

To be eligible to write the CAMRT certification examination, candidates must:

- Complete an accredited medical radiation technology (MRT) program in one of the four exam disciplines.
- Have graduated from the accredited program within the last 5 years, verified by the program.

EXAM DATES AND APPLICATION

All certification exam information is available through the CAMRT website: <https://www.camrt.ca/certification-4/>

The certification examinations are written in January, May, and September. Dates of exams are posted on the website well in advance.

EXAM PREPARATION

The CAMRT Exam Preparation Guide addresses both the certification process and the content of the exam. Candidates are advised to review the guide thoroughly.

<https://www.camrt.ca/certification-4/graduates-of-canadian-accredited-programs/exam-preparation-resources/exam-preparation-guide/>

Questions about the CAMRT certification examination should be directed to: certification@camrt.ca

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This manual has been written by Camosun College Medical Radiography Program Leader Hong Gerow, RTR, CTIC(R), PID.

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In addition, we'd like to thank Shannon Salsman, RTR, supervisor and Clinical Instructor at Nanaimo Regional General Hospital for her contributions.

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