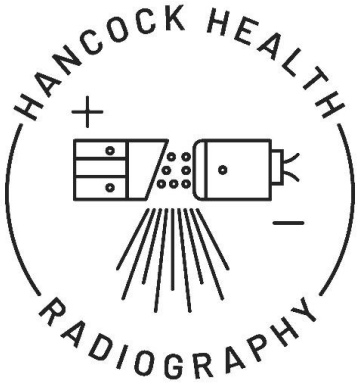
Hancock Health™

School of Radiologic Technology

Student Handbook



Effective July 2025

Table of Contents

INTRODUCTION

Welcome to the Hancock Health School of Radiologic Technology!

Hancock Health and its affiliates—Community Hospital Anderson, Community Hospital East, and Major Hospital—would like to extend to you a warm welcome to the School of Radiologic Technology. We trust your time here with us will provide you the knowledge and skills required to perform competently in your chosen profession of Radiologic Technology.

School of Radiologic Technology

The Hancock Health School of Radiologic Technology is a fully accredited, 23-month hospital-based program. The school is accredited by the:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
Website: www.jrcert.org
Email: mail@jrcert.org

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is the only organization recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry.

Accreditation Status

The program was awarded an 8-year accreditation in 2025.

A copy of the accreditation award can be found on the School of Radiologic Technology's website, as well as the JRCERT website.

- https://www.hancockhealth.org/about/careers/radiology-school/
- https://www.jrcert.org/programs/hancock-health-hancock-regional-hospital/

The program consists of both didactic and clinical components. Didactic instruction is provided through classroom delivery of a structured curriculum directly related to the field of Radiologic Technology following the recommendations of the American Society of Radiologic Technologists. Classes are conducted by program faculty, as well as various guest speakers, such as nurses, respiratory therapists, and other hospital staff who are experts in their field. Clinical education

provides students rotation through all areas of the radiology department, teaching students to perform radiographic examinations under the supervision of clinical instructors, who are registered technologists.

Hancock Health and its affiliates—Community Hospital Anderson, Community Hospital East, and Major Hospital— are each accredited by either The Joint Commission (TJC), Accreditation Commission for Health Care, Inc. (ACHC), and/or the Indiana State Department of Health (ISDH).

After successful completion of the program, the student is able to receive an Associate of Applied Science (AAS) in Medical Imaging through Ivy Tech Community College and is eligible to take the national certification examination provided by the:

American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048
Website: www.arrt.org

Upon successful completion of this examination, the student is then credentialed as a Radiologic Technologist in Radiography, R.T.(R)(ARRT).

Radiologic Technology

The Radiologic Technologist, also called a Radiographer, is a skilled technical assistant to the Radiologist. A Radiologist is a physician who specializes in the use of x-rays for diagnosing in the treatment of injuries and disease.

A Radiologic Technologist is qualified to work in any type of hospital, doctor's office, medical or chiropractic clinic, industrial or military installation anywhere in the United States and many foreign countries. As a skilled Radiologic Technologist, you will assist the Radiologist in making a diagnosis through the performance of many different types of examinations.

Your education will include instruction in x-ray equipment operation, selection of correct technical factors, patient positioning patient and analyzing the resultant image. You will also learn to be responsible for the mental and physical comfort of the patient while in your care, as well as being responsible for the adequate radiation protection for patients, colleagues, and yourself.

Professional Society Membership

Students are required to conduct themselves in a manner deemed appropriate to represent the profession. A part of that commitment is reflected in student awareness and involvement with the state and national professional societies representing radiography. Membership to the American Society of Radiologic Technologists (ASRT) is a requirement for every student. The society

encourages participation by heavily discounting membership dues for students. Application is made through the school so student status can be confirmed. More information can be found on their website: www.asrt.org.

Additionally, students are encouraged to join the ASRT Indiana Affiliate—Indiana Society of Radiologic Technologists. Student memberships are priced lower to promote membership. More information can be found on their website: www.isort.org.

MISSION, VISION, and GOALS

Hancock Health Mission

Hancock Health's mission is to be a Caring Community Partner by healing, improving health and well-being, alleviating suffering, and delivering acts of kindness one person at a time.

Mission

The school's mission is to produce caring, compassionate, and competent graduates who demonstrate the cognitive, affective, and psychomotor skills needed to advance the wellness of patients in partnership with all health care providers.

Vision

The school's vision is to instill PRIDE in our students through quality instruction and by example.

Professionalism **R**esponsibility **I**ndependence **D**iligence **E**xcellence

Goals and Student Learning Outcomes

The program will produce graduates according to the following goals and student learning outcomes:

1. Utilize effective communication skills
    - Students will demonstrate essential verbal communication skills
    - Students will demonstrate effective nonverbal communication skills
2. Demonstrate clinical competence
    - Students will employ appropriate radiation protection
    - Students will utilize radiographic markers appropriately
3. Employ critical thinking skills
    - Students will modify examinations based on patient abilities
    - Students will evaluate image quality

Program Effectiveness

For general information on program effectiveness data, students are encouraged to visit the JRCERT website: https://www.jrcert.org/program-effectiveness-data/.

For more information on our program effectiveness, please visit: https://www.jrcert.org/programs/hancock-health-hancock-regional-hospital

ADMISSIONS

Admission Requirements

Applicants accepted to this program must fulfill the following requirements:

1. Applicant must be 18 years of age by July 1 in the year of matriculation
2. Complete the prerequisite courses with a minimum grade of "C"
3. Have no violations of ARRT, State, or Federal laws or codes
   OR be declared registry eligible by the ARRT at the time of application
4. Successfully complete Pre-Program Occupational Health requirements
5. Successfully meet all Technical Performance Standards for the duration of the program
6. Provide proof of health insurance
7. For completion of program the student must either:
   a. Enter the program with a degree from an accredited secondary educational institution
   b. Be eligible for graduation upon completion of the program as required by Ivy Tech Community College

Admission Process

1. Fulfill all application requirements as indicated on the program website and application materials.
2. Applicants who successfully complete the application and meet the application requirements will receive an informational letter from the program director that identifies the next steps in the acceptance process:
   a. Complete clinical observation(s) as required.
   b. Attend the Information Session.
   c. Participate in the Applicant Interview process conducted by the Advisory Board:
      i. During the interview applicants are evaluated on academic achievement (GPA, A&P, College Algebra), written and oral communication, character qualities, and previous healthcare experience.

ii. Applicants will be placed in rank order by average interview score and, within the one week, will be offered a position in the program, offered an alternate status, or may not be accepted to the program.
iii. Number of applicants accepted is determined by number of clinical positions available and may vary by cohort.

Advisory Board

The advisory board is a multi-disciplinary team, including members in radiology, hospital administration, and local high-school guidance counselors that assist the program in the following ways:

1. Assist in the determination of student capacity initially and at periodic intervals.
2. Assist in disciplinary/dismissal actions.
3. Assist in the initial technical input to curriculum content and reevaluation at periodic intervals.
4. Assist in the initial formation of the program's goals and mission statement and reevaluation at periodic intervals.
5. Assist in the determination of graduation requirements.
6. Assist in the evaluation of the performance of graduates and enrolled students.
7. Assist in the determination of admission criteria.
8. Assist in the recruitment of students.
9. Assist in student selection.
10. Assist in the placement of graduates.

Members

Taylor Jones, MHA, R.T. (R)(MR)(CT)	Program Director *School of Radiologic Technology*
Ashley Combs, R.T. (R)(CT)	Clinical Instructor *Major Health Partners*
Christina Herwehe, R.T. (R)	Clinical Instructor *Community Hospital East*
Caitlin Moorman, R.T. (R)	Clinical Instructor *Community Hospital Anderson*
Nicole Roland, R.T. (R)	Clinical Instructor *Hancock Health*
Tom Jessie, MBA, CNMT, R.T. (N)(CT)	Director of Imaging Services *Community Hospital East*

Amber Kuhn, R.T. (R)(CT)	Director of Imaging Services *Major Health Partners*
Jeff Lawson, R.T. (R)	Director of Imaging Services *Community Hospital Anderson*
Lisa Wood, R.T. (R)(MR)(CT)(QM), CRA	Executive Director, Diagnostics and Therapeutics *Hancock Health*
Alison Fischer, R.T. (R)(CT)	Radiology Team Leader *Major Health Partners*
Aaron O'Connor	Imaging Supervisor *Hancock Health*
Tammy Strunk	CNO, VP: Quality, Risk, Regulatory *Hancock Health*
Kacie Grimm	Director of Counseling *Mount Vernon High School*
Sarah Knecht	Guidance Counselor *Greenfield Central High School*
Jenn Lightcap	Director of Guidance *Eastern Hancock High School*

PROGRAM STANDARDS

ASRT Scope of Practice

The practice of radiography is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A radiographer performs a full scope of radiographic and fluoroscopic procedures and acquires and analyzes data needed for diagnosis at the request of and for interpretation by a licensed practitioner. Radiographers independently perform or assist the licensed practitioner in the completion of radiographic and fluoroscopic procedures. Radiographers prepare, administer and document activities related to medications and radiation exposure in accordance with federal and state laws, regulations or lawful institutional policy.

Only medical imaging and radiation therapy professionals who have completed the appropriate education and obtained certification(s) as outlined in these standards should perform radiographic and fluoroscopic procedures. Radiographers prepare for their roles on the interdisciplinary team by meeting examination eligibility criteria as determined by the ARRT. Those who have passed the ARRT radiography examination use the credential R.T.(R).

Scopes of practice delineate the parameters of practice and identify the boundaries for practice. A comprehensive procedure list for the medical imaging and radiation therapy professional is impractical because clinical activities vary by the practice needs and expertise of the individual. As medical imaging and radiation therapy professionals gain more experience, knowledge and clinical competence, the clinical activities may evolve.

The scope of practice of the medical imaging and radiation therapy professional includes:

- Administering medications enterally, parenterally, through new or existing vascular or through other routes as prescribed by a licensed practitioner.*†
- Administering medications with an infusion pump or power injector as prescribed by a licensed practitioner.*†
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Applying principles of patient safety during all aspects of patient care.
- Assisting in maintaining medical records while respecting confidentiality and established policy.
- Corroborating a patient's clinical history with the procedure and ensuring information is documented and available for use by a licensed practitioner.
- Educating and monitoring students and other health care providers.*
- Evaluating images for proper positioning and determining if additional images will improve the procedure or treatment outcome.
- Evaluating images for technical quality and ensuring proper identification is recorded.
- Identifying and responding to emergency situations.
- Identifying, calculating, compounding, preparing and/or administering medications as prescribed by a licensed practitioner.*†
- Performing ongoing quality assurance activities.
- Performing venipuncture as prescribed by a licensed practitioner.*†
- Postprocessing data.
- Preparing patients for procedures.
- Providing education.
- Providing input for equipment and software purchase and supply decisions when appropriate or requested.
- Providing optimal patient care.

- Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record.
- Selecting the appropriate protocol and optimizing technical factors while maximizing patient safety.
- Starting, maintaining and/or removing intravenous access as prescribed by a licensed practitioner.*†
- Verifying archival storage of data.
- Verifying informed consent for applicable procedures.*
- Assisting the licensed practitioner with fluoroscopic and specialized radiologic procedures.
- Performing diagnostic radiographic and noninterpretive fluoroscopic procedures as prescribed by a licensed practitioner.

* Excludes limited x-ray machine operator † Excludes medical dosimetry

The ASRT Radiography Scope of Practice and Practice Standards can be found at https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online.

ARRT Code of Ethics

Students are required to present themselves in a professional manner adhering to the American Registry of Radiologic Technologists Code of Ethics:

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the

patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

The ARRT Standards of Ethics, including the Code of Ethics can be found at https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/ethics/ethics-requirements.

Technical Performance Standards

Professional competence requires that student radiographers apply knowledge of anatomy, physiology, imaging systems and radiographic exposure factors in the performance of their duties. They are required to manipulate mobile, portable and stationary radiographic equipment in the production of diagnostic images as well as transport patients through various areas of the hospital. It is essential that the student radiographer has the skills to communicate effectively with patients, families of patients, other health care professionals, and the general public. Additional duties include image processing, image and equipment evaluation, patient education and care, radiation protection, critical thinking, and venipuncture. The student radiographer displays personal attributes of compassion, competency and concern in meeting the special needs of the patient. *Therefore, students who expect to enter or continue in the radiologic technology program must display the following cognitive and physical skills:*

COGNITIVE DEMANDS

1. **READING:** Must be able to read English, including medical terminology. This relates to exam questions, equipment Controls, medical reports, drug labels, patient charts, journals and

medical texts. SPEAKING: Must have proficient English-speaking skills in audible tones. This relates to communicating with patients during exams, telephone communication, communicating with other health professionals, etc.

2. **WRITING:** Must have legible English writing skills. This relates to exam questions, patient histories, test-taking skills, etc.
3. **CRITICAL THINKING:** Must be able to modify radiographic equipment, procedures and patient positioning to meet patient needs. React quickly and rationally in chaotic or emergency situations. Solve problems in a variety of situations where only limited standardization exists.
4. **REASONING:** Must be able to correctly interpret a variety of instructions furnished in written, oral and diagrammatic form.
5. **MATHEMATICS:** Must have a working knowledge of algebra and geometry to calculate variables and formulas, ratios, proportions, percentages and square roots. Understand planes and angles and their properties.

PHYSICAL DEMANDS

1. **STANDING:** Standing unassisted is required 95-100% of the time throughout the assigned clinical hours. This is an essential demand.
2. **WALKING:** Walking is required 90-100% of the time throughout the assigned clinical hours. This is an essential demand.
3. **CLIMBING:** Climbing stairs is often required.
4. **PUSHING/PULLING:** Pushing and pulling an average of 200 pounds is required when transferring patients to and from the radiographic table. Moving radiographic equipment and transporting patients may require significant physical exertion. This is an essential demand.
5. **LIFTING:** Lifting 25 to 50 pounds frequently. Lifting over 50 pounds is common. Must be able to safely assist patient to and from the radiographic table, wheelchair, or cart. This is an essential demand.
6. **BENDING/CROUCHING:** Bending, crouching, stooping, kneeling is a requirement in certain exam situations. This is an essential demand.
7. **FINE MOTOR SKILLS:** Manipulate knobs, buttons, switches and keyboards. Must be able to manipulate small medical devices, don surgical gloves, insert IV catheter, etc. This is an essential demand.
8. **HEARING (WITH/WITHOUT CORRECTION):** Distinguish sounds over background noise. Must be able to respond to low sounding alarms, codes, and verbal expressions from patient and physician. Hear muffled sounds in surgery or behind an x-ray control booth, as well as auscultate BP. This is an essential demand.

9. **VISION (WITH/WITHOUT CORRECTION):** Ability to see fine lines and distinguish gradual changes in blacks, greys, whites, of images. Perform procedures in dim lighting, read monitors, and written material. This is an essential demand.

PHYSICAL EXPOSURE

Student radiographers are classified as OSHA Category 1: required to perform tasks that may result in occupational exposure on a regular basis. *The role of a student radiographer requires exposure to the following:*

1. DISEASE: Disease exposure will occur on a daily basis while in clinical education. It involves caring for patients with known and unknown risk factors and potential infections or harmful diseases.

2. PPE: Due to potential exposure to various diseases, radiography students must be able to wear all types of PPE for various lengths of time throughout the work period.

3. HANDLING REPULSIVE TASKS: Radiography students are frequently involved with handling and disposing of bodily fluids and secretions such as blood, feces, urine, vomit, and the general cleaning and maintenance of an incontinent patient.

4. RADIATION: Exposure to ionizing radiation and radiation producing machines on a daily basis.

5. WORKING IN CONFINED PLACES: Must be able to work in small rooms and areas daily. Duration can vary from one minute to more than an hour.

6. NOISE: Must be able to work around constant low humming noises.

This program reserves the right to require the applicant or student to physically demonstrate any of the above skills at any time. In the event a student is unable to meet the technical standards as described above, they will not be accepted into the program or will be released from the program.

ATTENDANCE

All students must complete the full 23 months of training to be eligible for graduation and to sit for the National Registry Examination. Attendance is one of the most important and most stressed aspects of the entire program. Schedules are posted and made out in advance. Any changes in the schedule must be approved by the Program Director. The student's scheduled didactic and clinical time does not typically exceed 37.5 hours per week and never exceeds 40 hours per week. The week runs from Sunday morning at 12:00 am to Saturday night at 11:59 pm. Students are expected to be

in their assigned rotations on time. Failure to do so will be reflected on the performance evaluation and deduction of "plus time". 6 occurrences in any rolling 6-month period is considered excessive absenteeism; therefore, the demerit policy and disciplinary action will take place. An occurrence is defined as one day or consecutive days with the same illness or injury. Reason for all absences must be documented in detail on the student time log. Students are expected to be on time and in class. Any personal appointments should be made outside of class time. Class absences and tardies count towards the program limits.

Plus Time

Plus time will be earned every two weeks at a rate of .02 times the number of attended clinical hours. Additional plus time may be earned if the student is performing appointed duties in the radiology department past the assigned hours. To receive this type of plus time, the student must have stayed 12 or more minutes past the end of the assignment and the supervising technologist must document the occurrence. Plus time may also be granted for other school-related functions as determined by the Program Director. Plus time is cumulative. It may be used for time off for personal business or for make-up time (except in cases of suspension). Plus time may be used if a student's children are ill. If the student has not accumulated plus time it will not be granted, however, emergencies will be evaluated on an individual basis and negative time will be made up. Plus time will not be given for clocking in early unless a prior arrangement has been made with the Program faculty. Only the Program faculty or a designated technologist may grant the use of plus time. Students are not permitted to use more than 2 consecutive days of plus time. 7.5 hours of plus time may be used in conjunction with 5 days of vacation time but cannot be substituted for vacation time. Use of plus time may not be allowed while in areas of limited rotations; requested plus time that falls during weekend rotations should be limited to one occurrence and may not be granted if requested more frequently. Time off will not be granted the week of graduation or during Alternate Clinical Site assignments. Taking plus time will not be allowed if a student is on clinical and/or didactic probation unless program faculty determines extenuating circumstances warrant the exception. 24-hour notice must be given when requesting plus time for one entire school day; less than 24-hour notice will result in one occurrence of an absence. Approval of plus time is at the discretion of program faculty, last minute requests may not be granted.

Seminars

The school encourages attendance at seminars and will grant plus time up to 30 hours in 23 months. Students who attend all-day seminars scheduled on assigned clinical days will neither have plus time deducted, nor receive additional plus time; all lectures must be attended to qualify. Students who attend seminars scheduled during non-clinical assignments will receive one hour of plus time for each hour of lecture attended. The student must furnish documentation of attendance from a

seminar official to receive clinical credit/plus time. Travel to and from a meeting or seminar is the sole responsibility of the student.

Tardy

Students are expected to be in their assigned rotations at the scheduled times. Clocking in after the assigned clinic start time, clocking in on the exact assigned start time, clocking in early but reporting to the assigned rotation late, and clocking in late from lunch are all considered a tardy. If the student knows they will be late, the student must notify the Program faculty or the supervising technologist. When arriving in the department, the student must first report to the Clinical Instructor or supervising technologist.

- **Tardy up to 30 minutes**: 30 minutes of plus time deducted from accumulated plus time.
- **Tardy by more than 30 minutes**: the amount of tardy time will be deducted from accumulated plus time.

More than 3 tardies per trimester will be considered as excessive. 1 demerit will be issued for each tardy above 3 at the end of each trimester. Disciplinary action will take place for excessive tardiness. The reason for any tardy must be documented. See Student Time Log.

Weather Related Absence

Two weather days may be given, November through March, if the county in which the student resides, or must travel through, has declared a Level 2 (watch/orange), or Level 3 (warning/red), weather emergency. Students are responsible for determining whether they can travel to/from program functions safely. Time missed outside of the conditions described above or beyond the two days will be taken from plus time or made up. Travel advisories can be found through the Indiana Department of Homeland Security https://www.in.gov/dhs/traveladvisory/.

Mandatory Attendance

There are 3 mandatory, after-hours attendance requirements for all students:

1. New Student Party (held on a weeknight in June)
2. Information Session (held on a Saturday morning in March)
3. Graduation ceremony (held on a weeknight in May)

Student time will be compensated for these activities either through plus time or early release from clinic. Sufficient advanced notice will be given as to the time and date of the function. Failure to attend a mandatory function will result in a 10% reduction in the student's cumulative program average for that trimester.

Sick Time

75 hours (equivalent of 10 school days) will be granted for illness or injury to the student. Plus time OR sick time may be taken for an ill child. Sick time taken over the 75 hours will be made up during the 6th trimester vacation week or after graduation. Sick time cannot be substituted for plus time, vacation time, or as make-up time. A student who calls in sick will be considered sick for the entire day. 6 or more occurrences (an occurrence is defined as 1 day or consecutive days with the same illness/injury) in any rolling 6-month period will be just cause for disciplinary action. Unforeseen medical emergencies and when operating under the Contingency Plan will be handled on an individual basis. Student must document the reason for sick time on the student time log.

Make-Up Time

Time that MUST be made up:

- Absence from Alternate clinical site(s)
- Last assigned day of clinic (see Alternate Clinical Site Policy, p. II. 11).

When a student's attendance falls below the assigned hours per clinical period, make-up time will be necessary. The following options are available:

- Deduct make-up time from plus time (excludes absence from Alternate Site or last day of clinic)
- Deduct make-up time from vacation time (excludes absence from Alternate Site or last day of clinic)
- Make up time during the 6th trimester vacation week
- Make up time after graduation

Program faculty has the flexibility to choose the appropriate action.

Reporting Illness, Injury, or Family Emergency

The student must notify the Program Director, Clinical Instructor, or supervising technologist each day of the absence. Due to the variation in work patterns, each Clinical Instructor will handle student notification of illness differently; the student is responsible for following the proper site-specific procedure when giving notification. Failure to do so will result in disciplinary action and a reduction of plus time for that day. A minimum of one-half hour notification is required prior to the scheduled assignment. The student is required to state the specific reason for the absence. In the case of illness, the symptoms must be stated if the diagnosis is unknown. Upon return to clinic, the student must document the reason for the absence on the student time log. Any student who is absent for more than 3 consecutive days due to illness or injury must have a signed physician's statement indicating the student may return to normal school activities. False reporting of illness,

injury, family emergency, or any other reason for absence is grounds for immediate dismissal from the program. See Student Illness.

Prolonged Illness

A student, who is on academic probation at the time of an illness in which 7 or more scheduled educational days are missed within a two-week period, will be dismissed from the program. The student may reapply to the program for a subsequent cohort with no guarantee of acceptance.

Unscheduled Absence or Occurrence

An unscheduled absence/occurrence without the school being notified 30 minutes prior to the assigned time will be just cause for disciplinary action. An occurrence is defined as 1 day or consecutive days with the same illness, injury, etc. An absence of 3 consecutive days without notification is grounds for dismissal from the program; however, compelling and mitigating reasons that could justify the absence without prior notification will be investigated.

Funeral Leave

5 days off are granted for the death of an immediate family member. Immediate family members are the following: spouse, child, parent, sibling, grandchild, legal guardian, or legal dependent. 3 days off are granted for the death of a grandparent, mother-in-law, father-in-law, aunt, uncle, niece, or nephew. 1 day will be granted for the death of other in-law or step family member. Plus time may be used if additional time off is needed. Proof for the bereavement request will be required. See Handbook Appendices for Funeral Leave Request form.

Leave of Absence (LOA)

Military Leave

Only a student called for active military duty will be granted a leave of military absence. Students must provide advance notice of military activation unless advance notice is impossible. Proof of service must be provided to the Program Director upon return. Make up time and progression through the program will be considered on an individual basis in conjunction with the Advisory Board.

Medical Leave

A student in good academic standing may be granted a medical LOA if they are unable to fulfill the requirements associated with didactic and/or clinical education due to illness, injury, and/or recuperation. LOAs must be approved by the program director and the program reserves the right to grant or deny a LOA in recognition that course work is offered only once per year.

The student must provide a physician's written statement to the program director indicating the beginning date of the leave and projected ending date. The student will be dismissed from the program if the medical leave extends for more than 14 weeks. If a student wishes to return to the program, they will be required to reapply for the next cohort with no guarantee of acceptance. Student placement at the original clinical site is not guaranteed. If applicable, tuition payment will be determined on an individual basis. Should any leave extend between 7 and 14 weeks, the program will require the student to undergo a reassessment period to determine the level of retained didactic information and clinical skills; this may result in repeating courses and/or verifying clinical competence. A LOA does not relieve the student of graduation requirements. Completion of these requirements will likely extend beyond the original date of graduation.

Academic Calendar

Students begin the program the first Monday following July 4 of each year. Students attend class at Hancock Health one day per week and spend the four remaining days of the week at their clinical education site. Clinical hours include weekdays, weekends, and evening hours. Students typically accrue approximately 2700 hours of clinical experience during the entire program. During their second year, students will be required to spend at least two days at the program's other clinical education sites to which they are not assigned. The program runs for 23 consecutive months. Graduation date may vary slightly from year to year; students typically graduate before the end of May.

Students are given Labor Day, Thanksgiving, Christmas, New Year's Day, Memorial Day and July 4th as holiday days off. One day during the week will be given as a vacation day when the holiday lands on a weekend. Students are also given five days of vacation to use during the Christmas/New Year holidays. The dates need to be scheduled in advance with the clinical instructor. The available dates are published each year in the student calendar. Additionally, junior students are given five days of vacation to be taken at any time during the months of June through August. These dates need to be scheduled with the clinical instructor in advance. Senior students are given 5 days of vacation after the last scheduled clinic day and prior to the week of graduation unless time must be made up.

Students accrue personal time off which must be scheduled with the clinical instructor. See Plus Time Policy for additional details.

- Trimester 1: July-November
- Trimester 2: November-March
- Trimester 3: March- July
- Trimester 4: July- October
- Trimester 5: October-January
- Trimester 6: January-May

In the first-year students will rotate through a total of 51 clinical weeks.

In the second-year students will rotate through a total of 43 clinical weeks.

The Academic Calendar may need revision in the case of a catastrophic event. See Contingency Plan.

Vacation

Students receive 10 days of vacation per year. Vacation days cannot be taken in increments of less than 1 day. Vacation days will be scheduled at least 7 days in advance with the clinical instructor. When operating under the Contingency Plan, this policy may require modification.

- All Students: 5 vacation days may be chosen from the available dates published each year in the didactic calendar over the Holiday Season. Vacation days not used will be lost.
- Junior students: 5 days of vacation may be taken between June 1 and the first regular day of didactic class in September.
- Senior students: 5 days of vacation are given between the last scheduled clinic week and the week of graduation provided the student does not have time to make up.
    - If a student has accrued negative sick/ plus time throughout the program it will be necessary for the student to make up the time deficit during these 5 vacation days; the remaining time will be used as vacation. Suspension time will not be made up until after graduation.

Holidays

The school observes six holidays: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas. When the holiday falls on a weekend, the students will be given off either the Friday prior to the holiday or the Monday after the holiday. Vacation and plus time are not used for a holiday.

Jury Duty and Subpoenas

Up to 15 hours will be granted for a student who is called for jury duty or receives a subpoena. Cases requiring additional time will be handled on an individual basis.

Trading Hours/Days Off

Permission to trade hours/days off must be obtained from the Program Director or Clinical Instructor to ensure the trade remains within the Standards.

Clocking In/Out

Students are required to have documentation of didactic and clinic time. Students should not clock in or out for anyone but themselves; to do so will result in disciplinary action. Any falsification of time, including reporting false illness or reason for tardy, is grounds for immediate dismissal from the program. Students are expected to be in their assigned clinical/didactic rotation on time or plus time will be deducted. Students must clock in at the assigned computer for each clinical site. Failure to clock in at the assigned computer will result in a tardy. Failure to clock in or out will result in ½ hour of plus time being deducted. This includes lunch breaks if leaving the hospital campus. Unauthorized early clock out will also result in a ½ hour deduction from plus time. Time is figured in tenths of an hour (.1 = 6 minutes). Every 6 minutes will either add or subtract from the student's plus time. To receive plus time for time over the assigned hours, the student must have stayed a minimum of 12 minutes past the end of the clinical assignment and be verified by the supervising technologist's signature on the Student Log. Students who intentionally prolong clocking out to gain plus time will be disciplined.

Withdrawal Policy

A student must submit a letter of voluntary withdrawal to the Program Director. The student is responsible for returning lead markers, ID badges, radiation badge, loaned books and any other program owned materials. If no letter is submitted, or program items are not returned, the Program Director will not finalize the student's records and will not authorize the release of any files. A $200 fee will be assessed for program owned items not returned upon withdrawal. The Program Director reserves the right to a two-week period after letter submittal to complete finalization of records.

GENERAL POLICIES

Student Records Policy

All student records belong solely to the School of Radiologic Technology and are kept in a locked file cabinet in the Program Director's or Clinical Instructor's office. Student may at any time request to see their personal file. The Program Director or Clinical Instructor will retrieve the student's file at the earliest convenience for review. The student will review his/her file only in the presence of the Program Director or Clinical Instructor and may never be taken out of the office. The school will permanently maintain a file with:

- Verification of the graduate's clinical competency requirements
- Completion of graduation requirements

- Submitted transcripts
- Final program transcript
- Original program application
- Criminal history check
- Health/immunization record
- Student permit
- Authorization to release information documents.

Occupational Health Services of Hancock Health will maintain health records. Radiation reports will be maintained by the student's home clinical site as well as the program. Release of personal information to potential employers or any other institution requires a written request from the student or graduate.

Electronics Policy

Telephones and computers in the radiology department are for hospital or patient care use ONLY. Except in emergency situations, all personal business should be taken care on the student's personal time, such as during the lunch/dinner break. Use of cell phones or any other personal electronic device capable of access to internet, phone, or email, in any manner, should not be used if their use detracts from clinical and/or didactic education. Personal laptop computers are NOT allowed in the technologist area or patient care area; personal laptops may be accessed by a student ONLY during the lunch/dinner period while in clinic. Other electronic devices may only be used in the tech area under extenuating circumstances. Electronic devices may be used for didactic exercises only with faculty permission. See Merit and Demerit Policy

Loitering Policy

Students who do not have a didactic or clinical assignment are not to be in the radiology department visiting with staff or other students. If a student needs to perform a homework assignment, permission must be obtained from the Program Director or Clinical Instructor.

Social Media and Communications Policy

Clinical experiences with patients must never be discussed on any social media site or personal electronic device. Patient information is only to be discussed with faculty and/or health care providers for educational purposes and/or who have a need to know due to a role in the patient's care. Radiographic images and exam results may be discussed in a confidential manner as a part of the educational process by students and faculty only. At no time should personal electronic devices contain ANY patient information, including images.

HIPAA Policy

Students are introduced to the concepts and guidelines of HIPAA in Intro to Radiologic Sciences and Healthcare and are provided with access to the HIPAA policy at their clinical site. Students are responsible for understanding and complying with HIPAA.

Employment/Outside Courses Policy

Employment and/or enrolling in an outside educational course is permitted as long as the school schedule takes priority. The school will not alter schedules to accommodate outside work or outside educational course schedules. Students are expected to regard their training as top priority and are expected to be present and on time for scheduled assignments.

Substance Abuse Policy

All students accepted to the program will undergo testing for use of illegal drugs and controlled substances, through Occupational Health, prior to the first day of school. Results of the drug screen are shared with the student's assigned clinical instructor. Students who refuse to complete the drug screen or who test positive for illegal substances or who are presently abusing drugs will not be knowingly enrolled. The school maintains an environment free of illicit drugs and illegal use of alcohol. The school prohibits the illegal manufacture, possession, use and/or distribution of drugs and alcohol by students on the premises of any clinical site or as part of a school activity. Reasonable suspicion of drug/alcohol use during a student's clinical or classroom time may require that the student submit to drug/alcohol testing. Student refusal to submit to drug/alcohol testing upon reasonable suspicion may subject the student to dismissal. Positive drug/alcohol test results will result in dismissal from the program for an enrolled student; however, the student has the right to initiate the school's appeals mechanism.

Students under suspicion of impairment should never be allowed to drive; the program director will be contacted to arrange for transportation to the student's place of residence. In situations that require investigation by program faculty the student may be suspended until the investigation is complete.

Students arrested or convicted of a drug or alcohol offense while enrolled in the program must notify the Program Director within 5 days after the arrest or conviction. Consultation with the Advisory Board and/or ARRT will take place prior to action from the program.

Smoking Policy

All clinical education sites are non-smoking facilities. Smoking is not permitted in the hospitals or in any hospital owned or operated building or event.

Parking Policy

Parking is provided free of charge at all clinical education sites. Students will park only in the designated areas of each clinical education site. The clinical instructor and/or program director will indicate location of designated parking during orientation.

School Offices and Computers Policy

Students are not allowed access to the school office or classroom without the permission of the Program Director or Clinical Instructor. Violation of this policy will result in immediate dismissal from the school. Computer use for personal reasons must be approved and coordinated with a school official. Students may use the classroom computer with permission of program faculty.

Personal Belongings Policy

Students are responsible for their own personal belongings. Neither the school nor hospital will be held responsible for lost or stolen articles. A secure area will be provided for storage of personal items.

Lunch Break Policy

Students may not leave for lunch or dinner until instructed to do so by the Clinical Instructor or supervising technologist. Meal breaks are 45 minutes. Students are expected to return to their assigned area on time. Students must clock out and in if leaving the hospital campus for meals.

Visitor Policy

Visitors are not permitted in the radiology department. In all cases, the visitor should wait in the reception area. All visitations will be kept to a minimum.

Volunteering Policy

Volunteering within the community and/or at the clinical site is highly encouraged. Students may be given opportunities to volunteer throughout the program. In most cases students will volunteer on their own time; plus time will not be given for volunteer time.

Harassment Policy

All students, staff, patients, and visitors will be treated with dignity, respect, and courtesy. Violence or threats of violence directed toward a student or displayed by a student is prohibited. All forms of discrimination, including harassment, based on race, gender, ethnic background, age, religion, disability, or sexual orientation is prohibited. Potential violations of this policy will be investigated and, if found factual, will result in disciplinary action and/or dismissal from the program.

Harassment: Any improper and unwelcome conduct that a reasonable person would view as offensive. It may include actions, comments, or displays that demean, belittle, or cause personal humiliation or embarrassment, or any act of intimidation or threat.

Sexual Harassment: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that may interfere with effective learning and/or working.

Threats And Violence: Any conduct which causes an individual to fear for personal safety, safety of others, or security of property, including words, conduct, actions, or behaviors. Any student who believes they have been harassed or has received threats of violence will immediately report the incident to the program director, clinical instructor, or other supervisory staff without fear of reprisal. Incidents will be investigated immediately and resolved in conjunction with the Advisory Board, Human Resources, or other entity as necessary.

Nondiscrimination Policy

The program faculty shall not discriminate against any individual of legally protected status, such as: race, color, religion, gender, age, disability, national or ethnic origin, sexual orientation, veteran status, or based on a person's gender identity or expression, or any other characteristic protected by federal, state, or local laws. Recruitment, admissions, and all other operations of the School are conducted in accordance with this in mind. Nondiscrimination is supported institutionally by all clinical sites of the program. Any student who believes they are being discriminated against should bring a written complaint to the attention of the program director or clinical instructor. If the complaint is not satisfactorily resolved at the program level the student should institute the grievance process.

Drug Screening and Criminal Background Check Policy

It is the policy of the American Registry of Radiologic Technologists for all radiographers, and of Hancock Health as sponsor of the radiography program, for all students and employees to be of high moral and ethical character. Therefore, each student that is accepted into the program will have a drug screen and criminal background check. The Occupational Health Department will conduct the drug screening, and the Human Resources Department will conduct the criminal background check. Students will be denied entry into the program if the result of the drug screen is positive. A dilution factor will require retesting at the student's expense; one retest will be allowed. A student may be denied entry with a criminal history due to the program's inability to place that student at a clinical site and/or sit for the ARRT certification exam.

Emergency Preparedness and Campus Safety Policies

Students receive instruction in emergency preparedness and campus safety during orientation at each clinical site. Students are to be familiar with the emergency preparedness and campus safety

policy of their assigned clinical site and know how/where to access the policy. Students will document their understanding of the policies on the orientation objective form. For students who are unable to travel safely to class or clinic due to severe weather See Weather Related Absence for additional information.

Americans With Disabilities Act

The Hancock Health School of Radiologic Technology does not discriminate based on disability as defined by the Americans with Disabilities Act (ADA), or any other applicable law. The School of Radiologic Technology does not request disability information from program applicants. An applicant accepted to the program will be required to undergo a mandatory Hancock Health Occupational visit, in June, prior to the program start date. During that assessment, accepted candidates may voluntarily disclose a disability and request an accommodation for a disability as defined by the ADA. The School of Radiologic Technology, in conjunction with Occupational Health, will determine if the recommended accommodations are reasonable. The program reserves the right to deny a request for accommodation if the request is determined to be unreasonable. The School of Radiologic Technology reserves the right to reassess requests for accommodation as needed in accordance with applicable law. All accepted applicants must meet the Technical Performance Standards for the duration of the program, with or without accommodation. Applicants/students are not required to disclose a disability; however, reasonable accommodations cannot be made for an undisclosed disability

Tuition Policy

First-Year tuition: the $500 deposit—paid upon acceptance to the program—is applied toward the first-year tuition. Due at time of tuition payment is a $15 fee for the Clinical Record Log book.

Tuition not received by the due date will result in denial of acceptance into the program.

First-Year Tuition may be paid in one of the following ways:

- One payment
    - $3015 due on or before June 1st prior to the program start date
- Two payments
    - $2015 is due on or before June 1st prior to the program start date
    - $1000 is due on or before December 1st

Second-Year Tuition may be paid in one of the following ways:

- One payment
    - $3500 due on or before June 30th
- Two payments

- $2000 is due on or before June 1st
- $1500 is due on or before December 1st

Students MUST inform the program director if they intend to pay in two installments. Students receiving financial assistance from WorkOne will work with the program director and WorkOne to determine tuition payment. Tuition not received by the due date(s) will result in an immediate suspension for up to 30 days. When the tuition is received, the student may return to school. Time lost due to the suspension must be made up according to the suspension policy defined under Due Process. If the tuition is not received within the 30 days, the student will be dismissed from the program.

Tuition does not include the cost of textbooks, the fee charged by the ARRT for taking the National Registry Exam, uniform scrubs, or other miscellaneous items.

Financial Aid and Scholarships

Hancock Health School of Radiologic Technology does not participate in the federal financial aid program (FAFSA). Scholarships for enrolled students are provided by and through the Hancock Health Foundation, however, receipt of a scholarship is NOT guaranteed to any student. Students are provided with the scholarship application annually. The typical scholarship award is $1000 per student. The school accepts community-based scholarships; however, the guidelines for a particular scholarship will dictate whether the student/program is eligible to receive the scholarship funds. Some students may be eligible for WorkOne benefits.

Student Activity and Technology Fee

A student activity fee of $200, to cover registry review materials and miscellaneous student related expenses such as field trips, is due by May 31 prior to program entry. A refund will not be issued after completion of the pre-program visit to occupational health. A technology fee of $70 is due by May 31 prior to program entry and is not refundable.

Textbooks

Accepted students will receive information for ordering textbooks from Elsevier prior to the start of the program. Students may purchase the textbooks in print or eBook. Textbook costs through Elsevier for the program are approximately $655 (physical) or $750 (e-book). Students who choose to purchase textbooks on their own, not through Elsevier, are responsible for making sure they order the correct textbook and correct edition.

Tuition Refund Policy

A full tuition refund will be given upon student withdrawal if the first-year tuition is paid prior to the tuition deadline. An 80% refund of the first-year tuition will be granted if the student voluntarily

withdraws from the program prior to the first day of school, is denied entry as a result of the required drug screen, criminal background check, or pre-enrollment physical. Tuition will not be refunded at any other time for withdrawal or dismissal from the program.

Student Health Policy

Applicants to the School of Radiologic Technology who are accepted into the program must provide evidence of a recent physical examination performed by a qualified healthcare provider within 2 months prior to the first day of school. The student must be in good general health and must not have any condition that would interfere with the satisfactory performance of the Technical Performance Standards of the admissions criteria.

Health requirements for students accepted into the school include the following:

- Proof of immunity to Rubella (German measles), Mumps, and Rubeola (measles) by two MMR vaccinations (if born after Dec. 31, 1956) or titer.
- Proof of immunity to Varicella (chicken pox) by vaccination or titer.
- QuantiFERON TB test
    - Occupational Health will administer the test unless the QuantiFERON test has been completed by another health provider within 60 days of the student's Occupational Health visit and the date and results are recorded on the Student Health Statement immunization record by the health provider.
- Evidence of Hepatitis B vaccination, titer, or signed refusal of the vaccination.
- Evidence of Tetanus-diphtheria-pertussis (TDaP) vaccination and booster.
- All immunizations as required by the CDC and/or program clinical sites (COVID, Influenza, etc.) OR approved exemption(s).
- Annual flu vaccines are required for every student. Students will be notified when the vaccines are available. Flu exemptions must be obtained annually or as policy dictates.

Occupational Health Services Appointment

During the dates indicated in the acceptance letter, the student will make an appointment with Occupational Health Services for Hancock Health—PMR (317-866-7350)—to have the above noted tests conducted or be able to show proof the test(s) have been performed within the requirements. Other tests completed at the time of the appointment include drug screen, TB test, and respirator fit testing (fit test dependent on clinical site). If the original urine specimen results in a dilution factor retesting will be done at the student's expense. A 2nd dilution factor will result in denied entry to the program. Occupational Health will offer the Hepatitis B vaccine to the student free of charge, however, any other immunization and/or titer provided by Occupational Health will be done at the student's expense. The student is required to have a health screening performed by a qualified

healthcare provider and submit the completed health form at the time of the Occupational Health visit.

Health Insurance

Students are responsible for providing their own health insurance coverage during the entire training period. Proof of health insurance is required prior to program entrance.

Student Illness

A student with a communicable condition is required to report the condition. Communicable diseases/conditions that are required to be reported are listed in the Hancock Health Infection Prevention Policy IC 8012: Associate Infection Reporting Procedure. Common examples include, but are not limited to, Flu, Strep, Chicken Pox, Herpes, MRSA, Hepatitis, novel respiratory virus, etc. If indicated, the student will be placed on sick leave and will remain on sick leave until the student is no longer capable of transmitting the disease during the normal course of student activities.

If the student becomes ill while scheduled in school, the student is required to notify a person of authority immediately. Should the student require immediate medical attention, the student will be taken to the emergency department. Any expenses incurred are the sole responsibility of the student. It is in the best interest of patient, fellow students, and other employees that an ill student remains at home. Students are granted sick days for this purpose.

A physician's statement to return to school is required for any absence due to illness, of any type, of more than 3 consecutive days.

Students may at any time make an appointment with the Program Director or Clinical Instructor to discuss matters of a personal nature. If the student needs emotional counseling, the student will be referred to the Social Services department of the sponsoring hospital. Should Social Services determine the need for further counseling, the student will be referred to an agency outside the hospital at the student's expense.

Infection Control Policy

Students are classified as Category 1 and shall follow the methods of infection control as described below. Category 1 is a category of tasks that involve exposure to blood, body fluids, and body tissues. Category 1 requires protective equipment.

Students receive instruction in Infection Control Procedures during Introduction to Rad Sciences and Healthcare as well as Patient Care in Rad Sciences and are provided with the Communicable Disease policy of their clinical site, therefore, students are expected to have the required knowledge for minimizing potential exposure of blood, body fluids, and body tissues. If exposed, students will follow the Exposure and Injury Policy.

Students will:

- Wash hands between patients.
- Know the chain of infection.
- Understand the OSHA Blood Borne Pathogens Standard and the location of the Exposure Control Plan at the assigned clinical site.
- Understand the proper disposal of infectious waste.
- Avoid eating in clinical areas.
- Follow the policy(s) in place at the time of a national health emergency.
- Use sterile procedures when applicable and to destroy all used or unsterile administration equipment.
- Dispose glass containers in specially marked boxes.
- Follow the PPE Guidelines at the assigned clinical site.
- Use proper PPE when indicated.
- Recognize the biohazard symbol.
- Know the epidemiology, symptoms, screening, and prevention of the most prevalent communicable diseases.
- Differentiate the three isolation categories: airborne, droplet, contact.
- Follow isolation procedures.
- Avoid coming to school when diagnosed with a communicable disease.
- Never recap used needles and dispose of them in sharps boxes.
- Know the steps to take if a sharps injury or blood exposure occurs.

National Health Emergency

During episodes of a national health emergency, students must remain vigilant of changes in program and clinical polices regarding participation in exams that can potentially affect student health and safety. To assure student safety and timely program completion, the School of Radiologic Technology reserves the right to temporarily, or permanently, modify &/or supersede published Student Handbook polices in these extreme circumstances See Contingency Plan.

Handling of Isolation Patients

Before any attempt is made to obtain radiographic examinations on patients who are in isolation, it is necessary that the clinical diagnosis be known to help in the establishing of the proper procedure to follow. This may be obtained from the Charge Nurse on the floor or the placard on the wall next to the patient's door stating the patient's isolation type and the proper protective procedures.

Radiographic Examination of Isolation Patients

Portable unit procedures should be reviewed before entering the patient's room or the radiographic room should be prepared before the patient arrives. One technologist shall be dressed in the proper protective apparel and perform the positioning while the other technologist will handle the IR and control panel.

Imaging Airborne Isolation Patients Policy

The ability to image all patients, including those with communicable diseases, is a critical component of the education and competency of a student radiographer. It is the policy of the Hancock Health School of Radiologic Technology to allow radiography students to image patients who may have communicable diseases, if the following is strictly observed:

- Students may perform procedures in which the acceptable and required form of PPE is a surgical mask with eye protection, a fitted N95, or PAPR.
- During times of PPE shortages if students have not been fitted for N95 or there is limited availability of PPE for student use, then students may not be able to participate in isolation procedures, including aerosolizing procedures, that require the use of PPE that is in short supply. This includes the following airborne and/or aerosolizing procedures:
    - Any patient requiring Airborne isolation for TB, measles, chicken pox A
    - Any patient with suspected or confirmed COVID that is aerosolizing and requiring Airborne Isolation:
        - Bronchoscopy, High flow oxygen higher than 6L/min (nonrebreather), intubation/extubation, CPR, mechanical/ manual ventilation, nebulizer treatments, autopsy, suction of airway, sputum induction, G-tube placement, flushing stool in toilet, CPAP, or BiPAP.

Vaccination Policy

Applicants to the program who are not or cannot be vaccinated for Flu must apply for an exemption from Hancock Health prior to program acceptance. Applicants with an unapproved exemption may not be accepted to the program (clinical site dependent). Accepted students who receive exemptions may need to re-apply for the exemption(s) annually if hospital policy requires. Students accepted to the program will be required to provide documentation of vaccine status or exemption at the time of the Occupational Health visit in June, prior to program start in July.

Exposure and Injury Policy

Should a student sustain an exposure or injury during clinical education or didactic education, the Hancock Health IC 8012: Management of Exposure to Bood Borne Pathogen or Communicable Disease Policy should be implemented and followed.

Exposure

Definition of exposure includes:

- Parenteral: needlestick or cut
- Mucous membrane: splash to eye or mouth

- Cutaneous exposure when the exposed skin is abrased, chapped, previously injured, or afflicted with dermatitis: involving large amounts and/or prolonged exposure to body fluids
- Mouth-to-mouth resuscitation

Body substances include the following:

- Blood
- TB, Pertussis, or another airborne pathogen
- Peritoneal dialysis fluid
- Cerebrospinal fluid
- Body cavity effusions or transudates
- Excretions (fecal matter, urine, sputum)
- Amniotic fluid
- Secretions (saliva, tears, semen)

Injury

If the student sustains an injury that requires immediate medical attention, the student should go to the Emergency Department at the clinical site where the student is located. If medical treatment is necessary but the injury is not severe or life threatening, the student should go to Hancock Health Occupational Health, at the earliest opportunity. If no medical treatment is warranted or refused, a declination of medical treatment form must be signed by the student. See Exposure and Injury Materials in the Student Handbook APPENDIX.

PMR Occupational Health
156 W. Muskegon Drive
Greenfield, IN 46140
317-866-7350

If injury occurs outside of assigned clinical hours, when not working within established departmental protocols or policies or in a negligent manner, the student will be responsible for medical costs incurred. Only injuries sustained during assigned clinical hours and while following proper protocols/policies will be considered for coverage. Bills for Emergency Department or Occupational Health services should be sent to the attention of Lori Cooley, Safety Coordinator, at Hancock Health.

Radiation Monitoring Policy

Students are provided with a radiation monitoring device or devices that is/are to be worn at all times during clinical assignments and in any energized lab. Some types of devices are collected on a regular schedule, sent for reading, and new dosimeters issued. The occupational radiation exposure records are permanently maintained at each clinical site and in the program director's files. Monthly exposure data is made available to each student within 30 school days following receipt of the data. Students are required to initial and date their dose report monthly. After

graduation, the information will be released to employers with written permission from the graduate.

Students will always observe the following:

- Personnel dosimeters will always be worn when performing activities in the vicinity of ionizing radiation. See policy for Alternate Clinical Education Site.
- If one dosimeter is worn, it must be at collar level outside of the lead apron. If a second dosimeter is worn, it must be at waist level under the lead apron.
- Students must not hold image receptors.
- Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
- All lost, forgotten, or damaged dosimeters must be reported immediately.
- Never leave a dosimeter in the vicinity of a source of radiation.
- Dosimeters should not be subjected to liquids or extreme heat/cold.
- Never launder a dosimeter.
- Dosimeters should never be worn outdoors. Sunlight and outdoor exposure may give false readings.
- Never break the seal on a dosimeter or damage the dosimeter in any manner.
- Never lend a dosimeter to anyone for any reason.
- Never knowingly expose a dosimeter. Doing so is grounds for immediate dismissal.
- Dosimeters must be kept in a designated area in the radiology department. Should a student inadvertently take a dosimeter home and forget to bring the dosimeter to clinic, the student will be sent home to get the dosimeter. The student must clock out when leaving and clock in when returning; the time lost will be made up or taken out of plus time.
- If applicable, dosimeters must be exchanged in a timely manner. Disciplinary action may result if dosimeters are not exchanged as required.
- Dose reports must be signed/initialed as soon as they are made available. Disciplinary action may result if reports are not initialed as required.
- Replacement cost for lost or damaged monitoring devices will be borne by the student.
- Utilization of an energized laboratory must be under the supervision of a qualified radiographer.

Students are required to follow the more specific policies/protocols at their assigned clinical site.

Dose Limit Protocol

Students will be instructed in the ALARA concept and its relationship to work procedures and work conditions. The radiation reports are reviewed regularly by the Radiation Safety Officer (RSO) or designee. The program has established investigational levels for occupational external radiation

doses which, if exceeded by a student, will initiate review or investigation by the RSO or designee. Carelessness in radiation protection will not be tolerated and repeated offenses subject the student to disciplinary actions and/or dismissal from the program.

The adopted investigational levels (mrems) per quarter are as follows:

Level 1

- Whole Body Deep: EDE 100
- Lens of Eye: 350
- Extremity/Skin: 1225

Level 2

- Whole Body Deep: EDE 350
- Lens of Eye: 1100
- Extremity/Skin: 3725

Protocol for Exceeding Dose Limits:

- **Student dose equal to or greater than Investigational Level 1, but less than Investigational Level 2**
  - The Program Director, Clinical Instructor, or designee, will review the dose of the student whose quarterly dose equals or exceeds Investigational Level 1 and will report the results of the review at the first Radiation Safety Committee meeting following the quarter when the dose was recorded. If the dose does not equal or exceed Investigational Level 2, the student will be counseled as to methods of reducing personal radiation dose.
- **Student dose equal to or greater than Investigational Level 2**
  - The Program Director, Clinical Instructor, or designee, will investigate the causes of the excessive dose and will act when warranted. A report of the investigation, actions taken, and a copy of the student's report will be presented at the first Radiation Safety Committee meeting following completion of the investigation.
- **Student dose equal to or greater than the annual total effective dose equivalent of 5 rem**
  - The Program Director will immediately consult with the Radiation Safety Officer and the Radiation Physicist.
  - The NRC central office will be contacted immediately.
  - The Indiana State Department of Health will be contacted immediately.
  - Instructions from NRC/ISDH will be followed and documented.

Energized Laboratory and Equipment Policy

Students practice and simulate radiography examinations and, under the supervision of registered Faculty, conduct exposure experiments in designated imaging lab(s). Students must abide by the following policy when using energized laboratory equipment:

- Students must always adhere to Academic and Student Conduct Policies.
- Equipment must always be operated in a manner consistent with its design.

- Any suspected equipment malfunction should be reported to faculty immediately.
- Visitors are not allowed in the lab without prior approval from a faculty member.
- Students must clean the lab and properly store all equipment and supplies after each use.
- Lab will remain locked when not in use.

If radiography exposures are to be taken:

- Direct supervision by a faculty member is required.
- Dosimeters must be worn by all personnel during exposure labs.

MRI Safety Policy

Students will complete an MRI screening to determine any contraindications for participating in MRI clinical rotations during Introduction to Radiologic Science and Healthcare and again prior to the MRI rotation in the 2nd year. Students receive instruction in MRI safety during Introduction to Radiographic Science and Healthcare and again prior to the MRI rotation during a summer course. The completed screening form will be kept in the student's file for the duration of the program. Students are responsible for informing program faculty of any health-related changes that would prevent participation in MRI clinical rotations.

Pregnancy Policy

The Nuclear Regulatory Commission (NRC) has issued regulations regarding the declared pregnant student in Regulatory Guide 8.13 (https://www.nrc.gov/docs/ml0037/ml003739505.pdf). To be consistent with these regulations, the school gives the student the option of whether to inform program officials of the pregnancy. If the student voluntarily chooses to inform officials of the pregnancy, it must be in writing and indicate the expected date of delivery. According to the NRC, in the absence of this voluntary, written disclosure, the student cannot be considered pregnant. A copy of the Declaration of Pregnancy form can be found in the Handbook Appendix.

If the student chooses to declare a pregnancy, the student has the following two options:

1. Continue the educational program without modification or interruption.
2. Request a leave of absence from the program, in which case the student will be eligible for a medical leave of absence of 14 weeks or less.

Time missed, over and above vacation and plus time, will be made up. The student may also submit a written withdrawal of declaration; in this case the student will no longer be considered pregnant and will no longer require a fetal radiation badge.

If pregnancy is known or suspected, the student is urged to declare the pregnancy to the Program Director so the potential risks can be fully explained and monitored. The student will then acknowledge the information in writing. Upon declaration of pregnancy, the student will be issued

a badge to monitor fetal dose. Should the student choose to continue the program, the student will sign a statement to that effect. A maternity leave of 6 weeks will be granted; however, all missed didactic and clinical requirements must be completed prior to program completion.

A physician's statement is required indicating the student can return to school.

Dress Code Policy

We expect our students to appear professional. Our dress code is strictly adhered to and clinical evaluations will reflect compliance with this dress code. Students should be aware that they may be sent home to correct the situation and that plus time will be deducted.

1. Scrubs are to be worn with hospital ID badge, radiation monitor badge, and lead markers
    a. Scrubs can be any coordinated colors with the exceptions of denim and white.
        i) Community Hospital East and Anderson students MUST wear **pewter gray** scrubs in clinic. No fleece, hooded jackets, or sweatshirts may be worn.
        ii) Major Hospital students MUST wear **black** scrubs in clinic. No fleece jackets may be worn.
        iii) Hancock Health students are NOT allowed to wear **navy blue** scrubs.
    b. Print tops are acceptable (licensed cartoon characters are not allowed) and must coordinate with pants. Print pants are not acceptable.
    c. Scrubs cannot have script of any kind or form (except on special occasions as determined by the clinical site).
    d. Pant cuffs will not be tucked into socks. **Pants cannot drag on the floor.**
    e. Scrub shorts or skorts are not allowed.
    f. T-shirts, polo shirts, crop-tops, tank-tops, sweatshirts or any other tops are not allowed. Plain **white** shirts may be worn under the scrub top with no printing of any kind. Long sleeve **white** tops under scrubs tops are permitted in cold weather and must be all white with no printing of any kind.
    g. Tops and pants will not be clinging, see-through, suggestive, or revealing in nature.
2. Upon approval by the clinical site: lab jackets in solid colors or prints (licensed cartoon characters are not allowed) may be worn and will coordinate with the scrub top and pants; fleece logo jackets may be allowed in lieu of lab/scrub jackets at some clinical sites.
3. Shoes must be professional and discreet with minimal display of neon colors; shoes must be kept neat and clean.
    a. Thongs, flip-flops, sandals, Crocs, etc. are not allowed.
    b. Open heeled or open toe shoes are not allowed.
4. Undergarments are to be worn and are not to show through the scrubs; therefore, prints or dark colors should not be worn under light color scrubs.

5. All clothing must be clean and unwrinkled.
6. Hair and nails must be neat and clean.
    a. Artificial nails are NOT allowed as they harbor germs. Nail polish should be professional and appropriate.
        i) Fingernails must be trimmed back to no longer than ¼" past the nail bed.
    b. Long hair should be pulled back so as not to brush against the face of a patient; headbands are acceptable for this.
        i) Head coverings such as a doo rag, bandana, or hat may not be worn; head coverings for religious reasons are allowed.
        ii) Hair should be of a natural color; dying with trendy colors is not professional and will not be allowed. Colors of this type include, but are not limited to red, blue, green, purple, pink, yellow, etc.
7. Perfume and cologne can enhance nausea in a patient. Fragrances must be used in moderation.
8. Jewelry/body art is permitted in moderation.
    a. Very small hoops and stud jewelry are allowed for safety reasons.
    b. Long dangling necklaces and earrings are not to be worn as they present a danger to student and patient.
    c. Visible tattoos must not be offensive in nature; tattoos that are deemed offensive by school faculty or clinical site must be covered.
9. Personal hygiene must be maintained while working in the clinical setting. Students will be counseled if personal hygiene (body odor, halitosis, etc.) does not meet acceptable standards.
10. Students are allowed to wear special shirts/sweatshirts when the entire department observes special occasions, providing department policy is followed (e.g. Colts, holiday items).
    a. Exception to #10: T-shirts designed and sold by the program may be worn in class and clinic only if approved by the clinical site.

Contingency Plan

To ensure continuity of student learning due to a catastrophic event, the program will implement the following guidelines. The decision to implement the contingency plan will be upon recommendation of the School Advisory Board and/or other communities of interest. The decision to conclude the contingency plan will be determined upon recommendation of the School Advisory Board and/or other communities of interest.

- Didactic Courses

    - Program faculty will utilize a virtual platform for teaching and the continuation of courses (Zoom, Microsoft Teams, etc.).
    - Course tests and resources will be made available on the program's LMS in use at the time of the event (Moodle, Blackboard, etc.).
- Clinical Courses
    - Attendance in clinic will be situational and dependent on policies in place at the clinical sites.
        - All students will be required to follow the most stringent policy in effect at any of the clinical sites for the duration of the event.
            - Ability of students to complete exams on various types of patients may be limited by the event.
            - Efforts will be made to utilize the simulation lab to maintain continuity of learning and review if students are not allowed to attend clinic.
- Physical Resources needed
    - Students access to a computer, internet, email, and must be able to download resources for testing purposes.
    - Required PPE will be supplied by the program and/or the clinical site.
    - HRH pastoral care team availability for student support.
- IT Support
    - Support will be available through the Program Director in conjunction with HH IT Support.
- Communication
- Program Policies
    - Clinical and didactic policies published in the Student Handbook may be temporarily revised, as needed, during the event. However, all ARRT requirements must always be met prior to graduation.
    - Earned plus time
        - Accumulation of plus time may be affected; for example, calculated at a different rate, at the discretion of program faculty.
        - Use of plus time may be determined on an individual basis based on student performance in class and/or clinic.
    - Clinical assessment
        - The event may affect the ability to mock, completion of performance evaluations, the procedure for obtaining an EOC, or any other clinical assessments which will be reflected on the final transcript.
    - Sick time

        - Students will follow the policy at their respective clinical sites during the event, when reporting illness.
        - Illness during the event, due to the event: 5 sick days will be granted only with approved documentation. Any sick days, over 5, will be deducted from the program's 10 allotted sick days.
        - Program faculty reserves the right to make decisions regarding sick time on a case-by-case basis, when needed.
    - Published schedules
        - Published clinical and didactic schedules may require revision. This includes elective and alternate site rotations, graduation date, etc.
    - Vacation days
        - Use of vacation days will be at the discretion of program faculty only for students in good programmatic standing.
        - Students on probation or identified as having difficulty in the program may not receive approval for vacation.
    - Assigned clinic time
        - Assigned hours per week will be dependent on the situation; may be fluid and may vary. Per JRCERT Standards, 10 hours assigned per day will not be exceeded.
- Vaccinations or other medical issues
    - Medical decisions made by the student may affect the ability of the program to assure continued clinical placement.
        - Clinical sites can require students to have specific vaccines (flu, HepB, varicella, COVID, etc.). Declination of a vaccine may jeopardize the ability of the program to place, or keep, the student at a clinical site and, therefore, complete the program.
    - Testing for exposure; return to normal operations.
        - Students will follow policies for exposure testing at their assigned clinical site.
        - The program will follow policies/recommendations instituted by Infection Control when considering returning to normal operations.
- Graduation
    - The date of graduation may be affected and may change due to a catastrophic event.
        - Incomplete ARRT/program requirements will affect each student's ability to graduate on the original published graduation date.

Program Discontinuation Policy

It is the policy of Hancock Health to protect the rights of enrolled students to complete their education should it become necessary to discontinue the radiography program. Hancock Health

and all the clinical education sites will fulfill their obligation to enrolled students by remaining in operation until all students have graduated.

Upon notification of a plan to discontinue the radiologic technology program, the Program Director will:

- Notify all applicants on file of the plan of discontinuation.
- Return all application fees to the applicants on file.

CURRICULUM

Contact Hours Policy

Didactic contact hours are determined by the number of hours the student spends on coursework in the classroom each week. Included in the Procedures I, II, and III course is time spent in the Procedures clinical component. Scheduled contact hours by trimester are listed as follows:

Course	Scheduled Clinical Hours
Clinical Practicum I	450
Clinical Practicum II	540
Clinical Practicum III	520
Clinical Practicum IV	450
Clinical Practicum V	450
Clinical Practicum VI	450
TOTALS:	2,860

Program Articulation

Students who complete a minimum of 22 credit hours (15 from Ivy Tech) from the prerequisite course list may apply to Ivy Tech Community College for graduation. The student will obtain an AAS in Medical Imaging through the Ivy Tech Crosswalk program.

Transfer Policy

Credits

Only credits from accredited colleges or universities are accepted for program prerequisites. Students who enter the program without a degree must take prerequisite courses from Ivy Tech Community College. The program does not accept credit for program core courses and some non-core courses.

Students

Acceptance of transfer students will be evaluated on an individual basis; the program does not accept part-time or advanced placement students.

Maintenance of Learning Resources Policy

Program resources are evaluated annually in May and June. All resources are evaluated for availability of new editions, relevance of content, gaps in content, and student feedback. Newly published resources are also evaluated.

Library Resources Policy

Educational resources are available to students through Hancock Health in the form of electronic resources (e.g. UpToDate, Mayo Clinic) and through the Hancock County Public Library. Students will obtain a Hancock County Public Library card during RAD 200: Introduction to the Radiologic Sciences and Healthcare. Additionally, the School maintains resources specific to Imaging Science in the classroom and simulation lab.

Didactic Curriculum

Students will complete approximately 554 didactic course contact hours

Course Title	Contact Hours	Trimester
Introduction to Radiologic Sciences and Healthcare	37	1
Patient Care in Radiologic Sciences I	31	1, 2, 3
Patient Care in Radiologic Sciences II	18.5	4, 5
Principles of Imaging I	41	1
Principles of Imaging II	41	2
Principles of Imaging III	41	3
Radiographic Procedures I	39	1
Radiographic Procedures II	39	2
Radiographic Procedures III	39	3
Radiographic Physics	98	4, 5
Radiographic Pathology	36.75	6
Radiation Biology and Radiation Protection	36.75	5
Introduction to CT and Sectional Anatomy	18.5	Varies
Ethics & Law in the Radiologic Sciences	18.5	4, 5
Image Analysis	18.5	4, 5, 6
Clinical Practicum I-VI	2,860	1, 2, 3, 4, 5, 6
Non-Core Course: Registry Review	-	1, 2, 3, 4, 5, 6
Anatomy and Physiology		1, 2, 3
Medical Terminology		1

Simulated Registry Exams	6
Peer Teaching	4, 5, 6

Didactic Scoring

Scores achieved in the following courses determine the cumulative didactic average:

1. Core courses: Introduction to Radiologic Science and Healthcare, Patient Care I-II, Principles of Imaging I-III, Radiographic Procedures I-III, Radiographic Physics, Radiographic Pathology, Radiation Biology and Radiation Protection, Intro to CT and Sectional Anatomy, and Ethics and Law in the Radiologic Sciences
2. Non-Core courses: Registry Review

Grading Scale

Averages determined to the nearest tenth:

- 100 – 95 (A)
- 94.9 – 88 (B)
- 87.9 – 80 (C)
- 79.9 – 75 (D)
- 74.9 or below is failure

Minimum Grade Requirements

- End of trimester course average: 75% or higher
- End of course average: 80% or higher
- Cumulative end of trimester average for all didactic courses: 80% or higher
- Cumulative didactic average for all courses over all trimesters: 80% or higher
- The program average is determined by the average of the clinical and didactic cumulative averages: 82.5% or higher

Program faculty may require students not meeting the minimum course averages to attend mandatory tutoring outside of assigned clinic and class hours. See Merit and Demerit Policy.

Scoring and Testing

Failed tests in core courses may be re-administered by the clinical instructor at the clinical site the day following the original test if the student chooses to retake the test. The time for the test retake will be at the clinical instructor's discretion. Only the original score will be incorporated into the course average. Students are required to return all original tests to the course instructor. Failure to return any test may result in a grade of "0" for that test. If every student fails the same test, then that

test will be deemed as unsound, scores will not be recorded, and a new test will be given. Tests in core courses will not be curved. All other tests may or may not be curved at the instructor's discretion. Quizzes and/or review tests may be given in any course and will equal 20% of the course average**. All graded course material is kept in a confidential and secure manner.**

Test Make-Up

If a student knows that a test will be missed, immediate arrangements must be made to schedule a time to take the test prior to the time off. Failure to do so will result in failure of the test. In addition, all failed tests must be retaken until a passing score is achieved. Only the original score will be incorporated into the average.

Course Failure

The demerit policy will take effect if a student fails a course. At the instructor's discretion, the student may be required to perform additional course work in the event of a failed course. Students dismissed for academic failure may apply to the program for the next admitted cohort, however, there is no guarantee of acceptance, and the student will be required to retake all previously completed courses.

Student Counseling

Conducted at mid-first trimester and the end of the 1st, 2nd, 3rd, 4th, and 5th trimesters. The Program Director and Clinical Instructor will meet privately with each student to discuss the student's academic standing, clinical performance, and professional demeanor during that trimester. The counseling sessions will include written evaluations, constructive criticism for performance improvement and/or acknowledgment of successful achievement.

Additionally, ample opportunity for the student is provided to discuss any perceived issues related to class or clinic. Counseling for any other reason will be determined as the situation arises. All counseling will be documented and kept in the student's file. Psychological counseling is available through the hospital's Social Services Department. The Social Services Department may recommend an outside agency, if necessary, at the student's expense.

Clinical Curriculum

Students will complete approximately 2,700 clinical course contact hours, equating to 32 clinical credit hours.

Course Title	**Trimester**
Performance Evaluation	1, 2, 3, 4, 5, 6
Evaluation of Competency	1, 2, 3, 4, 5, 6
Mock Simulation	1, 2, 3, 4, 5, 6
Clinical Image Analysis	4, 5, 6

Peer Teaching	6
Applied Clinicals	1, 2, 3, 4, 5, 6

Clinical Scoring

Scores achieved in the following clinical courses determine the cumulative clinical average:

- Clinical Performance Evaluation
- Mock Simulation
- Evaluation of Competency (EOC)
- Image Analysis (4th – 6th Trimesters)
- Portfolio (6th Trimester)
    - *Portions of the portfolio will be completed as the student progresses through the program. The portfolio will be compiled and turned in for a grade during the 6th trimester; it will comprise 10% of the clinical grade for the 6th trimester.*

Grading Scale

Averages determined to the nearest tenth:

- 100 – 95 (A)
- 94.9 – 88 (B)
- 87.9 – 85 (C)
- 84.9 or below is failure

Minimum Grade Requirements

- End of trimester course average: 85% or higher
- End of course average: 85% or higher
- Cumulative end of trimester average for all clinical courses: 85% or higher
- Cumulative clinical average for all courses over all trimesters: 85% or higher
- The program average is determined by the average of the clinical and didactic cumulative averages: 82.5% or higher

Quizzes may be given at any time at the discretion of the clinical instructor. Quizzes equal 20% of the Mock Simulation grade.

Program faculty may require students not meeting the minimum course averages to attend mandatory tutoring outside of assigned clinic and class hours. See Merit and Demerit Policy.

Clinical Objectives

During each trimester, the student is required to accomplish predetermined objectives for each clinical area. The technologist responsible for that area will determine if the student has satisfied the objectives by means of a check-off sheet. If it is determined the student is not meeting the objectives a verbal correction and demerits will be issued; continued failure to complete objectives will result in progressive disciplinary action. It is the student's responsibility to see that all pertinent Clinical Rotation Objective forms are initialed, signed and turned into the Clinical Instructor as they are completed. Students may have to delay elective rotations and/or graduation to complete any incomplete objectives. See Merit and Demerit Policy

Performance Evaluation

The student is required to submit a "Performance Evaluation" form to the supervising technologist(s) at the end of each week. The performance evaluation represents the technologist's evaluation of the student's performance for that week. Once complete, it is the student's responsibility to turn this form into the Clinical Instructor where it is incorporated into the student's clinical grade. A minimum score of 85% must be achieved in each category of the performance evaluation at the end of each trimester or disciplinary action will take effect. See Merit and Demerit Policy.

Mock Simulation

The student is evaluated on each radiographic procedure by program faculty in a simulated situation prior to performance on an actual patient. All failed mock simulations will be repeated until a passing score is achieved; however, only the initial score will be recorded. See Merit and Demerit Policy.

Mock simulations are divided into three types: demonstration of competency, end of trimester, and critical thinking.

End of trimester mock simulations are administered for the purpose of knowledge reinforcement and improvement of critical thinking and problem-solving skills.

- Demonstration of competency mocks are required prior to pre-EOC for every exam
- (3) end of trimester mocks per student are conducted at the end of each trimester
- (1) critical thinking mock is conducted at the end of the 4th, 5th, and 6th trimesters

If a student has completed the 45/15 requirements on patients: they will perform only the critical thinking mock simulation and image analysis in the 6th trimester. A score of 100% will be awarded for the 6th end of trimester mock grade.

End of 6th trimester mock simulation may be used for students who have not completed the 45 mandatory and 15 elective exams on patients by the mid-6th trimester. If necessary, students will be allowed to simulate up to 10 exams, identified on the Clinical Competency form, to establish competency and fulfill program graduation requirements. If a student has more than 10 mandatory/elective exams to complete by the mid-6th trimester, the 6th trimester vacation week may need to be used to perform the exams on patients; program completion and/or graduation may also be delayed in order to complete all mandatory and elective exam requirements.

Evaluation of Competency (EOC)

Each radiographic exam requires the student to perform a predetermined number of "pre-EOCs" under direct supervision prior to attempting an EOC of that exam. Successful completion of an EOC allows the student to perform the exam under indirect supervision. An EOC may only be evaluated by a program faculty or a technologist designated by the program. Quality checks will be done periodically by the clinical instructor to determine quality of exam and EOC grade correlation. The clinical instructor has the right to revise any EOC grade upon review of exam images and review of EOC grading form if necessary.

Infrequently ordered exams may be tested by a mock simulation.

It is required that each student perform a minimum of 15 ***passing*** EOCs per trimester. Failure to achieve 15 passing EOCs will result in a significant reduction in the end of trimester EOC average.

Students must perform an EOC on all 45 mandatory and 15 elective exams; **at least 35 must be on patients**. Students are strongly encouraged to perform ALL mandatory and elective exams on patients; however, failure to complete all 45 mandatory and 15 elective EOCs on patients prior to the mid-6th trimester will necessitate performing the remaining exams (up to 10) as a mock simulation during the 6th trimester and prior to student participation in graduation ceremonies.

- Failed EOC: The student may fail 3 EOCs per trimester. Each failed EOC over 3 will be assessed 1 demerit each.

The ARRT website contains information on how to earn credentials, including the list of clinical requirements https://www.arrt.org/pages/earn-arrt-credentials/credential-options/radiography.

Free Zone

Once 15 passing EOCs have been achieved in each trimester, the student is in the *FREE ZONE*. This means the student has the option of accepting or denying any further EOC scores for that trimester. The purpose of the *FREE ZONE* is for the student to attempt difficult exams, exams for which the student has not yet achieved EOC, without the fear of failure. Rules for announcing an EOC will still be in effect. See Steps in Achieving Competency.

Portfolio

The objective of the portfolio is for each student to demonstrate effort, progress, and achievement throughout their 23 months of education and training. The student will incorporate journal entries in the critical thinking and personal growth areas as well as record professional development, academic accomplishments, radiographic competencies, and radiographic images. Artifacts for the portfolio will be acquired throughout the 23-month training period and compiled in the 5th and/or 6th trimester. The portfolio will be turned in for a grade that will comprise 10% of the 6th trimester clinical grade. Specific requirements for the portfolio are available on Moodle.

Journal

Throughout the 23-month program the students are required to maintain a journal. This journal is comprised of a critical thinking section and a personal growth section. Students are required to make a dated, weekly entry in the critical thinking and personal growth categories of the journal based on events they have experienced in the clinical setting each week. Although the recording material for the journal is left at the student's discretion, journals must be submitted to the clinical instructor, for review, a minimum of every other week. The clinical instructor will set their expectations for the journal submission schedule. See Merit and Demerit Policy. Portions of the journal will be incorporated into the student's portfolio.

Student Time Log

Each day the student will clock in and out on a time keeping system. Students may also be required to maintain a paper time log that is used as a cross reference for the student's time in their clinical areas. ALL reasons for any time variations outside of the assigned schedule must be noted in the time keeping system or paper log.

For example, students must document reasons for a tardy, illness, staying after or leaving before the assigned time and ANY other reason for a variation. All reasons for time variation require verification by a program official or the supervising technologist. It is the student's responsibility to turn the log in on time. See Merit and Demerit Policy.

Positioning Book

Students are responsible for creating and maintaining a pocket-sized positioning book for the duration of the program; entries in the book should be made as exams are learned in Positioning Lab. Books are to be updated as exams are learned. The book should include all necessary information (e.g. CR angle, patient position, technique, etc.) related to performing all exams in which the student performs mock simulations. See Merit and Demerit Policy.

Scholastic Requirements

Didactic

- End of trimester course average: 75% or higher
- End of course average: 80% or higher
- Cumulative end of trimester average for all didactic courses: 80% or higher
- Cumulative didactic average for all courses over all trimesters: 80% or higher
- The program average is determined by the average of the clinical and didactic cumulative averages: 82.5% or higher

Clinical

- End of trimester course average: 85% or higher
- End of course average: 85% or higher
- Cumulative end of trimester average for all clinical courses: 85% or higher
- Cumulative clinical average for all courses over all trimesters: 85% or higher
- The program average is determined by the average of the clinical and didactic cumulative averages: 82.5% or higher

Program

The student must maintain a cumulative program average (cumulative didactic and cumulative clinical average) of 82.5% throughout the 23-month training period.

Scholastic reports are computed at the end of each trimester and given to the student during the counseling session with the Program Director and Clinical Instructor. However, students should feel free to discuss concerns regarding his/her education at any time. The Program Director reserves the right to counsel the student and implement the due process policy at any time if the student is making unsatisfactory progress in one or more areas. Academic failure, as defined in the demerit policy, is considered just cause for dismissal from the program.

Faculty Assignments

Instructor	**Course Assignment**
Program Director: Taylor Jones, MHA, R.T. (R)(MR)(CT)	Introduction to Radiologic Science and Healthcare Ethics and Law in the Radiologic Sciences Radiographic Procedures I-III Patient Care in Radiologic Sciences I & II Human Anatomy and Physiology Review Registry Review Peer Teaching Radiographic Pathology

	Principles of Imaging I-III Radiographic Physics Radiation Biology and Radiation Protection Intro to CT and Sectional Anatomy Medical Terminology Review
Clinical Instructors: Nicole Roland, R.T. (R) Ashley Combs, R.T. (R)(CT) Christina Herwehe, R.T. (R) Caitlin Moorman, R.T. (R)	Applied Clinicals: 1. Radiographic Procedures I-III 2. Mock Simulation 3. Clinical Performance Evaluation 4. Critical Thinking 5. Image Analysis 6. Peer Teaching

Adjunct Faculty

Educational Services	CPR, AED
Rehabilitation Services	Patient Transfer, Body Mechanics
Infection Control Manager	Infection Control, PPE
Clinical Education	Nursing Procedures
Laboratory Services	Venipuncture, Phlebotomy
Respiratory Services	Respiratory and Oxygen Safety
New Associate Orientation (NAO)	Fire and Safety Guest Relations and AIDET HIPAA

Course Descriptions

RAD 200: Introduction to Radiologic Science and Healthcare

This course is designed to provide students with an overview of the foundations of radiography and the practitioner's role in the health care delivery system. Principles, practices, and polices of the health care organization(s), as well as the responsibilities of the radiographer, will be examined. Introduction to the principles of radiation protection includes protection for the patient, personnel, and the public. Instruction is given in nursing procedures, CPR/AED, guest relations, body mechanics, institutional safety, and infection control. Introduction to the classroom and clinic are also presented.

RAD 210: Patient Care in Radiologic Sciences I

This course is designed to provide the basic concepts of patient care. This includes factors related to the healthcare team, professional communication, diversity, patient assessment and vital signs, infection control, asepsis, phlebotomy and drawing medications, portable exams, and specialized inpatient units. Students will be assigned lab rotations as a part of this course.

RAD 211: Patient Care in Radiologic Sciences II

This course builds on concepts related to RAD 210. This course provides a more in-depth examination of acute situations, medications and administration, and IV contrast media.

RAD 220: Principles of Imaging I

This course is designed to establish knowledge in factors that govern and influence the production of radiographic image acquisition. Instruction includes radiation production and characteristics, imaging equipment, and accessories, image display, prime factors, and radiation protection.

RAD 221: Principles of Imaging II

This course is designed to establish knowledge in factors that govern and influence the production of radiographic image acquisition. Instruction includes fluoroscopy, tomography, exposure systems, characteristics of a radiograph, QA/QC, and radiation protection.

RAD 222: Principles of Imaging III

This course is designed to establish knowledge in factors that govern and influence the production of radiographic image acquisition. Instruction concentrates on digital imaging with integration of course content from RAD 220 and RAD 221.

RAD 230: Radiographic Procedures I

This course is designed to provide a foundation for performing radiographic procedures in the clinical setting. Discussions include assessing image quality, positioning, anatomy of interest, and problem-solving techniques. Procedures lab is used to compliment the lecture portion of this course. Topics include chest, abdomen, GI procedures, upper extremity.

RAD 231: Radiographic Procedures II

This course is designed to provide a foundation for performing radiographic procedures in the clinical setting. Discussions include assessing image quality, positioning, anatomy of interest, and problem-solving techniques. Topics include shoulder girdle, lower extremity, pelvic girdle, spine.

RAD 232: Radiographic Procedures III

This course is designed to provide a foundation for performing radiographic procedures in the clinical setting. Discussions include assessing image quality, positioning, anatomy of interest, and problem-solving techniques. Topics include bony thorax, mammography, skull, orbits, facial bones, sinuses, nasal bones, mandible, TMJ, IVU.

RAD 300: Radiographic Physics

Course content is designed to review principles of radiographic imaging and delve more deeply into imaging equipment and image production.

RAD 310: Radiographic Pathology

Course content is designed to introduce disease causation and the pathophysiologic disorders that compromise healthy systems. Terminology, etiology, radiographic appearance, and use of various radiographic modalities are presented.

RAD 320: Radiation Biology and Radiation Protection

Content provides an overview of principles of radiation interaction with living systems. Radiation effects on molecules, cells, tissues, and the body, factors affecting biologic response, including acute and chronic effects of radiation, are presented. Methods of radiation protection, responsibilities of the radiographer, regulatory agencies, and dose measurement are also incorporated.

RAD 330: Intro to CT and Sectional Anatomy

Content is designed to introduce basic terminology, equipment operations and processes, procedural considerations, and radiation protection in CT. Images of gross anatomical structures in various anatomical planes will also be presented.

RAD 340: Ethics and Law in the Radiologic Sciences

Content is designed to provide students with a fundamental background in ethics and healthcare law. The historical and philosophical basis of ethics, elements of ethical behavior, legal and ethical issues and dilemmas in clinical practice, and professionalism will be explored.

RAD 350: Clinical Image Analysis

Content is designed to provide a basis for analyzing radiographic images. The importance of minimum standards, the discussion of problem-solving techniques for image acquisition, and factors that affect image quality will be discussed. Student generated radiographs will be included for analysis. This course compliments RAD 230, RAD 231, RAD 232, and the clinical practicum.

RAD 240, RAD 241, RAD 242, RAD 360, RAD 361, RAD 362: Clinical Practicum I-VI

Didactic courses are structured to compliment and correspond to the application of skills in the clinical setting. Clinical experience is designed for sequential development, application, critical analysis, integration, synthesis, and evaluation of concepts and theories when performing radiologic procedures. Through structured, competency based clinical assignments, concepts of teamwork, patient centered, and professional skills shall be developed. Levels of competency and

outcomes measurement shall ensure the well-being of the patient during all aspects of the radiologic procedure. Credit hours for 6th trimester include 1 credit hour for the Portfolio.

Registry Review

Anatomy and Physiology

This course is designed to review basic anatomy and physiology as it relates to imaging. The course consists of modules that review anatomy and physiology by system. The systems reviewed include Respiratory, Digestive, Urinary, Skeletal, Cardiovascular (Heart, Blood), Vascular, Lymphatic, Reproductive, and Nervous. Tests are administered at the end of each module. Students are not required to obtain a minimum score of 75% or retake tests. The test grades are recorded under Registry Review.

Medical Terminology

This course is designed to review medical terminology. Students are provided with course content and tested over the content the following week. This course is divided into 15 modules covering various terminology and word parts. Students are not required to obtain a minimum score of 75% or retake tests. The test grades are recorded under Registry Review.

Simulated Registry Exams

This course is designed to acclimate the student to simulated registry questions and is used to identify areas where extra review is needed by the student prior to sitting for the national registry. Simulated registries are conducted via paper and pencil as well as computer. Scores are curved prior to the 6th trimester and recorded under Registry Review.

Peer Teaching

This course consists of a clinical and a class component. The class component requires the student to teach course material as a review. Students randomly draw a subject, prepare a lesson, and prepare a test for their peers on two separate occasions. Presentation and test evaluations are averaged for one grade and recorded as one registry review grade per occasion. The clinic component requires the student to randomly draw from the spine category to teach underclassmen spinal positioning in the clinic. Students are evaluated on the presentation; the grade is recorded under Registry Review.

CLINICAL POLICIES

Definitions of Clinical Terminology

- **Radiographic Examination:** A series of radiographs of an anatomical part sufficient to allow diagnostic evaluation of the part in question.
- **Observe:** The student watches the technologist perform a radiographic examination.
- **Assist:** The student aids the technologist in performing the radiographic examination without performing the exam. For example, the student will escort the patient to and from the exam room, select the proper IR, process the image, change linens, etc.
- **Perform:** The student carries out a radiographic examination under direct or indirect supervision. For example, the student will position the patient, set the proper exposure factors, make the exposure, etc.
- **Direct Supervision:** A qualified radiographer reviews the procedure in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is physically present during the conduct of the procedure, and reviews and approves the procedure and/or image.
- **Indirect Supervision:** A qualified radiographer is immediately available to assist the student regardless of level of achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed.
- **Passing an Image:** Sending the image and/or exam to the radiologist/PACS for interpretation.
- **Repeating an Exposure:** Exposing a patient more than one time per image.
- **Category:** A series of related radiographic examinations that demonstrate a specific area of the body. For example, the chest category includes AP, PA, lateral, oblique, lordotic, and decubitus projections.
- **Competent:** The student's ability to safely and successfully perform radiographic examinations, and other tasks, in the radiology department, under indirect supervision.
- **Mock Simulation:** The procedure by which a student's performance of a radiographic examination is performed in a theoretical situation. After a successful demonstration of competency mock simulation, the student may perform the radiographic examination under direct supervision. In some cases, mock simulation may be used to fulfill the 45 mandatory and 15 elective exams requirements.
- **Evaluation of Competency (EOC):** The procedure by which a student's performance of a radiographic examination on an actual patient and the resulting images are evaluated by a qualified technologist appointed by the program. Performance of the EOC will be conducted

under direct supervision. After successful completion, the student may perform the radiographic exam under indirect supervision.

Methods for Student Achievement of Clinical Competency

The student's clinical rotation schedule and didactic class schedule are correlated so the student may have maximum opportunities to utilize cognitive achievements and develop psychomotor skills necessary to perform radiographic procedures.

The student is evaluated weekly on performance; this includes personal characteristics as well as demonstration of skills. The Performance Evaluation is a portion of the clinical grade. The evaluations, conducted by an R.T., are returned to the Clinical Instructor for review and maintained in the student's file. During the scheduled counseling sessions with each student, the Program Director and Clinical Instructor will review any issues identified on the Performance Evaluation as well as the didactic and clinical course averages with the student for the purpose of documenting the student's progress.

The Clinical Instructor will immediately report to the Program Director any student having difficulty in any clinical rotation. The student must complete the required number of rotations in each area for each trimester.

Steps in Achieving Competency

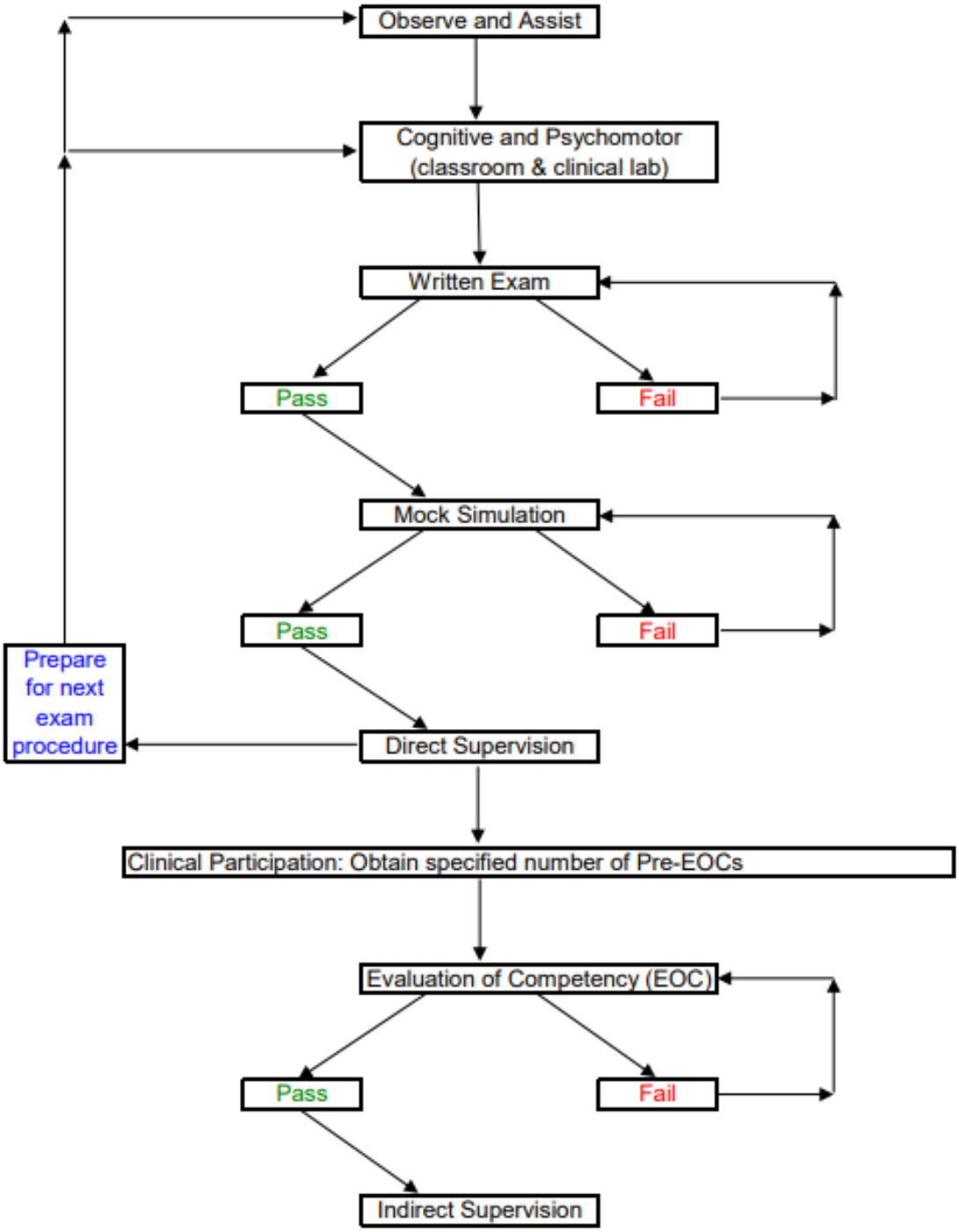
1. The student is presented course objectives and is given classroom lecture, audio-visual presentations, hands on simulation in the simulation lab, and radiographic examples pertaining to the anatomy, pathology, and radiographic procedures for the specific area of study.
2. Following classroom presentation, the Clinical Instructor will conduct Procedures Lab to present positioning and procedural skills, routine and special projections, equipment manipulation, and radiation protection for the patient, self, and others. Instruction will include appropriate shielding; however, students will follow the shielding policy at each clinical site. Also included will be patient care, prep, and technical factor selection to obtain a diagnostic radiograph.
3. After the lab class, the student must pass a written exam of the anatomy/procedure being studied with a minimum score of 75%. If the exam is failed, the student may choose to retake the written test or not. It is highly recommended that students retake a failed test. The retake test may not necessarily be the same test as the original. Only the original score is incorporated into the average.
4. The student will then perform a mock simulation exam in the presence of the program faculty. A minimum score of 85% is required to allow the student to perform the radiographic exam under direct supervision. If the exam is failed, the student must repeat the exam until

a passing score is achieved. The original score is recorded for the student's average. All mock simulation exams will be documented and filed. The student should maintain a log of the exams she/he may perform under indirect and direct supervision.

5. The student must perform a specified number of radiographic exams (pre-EOC) in each procedure under direct supervision prior to attempting an EOC.
6. An EOC may only be evaluated by program faculty or a technologist designated by the program who has earned the credentials R.T. (R). The student must announce the intention to perform an EOC prior to beginning the exam. Once an EOC has been announced, it cannot be terminated by the student. However, in extreme situations the tech has the prerogative to terminate an EOC. Asking a technologist to give an EOC after the exam is in progress or has been finished is inappropriate and will not be accepted. An EOC must have a minimum score of 90 to pass for junior students and 95 for senior students. A failed EOC will be recorded for the clinical average but must be performed again until a passing score is achieved to progress to indirect supervision. The passing score will also be recorded but not included in the average.
7. Students are allowed to fail up to 3, of the required 15, EOCs per trimester. Each failed EOC over 3, per trimester, will be assessed 1 demerit each.
8. Students will receive classroom instruction in mammography positioning and procedures and a written exam will be administered and recorded. Rotation through this area is not assigned; however, a student may choose observation in mammography as an elective. Limited rotations will be assigned through MRI, nuclear medicine, ultrasound, and other clinical sites. EOCs are not required for these rotations; however, completion of objectives is required.
9. Rotations are assigned through computed tomography (CT) and will require a minimum of 1 EOC in the head, chest, and abdomen categories. Additional EOCs may be completed, however, no more than 1 CT EOC per exam type (head, chest, abdomen) and no more than 3 CT EOCs per trimester are allowed. All exams in CT will be performed under direct supervision, regardless of the level of training. Students will also receive instruction in surgical procedures and the use of the portable C-arm. A C-arm EOC is required. The student will always perform under direct supervision when in surgery.
10. The student is provided the Clinical Rotation Objectives forms for each trimester. The student will have the supervising technologist check off and date each objective as it is achieved to be certain that all objectives have been met. The student will then turn this form into the Clinical Instructor. If the supervising technologist or Clinical Instructor does not feel the student has met the objectives the Program Director and Clinical Instructor will meet with the student and a plan will be implemented to aid the student in achieving the objective(s). Completion of objectives is reviewed by program faculty at the end of each trimester.

11. GRADUATION: clinical competency is evidenced by the student's records indicating a minimum 85% average in each of the clinical scoring areas, completion of all required competencies, rotations, and completion of clinical objectives.

FLOW CHART for ACHIEVEMENT of CLINICAL COMPETENCY



The above policies may be affected should a catastrophic event take place. See Contingency Plan.

Clinical Education

Clinical rotations are established by program faculty to ensure that the classroom and clinical education correlate as closely as possible and to offer to the student the opportunity to expand their clinical knowledge as their clinical education progresses. These rotations will include day, evening, and weekend assignments. It is the student's responsibility to inform the supervising technologist of excused time away from the assigned clinical rotation. Excused time would include, but is not limited to, class, testing, meetings, illness, injury, or family emergency. Tardies or unexcused absences will be reflected on the evaluation. The Program Director and Clinical Instructors are available to the students and technologists to discuss any concerns relating to the clinical rotations. If either party deems necessary, a meeting may be scheduled to express concerns regarding rotations, or to offer suggestions to make the rotations more beneficial.

Clinical Objectives

Purpose:

- To convey the desired and expected learning outcome for the student
- To convey to the student the specific behaviors to be exhibited
- To provide a guide for evaluating student achievement
- To convey to the student, staff and institution that the student is never to assume the responsibilities of qualified staff radiologic technologists

Supervision of Clinical Education and Laboratory Practicum

In providing an education for student radiographers, it must be realized that a major portion of the training is in the clinical aspect. In our program this comprises approximately 80% of the student's week.

Clinical education must be supervised carefully and if necessary, be individualized to meet the needs of the student. Students are not permitted to operate x-ray equipment or perform radiographic examinations on patients under indirect supervision until they have successfully achieved competency in each area of radiographic procedures and have an understanding of radiation protection for the patient and self.

Our program strictly adheres to the Standards for an Accredited Education Program (found on page 81). The Standards state planned and structured clinical education and should include the following:

1. Documented student prerequisite knowledge in:
    a. Basic radiation protection
    b. Basic patient care and clinical skills

c. Principles and procedures related to image quality

2. Competency based evaluations, based on actual radiographic examination performance
   a. Simulations may be utilized for infrequent or limited volume examinations
   b. Simulations should comprise a minor component of clinical evaluations
   c. Support *As Low As Reasonably Achievable* concept (ALARA)
   d. Opportunities for elective rotation may be provided in specialized imaging areas

Until a student achieves and documents competency in a particular procedure, all clinical assignments shall be carried out under the direct supervision of a qualified radiographer. After demonstrating competency in a particular radiographic procedure, and if departmental policy allows, the student may perform the procedure under indirect supervision.

In support of the professional responsibility of the provision of quality patient care and radiation protection, unsatisfactory images shall be repeated ONLY IN THE PRESENCE of a qualified radiographer, regardless of the student's level of competency. Students may **NEVER** pass an image without prior approval from a qualified technologist or disciplinary action will ensue. Repeat analysis will be assessed at each clinical site and monitored by faculty and clinical staff.

Clinical Documentation

To verify that students can acquire a sufficient number and variety of exams a log notebook will be provided to the student for the purpose of recording clinical examinations performed after establishing competency. These books **must be kept up to date *and must not leave the radiology department***. Students will also utilize a competency management system, Platinum Planner, to record clinical work in three categories:

- Pre-EOC: to establish repetition prior to demonstrating competency
- EOC: to document competency of an examination
- Productivity: to document clinical performance post-competency

The Program Director and Clinical Instructor will have access to these books and records for the purpose of monitoring the student's progress and for performing Image Analysis.

The students will also be required to construct their own clinical positioning manual. Students will keep this manual with them for quick reference while performing clinical examinations. Additionally, students are required to keep a journal with weekly entries of how critical thinking and problem solving was applied to a clinical situation. Students may include ideas they used to complete an exam that was non-routine or something that they learned by observing. These entries comprise a portion of the student's portfolio.

Clinical Supervision Guidelines

Purpose

- To ensure proper utilization of students in that they are never used as replacement for qualified staff.
- To provide support and direction.
- To provide optimum patient care.

Responsibility

Primary supervision of the student while in the clinical setting is the responsibility of the Clinical Instructor. When the Clinical Instructor is not immediately available, a qualified technologist will be designated to assume this responsibility. Students should be aware that the technologists are their primary source for aid in the performance of a radiographic examination and for achieving competency; they may ask for assistance from any technologist at any time while performing a radiographic exam under direct or indirect supervision or any act of patient care. Students will never be assigned to a rotation or shift without educational value or without proper supervision by qualified staff.

Performance of Radiographic Procedures

A student requires direct supervision in the performance of all radiographic procedures and specific acts of patient care until the student has proven competent. It is the student's responsibility to know whether they can perform an exam under direct or indirect supervision.

Repeating a Radiograph

A student will never repeat an exposure without the direct supervision of a technologist.

Passing an Image

A student will never pass an image prior to without the image first being reviewed by the supervising technologist.

Direct Supervision Regardless of Education Level

Direct supervision is required when performing any of the following procedures: CT, surgery, C-arm, contrast injection, enema tipping, portable/mobile exams, repeat images, setting fluoroscopy operation parameters, operating fluoroscopy equipment, and performing fluoroscopic exams.

Contrast Media

Students will not inject contrast media until the demonstrating competence on the IV catheter placement skill assessment, only if deemed competent by the supervising technologist, and only under direct supervision of the technologist.

Patient History and Consent

Students may document the patient's history from the questionnaire, obtain the patient's signature on a consent form, and explain a procedure to a patient providing the supervising technologist deems the student knowledgeable and competent to do so.

Limited Staff

In the event that the 1:1 student to technologist ratio cannot be maintained while students are at their clinical site, due to unforeseen circumstances, the following procedure should be temporarily instituted: First option, students will be assigned to technologists in the CT, MRI, or surgery areas; if that is not feasible the students will practice positioning in an unoccupied radiographic exam room; if neither of those options are feasible the students will study clinic and/or class material in a designated area until the 1:1 student to tech ratio can be achieved.

Approximate Timeline for Clinical Supervision

Key: O = Observation and Assistance, D = Direct Supervision, I = Indirect Supervision

Function	**Assignment**	**0-6mos.**	**7-12mos.**	**13-18mos.**	**19-23mos.**
Patient Handling	Transport & Transfer	O/D/I	I	I	I
General Radiography	Main Department	O/D/I	O/D/I	O/D/I	O/D/I
Fluoroscopy	Main Department	O/D	D	D	D
Special Procedures	Main Department	O	O/D	O/D	O/D
Surgical Procedures	Surgery Suite	-	-	O/D	O/D
Mobiles & Portables	Main Department	O	O/D	D	D
Computed Tomography	CT Suite	-	-	O/D	O/D
Venipuncture/Phlebotomy	Lab/Main Dept./CT	-	O/D	D	D
MRI	MRI Suite	-	-	-	O
Nuclear Medicine	Nuclear Medicine	-	-	-	O
Ultrasound	Ultrasound Suite	-	-	-	O

Repeat Rate

Student repeat rates will be monitored periodically by the clinical instructor to identify potential problems related to patient dose and/or clinical performance. Students will be counseled when the repeat rate is higher than 10%. Failure to demonstrate improvement in repeat rate by the 6th trimester could result in disciplinary action.

Hours for Didactic and Clinical Education

Students are assigned 37.5 hours per week of education. One day per week is classroom study and four days per week are clinical education. Assigned times are posted on the didactic and clinical

rotation schedules. Hours are typically from 7am-3pm, 8am-4pm, or 9am-5pm during the first year. The second year includes rotations of 1pm-9pm shifts and approximately 6-8 weekend shifts of 11am-7pm, Saturday and Sunday. Night shift hours are not routinely assigned; however, students may voluntarily request to work these unconventional hours during their elective rotations. All requests must be approved by program faculty. Assigned times and rotation schedules are dependent upon patient load, access to specialty areas, and whether the program is operating under the Contingency Plan. *Therefore, assigned times and schedules are subject to change at any time during the 23-month educational program*.

Non-traditional Hours

The goal for evening and weekend clinical assignments during the second year is to aid the student in becoming more independent and confident in the use of critical thinking and problem-solving skills, thereby increasing competence, with movement toward proficiency. The result is a student who becomes more marketable when seeking employment. Graduate feedback via end of program surveys indicates that nontraditional clinical assignments provide educational value to the student.

Clinical Placement

Students are placed at one clinical site for the majority of their clinical education to allow fine-tuning of clinical skills and allow clinical instructors to gain familiarity with each student's clinical strengths and weaknesses. Placement is based on proximity to the student's place of residence, student's preference indicated during the interview process, whether the student has relatives working in a particular imaging department, and interview score.

Alternate Clinical Education Site

Students will rotate a minimum of two days through the program's clinical education sites during the second year. This rotation is for students to gain appreciation for different protocols and different radiographic equipment. While at the host site, the student is to observe and may assist in procedures. The student is required to complete the alternate site rotation objectives and obtain the clinical instructor's signature. The student will follow the host's departmental and hospital policies. The student's conduct will be professional in all interactions and deeds. The student is not to bring any type of reading materials, laptop computers or any other diversionary or electronic devices to the host site; to do so may result in disciplinary action. Pertinent clinical site policies will be reviewed by each student prior to each alternate rotation. Absences from alternate site rotations will be made up during the 6th trimester vacation week unless a student has a healthcare provider statement of illness. Plus time may not be used for alternate site rotations.

Elective Rotation

The student is scheduled for elective days during the 5th/6th Trimester to allow the student to further explore an area of radiography that is of special interest. The student may observe at an "out of program" institution for at least one day and must shadow a radiologist for one day; the remaining days may be scheduled as "in program" or "out of program" observations. Arrangements should be made to observe for approx. 4 hours at an out of program institution and 7.5 hours for in program; arrangements are to be made by each student. Each student will submit their elective schedule to the CI for approval at least TWO WEEKS prior to the date of the elective(s). The clinical instructor has the discretion to approve, or not approve, each elective based on student clinical performance and whether the student has program requirements that need completion. Areas not on campus, but operated by the clinical site, are considered "in program" observations. Students are limited to observation ONLY when without a radiation dose monitor. The student's rotation is limited to one day in each area unless extenuating circumstances should occur as determined by the program director. The student will be provided with a verification form that must be completed and returned to the clinical instructor following each elective activity. Failure to return this form may result in a deduction of 4 hours from 6th trimester vacation time.

Rotations in which clinical sites have gender restrictions for students, such as mammography, specific ultrasound exams, etc.: The program will make every effort to place a student in a clinical rotation of her/his choice when requested, however, the program must respect the policies of each clinical setting. Students are advised that the availability of some elective rotations may be restricted to a specific gender and access to rotate into these areas is not guaranteed. The program will not deny some students the opportunity to participate in elective rotations when those opportunities are not available to students of the opposite gender. Observation of, or participation in, any exam is always dependent upon consent of the patient. This policy is based on the position statement adopted by the JRCERT Board of Directors, 4/2016.

Job Interviews: Students may use elective rotation time for job interviews, if necessary. Two hours of elective time will be given, per interview; if more time is needed it will be taken out of plus time. Students will provide the clinical instructor with verification that the interview took place, if requested by the clinical instructor. It is at the prerogative of program faculty to allow the student to use the assigned elective rotation days in this capacity. If program faculty determines that the student would benefit from further instruction in a particular clinical area, based on the student's clinical grade and/or evaluation scores, the student may be assigned to that clinical area, with the goal of improving the student's clinical skills during these elective rotations.

Professional Liability Insurance

Enrolled students are covered under the professional liability policy of Hancock Health only while acting in the authorized capacity and scope of students assigned to clinical sites within Hancock Health School of Radiologic Technology and only while acting in accordance with all established program and clinical site policies and procedures.

STUDENT CONDUCT

General Conduct and Courtesy

A student's conduct should, at all times, be above reproach. When on the premises of all clinical education sites, students are required to conduct themselves professionally, with special regard to the patients, visitors, peers, and the employees of the institutions. Differences between peers and other personnel should never be discussed within the hearing of patients or visitors.

Students are expected to be courteous at all times to all people. The public, whether patients or visitors, and hospital personnel should be shown every courtesy in both word and deed. The student should report any misunderstanding to the Clinical Instructor or Program Director. Students need to be aware that their actions help determine the reputation of the school and the hospital.

Students must be aware of how behavior is perceived. Sometimes being too friendly with physicians, departmental staff, or other employees of the hospital may be seen as flirtatious. This almost always brings about unpleasant gossip. The best policy is to maintain a professional demeanor and distance in working relationships.

Peer Simulation

Students routinely simulate (mock) the performance of exams utilizing classmates and/or radiology staff as "patients" during the clinical education process. Students are required to remain professional at all times during the simulation of an exam. Any unethical behavior displayed during the simulation process should be immediately reported to the clinical instructor and/or program director. All concerns will be investigated, and appropriate action will be taken by program officials. See Harassment Policy, Nondiscrimination Policy.

Professionalism

Rules of medical and professional ethics must always prevail in any activity with patients, peers, departmental staff, and all other hospital employees. Friendly, prompt, and careful diagnostic treatment is the primary purpose of any radiography department. Personal feelings cannot interfere

with the purpose. Failure to maintain proper professional conduct will result in disciplinary action, which may include dismissal from the program.

The following are general rules and regulations that must be observed and practiced by students at all times:

1. Congregation and excessive noise are not permitted in the radiology departments. Students are expected to remain in their assigned clinical area.
2. Students are expected to focus on their clinical education, patients and exams being conducted while in clinic, and didactic education, not their cell phone or electronic devices that divert attention from their education.
3. Students should participate in keeping the assigned clinical area neat and clean; this includes gathering and dispensing departmental laundry and supplies.
4. Students will make every effort to aid staff technologists, supervisors, physicians, and all hospital staff in the care of patients and for the smooth operation of the radiology department and hospital.
5. Students should first attempt to take concerns of any type (e.g. disrespect, discrimination, personal safety, etc.) to the other person involved, however, if they do not believe they can safely do so, the chain of command should be followed:
    a. If a concern is with a technologist it should be discussed with the clinical instructor
    b. If a concern is with the clinical instructor it should be discussed with the program director
    c. If an issue is with the program director it should be discussed with the radiology department director at Hancock Health.
    d. When needed, the assistance of an HR representative will be requested to help resolve the issue(s).
6. Students' attitudes and behaviors will promote a positive environment amongst themselves and all clinical and hospital personnel. (See Civility Statement in the Student Handbook APPENDIX).
7. To maintain a safe working environment, students are required to report any known unethical or unprofessional conduct.
8. Students should disclose any personal relationships, present or past, within the clinical setting, that could potentially affect the outcome of a clinical evaluation.
9. Should a patient become injured while in a student's care, the student must report the incident immediately to the proper staff employee and follow the injury/exposure reporting process found in the Student Handbook APPENDIX. A report must be filed and a copy given to the Program Director.
10. Students will always practice exceptional radiation protection techniques. An exposure will NEVER be made on a human subject for an experimental purpose of any kind.

11. Student criticism of the practices or policies of the school, department, hospital or any staff member should be brought to the attention of a school official and never be discussed in public
12. Acceptance of gifts from patients in any form is forbidden.

Merit and Demerit Policy

Merit: A numerical documentation of performance which exceeds the expectations of clinical performance to a notable degree. Merits can only be assigned by program faculty and are used only for plus time.* One merit equals one hour of plus time.

*A merit cannot be used in any way to increase the clinical score.

A merit can be awarded for the following reasons:

1. No sick days in a trimester
2. No tardies in a trimester
3. Written or verbal survey response from a patient or written/verbal acknowledgement from a physician or other department
    a. Must be approved and verified by the clinical instructor or a department manager/supervisor)
4. Other merits may be given by the clinical instructor for actions observed as above and beyond the expected

Demerit: A demerit is a numerical documentation of unsatisfactory performance and may lead to disciplinary action and/or reduce the student's grade average at the end of the trimester. Demerits can only be assigned by program faculty. The number of demerits given will depend on the severity of the infraction and frequency of the infraction.

The following is only meant to be a partial list of offenses. Demerits may be given for situations not listed below as determined by program faculty.

Clinical Demerits

- Non- submission and/or incompletion of clinical documents in a timely manner: performance evaluations, journal entries, clinical objectives, time log, positioning book, exchange radiation badge, etc.
    - 1 demerit 1st occurrence
    - 2 demerits 2nd occurrence
    - 4 demerits and suspension 3rd occurrence
    - Immediate dismissal 4th occurrence
- Non-compliance with dress code

    - 1 demerit 1st occurrence
    - 2 demerits 2nd occurrence
    - 4 demerits and suspension 3rd occurrence
    - Immediate dismissal 4th occurrence
- Poor clinic performance: score of 0 on clinic Performance Evaluation; more than 3 failed EOCs per trimester
    - 1 demerit per each score of 0; more than 3 failed EOCs in one trimester 1st occurrence
    - 2 demerits per each score of 0; more than 3 failed EOCs in one trimester 2nd occurrence
    - 4 demerits and probation per each score of 0; more than 3 failed EOCs 3rd occurrence
    - Immediate dismissal 4th occurrence
- Failure to complete an exam: release patient, finish computer entry/paperwork, reschedule patient, etc.
    - 1 demerit 1st occurrence
    - 2 demerits 2nd occurrence
    - 4 demerits and probation 3rd occurrence
    - Immediate dismissal 4th occurrence
- Failure to verify correct order, utilize 2 standard patient identifiers (name, DOB), radiograph wrong body part or wrong patient, maintain environment of safety for patient, purposely crop image to mask insufficient radiation protection, incorrect use of annotation
    - 2 demerits 1st occurrence
    - 4 demerits and probation 2nd occurrence
    - Immediate dismissal 3rd occurrence
- Inappropriate electronic device use (cell phone, watch, etc.): cell phone/Internet accessible watch/laptop usage interferes and detracts from patient care and ongoing exams in department or affects didactic performance. Failure to follow Electronics policy (24)
    - 1 demerit for 3rd “Yes” checked on Performance Evaluation during the program or disregard of Electronics policy 1st occurrence
    - 2 demerits and probation for 4th “Yes” checked on Performance Evaluation during the program or disregard of Electronics policy 2nd occurrence
    - 4 demerits and suspension for 5th “Yes” checked on Performance Evaluation during the program or disregard of Electronics policy 3rd occurrence
    - Immediate dismissal 6th "Yes" on Performance Evaluation or disregard of Electronics policy 4th occurrence
- Offenses specified under Verbal Correction
    - 1 demerit 1st occurrence
    - 2 demerits 2nd occurrence
    - 4 demerits and probation 3rd occurrence

    - Immediate dismissal 4th occurrence
    - Tardy: 1 demerit will be assessed for each tardy past 3 in a trimester
- Offenses specified under Written Warning
    - 2 demerits 1st occurrence
    - 4 demerits and probation and/or suspension 2nd occurrence
    - Immediate dismissal 3rd occurrence
- Using another person's radiographic marker
    - 2 demerits 1st occurrence
    - 4 demerits and probation 2nd occurrence
    - Immediate dismissal 3rd occurrence
- Leaving clinic without permission; absent without notification
    - 2 demerits 1st occurrence
    - 4 demerits and probation 2nd occurrence
    - Immediate dismissal 3rd occurrence
- Repeating image without direct supervision
    - 2 demerits 1st occurrence
    - 4 demerits and probation 2nd occurrence
    - Immediate dismissal 3rd occurrence
- Sending image for interpretation (passing an image) prior to technologist approval
    - 2 demerits 1st occurrence
    - 4 demerits and probation 2nd occurrence
    - Immediate dismissal 3rd occurrence
- Academic failure: average below 85% in any Clinical Course (identified on 46) end of trimester average, cumulative trimester average, or cumulative clinical average below 85%
    - 2 demerits 1st occurrence
    - 4 demerits and probation 2nd occurrence
    - Immediate dismissal 3rd occurrence
- Program failure: Cumulative program average below 82.5%
    - Immediate dismissal

Didactic Demerits

- Academic failure: Course average at end of any trimester below 75%
    - 2 demerits per course and probation 1st occurrence
    - Immediate dismissal 2nd occurrence in same course
- Final core course average below 80%
    - 4 demerits per course and probation 1st occurrence
    - Immediate dismissal 2nd occurrence

- Cumulative trimester average for all courses below 80%
    - 4 demerits per occurrence and probation 1st occurrence
    - Immediate dismissal 2nd occurrence
- Cumulative didactic average for all courses and all trimesters below 80%
    - 8 demerits per occurrence and probation 1st occurrence
    - Immediate dismissal 2nd occurrence
- Program failure: Cumulative program average below 82.5%
    - Immediate dismissal
- Violation of course rules as described in the course syllabi
    - 4 demerits and probation 1st occurrence
    - Immediate dismissal 2nd occurrence

Demerit Rules

1. A total of 3 demerits or more will reduce either the student's clinical cumulative trimester average or the didactic cumulative trimester average by 1% per demerit for the trimester in which the demerits were obtained.
    a. Demerits assigned for academic failure and/or program failure will not further lower the clinic or didactic average; they will be incorporated into the total demerit number.
2. 10 or more demerits in any one trimester will be just cause for immediate dismissal from the program.
3. For scoring purposes, demerits do not carry over from trimester to trimester. However, program faculty will keep a running program total for each student.
    a. 12 demerits for the program will be just cause for immediate dismissal from the program.

Course Failure

In addition to the demerits assessed for course failure, a student who fails a course will arrange to meet with the course instructor to repeat the course in its entirety, or portions of the course, as deemed necessary by the instructor. The tests completed as a part of this repeated course will be averaged with the end of trimester course average(s). The final, overall course average must be at least 80%. A repeated course will be indicated with an "R" on the transcript and no additional course credit will be given.

Due Process Disciplinary Procedures

The School of Radiologic Technology strives to act in a fair and equitable manner at all times. Should steps be necessary to discipline a student, one of the procedures described below will be followed. The student should understand that the seriousness of the offense might alter the steps in the procedure. The student should also understand that the school may seek dismissal for, but not

limited to, any of the reasons described in the Due Process Disciplinary Procedures Policy. Any disciplinary action will be initiated in a reasonable length of time.

The school retains the right to discipline a student for just cause. There are four levels of correction: verbal correction, written warning, probation, dismissal; suspension is used in specific circumstances. Each level has examples of offenses identified but each level is not limited to these examples.

Disciplinary Process

1. Verbal Correction and 1 demerit
    a. Student is notified in a private meeting of the infraction and the consequences of the infraction via demerit and/or Disciplinary Action in attempt to identify behavioral issues and/or poor academics.
2. Written Warning and 2 demerits
    a. If an infraction of the same nature occurs for a second time the number of demerits issued will increase and/or a written warning will be issued in attempt to warn the student that further behavior will result in more serious consequences.
        i. Probation and/or suspension will also be implemented for more serious infractions
3. Probation and/or Suspension and 3 or more demerits
    a. A third infraction of the same nature will require any of the following:
        i. Increased number of demerits
        ii. Probation
        iii. 2-day suspension
        iv. Dismissal if student had been on probation previously for the infraction
        v. Dismissal if the infraction was sufficiently serious
4. Dismissal
    a. Immediate dismissal is reserved for the most serious situations; including, but not limited to:
        i. Failure to correct behavior after repeated disciplinary actions
        ii. Multiple infractions not necessarily of the same nature
        iii. Infractions such as those listed under “Dismissal”
        iv. Academic, clinical, and/or program failure

Documentation of all infractions will be maintained in the student’s file.

Verbal Correction

1 demerit will be issued. A total of 3 written warning for any offense will be just cause for immediate dismissal of the student. Offense examples include, but are not limited to:

- Excessive Absenteeism: 6 occurrences in any rolling 6-month period.
- Excessive Tardiness: 4 or more tardies per trimester. Not being in the assigned clinical or didactic area at the scheduled time is tardy. Clocking in at the time the assignment is to begin is considered a tardy. See Merit and Demerit Policy
- Smoking violation: smoking anywhere on the campus designated as non-smoking
- Gum chewing: while in clinic performing a radiographic exam or while in performing patient care.
- Disregard for Professionalism: failure to follow the general rules of professionalism as described on page 66.
- Inappropriate use of electronic device in clinic or class

Written Warning

2 demerits will be issued. Offense examples include, but are not limited to:

- Sleeping during assigned clinical or didactic hours.
- Safety Violation: the disregard of any safety policy. Students are responsible for the safety of patients, visitors, and all personnel including themselves.
- Performing An Exam Under Indirect Supervision Prior To Passing EOC: Proof of student competence is demonstrated via EOC for each exam. Students must pass the EOC for each exam prior to performing an exam under indirect supervision.
- Repeating Exam Without Direct Supervision: Students MUST have direct supervision when repeating an image.
- Sending an Image for Interpretation Prior to Technologist Approval: Students must have a technologist approve an image, or images, prior to sending to PACS, regardless of level of competence.
- Discourtesy and/or Disrespect: being discourteous or disrespectful toward patients, visitors, peers, technologists, physicians, or any hospital employee.
- Disregard of a Policy: failure to follow a policy of the hospital, department, or school.
- Negligence in Patient Care: not providing for patient comfort, leaving a dependent patient alone in an examination room, failure to prevent a foreseeable injury, etc.
    - Depending upon the severity, this may be enforced under Probation, Suspension, or Immediate Dismissal
- Use of Abusive and/or Obscene Language: the use of vocal language or body language, including gestures, when interacting with patients, visitors, peers, technologists, physicians, or any hospital employee.
- Acting in a Defamatory Manner: being libelous or slanderous toward a patient, visitor, peer, technologist, physician, or any hospital employee.
- Academic Dishonesty: as defined on course syllabi.

- Violation of Social Media or HIPAA Policy: disclosing ANY information, in any form, to individuals not involved in the care of a patient.
    - A second violation of either policy will result in immediate dismissal.

Probation

Probation is instituted after a student has been duly warned about unsatisfactory performance or an infraction of a serious nature. Continued unsatisfactory performance while on probation will lead to program dismissal. Offense examples include but are not limited to:

- Academic failure: See Merit and Demerit Policy.
- 3 demerits: See Merit and Demerit Policy.

Suspension

Suspension will be implemented when a student has had prior warning(s) about an offense but does not act to correct the behavior OR if it is necessary to conduct an investigation into an alleged infraction. If program faculty determines that suspension is the appropriate step in the disciplinary process the student will be given a 2-day suspension. All suspension time must be made up immediately following the day of graduation; neither plus time nor vacation time will be used to make up suspension time. The student will not receive a certificate, nor will the program director sign off on eligibility for the registry until all make-up time is completed.

A total of 3 suspensions for any offense will be just cause for immediate dismissal of the student.

Dismissal

Immediate dismissal will occur for any of the following offenses. If an investigation is required, it will be conducted by faculty and/or pertinent Advisory Board member(s). The program director, in consultation with the pertinent Advisory Board member(s), will make the determination for immediate dismissal of the student in the following offenses:

- Theft or attempted theft.
- Possession, usage, or distribution of illegal drugs or controlled substances (See Substance Abuse Policy).
- Possession, consumption, or distribution of alcohol while on clinical site/school property or while attending any school related function (See Substance Abuse Policy).
- Possession of a weapon on clinical site/school property.
- Security violation: violating security policies of the clinical site or gaining access to program faculty offices, computers, or files.
- Absence of consecutive 3 days without notification; emergency situations will be investigated.

- Misuse of attendance policies: false reporting of illness, injury, or emergency situation.
- Failure to comply: refusal to perform the duties assigned; willful disobedience of instruction or orders by a duly authorized person.
- Falsification of records: false documentation of hospital or school documents.
- Assault or battery: threatening, intimidating, coercing, or mistreating fellow students, employees, or patients.
- Violation of any HIPAA policy. Dismissal will be determined on a case-by-case basis after investigation.
- Willful endangerment of a patient: placing a patient in a dangerous situation that resulted in injury or illness to the patient. Determined on a case-by-case basis.
- Cheating or dishonesty: deceitfulness in any interaction with peers, faculty, employees, or patients in clinic or in class.
- Willful defacement or deliberate destruction of hospital or school property.
- A total of 3 suspensions or 3 written warnings.
- A total of 12 demerits in the program or 10 demerits in one trimester.

If a student is arrested, the student will be suspended at the time of the arrest and the suspension will continue until the completion of the criminal proceedings resulting in either dismissal of charges, conviction, or acquittal. If the student is convicted, he/she will not be reinstated into the School of Radiologic Technology. If the charges are dismissed or the student gains acquittal, the student will be reinstated into the school. If more than 30 days has elapsed, the student will be reinstated the following year at approximately the same time.

Reinstatement to Program

Students who have withdrawn or been dismissed from the program, and wish to reenter the program, are required to reapply to the program and complete the same application process that is required of any other applicant.

Grievance Policy

Informal Complaints

Complaints apart from those invoking the Grievance Procedure that could negatively affect the quality of education should be made to program faculty in writing. Consultation with the parties involved, regarding the complaint, will occur at the monthly clinical instructor meeting and/or with the department director of the student's clinical site and/or the Advisory Board and a response will be presented to the student within 5 days after the consultation.

The program will maintain a log of formal student appeals made through the grievance process as well as informal complaints to ensure tracking of occurrences and for identification of patterns that may require further program review.

Formal Complaints

The Buckley Amendment assures the student of a fair policy, the right to privacy, and an appeals process. Should a student have a complaint resulting from a decision, act, or omission that directly affects the student, or, it is felt the student has not received fair and equitable treatment, the student has the undeniable right to initiate an appeals process and proceed through the steps outlined below. Students must exhaust all steps in the appeal process prior to contacting the JRCERT. If the student has a concern about the school not being in compliance with the Standards, the JRCERT may be contacted at:

JRCERT
20 N. Wacker Dr., Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
(312) 704-5304 (fax)
mail@jrcert.org (e-mail)
www.jrcert.org

Appeals Mechanism

1. Should the student wish to lodge a complaint the student must do so within 3 business days of the action/incident by submitting a written statement to the Program Director and/or the Clinical Instructor. A meeting will take place with the student and program director. A written or verbal decision will be given within 5 business days. If the student believes the decision to be unjust, the student may proceed to step #2.
2. The student must submit a written statement of the complaint to the Hancock Health Imaging Department Director and Program Director within 3 business days of the decision made in step #1. A meeting between the three individuals will be scheduled. A verbal or written decision will be given within 5 business days following the meeting. If the student believes the decision to be unjust, the student may proceed to step #3.
3. The student must within 3 business days after the decision in step #2 submit a written summary of the complaint to the School Advisory Board*. An Advisory Board meeting will be arranged to review the student's concern at the earliest time available. A written decision will be given within 5 business days following the meeting. If the student believes the decision to be unjust, the student may proceed to step #4.

4. The student must within 3 business days after receiving the decision from step #3 submit a written summary of the concern to the Hancock Health Administration**. The Hancock Health Administration will review the student's concern at its earliest convenience and will, within 30 days, render the final and binding decision between the hospital and/or school and the student.

*The Program Director and the student's Clinical Instructor will not be involved in complaint decisions made by the Advisory Board.

** Program faculty and the Imaging Department director will not be involved in complaint decisions made by the Hancock Health Administration.

Conviction of a Crime Policy

Eligibility for enrollment into any school of radiologic technology and certification by the American Registry of Radiologic Technology requires the student be of good ethical character. Therefore, the following must be disclosed to the Program Director and ARRT if it occurred before or during the program:

- Criminal violations
    - Charges or convictions that were:
        - Plea of guilty
        - Plea of no contest (*nolo contendere*)
        - Withheld/Deferred adjudication
        - Stayed
        - Set aside
        - Suspended
        - Pre-trial diversion
- Criminal proceedings, including:
    - Misdemeanor charges and convictions
    - Felony charges and convictions
    - Military court-martials
    - Disciplinary actions taken by a state or federal regulatory authority or certification board
    - Honor code violations related to ARRT certification
    - Drug or alcohol related violations

A student or applicant who has been charged or convicted of a crime must submit to the American Registry of Radiologic Technologists (ARRT) a "Pre-Application Review of Eligibility" form and all required documentation. The fee charged by the ARRT is the responsibility of the student or applicant. The ARRT will then rule on the impact of the conviction on the student's eligibility for

certification and registration. Anything less than complete and total disclosure of any charges and/or convictions at the time of program application or while enrolled in the program will be considered as having provided false or misleading information to the school and to the ARRT. This is grounds for the following:

1. Permanent denial for admission to the school
2. Immediate dismissal from the program
3. Denial of eligibility for certification by the ARRT

GRADUATION REQUIREMENTS

Program Completion

Requirements for graduation and verification of student eligibility to sit for the ARRT national registry. These requirements may be modified and/or superseded in extreme cases, such as a catastrophic event*. Completion of ARRT requirements will always be required for program completion, regardless of circumstances.

The student must complete:

- Applicable rotation objectives as set forth by the program*
- Clinical competency requirements for the program and/or ARRT
- All clinical rotations as set forth by the program*
- All didactic requirements as mandated by the ARRT/ASRT
- Clinical portion of the program with a minimum cumulative average of 85%
- Didactic portion of the program with a minimum cumulative average of 80%
- HESI with minimum score of 675 (if applicable)

The student must demonstrate competence in:

- Application of body mechanics, patient transfer
- CPR
- Sterile and medical aseptic technique
- Nursing procedures: vital signs and use of medical equipment
- Venipuncture/placement of IV catheter
- Care of patient medical equipment
- A minimum of 45 mandatory radiographic procedures as established by the program*
- A minimum of 15 elective radiographic procedures as established by the program
- CT scanning of the head, thorax, and abdomen

**The School of Radiologic Technology requires that students complete more mandatory procedures than the ARRT requires, however, the program reserves the right to modify and/or supersede the school's published policies and schedules in extreme circumstances, such as a national health emergency and/or implementation of the Contingency Plan. Regardless of circumstances, the ARRT Competency Requirements will always be met prior to student program completion.*

Graduation Awards

Outstanding Student Award

This award is presented to the student who graduates with the highest program cumulative average.

Richard A. Silver Clinical Excellence Award

This is a monetary scholarship award presented to the student who most demonstrates the highest order of clinical skills based on the formula found below.

Criteria

1. The student must have a graduating clinical average of 95% or better.
2. The 6th Trimester clinical cumulative average and portfolio grade are averaged together; end of 6th trimester clinical cumulative average is weighted 90% and portfolio 10%.
3. A 0.1 percentage point will be deducted from the overall cumulative clinical average for each of the following infractions:
   a. Each tardy
   b. Each missed clock in/out (arrival, departure, lunches, etc.)
   c. Each sick day and/or partial sick day over the granted 75 hours*
   d. Each demerit
4. Any disciplinary action resulting in 2 or more demerits given at one time and/or written warning is automatic elimination from consideration.
5. A total of 3 or more demerits, over the program, warrants automatic elimination from consideration
6. The student with the highest determined average will be the recipient.
   a. Example:
      Clinical average = 96.3
      Tardies x 8 = 0.1 x 8 = 0.8
      Sick days x 2 = 0.1 x 2 = 0.2
      0.8 + 0.2 = 1.0
      96.3 – 1.0 = 95.3

Note: Lengthy illness, injury, or other "Acts of God" that causes the student to miss more than the allotted sick time may or may not result in elimination from consideration. This will be investigated by the program faculty and a decision made prior to graduation.

Hancock Health Academic Achievement Award

This award is presented to the student(s) who graduate with a final program average of 95% (A) or higher.

Rob Matt Distinguished Student Award

This award will be given to the one student who has demonstrated Character First and Patient's First affective behaviors. The student with the highest overall average score taken from the end of 6th trimester performance evaluation in the categories of initiative, attitude, communication, accountability, and professionalism will be presented with this award. Should there be a tie between two students, the program director will choose the recipient based on which student best demonstrates these five-character qualities in the classroom as well as the clinic.

Character First Award

Each graduating student will be recognized for positively demonstrating one of the leadership and character qualities of the Character First program. Program faculty reserves the right to determine whether any award is presented in any particular year.

Graduation Pins

Each student is presented a graduation pin from the school. The student's initials and year of graduation are etched on the back of the pin.

Certificate

Each student will receive a certificate of program completion at graduation. Degrees are not awarded by the program and, if applicable, will be awarded by Ivy Tech Community College. Students must apply for graduation through Ivy Tech and may apply to participate in the graduation ceremony, if desired.

Lambda Nu National Honor Society

Lambda Nu is a national honor society for first year students of radiologic technology. Induction is during the senior student graduation ceremonies. Election to membership is dependent on the following criteria:

1. Completion of the second trimester in good standing.
2. Earned a cumulative minimum of 85% in all didactic courses (core and non-core courses)

3. Earned a cumulative minimum of 90% in all clinical evaluation areas.
4. Earned a cumulative minimum of 93.5% in the total program.
5. Has demonstrated good character and ethical behavior as outlined in the Handbook for Student Radiographers.

Hancock Health Foundation Scholarships

Hancock Health Foundation offers several scholarship opportunities for students interested in pursuing careers in healthcare fields. If you're interested in nursing, nutrition, healthcare technology, or one of the dozens of other healthcare professions, we may have a way to help fund your education. Scholarship applications will be available on January 1st. For more information, contact Allyson Smith at (317) 468-4106 or visit the Foundation website at https://www.hancockhealth.org/about/foundation/.

STANDARDS FOR AN ACCREDITED EDUCATION PROGRAM

The JRCERT Standards for an Accredited Educational Program in Radiography can be found at https://www.jrcert.org/jrcert-standards/.

Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

Adopted April 2020

JRCERT

Excellence in Education

Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The **Standards** require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT **Standards** incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the **Standards** as they are key factors for CHEA recognition.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.
- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.
- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

- Identify strengths related to each standard
- Identify opportunities for improvement related to each standard
- Describe the program's plan for addressing each opportunity for improvement
- Describe any progress already achieved in addressing each opportunity for improvement
- Provide any additional comments in relation to each standard

The self-study report, as well as the results of the on-site evaluation conducted by the site visit team, will determine the program's compliance with the Standards by the JRCERT Board of Directors.

Standards for an Accredited Educational Program in Radiography

Standard One: Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Objectives:

1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.

1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.

1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.

1.4 The program assures the confidentiality of student educational records.

1.5 The program assures that students and faculty are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of noncompliance with the **Standards**.

1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Objectives:

2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.

2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.

2.3 The sponsoring institution provides student resources.

2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

Standard Three: Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Objectives:

3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.

3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.

3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

Standard Four: Curriculum and Academic Practices

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

Objectives:

4.1 The program has a mission statement that defines its purpose.

4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.

4.3 All clinical settings must be recognized by the JRCERT.

4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.

4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.

4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.

4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.

4.9 The program has procedures for maintaining the integrity of distance education courses.

Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Objectives:

5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.

5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.

5.3 The program assures that students employ proper safety practices.

5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.

5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Objectives:

6.1 The program maintains the following program effectiveness data:

- five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
- annual program completion rate.

6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.

6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.

6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.

6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) is initiated by a program through the written request for accreditation sent to the JRCERT, on program/institutional letterhead. The request must include the name of the program, the type of program, and the address of the program. The request is to be submitted, with the applicable fee, to:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182

Submission of such information will allow the program access to the JRCERT's Accreditation Management System (AMS). The initial application and self-study report will then be available for completion and submission through the AMS.

2. Administrative Requirements for Maintaining Accreditation

a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical preceptor(s).

d. Paying JRCERT fees within a reasonable period of time. Returning, by the established deadline, a completed Annual Report.

e. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to Administrative Probationary Accreditation and potentially result in Withdrawal of Accreditation.

B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the **Standards for an Accredited Educational Program in Radiography**.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

Consistent with JRCERT policy, the JRCERT defines the following as accreditation actions:

Accreditation, Probationary Accreditation, Administrative Probationary Accreditation, Withholding Accreditation, and Withdrawal of Accreditation (Voluntary and Involuntary).

For more information regarding these actions, refer to JRCERT Policy 10.200.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

Accreditation: Joint Review Committee on Education in Radiologic Technology

20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
www.jrcert.org

Curriculum: American Society of Radiologic Technologists

15000 Central Avenue, S.E.
Albuquerque, NM 87123-3909
(505) 298-4500 www.asrt.org

Certification: American Registry of Radiologic Technologists

1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048 www.arrt.org

(312) 704-5304 (fax) mail@jrcert.org (e-mail)
www.jrcert.org

APPENDIX

1. Statement of Understanding Form
2. Authorization to Release Information Form
3. Declaration of Pregnancy Form
4. Disciplinary Action Form
5. Merit Award Form
6. Request for Medical Leave of Absence Form
7. Technical Performance Standards Form
8. Exposure and Injury Materials
    - Communicable Disease Exposure Procedure for Associates Flowchart
    - Blood and Body Fluid Exposure Procedure for Associates Flowchart
    - Employee Injury Reporting Process Flowchart
    - Declination of Medical Treatment Form
    - Safety Incident Investigation Form
    - Safety Policy 1009: Incident Reporting Policy
    - IC 8012: Management of Exposure to Blood Borne Pathogen or Communicable Disease Policy
    - IC 8010: Associate Illness and Work Restrictions Policy
9. Civility Statement
10. Graduation and Terminal Objectives Form
11. Funeral Leave Request Form