Ascension Providence Hospital
School of Radiologic Technology
Policy Manual

Mary A. Kleven, MAOM, BS, RT(R) (M), Program Director
Kenneth A. Budnick, BS, RT(R), Clinical Coordinator

Rev. 3-24

Foreword

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This booklet has been especially designed for you, the student. It is intended to serve as a convenient reference concerning the policies and procedures of the School of Radiologic Technology. As a student, it is your responsibility to read this booklet, and familiarize yourself with the information it contains.

At times it may become necessary to amend or modify the school policies & procedures. Any changes made to policies & procedures will be communicated to you through the Program Director.

It is a requirement that this booklet be returned to the School of Radiologic Technology upon graduation.

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Equal Opportunity Statement

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Qualified applicants are considered for admission to the Ascension Providence Hospital School of Radiologic Technology without regard to race, color, religion, sex, height, weight, national origin, age, sexual preference or identity, arrest record, marital or veteran status, or presence of a non-job related medical condition or disability.

Diagnostic Imaging Mission Statement

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The Diagnostic Imaging Team is a dedicated group of compassionate professionals, committed to providing high quality, efficient, personalized care to all those we service. To achieve these ends, we commit ourselves to continuous quality and the pursuit of *EXCELLENCE.*

School of Radiologic Technology Mission Statement

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Our mission is to provide each student with an education that will enhance their minds. Through constant goal setting and achievement, the students are given the opportunity to challenge themselves towards excellence in patient care within the radiologic sciences.

Our vision is to provide the student with a learning environment where they are comfortable with their instructors to ask questions and to make mistakes.

Our students are being given an opportunity to deal one-on-one with actual patient care situations in a controlled environment.

A word of welcome

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We are happy to welcome you as a member of our hospital family. As a student in this program, you will play a vital role in an institution that is dedicated to serving the community. You will hear a great deal about Ascension Providence Hospital during your first few weeks, but perhaps a few statistics will help your overall view.

Ascension Providence Hospital, Southfield and Novi campuses, has 459 beds…over 4,000 associates…and more than 950 physicians. During a typical year we admit nearly 25,000 patients; treat over 58,000 patients through our Emergency Department; and perform approximately 29,000 surgeries. Outpatient visits exceed 90,000 annually.

In your role as a student, you will contribute as part of a team to the well being of our patients & their families. We rely on your dedication, skill, compassion, and loyalty, to merit their trust & maintain our high standards of care.

Our philosophy at Ascension Providence Hospital is a commitment to consistently high quality health care, a regard for human values, and a concern for the right and dignity of every person.

It is our sincere hope that you will take pride and satisfaction in your education. As our hospital continues to grow, we hope you will find the opportunity to grow with us.

History of the Daughters of Charity & Ascension Providence Hospital

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The Daughters of Charity of Saint Vincent DePaul is the religious order that founded and operates Ascension Providence Hospital. The Order originated in 1633 by St. Vincent DePaul, in Paris, France. His love for the sick, poor, and abandoned led him to establish this organization. Its purpose was to visit, nurse, and feed the unfortunate and neglected.

Under the direction of Elizabeth Ann Seton the Daughters of Charity were established in the United States in 1809. This community has expanded to encompass approximately 50 hospitals across the U.S. Their first hospital in Michigan was St. Vincent's, opened in 1845 in Detroit.

Ascension Providence Hospital began its community service in 1869, as a combined maternity hospital & infant home in downtown Detroit. To meet the health needs of a rapidly growing Detroit community, Providence made the transition to a general hospital in 1909. This was a multi-story complex at 2500 West Grand Boulevard.

As the population shift to the suburbs began, Southeastern Michigan planners surveyed long range medical care needs for the future. At their recommendation, Ascension Providence Hospital relocated in 1965 to its present main campus, Southfield, Michigan.

The first major addition at the present location was the Seton Center. Named in honor of St. Elizabeth Ann Seton and opened in 1978, it brought the bed capacity to 458. The eight-story Providence Medical Building was added to the campus in 1979. Due to increased patient loads, a second DePaul building, the DePaul Annex, was added in 2002. It houses new Emergency, Oncology, and Surgical complexes.

Ascension Providence Hospital & Medical centers have presently grown to include over ten medical centers, four specialty centers and two clinical centers. We specialize in Cardiac surgery, craniofacial reconstruction, and Neonatology. One of these centers, Providence Park in Novi, completed construction in 2009 to become a full hospital with 250 beds.

In November of 1999, the Daughters of Charity realigned with the Sisters of St. Joseph of Nazareth to form a national health care ministry known as Ascension Health. Ascension Providence Hospital includes both its Southfield and Novi hospitals.

American Society of Radiologic Technologists
Code of Ethics

Preamble

This Code of Ethics is to serve as a guide by whom Radiologic Technologists may evaluate their professional conduct as it relates to patients, colleagues, other members of the allied health professions, and health care consumers.

The Code of Ethics is not a law, but is intended to assist Radiologic Technologists in maintaining a high level of conduct.

Therefore, in the practice of the profession, we the members of the American Society of Radiologic Technologists, accept the following principles:

Principle 1

The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

Principle 2

The Radiologic Technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.

Principle 3

The Radiologic Technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease of illness, and without discrimination, regardless of sex, race, creed, religion, or socioeconomic status.

Principle 4

The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, utilizing equipment and accessories consistent with the purpose for which they have been designed, and employs procedures and techniques appropriately.

Principle 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.

Principle 6

The Radiologic Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment management of the patient, and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

Principle 7

The Radiologic Technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in limiting the radiation exposure to the patient, self, and other members of the health care team.

Principle 8

The Radiologic Technologist practices ethical conduct appropriate to the profession, and protects the patient's right to quality radiologic technology care.

Principle 9

The Radiologic Technologist respects confidences entrusted in the course of professional practice, protects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or community.

Principle 10

The Radiologic Technologist continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues and investigating new and innovative aspects of professional practice. One means available to improve knowledge and skills is through professional continuing education.

Program Description

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The Ascension Providence Hospital School of Radiologic Technology is a twenty- four month, hospital -based program. The program prepares the student radiographer for a career in the profession of Radiologic Technology. Assessment of cognitive and psychomotor abilities, and goal- oriented performance objectives are all-important components of the program.

Program Goals

Students will be clinically competent.
Students will demonstrate communication skills.
Students will develop critical thinking skills.
Students will model professionalism.

Student Learning Outcomes

Students Learning Outcomes are evaluated over the course of the program to ensure the students are meeting the overall goals of the program

- Students will demonstrate appropriate positioning/ centering during radiographic exams
- Students will select technical factors.
- Students will utilize radiation protection
- Students will demonstrate oral communication skills
- Students will demonstrate written communication skills.
- Students will demonstrate critical thinking skills.
- Students will develop standards/ abilities performing on non-routine patients
- Students will be able to demonstrate growth in their profession
- Students will demonstrate work ethics

General Objectives

The student will:

1) Perform and/or assist with each radiographic procedure assigned to them during their individual clinical rotations. The supervision will be directly from a registered technologist.
2) Perform independently in categories of successful completion of clinical competency testing.
3) Be able to:
    a) Evaluate each patient requisition.
    b) Demonstrate proper physical safety and readiness.
    c) Demonstrate ethical patient/technologist relationships.
    d) Demonstrate accurate positioning skills.
    e) Manipulate equipment effectively.
    f) Demonstrate evidence of radiation protection.
    g) Evaluate radiographs for:
        1) Anatomical structures
        2) Radiographic alignment
        3) Image Receptor/patient identification
        4) Evidence of radiation protection

CURRICULUM TIMETABLE* Rev. 3-24

Calendar progression of courses is listed in the program master plan, available in the school office upon request. *Timing of each class is subject to change.

INTRODUCTION TO RADIOLOGIC SCIENCE AND HEALTHCARE--12 weeks total/ 2.5 hour class--- 30 clock hours, 3 c.h.

1st quarter, first year Patient Care in Radiography: with an Introduction to Medical Imaging, 9th Ed., Ehrlich

PRINCIPLES OF EXPOSURE with DIGITAL IMAGING overview--12 weeks total/ 2.5 hours ---
30 clock hours, 2.5 credit hours; 1st quarter, first year Principles of Radiographic Imaging, 5th Ed., Carlton

MEDICAL TERMINOLOGY (self- directed)--12 weeks total/ 1.0-hour class----12 clock hours, 1. credit hours
1st quarter, first year, Medical Terminology- A Short Course, 7th Ed. Chabner

PATIENT CARE IN RADIOLOGIC SCIENCES, includes introduction to IR and CT --36 weeks total/2.5 hour class--- 90 clock hours, 3 credit hours,
1st through 3rd quarters, first year Patient Care in Radiography: with an Introduction to Medical Imaging, 9th Ed., Ehrlich

RADIOGRAPHIC PROCEDURES/lab—82 weeks total; 76 weeks—5 hours/week; 380 clock hours; + an add'l- 6 weeks/ 2.5 hours; 15 hours, 4 credit hours per cycle (6 cycles) 1st quarter, first year, through 3rd quarter, second year; Classes and labs scheduled as necessary to complete objectives. Merrill's Atlas of Radiographic Positioning and Procedures, 15th Edition, 3 vol. set.

HUMAN ANATOMY AND PHYSIOLOGY --45 weeks total/ 2.5 hour---113 clock hours, 2.5 credit hours
1st quarter, first year, through 4th quarter, 1st year Structure and Function of the Body, Thibodeau

RADIOGRAPHIC PATHOLOGY--12 weeks total/ 2.5 hour ----30 clock hours; 2.5 credit hours
3rd quarter, second year; Pathology for the Radiologic Technologist, Mace.

IMAGE PRODUCTION AND ANALYSIS: 24 weeks total/ 2.5-hour class— 4 credit hours; 60 clock hours 1st quarter, second year, 2nd quarter, second year Principles of Radiographic Imaging, Carlton, 6th ed.

DIGITAL IMAGE ACQUISITION AND DISPLAY –12 weeks @ 2.5; 30 clock hours; 3rd quarter senior year; Digital Radiography and PACS, Veale, 4th ed.

PRINCIPLES OF IMAGING EQUIPMENT AND CHARACTERISTICS OR RADIATION including Radiation Therapy and MR– 48 weeks total/ 2.5hr class---3 credit hours, 120 clock hours 2nd quarter, first year, through 2nd quarter, second year Principles of Radiographic Imaging, 6th Ed., Carlton; and Quality Management in the Imaging Sciences, 3rd Ed., Papp

ETHICS & LAW---9 weeks/ 2.5 hour class ----23 clock hours, 2 credit hour
4th quarter, first year Ethical and Legal Issues for the Imaging Technologist,

PROFESSIONALISM /CRITICAL THINKING AND INTERPERSONAL CLASS with portfolio creation
--36 weeks @ 1.0 hours per session- 36 clock hours— 1st quarter, first year thru 3rd quarter, reprise middle 3rd quarter thru 4th quarter, 2.5 hours over 15 weeks; 37.5 clock hours, second year;
Critical Thinking, Durand --various handouts, exercises; mock testing; portfolio building, final presentation

RADIATION PROTECTION/BIOLOGY--15-weeks/-2.5 hour class----45 clock hours, 3 credit hours
3rd through 4th quarter, second year Radiation Protection for the Radiographic Student, Visconti

PHARMACOLOGY AND VENIPUNCTURE--5 weeks/ 2.5 hour class --- 12.5 clock hours, 1 credit hour
3rd quarter, second year; Patient Care, Williams/ Bushong

CROSS-SECTIONAL ANATOMY—10 weeks total/ 2.5 hour class----25 clock hours 2 credit hours
1st quarter, second year; Sectional Anatomy Textbook, Kelly (program provides suggested textbook)

INTRODUCTION TO INTERVENTIONAL RADIOLOGY—4 weeks/ 2.5 hours class 10 clock hours, 1 credit hour, prelude to Cross-Sectional Anatomy, 4th quarter, first year; Merrill's Atlas of Radiographic Positions and Radiologic Procedures, vol. 3, Ballinger
1 class period covers patient care; 2 class periods cover anatomy and imaging/ and one on the equipment.

INTRODUCTION TO COMPUTED TOMOGRAPHY- 10 weeks/ 22.5 hours class--- 20 hours, 2 credit hour
1st quarter, second year Principles of Radiographic Imaging, 5th Ed., Carlton and Computed Tomography for Technologists, Romans

INTRO INTRODUCTION TO MAMMOGRAPHY with tomosynthesis (clinical rotation optional)—8 weeks total/ 2.5-hour class ---- 20 clock hours; 2 credit hours 3rd quarter, 2nd year, Merrill's Atlas of Radiographic Positions and Radiologic Procedures, Vol.2, Ballinger; Various texts/ handouts

INTRODUCTION TO BONE DENSITOMETRY— 4 weeks total/2.5 hour class – 10 clock hours; 1 credit hours, 1ST year, 4th quarter Merrill's Atlas of Radiographic Positions and Radiologic Procedures, Ballinger various texts/handouts

INDEPENDENT STUDY-- 114 hours various radiology review sources for entire 24-month curriculum

CLINICAL PRACTICE* -- 90 weeks / 4.0 hours daily -1800 clock hours

To complete the radiologic technology program the student must complete a minimum of 1069 clock hours of the specified curriculum. The minimum number of clinical hours* 1552 clock hours.

Graduation Requirements

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1) Student will have regular attendance for a minimum, of 2644 hours (total hours), divided as follows:

    A) 1552; 4.0 hours/ day in clinical
    B) 1092; 2.5 hours/ day in didactic

2) Any make-up time completed
3) A minimum GPA of 85% for each didactic course; every course; every 12 weeks
4) Completed required **clinical competencies**, with a minimum average GPA of 90%
5) Achieve a minimum score of 75% on the two-year final exam, after achieving a minimum score of 90% on each section test
6) Return handbook
7) Return hospital badge and student radiation badge

General Information

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Associate Assistance Program

This is a voluntary confidential counseling service, staffed by professional counselors. The Associate Assistance Program (AAP) staff is dedicated to assisting associates with problems that affect their personal well being, work performance, or productivity. Students may call 1-800-847-7240 to make an appointment with an AAP counselor. We also have a free app for your smartphone called WYSA which offers resources and a private space to talk to someone if you need to.

Bulletin Boards

Multiple bulletin boards & display cases are located throughout the Radiology Department. Items of general interest, and departmental/hospital notices are posted for your convenience.

Chapel

The hospital chapel (non-denominational) is located on the first floor, west wing of the DePaul Center. It is open 24 hours a day, and is available to students for meditation & prayer.

PRN Associate Status (Currently available as a senior student)

The Department of Diagnostic Imaging will periodically offer students positions as prn (as needed) student technologist associates. The Diagnostic Imaging Supervisor will have information concerning positions available for students.

Please note that any hours worked as an associate are not part of the program and cannot be used to satisfy required clinical hours. Also, students who are working in the radiology department **must wear a separate (different) radiation badge** than their student radiation badge during that time. Students will also be required to use EValue to record their school time.

Dress Code (See appendix)

All radiographers & students are required to maintain a high standard of cleanliness and neatness. Please exercise good judgment and common sense. All students are to observe the *Diagnostic Imaging Dress Code*, and the following student standards. The *Diagnostic Imaging Dress Code* is located in the appendix.

Student Standards (Dress code)

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Appropriate undergarments must be worn with uniforms. This includes socks or hose. Ankles must be completely covered for sanitary reasons. Students do not have to wear their scrubs to the classroom but they must be prepared to enter the clinical environment appropriately dressed without a delay to "get dressed".

Colors are as follows: **Hunter Green** for radiological students. Hospital supplied scrubs are also ceil blue in color but are provided only for those associates working in the **Operating Room**. Hospital supplied scrub uniforms are never to be worn outside or removed from the hospital premises. Appropriate attire must be worn when entering and leaving the building. Only students in OR rotations are allowed to wear hospital supplied scrubs.

Uniform or scrub shirtsleeves must be long enough to cover any short sleeve shirt worn underneath. If this is not possible, a lab coat must be worn.

Non-scrub shirts must be of a solid color, without any writing (logos) or pictures. A lab coat must be worn over non-scrub shirts at all times.

Failure to comply with dress code rules may result in the student being sent home to change into appropriate garments. Any time lost will be subtracted from the student's benefit time. Further failure to comply may result in disciplinary action.

Identification

Upon enrollment you will be issued a hospital identification (ID) badge. You are required to wear your ID badge at all times while on hospital property. The badge must be worn on the outer layer of clothing, on the upper chest area. The badge may be clipped to a collar, lapel, pocket, or pinned to the garment. It is not acceptable to wear the badge at or below waist level. This is an electronic key for entering restricted areas. You must immediately report a missing ID to the program director and/or security immediately. You are required to return your ID badge to the Program Director prior to graduation.

Lockers

Lockers are available to students for storage of personal items at APH. These will be assigned within the first few days of the program. The lockers are the property of Ascension Providence Hospital, and may be subject to inspection by hospital personnel, with or without notice.

Lost and Found

Items found in or on the hospital campus should be turned over to the Security Department. The owner may claim the articles, after positive identification has been made.

Lunch Breaks

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Students in attendance for an eight-hour day will receive a ½ hour lunch break. Lunch break times are designated as follows:

First six months/ Last six months- 11:00am to 11:30pm
Seven-eighteen months- 12:00pm to 12:30 pm (except Genesys, lunch will begin at 11:30am) ; on Afternoon rotation: 4:00 pm-4:30 pm.

Students will also get an additional ½ -hour/ or hour to get to their respective clinical rotations.

Students in attendance for at least four hours will receive a 15-minute break.

Parking

Students may park in any area designated for **associate parking at APH,** this is primarily located in the Theatre parking lot near the Child Time daycare. Do not park in areas designated for visitors, ambulances, or Medical Staff; this includes Radiation Therapy parking. Failure to comply will result in your vehicle being towed at **your** expense.

At Novi; entry in the hospital is at the Outpatient entrance; you may park anywhere near your actual rotation, but you may not park close to the patient entry doors.

At Genesys; you can park where the associates' park, which is towards the back of the parking lots, which is closer to Health Park Blvd. Do not take any close parking which should be reserved for patients and visitors.

At Farmington Hills and Livonia, please do not park close to the building, park away from the main entrances to leave ample parking for visitors and patients.

Personal Phone Calls

Incoming personal telephone calls will not be accepted other than in cases of an emergency. The use of hospital telephones for outgoing personal calls is not permitted. The use of personal cell phones during clinical or class room hours is not permitted. Cell phones must be kept on vibrate and out of eye view or risk being collected, (returned at the end of the day). Public telephones are located throughout the hospital for personal use during breaks. Telecommunication devices for the hearing-impaired are available through the Telecommunication Department, located on the first floor, west wing, DePaul Center.

Security

The Ascension Providence Hospital Security Department is responsible for the protection of associates, visitors, patients, and hospital property. Each officer is equipped with a two-way radio for instant communication. All portions of the hospital campus are camera monitored, and security phones are located in all designated parking lots. You may reach the Security Department by dialing X849-3024 or 849-5555 from any hospital phone, or by calling the Hospital Operator. A security officer will be dispatched by radio to assist you.

If you are leaving the hospital after dark, we highly recommend that you contact the Security Department at any location for an escort to your vehicle. This is true for all locations.

Smoking

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Ascension Providence Hospital and all Ascension locations are smoke-free campuses. It is hospital policy that no smoking will be allowed on hospital property, including parking areas.

Soliciting

Students may not at any time solicit or engage in the posting or distribution of literature, of any kind, in patient care or public areas of the Hospital.

Time Calculation

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Students will be utilizing Kronos (OR E-Value if an employee of Ascension) as a method of recording their attendance. The program requires the student to clock in and clock out every day for their classroom hours and for their clinical hours. This is an official record of your attendance. All tardiness, absenteeism, and benefit time will be tabulated from this program. Students are requested to clock in and out within a 7 minute time frame, (before and after), to maintain an accurate record of their time. Only the individual student can swipe their card for their attendance; having someone swipe you in when you are not present is time card fraud; all parties can be held responsible for time card fraud if necessary.

Failure to clock in or out is subject to disciplinary action after three occurrences. Time cannot be accurately accounted for when this occurs. You may be marked tardy or absent, whichever is most appropriate.

Program Information

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Charting

Patient charts are a legal record of their medical treatment. Please adhere to the following when documenting information if asked to document in a patient's chart or Electronic Medical Record.

1) It is Diagnostic Imaging Department policy to document the completion of all radiologic procedures. Documentation is to be noted in the "Clinical Progress Notes" section of a patient EMR/chart.
2) Documentation will include date, time, specific exam, and name of the individual entering the information. You will be out of compliance if you use abbreviations for exams. Additional comments, when appropriate, may also be included.
3) Documentation should occur at the time of exam completion, not prior to. Any exam that is "in progress" should be documented as such.
4) Registered Technologists will use their credentialing initials when signing a chart entry. Student Technologists will use the initials "SRT" after their name. As example:

   Signature (written or typed) /SRT

5) Students may only document in a patient chart after achieving clinical competency for that exam. Otherwise, a Registered Technologist must sign the chart.

School Hours

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Hours of attendance for full-time students will be:

Monday through Friday, 800 am to 4:00pm; except Ascension Genesys Hospital*.
Afternoon rotation, Monday through Friday, 1pm-9pm.

All students must do a daily 4 hour clinical rotation, regardless of clinical location.

*Ascension Genesys' morning clinical rotation will be from 730am-1130am. This gives the student time for a ½ lunch, and an additional hour to reach the classroom by 1 pm. AGH afternoon rotation will be from 12:30-4:30 pm. This gives the student time after class to have their lunch and an additional hour to get to their rotation.

Students are considered late when traveling to their clinical sites as follows:

Southfield- must be in attendance by 12pm; 5pm for afternoon rotations.

Livonia- must be in attendance by 12:15pm
Farmington Hills- must be in attendance by 12:15pm

Novi- must be in attendance by 12:30pm
Genesys- must be in attendance by 1pm

All students must stay for the entire 4 hours once they are in attendance. If they wish to arrive earlier than the designated late time, they can start their four hours immediately upon clocking in but they must be in their clinical area, not just in the building.

Students who end up having to make up time during their vacations will follow the same time schedule. **Students are not allowed to make up time on weekends or holidays.**

Classroom Schedule

The classroom is located at **Ascension Providence Hospital, in Southfield**.

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Months one to six- 8:00am to 11:00 am (3.0 hours daily)
Months seven to eighteen- 1:00pm to 4:00pm (3.0 hours daily)
Months nineteen to twenty- four- 8:00am to 11:00 am (3.0 hours daily)

The exact start and duration of a specific class is dependent upon the course. For a calendar progression of classes, please refer to the curriculum calendar, which you will receive on the first day of class.

Class schedules are prepared at least one month in advance. Class schedules are posted for a two-month period at the school office. Students are required to be at the classroom by 8 am/ or 1 pm daily.

Classes will begin on a timely basis. If you are late, be prepared to obtain missed information from a peer. You are also responsible to obtain information from your peers if not present for a class period. When you are not in the classroom portion of the program, or in an assigned study period, you are expected to be performing cases with your assigned technologist in the appropriate clinical area.

During periods of vacation, no classes are scheduled.

Tutoring is available for any student, for any class, **upon request of the student.**

Reasonable Accommodations

It is the policy of the program, in compliance with the Americans with Disabilities Act (ADA), to provide reasonable accommodation to select qualified, disabled individuals so that they can perform the essential functions of the job. Reasonable accommodation will be provided to such individuals unless it imposes an undue hardship upon the program.

Clinical Preceptor Team

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Various members of the technical staff are chosen to assist in clinical competency evaluation, candidate selection, twelve-week evaluation, and program policy decisions.

These team members serve as mentors and support personnel in the clinical setting. Current Preceptors team members include:

***Mary Kleven*, Program Director—all exams (Southfield)**
***Kenneth Budnick*, Clinical Coordinator—all exams (Southfield)**

***Kristin Baxmann,* Staff Technologist-all exams (Southfield)**
***Alyssa Ford*, Staff Technologist, all exams (Southfield)**
***Abdurahman Gazzali,* Staff Technologist, Special Procedure exams only (Southfield)**
***Megan Jaquez*, Staff Technologist-all exams (Southfield)**
***Josip Konjevod*, Staff Technologist, Special Procedure exams only (Southfield)**
***Samantha Kowalski,* Staff Technologist, all exams (Southfield)**
***Juliana Latour*, Staff Technologist, all exams including CT (Southfield)**
***Elizabeth Layer,* Staff Technologist, all exams (Southfield)**
***Jennifer Miner,* Staff Technologist-all exams (Southfield)**
***Laura Turner*, Staff Technologist-all exams (Southfield)**
***Kelly Wight*, Staff Technologist- all exams (Southfield)**

***Nicole Ayres,* Staff Technologist- all exams (Novi)**
***Lisa Boulton*, Staff Technologist-all exams (Novi)**
***Sandy Wilson*, Staff Technologist- all exams (Novi)**

***Davinder Phalore,* Staff CT technologist, all CT exams (Southfield)**
***Nathalie Labreche*, Lead CT Technologist, all CT exams, (Southfield)**

***Darcy Sleighter*, Staff Technologist, (Farmington Hills)**
***Penny Hamdan*, Staff Technologist, (Livonia)**

***Karin Jackson*, Staff Technologist, AGH -all exams**

Grading Scale and Standards

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100-93……A
92-85……B
84-75……C
74 or below…..failing

- 90% must be maintained clinically for each 12-week period, for all clinical competencies.
- 85% must be maintained didactically for each course, for each 12-week period. (Any student with below 85% grades for more than one course during a 12-week period is subject to immediate termination; any class that ends after twelve weeks must be passed with an 85% or student is subject to immediate termination)
- Any test score below 75% is considered failing. * This grade will stand for calculation of the student's GPA. This includes twelve-week finals.
- Any final grade below 85% for a course is considered failing. Failure of a course will result in termination from the program.

*Students are required to pass the didactic examination in Radiographic Procedures (positioning) prior to challenging a clinical competency, i.e. student must pass the hand, wrist and forearm positioning test to be able to test on a hand, wrist, or forearm in the clinical setting. Failure(below 75%) of any positioning test will result in termination.

Twelve-Week Evaluations

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The program uses a period of twelve weeks as a cycle for evaluation.

At the end of each twelve-week period, students will be given a final exam. This will cover didactic information given up to that point in the program. This is to demonstrate retention of past information by the student. A passing score of 75% or above is required for each twelve-week final. Failure of a twelve-week final will result in academic probation. Failure of a second twelve week final will result in termination.

The Clinical Coordinator & Clinical Preceptor Team members will each evaluate the student's clinical progress for that period. These evaluations will be scored on a range of 0-52 points. This score is included in the student's clinical twelve week clinical GPA. During the junior year, scores are interpreted as follows:

46-52…..Exceeds expectations
39-45…..Competent
31-38…..Needs improvement
23-30…..Immediate probation
0-22…….Termination

During the senior year, the scores will be interpreted as follows:

46-52…..Exceeds expectations
39-45…..Competent
31-38…..Clinical probation
0-30…..Immediate termination

The week following each twelve-week period, students will meet with the Program Director privately to discuss their progress in the program. Included in this discussion will be:

- Overall didactic GPA
- Overall clinical competency GPA
- Clinical evaluation score
- Negative & benefit time status
- The student's overall standing in the program
- Possible methods for improving program service to the student

These Twelve-week evaluations will take place eight (8) times during the 24 months of the program.

Probation Policy for New Students

Rev. 3-24

The Agreement Letter you signed prior to your entrance into the program will be the probationary policy you will follow for the first ninety (90) days of the program. A signed copy of this letter will remain in your file. You were also given a copy of this letter. It is strongly recommended that you retain this letter for reference. Any student who receives a disciplinary action for any reason, tardiness, absenteeism, insubordination, unprofessional behavior, etc., in the first ninety days will be subject to dismissal.

Policy for Students who have failed to meet Didactic or Clinical standards (remediation)

Rev. 3-24

Students who do not maintain the required GPA for didactic or clinical portions of the program may be subject to immediate dismissal. The Program Director and/or Clinical Coordinator will make every attempt possible to monitor each student's progress, and inform the student of their failure to meet the required standard.

The Education Committee has the option of granting a ninety (90) day probation period to students who fail to meet clinical or didactic standards. This probationary period (remediation period) may be granted to allow the student to demonstrate commitment towards achievement. A student is allowed a maximum of one probationary period in their first (junior) year, and one in their second (senior) year. Probationary periods cannot be consecutive.

Students granted a probationary period will be informed in writing of this action, the starting & ending dates of the probationary period, and the required standards to successfully complete the probationary period.

Students placed on probation will be counseled concerning their performance according to a schedule arranged mutually by the Program Director and the student. All such meetings will be documented. After completion of this probationary period the student will regain good standing with the program if he/she has achieved the required standard. The student will be reminded that failure to achieve standards a second time within that year will result in termination.

Any student who receives a Disciplinary Action for absenteeism or tardiness during a probationary period will be subject to immediate dismissal.

Students who have been terminated from the program will not be allowed re-entry in the program. A student who resigns from the program after being on probation may re-apply to the program. Such students will be assessed as all other applicants.

Radiographic Identification markers

All students are provided with one set of radiographic identification markers at the beginning of the program. **You are required to keep these markers on your person**. Failure to have your markers in your possession may require you being sent home to retrieve them. The time needed for this will be subtracted from your benefit time. You are responsible for these markers. If lost, they must be replaced immediately at your personal expense.

Class Representative(s)

Within the first sixty days of the program, your class may choose a Class Representative. This individual will act as a liaison between the class & Program Director. The Class Representative will be guided by the Program Director, and be responsible for the following:

- Assist in communication between the class & Program Director.
- Represent the class at meetings, such as the Advisory Council.

The personal attributes of a Class Representative should include patience, tact, and the ability to control a stressful situation.

Awards

- Scholastic Achievement-Presented to the student who has maintained the highest grade point average throughout the program.
- Outstanding Student-Presented to the student who has best displayed the characteristics of an outstanding registered technologist. This award is determined by vote of the staff technologists.
- Technologist of the year-Presented to the technologist who has provided superior guidance to the graduating class. This award is determined by the vote of the graduating class.

All awards are presented at the Celebration Luncheon.

Graduation Ceremonies

Rev. 3-24

In recognition of their achievement, the program holds the following two events. They both are held on the fourth Thursday in August of the graduating year.

- *Farewell Tea*—Held from approximately 11:30am-1:00pm in the Department of Diagnostic Imaging. An opportunity for all department personnel to visit and wish well to the graduating class.
- *Graduation Celebration* —Held on APH campus right after tea. Graduating students, instructors, department administrators, radiologists and staff technologists who participated in the student's educational growth are invited. Families may attend. All diplomas & awards are presented then.

Health Care Coverage

Rev. 3-24

Please note that students are responsible for their own health care coverage and students are educated on how to protect themselves using proper body mechanics, infection control and safety. Students are provided free of charge a pre-enrollment physical examination and annual TB testing and the **initial visit only** of a school related injury/illness. For initial evaluation of a school related injury/illness the student will report to Occupational Health Services (OHS) between the hours of 7am- 4:30pm, or to the Emergency Department (ED) when OHS is closed. The ED or OHS will determine whether the student will remain in attendance or go home. The student should immediately report their injury/illness to the school faculty or lead tech and complete an incident report and take them to OHS or ED. Any subsequent medical treatment will be the student's responsibility, whether at OHS or PMD. Any missed clinical or didactic time is to be deducted from your personal time.

Student Liability

Rev. 3-24

All students are covered through Ascension Providence Hospital for negligence, malpractice, and/or accidental occurrences while on hospital premises during program hours.

Records Release (transcripts)

Rev. 3-24

The program abides by the *Family Educational Rights and Privacy Act* (Buckley Amendment). All transcripts & student records are maintained in locked storage, and their content is kept under the utmost confidence. The Medical Advisor, Program Director, Clinical Coordinator, and Clinical Instructor are the only individuals with access to these records.

Students who request transcripts be sent to another facility must submit a written request before a transcript will be issued.

Repeat Radiographs

Rev. 3-24

It is program policy that all repeat radiographs be performed under the **direct supervision** of a registered/registry eligible technologist regardless of student competency level.

Policies regarding student supervision are stipulated in the following pages (pg. 20). These policies are required to prevent excessive radiation exposure to the patient. Students not adhering to these policies will be subject to disciplinary action. Please see Radiation Protection Policy, Pg. 34.

Meetings

Rev. 3-24

Various meetings are regularly held by the Diagnostic Imaging Department & the program. Those open to attendance by students include:

- Technologist meeting—Held once per month to discuss issues and ideas relevant to operation of the department. The class representative (or another student in their stead) is invited to attend. This individual will report to their class concerning information discussed at the meeting.

- Class meeting—Each class is asked to hold a short monthly meeting among themselves as an opportunity to discuss class/program related issues. The class representative will provide a report on topics discussed to the Program Director. This provides for student input concerning school related issues.

- Advisory Council—Meets once a year to discuss issues related to the school. Those invited to attend include faculty, administration, class representatives, and representatives of any communities of interest.

Tuition

Rev. 3-24

Tuition cost for the 24-month program is $7,000. Accepted students will provide a matriculation fee of $2,000 (non-refundable) upon their agreement to enroll. The remaining $5,000 will be due in September when the students begin. Students may opt to pay $3,000 on the first day of school (in September); and the final payment of $2,000 by September 1 of the next (senior) year or they could pay the entire tuition.

Fees for the required textbooks are not included with tuition cost. Enrolled students will be given a list of required and recommended texts. At present rates, total cost for the required texts is approximately $900-1,100 depending on how students acquire their books. E-books are acceptable. Students will also be required to purchase an ASRT student membership for $35/year. Students must also purchase their own scrubs.

Tuition refunds

Rev. 3-24

Students who are dismissed or choose to leave the program will **NOT** be refunded any tuition and/or fees paid.

Transfer of Credits

The Ascension Providence Hospital School of Radiologic Technology does not accept transfer credits from any other program. Accepted students will attend the entire program regardless of what courses they may have taken previously.

Student Supervision Policy

Rev. 3-24

The following guidelines have been established by the program to ensure consistent application of the rules governing the supervision of students during their clinical experience. Students will be assigned to a technologist in each clinical rotation. This environment will provide opportunity for the student to learn from actual one-on-one situations.

Supervision guidelines

1) All medical imaging procedures will be performed under the direct supervision of a qualified (certified) radiographer until a student demonstrates competency.
2) All medical imaging procedures will be performed under the indirect supervision of a qualified (certified) radiographer after a student demonstrates competency.
3) All unsatisfactory radiographs repeated by students will be under the direct supervision of a qualified (certified) radiographer.

Students who do not comply with the above named policies will be subject to disciplinary action. Compliance with these policies will be reviewed by the program director.

Key Terms

Direct supervision:

- A qualified radiographer reviews the procedure in relation to the student's level of achievement.
- A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
- A qualified radiographer is present during the conduct of the procedure.
- A qualified radiographer reviews and approves the procedure.

Indirect supervision:

- Supervision is provided by a qualified radiographer, immediately available to assist the student regardless of level of student achievement.
- Immediately available is interpreted as the presence of a qualified radiographer adjacent to the room where an imaging procedure is performed.
- This applies to any area where ionizing radiation equipment is in use.

Review period:

Student supervision will be reviewed on a daily basis by the Clinical coordinator/clinical instructor. Failure to adhere to this policy will be reported to the Program Director. This will be documented as part of a student's permanent record. Disciplinary action will be taken if the student fails to adhere to this policy. Please see Disciplinary Action Policy, Pg. 27.

Student Counseling

Whenever possible, the Program Director and/or the Clinical Coordinator/Instructor will counsel the student regarding failure to follow the student supervision policy. Such counseling will be considered a verbal warning and will not be considered a step within the disciplinary action procedure.

Compensation & Benefit Rules

Approval of Benefit Time

Rev. 3-24

In order to promote a sense of professional responsibility, student benefit time policies and procedures are patterned after those followed by department staff technologists.

All scheduled benefit time must be approved by the Program Director. This is to properly tabulate attendance. All requests for scheduled benefit time must be submitted on a *Request for time off* form (blue card). These are available at the school office. The program requests reasonable notice for requests of benefit time. Students are encouraged to stamp all requests with the date and time for documentation purposes. Completed forms should be submitted to the Program Director or Clinical Coordinator.

Please note that students earn benefit time according to their tenure in the program. Benefit time cannot be taken before it is accrued.

Combined Time Bank

Rev. 3-24

Students will receive a bank of available days off per year. All scheduled & unscheduled absences, and time absent due to tardiness will be subtracted from this bank. This does not include Vacation time. Combined time will be accrued at a rate of one (1) day for each month completed in the program.

Time used in excess of that accrued by the student up to that point will be subtracted from time the student is given for vacation periods. A student will be expected to replace excess time during vacation periods that immediately follow excess use. Students will not be allowed to "bank" time for future use. Excessive time use after the final vacation period will be made up after graduation.

Combined Time cannot be used to extend Vacation Time. Any student who will be absent more than five (5) days in a row will be required to request a Leave of Absence.

Scheduled Absences

Rev. 3-24

Students are eligible to request scheduled absences during the twenty-four (24) month program. All Scheduled Absence time used will be subtracted from the Combined Time Bank. Requests for Scheduled Absence Time must be submitted with reasonable notice on a "blue card". Every student is responsible for contacting/ informing their individual clinical rotation if they are going to be absent for any reason.

Unscheduled Absences

Rev. 3-24

Each student is eligible for unscheduled absences (sick days) during the twenty-four (24) month program. Time used for unscheduled absences will be subtracted from the student's combined time bank.

Any student who requires more than two (2) consecutive unscheduled absence days will be required to submit a valid Doctor's note. Any student who uses an unscheduled absence prior to, or immediately following vacation, legal holiday or previously arranged scheduled absences will be required to submit a valid Doctor's note verifying total incapacity for the days absent. Any student who will require more than five (5) consecutive unscheduled absences will be required to arrange a Leave of Absence.

Vacation

Rev. 3-24

Each student is eligible to receive sixty (60) days of vacation during the twenty-four (24) month program. To provide for the fullest educational experience possible, the following vacation rules have been established. Each student is expected to uphold these timeframes.

The vacation time periods are pre-established. No didactic classes or clinicals are held during the vacation period. This assures the student of maximal educational experience. During these time periods, students are not required to report to the school. The established periods are as follows:

- Two week Holiday vacation (December-January) scheduled to include both legal holidays.
- One week in March, following the end of 2nd and 6th cycles.
- One week in June, following the end of 3rd and 5th cycles.
- Two consecutive weeks in August/ September, following the end of 4th cycle.

Holidays

Rev. 3-24

All students are scheduled off during the following legal holidays and not allowed on campus: New Year's Day, MLK Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. **Students are not allowed to make up time or be present on campus on a legal holiday.**

Snow Days Rev. 3-24

To ensure the safety of its students, the program will be closed during periods of **extreme snowfall**. **E-Value** will be utilized to make the announcement via the home page and e-mail. Students can expect an announcement by 6 am if the school is closed for **extreme snowfall.** Students will **not** be required to attend the program on those days, and no benefit time will be subtracted for their absence. The absence will not count toward any disciplinary steps either. Students who choose to attend on a snow day will receive credit toward their Combined Time Bank for any hours attended that day. Students who are tardy on days of moderate snowfall may not be penalized if the hospital declares it a snow day for associates throughout the hospital.

Extended Leave of Absence

Rev. 3-24

In the event of a prolonged absence (up to 12 weeks), for personal or health reasons*, the student will be required to make-up time missed from the program. This will be achieved through forfeit of any unused benefit time. (i.e., Combined Time Bank or Vacation Time) If the amount of unused benefit time is not sufficient, the student will be required to make-up these hours after the completion date of the program within a reasonable amount of time**. The student will not receive a diploma or be allowed to sit for the registry until the time is made up. All arrangements for Extended Absence and make-up time must be discussed with the Program Director, prior to the absence if possible.

Students under **temporary** medical restrictions may attend the didactic portion of the program in order to not fall behind. The student must have written permission from the treating physician to attend. Any student requiring tutoring may request and schedule such with the pertinent instructor.

Students who are absent for greater than 12 weeks, will be asked to withdraw from the program; and re-apply for the following year. Some courses are only offered at one point of the year. Some courses build on each other, so missing one Twelve- week cycle negates the ability to participate in the following twelve weeks, and so on.

***Both personal and health leaves of absence are required to have documentation from an appropriate physician, stating that it is in the student's best interest mentally and/or physically to be away from school.**
**** Students who need to make up time at the end of the program will be held to the time related policies as stated in this handbook. Any further unexcused absence could result in disciplinary action and possible dismissal. Time should be made up utilizing the same schedule that is being followed presently and continue until completed.**

Military Leave

Rev. 3-24

Any student who is required to fulfill a Military Obligation will be granted an Extended Leave of Absence, or postponed re-entry to the program. The student will discuss these arrangements with the Program Director. If the student chooses an extended leave of absence, time absent will not be subtracted from the student's benefit time. The student will still be required to complete the required minimum number of didactic and clinical hours before receiving their diploma. This will also postpone the date of their eligibility to sit for the registry.

Witness or Jury Duty

Rev. 3-24

Students summoned for Jury Duty, or as a Witness in a court case should contact the Program Director immediately. The program will provide a letter of verification of full time student status for the court at the request of the student. Any time spent as a witness or member of a jury will not be subtracted from the student's benefit time. To request days off for witness or jury duty, you must submit a statement from the court to the program verifying the days served. Students should be aware that they are still responsible to fulfill the required minimum number of clinical & didactic hours prior to receiving a diploma, or to be eligible to sit for the registry.

This will not apply if the student volunteers for such duty are the defendant or plaintiff in an action or have a financial interest in the proceedings.

Bereavement Absence

Rev. 3-24

In the event of a death in the immediate family, students are eligible to be granted up to a maximum of three (3) days bereavement absence. This time will not be subtracted from the student's available benefit time or apply to the disciplinary step process. **Immediate family includes: parents, spouse, child, sibling, grandparents, great grandparents, legal guardians, mother/father-in-law, brother/sister-in-law, daughter/son-in-law, grandparents-in-law, stepchildren, and stepparents.**

To request Bereavement time, you will be required to submit proof of death. This includes name of deceased, relationship to the student, location of funeral, and date(s) of funeral.

Students may request an additional two (2) days bereavement absence if the location of the funeral is 300 or more miles from the city of Detroit. This additional time will be subtracted from the student's available benefit time.

Students may request available benefit time for the death of an individual not included in the above immediate family definition.

Tardiness & Absenteeism Policy

Rev. 3-24

The Program has established guidelines to ensure consistent rules governing tardiness & absenteeism for students. All tardiness & absenteeism is recorded for each student in their *Negative Time Utilization Report*, a record keeping system that ensures uniform and consistent application.

Review Periods

Rev. 3-24

The review period for excessive tardiness or absenteeism, and potential disciplinary action resulting from such, will be a continuously moving period of twelve (12) months. Any disciplinary action will be effective beginning the day of the occurrence that makes the student excessively tardy or absent. The next twelve (12) month period will begin the day of the first (1) occurrence that led to the disciplinary action.

Partial Absence (Tardiness)

Rev. 3-24

Students are required to arrive on time at their assigned clinical rotation, prepared to participate. (Must have markers, notebook, writing implement, etc.) Failure to do so will be considered a partial absence. Occurrences will be documented by the Program Director.

A partial absence will be recorded when the time absent is not greater than half of the assigned school day. (Could include from one (1) minute to four (4) hours.)

A partial absence will be recorded when the student fails to swipe in. The student will be recorded as having arrived at the time a technologist can verify their arrival, otherwise four (4) hours will be subtracted from their Combined Time Bank. Failure to punch will be counted toward partial absences for the Disciplinary step process as outlined below.

A student will be considered to have excessive partial absences when tardy eight (8) or more times in a rolling 12 month period. Disciplinary action for excessive partial absences will proceed according the following:

- Eight (8) occurrences- Verbal warning
- Nine (9) occurrences- Written warning (Step one)
- Ten (10) occurrences- Second written warning (Step two)
- Eleven (11) occurrences- Suspension (Step three)
- Twelve (12) occurrences- Termination (Step four)

Students on probation are subject to termination at any time for excessive partial absence prior to the completion of the probationary period. This includes clinical/didactic probation, and the beginning probationary period (First 90 days).

Responsibility to notify if tardy

Rev. 3-24

A student who is knowingly going to be tardy is expected to contact the school office or authorized designee if possible, **at 248-849-3293/4753** at Southfield; **and 248-465-4373 or 248-465-5800 (vocera)** at Novi Hospital, Novi ER 248-465-3966; Novi in-patient, 248-465 3963/3960; at Farmington Hills, **call 248-865-4044; at Livonia, call 734- 432- 7770; and at Genesys, call Karin Jackson at 810-275-2302. An email is not an appropriate way to contact the school of a partial absence; you must call.** Time absent because of tardiness will be subtracted from the student's Combined Time Bank. Notifying the program of tardiness will not exempt the student from a partial absence. Students must contact the school office as well as their rotation area when the absence will be from rotation at Novi Hospital, Livonia, Genesys, and/or Northwestern.

In certain circumstances, (e.g. snow emergency) the Hospital may determine that all tardiness occurring will be excused. In such cases, a memo will be issued to all departments from the Director of Employee Relation and/or the Director of Compensation. In these instances, Program policy will adhere to this ruling.

Procedure for determining excessive tardiness

Rev. 3-24

1) To determine if a student is excessively tardy, the Program Director will review the student's Negative Time Utilization Report at least quarterly. (Every three months)
2) The Program Director will determine the total number of separate times a student is tardy in a twelve (12) month period or less.

3) If the student is determined to be excessively tardy, appropriate disciplinary action will be initiated.
4) To handle chronic tardiness situations, the student's record will be monitored, and appropriate disciplinary action will be applied.

Absenteeism

Rev. 3-24

A student is considered absent if they fail to report to school on a regularly scheduled day. For purposes of this policy, a student is not considered absent for the following: Authorized scheduled absence; authorized witness/jury duty; authorized scheduled vacation day; authorized bereavement day; authorized Hospital holiday; or school related injury/illness. **A student who fails to clock out will be considered absent that day.**

The Program Director may request a student to supply a physician's letter verifying incapacity to be at school that day or days of absence. If the student has a record of chronic absenteeism, or a pattern of absenteeism, they may be questioned regarding the legitimacy of the illness.

Excessive Absenteeism

Rev. 3-24

A student will be considered excessively absent, and subject to disciplinary action when:

- The student is absent at least six (6) occurrences in a period of twelve (12) months. Each set of consecutive days absent counts as one occurrence.
- A student on probation is subject to termination at any time for excessive absenteeism prior to the completion of the probationary period.
- The student is absent more than three (3) occurrences in a twelve (12) week cycle.

Documentation of all absenteeism is made on the student's *Negative Time utilization report*. Disciplinary action for excessive unscheduled absences will be applied according the following:

- Six (6) occurrences- Verbal warning
- Eight (8) occurrences- Written warning (Step one)
- Nine (9) occurrences- Second written warning (Step two)
- Ten (10) occurrences- Termination (Step four)

No call/No show

Rev. 3-24

An absence from the Program for one (1) day without authorization, and failure to inform the school or authorized designee regarding such absence, will be considered a No call/No show.
Any student who both fails to report and fails to notify the school will be subject to the following disciplinary action:

- First occurrence-Written warning
- Second occurrence-Three- day suspension
- Third occurrence-Termination

A student absent from the Program without authorization for three (3) consecutive days, and without notifying the school or authorized designee, will be terminated at the end of their regularly scheduled hours of the third day of such absence. Such termination is voluntary and considered as "quit without notice" by the student.

Pattern of Absenteeism

Rev. 3-24

A pattern of absenteeism is defined as occurrences of absence which are the same or similar in nature and appear to occur regularly. These include but are not limited to: absence from the Program the day before or the day after scheduled days off, or holidays; continuous days off from the school without an acceptable reason; or any other established pattern. In such cases, the Program will:

1) To determine a pattern of absenteeism, the program may use a rolling period of up to twelve (12) months to establish whether a pattern of absenteeism has occurred or is currently developing. Absences for which the student has previously been disciplined will not be excluded.
2) When a definite pattern of absenteeism exists, as documented on the *Negative Time Utilization Report*, the program may issue disciplinary action for such.

Short-term hospitalization or extended illness

Rev. 3-24

The Program Director may recognize an absence for an illness that requires short-term hospitalization or convalescence under the care of a physician, as supported by written documentation. The following guidelines will apply:

1. Generally, hospitalization will be excused. In some instances, with review by the Medical Advisor, the Program Director may decide not to excuse when past attendance records and patterns of absence are unacceptable.
2. Generally, convalescence under the care of a physician, defined as a continued recuperation at home following hospitalization, outpatient surgery, or other appropriate condition, and supported by a physician's statement, will be excused.
3. Short-term illness, defined as absence for one (1) or more days duration, whether or not the student has a physician's statement, will be used for purposes of calculation for excessive absenteeism.
4. A student returning from an extended absence of five (5) or more calendar days due to illness or accident must first report to the Occupational Medicine Department and present a letter from his/her physician stating the diagnosis and certifying clearance to return to school. This is hospital policy for all associates.
5. Any student who becomes ill while on duty may be referred to the Occupational Medicine Department, Emergency Room, or be sent home by his/her supervisor. All such partial days will be recorded on the *Negative Time Utilization Report* and will be counted for purposes of excessive absenteeism.

Responsibility to notify when absent

Rev. 3-24

Any student who is knowingly going to be absent, and has not received prior authorization to do so, must contact the School or authorized designee at least sixty (60) minutes prior to the start of a scheduled program day or be subject to disciplinary action. It is best to speak to someone if possible when calling in. If no one is available, please call the school's voice-mail and leave a message at **(248) 849-3293** and **248-465-4373 or 248-465-5800 (vocera)** at APH -Novi; Novi ER 248-465-3966; Novi in-patient, 248-465 3963/3960; and at Farmington Hills, **call 248-865-4044; at Livonia, call 734- 432- 7770; and at Genesys, call Karin Jackson at 810-275-2302..** An email or text message is **NOT** an appropriate way to notify the school of an absence; you must call. Students who email notice of an absence will receive a tardy and an absence.

Students who are absent on the day of a test will be required to take the test first thing in the morning of the next day of attendance, unless directed by the school/instructor to do otherwise. Please report directly to the school office after arrival, prepared to take the test. If a student does not show up to take the test at their earliest return to the Southfield campus, 5 points shall be deducted from the overall

grade. The school/instructor may choose another time/day to take the missed test, depending on other circumstances, but this will be at the discretion of the school/instructor.

The complete disciplinary action policy regarding all other infractions is found on page 26 for student review.

The policy of the progressive disciplinary action does not apply to probationary students who violate the *Tardiness and Absenteeism Policy*.

Disciplinary Action Policy

Rev. 3-24

Policy

It is the policy of the Program to administer disciplinary action as uniformly and consistently as possible with progressively sterner action for repeated offenses based upon the nature and severity of the offense.

Purpose

The purpose of administering disciplinary action is to initiate a corrective action to provide a basis for solving the student's problems, persuading the student to improve, and eliminating the need for further disciplinary action.

Responsibility

Student discipline is the responsibility of the Program Director.

Student counseling

Whenever possible, the Program Director should counsel students about potential problems before such problems require disciplinary action.

Such counseling, whether verbal or written, is not a step within the disciplinary action procedure and cannot be used as a basis for further progressive disciplinary action.

Disciplinary step process

There are four (4) steps in the disciplinary action procedure which provide for progressively sterner discipline:

Step 1 - Written warning
Step 2 - Written warning
Step 3 - Possible suspension (Must be made up at the end of the program)
Step 4 – Termination

Administering disciplinary action

Rev. 3-24

When a student violates rules or regulations, or performs unsatisfactorily, thus warranting disciplinary action, the following is applicable:

Disciplinary steps must be communicated verbally and documented in writing on the Program's *Authorization Notice of Disciplinary Action* form (D.A.) and inserted into the student's record. A copy of the D. A. must be given to the student.

A. The Program Director is required to sign the notice of D.A. before it is issued to the student.
B. The student must be provided an opportunity to sign the notice of D.A. If the student refuses to sign the form, the supervisor or program director must note such on the D.A. form.
C. The Program Director is required to place a copy of each D.A. into the school and department file after it is issued.

Review of Disciplinary Action

Rev. 3-24

Prior to administering disciplinary action at Step 3 or 4, the Program Director is required to review the recommended action with the Education Committee.

Time limits for progressive Disciplinary Action

An indication of improvement by a student following Disciplinary Action will be taken into consideration by adhering to the following standards regarding time limits for progressing or not progressing through the Disciplinary Action procedure.

A. If subsequent to receiving Disciplinary Action, the student does not warrant further Disciplinary Action for that offense for a period of three (3) months but less than six (6) months, and the offense re-occurs, then the same step in the Disciplinary Action that was previously issued must be rendered.
B. If subsequent to receiving Disciplinary Action, the student does not warrant Disciplinary Action for that offense for a period of one (1) year, and such an offense re-occurs, the Disciplinary Action procedure must begin with a verbal warning regardless of the level of Disciplinary Action previously issued for this offense.
C. These standards do not apply in those instances involving infraction that may warrant immediate termination of a student.

Probationary students

Rev. 3-24

The policy of progressive disciplinary action does not apply to students on academic/clinical probation.

A. Academic/clinical probationary students should be counseled regularly on their performance so that if termination is deemed necessary, it will be documented, and notification to the student will not be totally unexpected.
B. Academic/clinical probationary students may be terminated at any time.
C. Termination of probationary students must be reviewed by the *Education Committee*.

Any student who disagrees with any disciplinary action may use the grievance process located on page 30 to contest the action.

Disciplinary Action for serious infraction

Ordinarily, progressive disciplinary action should adhere to the four-step sequence outlined above. The step process is used to emphasize to the student the importance of correcting improper conduct. However, depending upon the nature and severity of the offense, the disciplinary procedure may start above Step 1, and does not need to proceed in sequential steps.

In instances where the seriousness of the offense or the welfare of the Hospital dictates that immediate termination may be the appropriate action, the student must be suspended from duty pending a complete investigation and review prior to any actual termination.

Grounds for dismissal

Rev. 3-24

Those offenses that may result in immediate termination include, but are not limited to the following:

1. Failure to maintain an 85% GPA in each course for each cycle of the school curriculum.
2. Failure to retain clinically a 90% accumulative average for each cycle of the school curriculum.
3. Failure to pass any Radiographic procedures exam with a 75% or better.
4. Any criminal offense committed on Hospital property.
5. Failure to report for three (3) consecutive scheduled days without notification of and authorization from the student's immediate supervisor.
6. Deliberately falsifying information on any Hospital record. (E.G. enrollment application, time record, medical record, etc.)
7. Disclosure of confidential information without proper authorization. (Includes patient information, any HIPAA violations, and corporate information such as "shared" computer sign-on codes)
8. Immoral or violent conduct and any willful, negligent or malicious act causing danger to any person on the premises.
9. Reporting to or working under the influence of alcohol, narcotics, or non-prescribed drugs.
10. Possession of alcohol, narcotics, or non-prescription drugs on the Hospital premises.
11. Theft, misappropriation, or unauthorized removal from the Hospital premises of property belonging to the Hospital, patients, associates, fellow students, visitors, or others.
12. Insubordination to any supervisor. Insubordination is when you are given an appropriate task to perform and you willfully choose NOT to comply. You should be given the opportunity to understand that you are being insubordinate. If there is understanding that you are refusing to do what has been asked of you, and that you are being insubordinate, then you will be immediately terminated.
13. The disregard, regardless of reason, whether intentional or due to negligence, of established Hospital and/or professional standards pertaining to patient care. (i.e. choosing not to follow a physicians' orders because you do not agree with his/her decision)
14. Violation of professional and/or technical practices or ethics.
15. Negligence in the performance of duties. This includes duties that are stipulated within the handbook, as well as in the clinical area.
16. Cheating on the didactic portion of the Program. This includes any method (electronic, verbal, and written) of transfer of information regarding any test, quiz, or assignment given to individual students to be completed on their own. If appropriate, both parties involved will be held responsible.
17. Sleeping while in the clinical or didactic portion of the program, (lunch/study time included) or sleeping in a clinical or public area that is on hospital property.
18. Unauthorized or unprofessional use of the Internet or e-mail.

If unclear about any of these, do not hesitate to ask for further explanation. Each situation will be thoroughly investigated, but fair and consistent discipline will be delivered in every situation.

If for any reason you do not agree with charges brought against you, you will be given **due process** according to the student **grievance policy** in this handbook on page 31.

School of Radiologic Technology
Ascension Providence Hospital, Department of Radiology

STUDENT NOTICE OF DISCIPLINARY ACTION

Rev. 3-24

Student's Name_____ Date_____

Type of discipline given:

_____ Step 1 – Written warning _____ Step 3 – Suspension ____ days

_____ Step 2 – Written warning _____ Step 4 – Termination

Description of offense:
_____
_____
_____
_____

Additional comments:
_____
_____
_____
_____

Date of last related Disciplinary Action _____ Step _____

_____ _____
Program Director Program Medical Consultant/
Radiology Director

I acknowledge that a copy of this notice has been given to me.

Signed _____ Date _____

Student Grievance Procedure

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Due process

To provide each student with due process, the following is our formal procedure/policy for resolution of a grievance or complaint. It identifies time frames for completion of each step and provides for a final appeal to a source external to the program.

Policy

It is the policy of the program to provide students with a formal method by which any dispute arising out of a student's clinical and didactic training can be presented for review and resolution.

A. A grievance is any dispute, disagreement, or claimed inequity by a student.
B. Whenever possible, student complaints should be discussed, investigated, and resolved with the student's immediate Clinical Instructor or Program Director before they become grievances. However, if complaints are un-resolvable at this level, or if the student decides to submit them through the grievance procedure, then the student must put the complaint in writing on the prescribed grievance form and initiate the grievance according to the procedure outlined below.
C. To assure the student's ability to properly grieve any situation, the student may move to step 2, if the grievance involves the Program Director of the school.

Eligibility

Any student may utilize the grievance procedure.

Procedure

The following outlines the procedure to be followed by all participants involved in the grievance process. The Program Director is responsible to coordinate activities related to each step, if beginning the procedure at step 1. The appeal or response time may be extended if necessary.

Step 1

Student:

1. Contact the Program Director's office to obtain a grievance form.
2. Complete the grievance form, and submit the original to the Program Director within three (3) working days following the date of the claimed incident that caused the grievance. Student will retain one copy.

Program Director:

3. Meet with the grievant, and give the grievant written response to the grievance on the grievant reply form within three (3) working days following receipt of the grievance. The Program Director will retain one copy.

Step 2

Student:

4. If the grievance is not resolved, submit a written grievance on the grievance form to the Radiology Director within three (3) working days following receipt of the response in Step 1. Student will retain one copy.

Radiology Director:

5. Meet with the grievant and give the grievant a written response to their grievance on the grievance reply form within three (3) working days following receipt of the grievance. The Radiology Director will retain one copy.

Step 3

Student:

6. If the grievance is not resolved, submit a written grievance to the Associate Relations Department within three (3) working days following receipt of the response in Step 2.

    A. Student will retain one copy.
    B. Submit one copy to the Program Director.

Associate Relations:

7. Selects grievance committee members, arranges date and time for Relations meeting, and arranges for any witnesses which are required for the meeting.
8. Convene the Grievance Committee.

Grievance Committee:

9. Investigate the grievance thoroughly, meet with the grievant and give the grievant a written response to their grievance within five (5) working days following receipt of the grievance by the Associate Relations Department.

Associate Relations:

10. Investigate all aspects of the grievance and render a final decision to the grievant in writing within five (5) working days following receipt of the grievance.

The *Associate Relations Department* reserves the right to adhere their specific policies to any grievance that reaches their department.

All decisions regarding student disciplinary action made within the School of Radiologic Technology are done through the Associate Relations Department (a division of the Legal Department) of the Hospital to ensure equality of student treatment in each decision.

Complaint resolution Policy (JRCERT)

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This policy was implemented to assist in the process of resolving any complaints received by the School from any concerned party in reference to JRCERT standards. Complete JRCERT standards may be found in the Appendices.

1. Report of finding or complaint/concern is received in writing by the Hospital Administration, Medical Advisor and/or Program Director from the JRCERT or other concerned party.

2. The Program Director will meet with the Department Administrator and/or Medical Advisor to discuss complaints and develop ideas for resolving complaints.

3. The Program Director will further develop ideas and implement any policy changes to resolve complaints. If applicable, changes will be monitored with evaluations or the Program Director will accumulate documentation.

4. Department Administration will communicate with Hospital Administration regarding concerns and resolutions.

5. Once the Program Director collects enough documentation, he/she will submit information to JRCERT according to stipulations and deadlines assigned.

Radiation Protection

The School of Radiologic Technology follows radiation protection rules established by the Department of Diagnostic Imaging. These guidelines protect both the student and the patient. All students are issued OSL dosimeters for personal monitoring.

Radiation protection policy

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All Radiologic Technology students must know and adhere to the following code of radiation safety practices.

1. Students must wear a radiation monitor at all times while performing radiographic procedures. When wearing a lead apron, an OSL dosimeter is to be worn on the **outside**, close to the thyroid gland (near the head). A second dosimeter (if issued) is to be worn at waist level, under the lead apron. Dosimeters will be turned in to the school office quarterly to demonstrate that the student is changing their badge appropriately. Switching of quarterly badges is expected by the end of the first week of each month. Students are made aware of where to find their badges and their readings on the first day of school.
2. During x-ray exposure, the student will stay behind protective barriers. Any student staying in a room during exposure will wear a lead apron, and gloves if needed. Students should not hold a patient or be in contact with an image receptor during radiography.
3. NO ONE shall be exposed to unnecessary radiation. No person should be exposed for demonstration purposes.
4. Persons accompanying patients to x-ray are not allowed to remain in the exam room during exposure. If they are required to do so, they must wear proper protective devices (apron, gloves, etc.)
5. Care must be taken to limit the patient's dosage of ionizing radiation by:

    A. Use proper collimation.
    B. Use proper positioning.
    C. Use gonadal shielding when requested and it cannot obscure clinical information.
    D. Know and use correct exposure factors for each exam.
    E. Keep room doors closed during exposure.

    Students will be given instruction regarding protection (how to, when to) of their patients and themselves in Radiographic Procedures (positioning class and clinical), Interpersonal class, Principles I class, and Introduction to Radiography class.

6. Students shall wear lead aprons (body and thyroid) during fluoroscopy. During operation of mobile units, the student will wear a lead apron, and/or stand at least six (6) feet away from the patient.
7. Reports regarding student radiation exposure are kept online through Landauer. These are available upon request. Students are urged to be aware of their radiation exposure. Annual doses for students (whole body) must remain below 125 mSv (12.5 rem) per year. The physicist's group that maintains the equipment in our department also reviews the online dosimeter reports quarterly. The program director has access to the Landauer reports to monitor them quarterly. Students will be requested to initial the quarterly report for acknowledgement of dose readings.
8. Never x-ray a pregnant patient, or one who believes they are pregnant unless directed to do so by a radiologist or attending physician.
9. All female student radiographers will be made aware of all current OSHA, NRC (in appendix), and state codes concerning options available to them if and when they declare their pregnancy.
10. Students are not allowed to be in the energized lab without a technologist present offering at a minimum indirect supervision. No images may be taken without a technologist present.
11. Students who fail to comply with any portion of this policy will be subject to disciplinary action.

Every room is equipped with shielding devices for the technologist, student, and patient.

OSL dosimeter policy

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An OSL is an integrated, self-contained packet that comes preloaded, incorporating an Al_2O_3 strip sandwiched within a three-element filter pack. It is heat sealed within a light tight black paper wrapper laminated to the white paper label. All of these components are sealed inside a tamper proof plastic blister pack.

All personnel who are occupationally exposed to ionizing radiation are classified as "radiation workers", and must wear dosimeters. Individuals occasionally frequenting an area in which they may receive exposure to ionizing radiation may be classified as radiation workers at the discretion of the radiologic physicist.

The employer provides the dosimeters free of charge. The employee must complete a form, an AEC-4, prior to receiving a dosimeter. A temporary dosimeter may be assigned for one month until a permanent dosimeter is received from the supplier. The dosimeters are changed each month and the used dosimeters are sent to the supplier for reading.

Dosimeters are to be worn at all times during the school/work day, and only while in the clinic of the school/employer issuing the dosimeter. Failure to wear dosimeters will not, under any circumstances, be tolerated. If a dosimeter is missing, report at the beginning of the working period to the chief technologist for a temporary device. After working hours, do not leave a dosimeter in an area where it may receive exposure. Do not wear a dosimeter while receiving a diagnostic x-ray. Do not leave a dosimeter in a car parked in the sun. Care should be taken to remove dosimeters from clothing before placing clothing in a washing machine or dryer.

One dosimeter is to be worn at neck level on the anterior side of the body. When wearing protective shielding, (lead aprons) be sure the dosimeter is outside the shielded area, at the collar level.

The Department Radiation Safety Officer and radiologic physicist maintain records of personnel radiation exposure, including dosimeter reports. Monthly dosimeter reports will be monitored by the Radiation Safety Officer, and are accessible in the administration assistant's office. If an individual approaches excessive exposure levels, (excess of .125 Sv annually) they will be notified by the physicist, unless the physicist contacts the program director. Upon notice, the individual will then be placed only in clinical rotations that can limit excessive exposure possibilities, according to NRC and Departmental policies. The only way to avoid reassignment is to determine if there was an error in the reading based on how/where the student's badge was exposed, (i.e. lost on an apron, fell under a fluoroscopy unit, in the dryer, etc.)

Pregnancy policy for individuals
Professionally exposed to ionizing radiation

Rev. 3-24

The Nuclear Regulatory Commission requires that a pregnant woman not be professionally exposed to more than 5mSv (.5 rem) of ionizing radiation, during their pregnancy, in order to protect their unborn child from any harmful effects of radiation exposure. This policy will implement this requirement with respect to all females enrolled in the Ascension Providence Hospital School of Radiologic Technology.

1. All females enrolled in the School of Radiologic Technology will be given a copy of the Nuclear Regulatory Commission's Regulatory Guide 8.13 and accompanying Appendix when they begin attending classes. All such students will be required to read the Regulatory Guide and Appendix, and to sign a written statement indicating that they have done so.
2. The signed written statement described in Paragraph 1 will be included in the student's school file.
3. Notifying the school of one's pregnancy status is voluntary. However, when declaring her pregnancy, the student must submit a written document verifying that she is pregnant. Continuation with the program is optional and left to the discretion of the student.
4. The student may also choose voluntarily to withdraw her declaration of pregnancy; one must submit a written letter formally declaring withdrawal of declaration.
5. Should the student choose to continue the program, the Radiation Safety Officer will promptly review the student's clinical environment and radiation exposure history in order to determine the amount of potential radiation.
6. The Radiation Safety Officer will discuss the use of appropriate radiation safety procedures and precautions, including the use of protective equipment and monitors, with the pregnant student when pregnancy is declared. Additional meetings with the Radiation Safety Officer can be requested at any time throughout the pregnancy. The Radiation Safety Officer will advise the student whether the use of such procedures and precautions will be sufficient to limit her radiation exposure to 5mSv (.5 rem) during her entire pregnancy in her current clinical environment. If they are sufficient, the School of Radiologic Technology will provide them to the student.
7. The School will discuss options with the pregnant student to assist her in her decision to:

    A. Stay in all rotations during her entire pregnancy (maintain status quo); or:
    B. Gain clinical experience in limited rotations, knowing that clinical experience lost in other rotations will need to be made up after the pregnancy, possibly after scheduled date of graduation; or:
    C. The student feels radiation safety procedures and precautions are sufficient, but she none-the-less wishes to further restrict her exposure to radiation.

The School will make a reasonable effort to permit the pregnant student to make up all clinical experiences that she may miss due to the limiting of her clinical experience. However, the student will be advised that this may necessitate an extension in her training period, beyond the Program's twenty-four (24) month schedule.

A pregnant student may choose to take a leave of absence or not due to the birth of a child. The leave of absence will be made up according to the guidelines stipulated in the extended absence policy on page 22.

MR Safety Policy **Rev. 3-24**

Before any non-patient individual (e.g. MRI technologist, physician, relative, visitor, allied health professional, student, volunteer or job shadow, etc.) is allowed into the MR environment, he/she must be screened by an MR-Safety trained healthcare worker. Proper screening involves three parts:

1. The use of a printed form to document the procedure.
2. A review of the information on the form.
3. A verbal interview to verify the information on the form and to allow discussion of any question or concern that the individual may have before being permitted into the MR environment.

In general, magnetic resonance (MR) screening forms were developed with patients in mind and, and therefore, tend to pose many questions that are inappropriate or confusing to other individuals that may need to enter the MR environment. Therefore, a screening was created specifically for individuals that need to enter the MR environment and/or screening MR system room. This form, entitled, Magnetic Resonance (MR) Environment Screening for Individuals was developed in conjunction with the Medical, Scientific, and Technology Advisory Board and the Corporate Advisory Board of the Institute for Magnetic Resonance Safety, Education, and Research (IMRSER).

At the top of this form, the following statement is displayed**: "The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. All individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on."**

The screening form for individuals requests general information (name, age, etc.) and poses important questions to determine if there are possible problems or issues that should be discussed with the individual prior to permitting entry to the MR environment. A warning statement is also provided on the form, as follows: **"WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any questions or concern regarding an implant, device or object."**

There is a section that lists implants, devices, and objects to identify the presence of an object that may be hazardous to an individual in the MR environment.

There is instructions section on the form that states**: "Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, paperclips, money clip, credit cards, et al. Please consult with the MRI technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room."**

Once the form is filled out, contact Nabil Kafal, lead MRI technologist, at 248-849-5843 to address your concerns and to individually review your information. This conversation is encouraged at any time but will always happen prior to the student beginning his/her MR rotation.

Regardless of whether you are MRI compliant at one point (original application) or another, if your compliance status changes or you can answer yes to any of the MRI safety form questions, you are mandated to inform the program and fill out an updated form.

Clinical Information

Clinical performance evaluations

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Students are placed in a rotating clinical schedule, for the opportunity to challenge the required competencies. Students in the clinical setting will perform exams while paired with a registered technologist. Students will use a web-based program called E-VALUE to log exams, send weekly evaluations, competency evaluations and other program evaluations.

Students will rotate through a series of regular rotations, plus a select number of specialty rotations such as Ultrasound, Nuclear medicine, etc.

Each clinical rotation is one week in length, except the first 6 months. During the first six months, each rotation is two weeks, to help with orientation in each area.

The student is assigned to a registered technologist. This technologist is responsible for the student's clinical education in this area, and a corresponding evaluation for that student during that week. Students will remain with their assigned technologist during that rotation**. If the technologist is redeployed to another clinical area, the student is to follow the technologist.** In the event a technologist is not available in that clinical area for that day, or for a portion of that day, the student is to report to the clinical coordinator for temporary reassignment to an available rotation.

Absent students forfeit maximum possible clinical experience. In order to receive an adequate evaluation, a minimum of three days in a clinical area is needed. Repeated inadequate evaluations will not be tolerated. This will be monitored by the Clinical Instructor or Coordinator.

Students will utilize E-Value to post a minimum of one clinical evaluation form at the end of each week to the appropriate personnel. These evaluations allow the assigned technologist(s) to rate the student on several criteria, such as organization, communication, retention, professionalism, performance, etc. (Please see sample clinical evaluation form in the appendices) Technologists will evaluate the student appropriately for their level of clinical experience.

Students are responsible for checking that their evaluations are being completed. The Clinical Coordinator will be building a clinical grade based on the number of sent and completed evaluations. A portion of their clinical grade is based on returned evaluations. Each is valued at five (5) points, with a minimum of sixty (60) points possible in each twelve-week cycle.

Please note that the evaluations are based on a yes/no rating for each listed criterion. Students are required to have all "yes" ratings on the last four (4) evaluations prior to each six (6) month competency deadline. Students who do not meet this standard will be placed on clinical probation.

Student clinical rotations are assigned and distributed at least one (1) month in advance.

Specific clinical rotation guidelines

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1. Students are expected to perform to the best of their ability while rotating through the clinical areas.
2. On each day of the rotation, the student should report to their assigned technologist/Clinical Instructor for a review of their objectives during that rotation. Students should also use this time to set specific goals for the upcoming day/week.
3. Students are to review all requisitions with a registered technologist before they begin an examination.

4. Students may perform exams under indirect supervision as experience dictates. Experience is determined through clinical competency examinations.
5. The Clinical Instructor/technologist will review all student radiographs. All cases **MUST** be marked with the initials of the person who reviewed the Image(s).
6. It is the Diagnostic Imaging Department policy to document all inpatient examinations as "complete" or "in progress". The complete policy on charting is located in this handbook, Program Information section, Charting Policy, page 13.
7. Students will keep a logbook of all exams performed while in the clinical area. Logbooks are essential for competency testing. Logbooks should be kept neat and current. A technologist **must** initial each exam entered in the logbook. These logbooks are periodically checked.

Specific criteria for weekly performance evaluation

1. Evaluation of request. Student was able to:
    A. Identify patient
    B. Recall patient's age and name
    C. Identify mode of transportation to clinical area
    D. Pronounce patient's name (within reasonable limits)

2. Physical facilities readiness. Student was able to:
    A. Provide a clean table/bucky
    B. Exhibit orderly cabinets and storage spaces
    C. Have appropriate size cassettes available
    D. Have emesis basin and drugs ready (if needed)
    E. Locate appropriate syringes and needles (if needed)
    F. Turn machine "on" and prepare exposure factors
    G. Position tube as necessary for exam
    H. Find and re-supply linen if needed

3. Patient and Technologist relationship. Student was able to:
    A. Select and identify correct patient
    B. Assist patient to radiographic room
    C. Assist patient to radiographic table
    D. Keep patient properly clothed and/or draped for modesty
    E. Communicate with patient in a concerned, professional manner
    F. Give proper instructions for moving/breathing
    G. Follow proper isolation procedures

4. Positioning skills. Student was able to:
    A. Position patient correctly
    B. Align structure of interest to center of image
    C. Direct central ray to proper anatomical centering point
    D. Angle central ray according to protocol
    E. Prevent superimposition of adjacent anatomical structures

5. Equipment manipulation. Student was able to:
    A. Perform necessary tube manipulations
    B. Move the bucky tray/ Image receptor and utilize locks
    C. Identify and utilize tube locks
    D. Insert and remove cassettes (if applicable)
    E. Select proper exposure factors at control panel

Areas of clinical rotation

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Minimum number of weeks in parentheses

First twelve (12) months:

Emergency radiography-trauma included (SF -4 weeks) (2 of the 4 weeks are pm weeks)
Emergency radiography– trauma included (Novi/Genesys) 4 weeks
General diagnostic radiography/ mobile; In-, Out- adult & pediatric (8 weeks)
Gastrointestinal radiography (Novi/Genesys AND SF) (8 weeks)
Operating room radiography (Novi/Genesys AND SF) (8 weeks)
Nursing-patient care (collecting vitals, oxygens) (1 weeks)
Patient Care rotation (transfers, transports, oxygens (2 weeks, venipuncture 2 weeks) (in CT) (4 weeks)
Interventional Radiography (2 weeks, for sterile procedure)
Modality Rotations- (4- 1 week rotations)
Livonia/ Farmington Hills rotation- outpatient imaging- 4 weeks
Front desk/PACS/File room/Float rotation- Includes performing laboratory experiments; simulations, etc. (1 weeks)

Second twelve (12) months:

Emergency radiography-trauma included (4 weeks) [2 of the 4 weeks are split shift (PM) weeks]
Emergency radiography– trauma included (Novi/Genesys) 4 weeks
General diagnostic radiography/mobile -adult & pediatric, In- and Out- Patient (8 weeks)
Gastrointestinal radiography (Novi/Genesys AND SF) (8 weeks)
Operating room radiography (Novi/Genesys AND SF) (8 weeks)
Interventional Radiography (4 weeks)
CT scan (4 weeks)
MRI - 2 weeks
Livonia/Farmington Hills rotation- outpatient imaging- 4 weeks
Other related modalities* (2 weeks) (students can choose to do Mammography or bone DEXA)
Lab/Float rotation- 2 weeks

*Other related modalities (one week each) include:

Radiation therapy
Nuclear medicine
Quality assurance
Ultrasound
Cardiac catheterization
Mammography **(optional for all students)**

Student Clinical Rotation Descriptions

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Fluoroscopic radiographic rooms

These rooms are classified as fluoroscopic rooms in the Radiology Department. They are used mainly for fluoroscopic procedures. Some special procedures are performed in these rooms also. When there are no special procedures scheduled, routine radiographic procedures are performed there. Some of the types of examinations the student will observe/perform in this area are:

Barium enema/ Air contrast barium enema/ Esophagram/ Upper gastrointestinal series/

Small bowel series/ Gastric Sleeves/ Swallowing Dysfunction Study

Objectives for fluoroscopic exams

1. Prepare room equipment for exams (linen, cassettes, calipers, etc.)
2. Prepare radiographic machines for exams
3. Prepare room for next exam
4. Practice proper patient identification protocol
5. Prepare and inform patient for exam
6. Assist Radiologist as needed during exam
7. Assist technologist, or perform exam, as dictated by clinical experience

Objectives for after fluoroscopic exams are completed

1. Clean areas of need thoroughly
2. Properly dispose of contaminated items
3. Inventory stock of radiographic rooms, and replace needed items
4. Assist technologist, or perform general radiographic exams, as dictated by clinical experience
5. Perform other duties as assigned by supervisor

General radiographic rooms

These areas include the main department inpatient suites, and the emergency room area and out- patient suites.

General radiographic room objectives

1. Prepare assigned room equipment for exams. (linen, cassettes, calipers, sponges, etc.)
2. Assist technologist, or perform routine radiographic procedures, as dictated by clinical experience.
3. Practice proper patient identification protocol
4. Check physicians' orders for accuracy in paperwork
5. Assist in maintaining the general cleanliness and orderliness of the assigned area.
6. Perform daily inventory and maintain supplies for the area.
7. Perform other duties as assigned by supervisor

Afternoon/Evening Rotation (1-9pm)

Afternoon Rotation Goals and Objectives

1. Perform daily inventory and maintain supplies for the area.
2. Prepare assigned room equipment for exams. (linen, cassettes, calipers, sponges, etc.)
3. Practice proper patient identification protocol (check wrist band for correct patient name and birth date, along with asking patient two identifiers)
4. Assist in maintaining the general cleanliness and orderliness of the assigned area.
5. Assist Technologist, or perform trauma based radiographic procedures, as dictated by clinical competence and/or experience.
6. Practice proper work flow in a fast-paced trauma two emergency department.
7. Competency testing on clinical exams that have been previously tested on in the classroom. (Students are unable to perform exams they are not competent in)
8. Learn and demonstrate proper paperwork completion.
9. Perform other duties as assigned by the supervisor.

Operating room

Radiographic procedures are performed in the surgical suites as needed per case. These procedures usually require sterile technique. Some examples of procedure the student will observe/participate in are:

I&I insertion with C-arm
Cervical fusion/laminectomy
Cystoscopic procedures with fluoroscopy/ Retrograde pyelograms
Lumbar laminectomy/ Percutaneous pedicle fixation/ Kyphoplasty/Vertebroplasty
Angiograms/fistulagrams
Various orthopedic procedures

Surgical rotation objectives

1. Assist and perform a variety of surgical radiographic procedures as the schedule and clinical experience dictate
2. Practice proper patient identification protocol
3. Check schedule for possible surgical radiographic procedures each morning
4. Inventory and maintain surgical supplies
5. Supply, clean, and maintain surgical mobile radiographic/ fluoroscopic equipment as needed
6. When not performing surgical radiographic procedures, assist technologist, or perform routine radiographic procedures, as experience dictates
7. Perform other duties as assigned by supervisor

Portable radiography

Mobile radiographic procedures are performed on patients too ill to be transported to the radiology department. This includes nearly all patient care areas in the hospital, with many of the exams ordered on a "Stat" or emergency basis.

Portable radiography objectives

1. Perform portable radiographic procedures with technologist to achieve competency
2. Practice proper patient identification protocol
3. Maintain cleanliness and charge status of mobile radiographic equipment
4. Maintain supplies for mobile radiographic units
5. Prepare paperwork, detectors/IPs, and any other radiographic equipment needed for exams
6. Learn and retain knowledge regarding various tubing, lines, etc.
7. Locate patient information in Ecare and verify accuracy of orders
8. Perform other duties as assigned by supervisor

Radiology nurse rotation

The Radiology nurses are expert patient caregivers specifically assigned to the Radiology Department. They provide patient care beyond the routine provided by technologists. Opportunities will include but not be limited to sedations, and pre/post biopsy patients in several modalities. The student will practice and be evaluated on their ability to observe and perform nursing skills by applying them to the care of radiology patients.

Radiology nursing objectives:

1. Observe & demonstrate skill* in non-invasive blood pressure monitoring

2. Observe & demonstrate skill* in pulse-oximetry and oxygen administration
3. Observe & demonstrate skill* in heart rate monitoring
4. Observe & demonstrate skill* in monitoring respiratory status
5. Observe & demonstrate skill* in monitoring patient body temperature
6. Observe & demonstrate skill* in monitoring urinary output

*Students will demonstrate skill in these objectives by successfully performing each on at least ten (10) sets of vitals, 5 oxygen administrations on patients, as observed by the Radiology nurse.

Patient Care Rotation - CT department (Junior year)

Objectives:

1. Practice proper patient identification protocol
2. Check physicians' orders for accuracy in paperwork
3. Assist in maintaining the general cleanliness and orderliness of the assigned area.
4. Perform daily inventory and maintain supplies for the area.
5. Practice greeting patients from the waiting room and placing them in the CT waiting room
6. Practice escorting outpatients to the main entrance
7. Clean the exam rooms following proper procedure and prepare rooms for the next patient.
8. Transport ER patients back to the room after their exam has been completed.
9. Demonstrate care of Patient Medical Equipment (oxygen tank, IV tubing)
10. Assist in lateral transfer of patients from stretcher to CT table; table to stretcher.
11. Giving oral contrast to patients after consulting with a CT tech.
12. Load the power injector properly according to the next exam being performed.

Students will demonstrate transports, transfers, Oxygen delivery, history taking and paperwork fulfillment. Students will also learn to load power injectors for 1 and 2 vials.

CT rotation (senior year)

Computed Tomography of various body parts is performed in this area. This includes routine examinations, and CT assisted needle biopsy. Students will have coursework in this subject prior and during rotations in this area, Introduction to CT and Cross-Sectional Anatomy.

Objectives:

1. Assist and strive to acquire practical experience in performing CT examinations
2. Assist in checking physician orders, diagnosis, chart, and patient identification
3. Under direction of the technologist, assist and prepare the room and equipment
4. Assist in maintaining visual and/or audible communication with the patient during the exam
5. Observe and report to technologist unusual patient reactions or events
6. Observe proper radiation safety measures for patient and personnel
7. Maintain ethical relationships
8. Cooperate and display proper conduct with all associates of the department
9. **Practice Venipuncture procedures and protocol once the didactic course is completed. (10 successful repetitions)**
10. Challenge clinical competency following the didactic portion of the program.

Students will also challenge to complete 10 heads without, 10 chest without, and 10 abdomens without contrast during their senior year.

Interventional Radiography rotation

This modality performs invasive radiologic examination and intervention, in a sterile setting. Students are placed into this environment to perform and have access to procedures that are no longer performed in a general fluoroscopy suite. This includes, but is not limited to:

Myelograms/ Lumbar punctures	Arthrography
Angiography of various body parts	Cystoscopy
Embolizations	PICC line insertion
IVC filter placement	Port placement

Objectives

1. Assist and strive to acquire practical experience in performing interventional procedure examinations including practice of sterile technique; and IV contrast injected procedures.
2. Assist in checking physician orders, diagnosis, chart, and patient identification.
3. Under the direction of the technologist, assist in preparing the room and equipment.
4. Assist in maintaining visual and/or audible communication with patients during the exam.
5. Observe & report to technologists any unusual adverse patient reactions or events.
6. Observe radiation safety measures for patients and personnel.
7. Maintain ethical relationships.
8. Cooperate and display proper conduct with all associates of the department.
9. Practice ability to position C-arm for various procedures.
10. Demonstrate a better understanding of catheters, guide-wires, filters, and stents.
11. Demonstrate ability to recognize and support a patient during a contrast reaction.

Students will use this rotation to hopefully fulfill ARRT elective requirements such as myelograms, arthrograms, cystograms, etc.

Modality (Specialty) rotations

Areas of possible rotation are:

Nuclear Medicine*	Diagnostic Ultrasonography*
Magnetic Resonance Imaging (MRI)*	Radiation Therapy*
Heart Catheterization*	Quality Assurance/Control*
PA rotation*	Breast Imaging Center (optional)*
Bone Densitometry**	

The general objective for this portion of the Program is to allow the student to become familiar with and obtain knowledge of each modality associated with Diagnostic Radiology. Individual objectives and descriptions for each area are listed.

For each of the modalities marked with an asterisk (*), a two (2) page, typed double spaced paper is due on the Tuesday following each rotation. The paper should be in the student's own words. It should include:

A. A general description of the examinations performed in the area
B. Your individual learning experiences during the week

Late papers will not be accepted. There are a total of fifteen (15) points possible for each paper. Five (5) points for content, five (5) for thoroughness, and five (5) for neatness. After the completion of all rotations, scores for each paper will be tabulated, and a single grade given.

Bone Densitometry rotation

This modality utilizes Dual X-ray Absorptiometry (DEXA) to measure the density and mineral content of specific skeletal sites in the body. It can help diagnose and monitor diseases associated with low bone density, including osteoporosis. **This rotation will continuously be available to observe at the Livonia/ Farmington Hills clinical location.

Objectives

1. Assist and strive to acquire practical experience in performing DEXA examinations
2. Assist in checking physician orders, diagnosis, and patient history
3. Assist in maintaining visual and/or audible communication with the patient during the exam
4. Observe necessary safety measures for patient and personnel
5. Assist in maintaining orderliness & cleanliness in all assigned areas
6. Maintain ethical relationships
7. Cooperate and display proper conduct with all associates of the department
8. Challenge clinical competency following the didactic portion of the program.

Magnetic Resonance Imaging rotation

This modality uses high-powered magnets and computers to demonstrate images of various soft tissues in the body. This provides the opportunity to examine from many angles structures not easily seen with other modalities.

Objectives

1. Assist and strive to acquire knowledge in performing magnetic resonance imaging exams
2. Assist in checking physician orders, diagnosis, chart, and patient identification
3. Under the direction of the technologist, assist in preparing the room and equipment
4. Transfer patients safely to the Inpatient Coordinator after the exam, giving special care to catheters, IV's, etc.
5. Assist in maintaining visual and/or audible communication with the patient during the exam
6. Observe & report to technologist any unusual patient reactions or events
7. Observe necessary safety measures for patient and personnel
8. Assist in maintaining orderliness and cleanliness in all assigned areas
9. Maintain ethical relationships
10. Cooperate and display proper conduct with all associates of the department

Nuclear Medicine

This modality uses radioactive isotopes injected into the patient's body to demonstrate areas of interest. Rather than using external radiation exposure like x-ray to create an image, the patients themselves become the source of radiation after injection.

Objectives

1. Assist and strive to acquire knowledge on the performance of nuclear medicine imaging exams.
2. Assist in checking physician orders, diagnosis, chart and patient identification.

3. Under direction of the technologist, assist in preparing the room.
4. Transfer patients safely to the Inpatient Coordinator after the exam, giving special care to catheters, IV's, etc.
5. Observe the nuclear technologist, who is responsible for performing radionuclide procedures of patients inclusive of organ imaging and function studies.
6. Observe necessary safety measures for patient and personnel
7. Assist in maintaining orderliness and cleanliness in all assigned areas.
8. Maintain ethical relationships
9. Cooperate and display proper conduct with all associates of the department

Radiation Therapy/Oncology (Novi/ SF)

This modality delivers prescribed radiation doses to patients to treat diseases such as cancer.

Objectives:

1. Assist and strive to acquire knowledge in the performance of routine radiation therapy procedures.
2. Assist in checking physician orders, diagnosis, chart and patient identification.
3. Assist in preparing room and equipment for patients according to prescription regarding immobilization devices, field size, treatment distance, and lead protection devices.
4. Transfer patients safely to the treatment area, giving special care to catheters, IV's, etc.
5. Assist in maintaining visual and/or audible communication with the patient during treatment.
6. Observe & report to technologist any unusual patient reactions or events
7. Observe radiation safety measure for patient and personnel
8. Observe tumor localization procedures.
9. Observe dosimeter procedures.
10. Assist in maintaining orderliness and cleanliness in all assigned areas.
11. Maintain ethical relationships.
12. Cooperates and displays proper conduct with all associates of the department.

Diagnostic Ultrasonography

This modality uses sound waves that penetrate the patient's body to create diagnostic images.

Objectives

1. Assist and strive to acquire knowledge in performing diagnostic ultrasound exams
2. Assist in checking physician orders, diagnosis, chart and patient identification
3. Under direction of technologist, assist in preparing room and equipment for exam
4. Transfer patients safely to the Inpatient Coordinator after the exam, giving special care to catheters, IV's, etc.
5. Assist in maintaining visual and/or audible communication with the patient during exam
6. Observe & report to technologist any unusual patient reactions or events
7. Observe safety measures for patient and personnel
8. Assist in maintaining orderliness and cleanliness in all assigned areas
9. Maintain ethical relationships
10. Cooperates and displays proper conduct with all associates of the department

Cardiac Catheterization (fulfilled during IR rotation)

This modality uses invasive placement of catheters and injection of contrast in the patient to help diagnose & treat cardiac diseases.

Objectives

1. 1.Assist and strive to acquire knowledge in performing Cardiac Catheter exams
2. Assist in checking physician orders, diagnosis, chart and patient identification
3. Under direction of technologist/RN, assist in preparing room and equipment for exam
4. Transfer patients safely to the unit after the exam, giving special care to catheters, IV's, etc.
5. Assist in maintaining visual and/or audible communication with the patient during exam
6. Observe & report to technologist/RN any unusual patient reactions or events
7. Observe radiation safety measures for patient and personnel
8. Assist in maintaining orderliness and cleanliness in all assigned areas
9. Maintain ethical relationships
10. Cooperates and displays proper conduct with all associates of the department

Quality Assurance/ Quality Control

This support area of Radiology uses biomedical technicians to maintain, repair, and assure quality operation of radiation equipment.

Objectives

1. Assist and strive to gain knowledge in performing these duties
2. Assist in routine quality testing of radiation equipment in the department
3. Assist in any necessary adjustment of equipment for quality maintenance
4. Assist and observe the Quality Assurance Associate in performance of State mandated quality control mechanisms for Mammography
5. Assist in the general maintenance and repair of all diagnostic radiography equipment
6. Assist in Image(s) quality analysis
7. Maintain ethical relationships
8. Cooperate and display proper conduct with all associates of the department

PA/RA rotation

Objectives

1. Assist and strive to acquire knowledge in the role of a PA/RA in a radiology department.
2. Assist in checking physician orders, diagnosis, chart and patient identification.
3. Under direction of the PA/RA assist in preparing room patient/equipment for exam
4. Assist in maintaining visual and/or audible communication with the patient during exam
5. Observe & report to PA/RA any unusual patient reactions or events
6. Observe radiation safety measures for patient and personnel
7. Assist in maintaining orderliness and cleanliness in all assigned areas
8. Maintain ethical relationships
9. Cooperates and displays proper conduct with all associates of the department

Mammography **(optional)**

This modality images breast tissue to diagnose diseases such as cancer. This includes routine screening mammography, and needle localization of known abnormalities. Due to the disparity involving males in the Breast Imaging center, this is not a required specialty rotation, but is offered as an option to any student who may be interested.

Objectives

1. Assist and strive to acquire knowledge in performing mammographic examinations.
2. Strive to observe a wide range of breast tissue varieties; dense/fatty, young/old, large/small, post surgical, and implants if possible
3. View comparison studies and review reports
4. Observe stereotactic/ and or needle localization procedures.
5. Observe quality assurance procedures.
6. Examine additional sources of mammography information, located at the workstation in the Breast Imaging Center
7. Observe a Radiologist during the interpretation of mammography images
8. Maintain ethical relationships
9. Cooperate and display proper conduct with all associates of the department

Clinical Competency Guidelines

Rev. 3-24

Competency based examinations are utilized to demonstrate student achievement in such areas as patient care, radiation protection, imaging procedures, and professional responsibility.

The specific criteria for successful completion of clinical competency can be referenced through the sample Clinical Competency Testing form found in the appendices.

Guidelines

Rev. 3-24

1. Students must successfully complete and maintain all clinical competency categories prior to graduation.
2. A minimum grade of ninety percent (90%) must be achieved on each clinical competency exam/simulation.
    - Students must pass the competency by the testing deadlines (pg. 47-48). All competencies must be passed with a 90% or better to graduate from the program.
    - If a student attempts and fails a competency on the final day of the competency/simulation deadline, the failing grade will stand, but they must pass the competency to graduate.
    - Each student is responsible for proper planning and adequate preparation, so that we can ensure fair distribution of exams.
    - Students who receive a score of 90% and have passed a competency cannot retest for a higher score.
3. Students who have had opportunity and fail to complete a competency by its due date will receive a grade of zero (0) for that competency. They will be required to test on the competency prior to graduation. **Critical**, (life and death) trauma cases are not to be considered part of clinical competency.
4. **Unassisted exams may only be initiated after passing the related didactic examination**, and Clinical competency can only be attempted upon achievement of the required number of assisted and/ or unassisted performances for each category. Please see Grading scale and standards, page 14.

The required objectives to be met before the student may challenge a category for clinical competency are as follows:

1. A minimum of five, with at least two unassisted in the following categories:

    - Lower extremity
    - Upper extremity
    - Abdomen
    - Pelvis
    - Thorax
    - Spine
    - Portable exams
    - OR cross-table Cervical laminectomy or ACDF/PCDF with Fluoroscopy
    - OR line insertion, i.e., Mediport, Permacath with Image Intensifier (c-arm)
    - OR Spine exam with Image Intensifier (c-arm)
    - OR Extremity with Image Intensifier (c-arm)

2. A minimum of three, with at least two unassisted for:

    - Free air abdomen
    - 2 view portable Abdomen
    - Headwork
    - Air Contrast Barium Enemas/ Barium Enemas
    - UGIs
    - Decubitus chest
    - Cystogram in the Cystoscopy OR suite/Retrograde Pyelogram

3. Operating Room and Special Exam category will be determined by the assigned technologist and student as to the readiness of the student.
4. Clinical competency for pediatric cases requires documentation of five (5) exams in each of the following categories: Chest/abdomen; extremities. Pediatric cases involve all patients six (6) years of age and younger.
5. Clinical competency of geriatric cases requires documentation of five (5) exams in each of the following categories: Chest, Upper or Lower extremity; and Hip or Spine. Geriatric is defined by our program as over 65 years of age; and, the patient must have a physical or mental deficit.
6. Students must denote exams that are *traumatic* in nature. A trauma is anytime the body sustains an acute injury, such as an auto accident, a dislocated shoulder, a pneumothorax, etc. Trauma cases frequently require a protocol change, and greater patient care awareness. Students must acquire five (5) upper extremities and (5) lower extremities.

The recording of all assisted and unassisted exams is the responsibility of the student. A logbook will be provided to the student in order to accomplish this goal. A technologist initials are required as witness to each entry.

Completion of a clinical competency testing requires performing the exam under direct observation of a Registered Radiologic Technologist preferably a Clinical Preceptor Team member. An updated list of Clinical Preceptor Team members is included in the Program information section, under Clinical Preceptor Team. Students must inform the technologist of their intent to test before they begin any part of the clinical exam. The image evaluation portion of the competency **MUST** be completed with a Clinical Preceptor.

Clinical competency testing and simulated clinical testing can be performed during all student clinical hours. Students who are functioning as prn (contingent) associates are not allowed to challenge clinical testing during those hours.

During periods of potential increased department intensity, the decision to initiate the testing process is at the discretion of the Clinical Preceptor Team member/ technologist. Periods of potential intensity include,

but are not limited to lunch hours, trauma situations, multiple exams, etc. Clinical Preceptor Team members/ technologists are aware of the student's timetable for completion of exams. They will make every effort to accommodate the student.

Simulated/ Elective testing

Rev. 3-24

Simulated clinical testing is permitted for those anatomic structures that are radiographed infrequently. Simulations can only be initiated after the completion of didactic and laboratory instruction. Simulated exams are to be completed within a two (2) week period after radiographic procedures test, with the due date specified by the Program. Students will be informed of the appropriate time frame.

Depending on the specific exam, some simulations will require the use of a volunteer as a patient, others the use of a phantom. Simulations that require the use of a skull phantom must be performed with head clamps. The proper use of head clamps will prevent damage to the phantom. Please be aware that the use of the clamps should not superimpose the area of interest. Student competency with the use of immobilization devices will be documented.

The maximum achievable score for a simulated exam is ninety seven percent (97%). Students must choose a minimum of seven simulated procedures to perform on a "live" patient post-simulation competency to fulfill their ARRT elective procedure requirements and may receive up to three points for producing an adequate image with correct evaluation of image(s) with a school official.

Clinical testing failure

Rev. 3-24

Clinical Preceptor Team members/technologists have the option to abort any clinical competency testing in progress, if they believe that the student cannot successfully complete the exam. Some examples of situations that would lead to such failure are:

1. Whenever the Clinical Preceptor Team member must step in and take over the exam for the student or/and the student asks for help or guidance during examination.
2. Examination of the wrong structure, indicating failure to read the physician's order; i.e. right vs. left.
3. A repeat rate of more than twenty five percent (25%).
4. Failure to use markers.
5. Failure to properly identify all radiographs in a study.
6. Student's actions suggest an incomplete understanding of the examination.

Students must achieve a standard GPA of ninety percent (90%) per twelve (12) week cycle for clinical competency. Copies of all clinical competency examinations score sheets are kept in the School office.

Clinical Competency due dates

Rev. 3-24

Due April first (six months)

Hand
Finger
Toes (E)
Wrist
Abdomen flat plate
Abdomen upright
Chest, portable (one view)
Chest, ambulatory (two view)
Scaphoid
Elbow partial flexion*
Carpal canal (Gaynor-Hart method)*
Radial head, four part series* (around the clock)

Decubitus chest simulation** (E)
Free Air abdomen simulation**
Lordotic Chest** (E)
Vital Signs competency, to include blood pressure, temperature, respirations, pulse and pulse oximetry (10 repetitions)
Transfer of patients, (10)
Transport of patients (10)
Care of Patient Medical Equipment (5)

Due October first (twelve months)

Chest, stretcher/wheelchair (two view, must use grid, not against upright bucky)

Forearm	Elbow
Foot	Tib-fib
Ankle	Hip and pelvis
Knee	Abdomen, decubitus
Abdomen, portable (2 view)	Humerus
Upper GI*	Retrograde pyelogram/ cystography (OR)
Esophagram	Clavicle**
Femur	Patella** (E)
Calcaneus*(E)	Soft Tissue Neck** (E)
BE simulation*	ACBE simulation*
Trauma Upper Extremity	UGI simulation*
Trauma Lower Extremity	Sterile Gowning/Glove competency (IR) (10 repetitions)

Trauma requires modifications in positioning due to patient injury with monitoring of patient's condition.

Due April first (eighteen months)

Ribs	Hip (cross- table lateral)
Free air series (3)	Cervical spine
Thoracic spine	Lumbar spine
Lower GI/ACBE (3)	
Small bowel series	UGI(3)
Scapula** (E)	Therapeutic BE (3)
AC Joints** (E)	SC Joints**(E)
Sacrum & coccyx**(E)	Sternum** (E)
SI joints**(E)	Scoliosis* (E)
Shoulder	Trauma Shoulder (including transthoracic, axillary, "Y"view)
Chest, decubitus (3) (E)	Mobile C-arm catheter insertion (OR)
Tunneled PICC sterile table #1 (specials)	
Geriatric Chest	Geriatric Upper
Geriatric Lower Extremity	Geriatric Hip or Spine
Mobile Extremity (except hip)	Mobile Spine

Due August first (twenty three months)

NICU portable chest	Paranasal sinuses (3)
Skull (3)	Facial bones (3)
Orbits**	Zygomatic arches**
Sella turcica**	Mastoids**
Nasal bones**	Mandible(3)
Temporomandibular joints**	Lumbar laminectomy (OR)
Anterior cervical fusion (OR)	Mobile C-arm extremity (OR)

Mobile C-arm spine (OR)	Pediatric Chest (under 6 years of age for all peds work)
Pediatric Upper/Lower Extremity	Pediatric Abdomen (E)
PICC (patient prep) specials	Sterile Table set-up for PICC (non-tunneled) #2(specials)
ERCP (E)	Myelogram (E)
Arthrogram(E)	Hysterosalpingogram (E)
Cystography (E)	

*Denotes simulated exams (OR) denotes operating room exams
**Must demonstrate both on "patient" and create images for complete simulation

A minimum of one piece of headwork must be tested on a live patient, all others will count toward your electives if completed on a live patient.

A minimum of 7 electives (E) must be completed from the above list to fulfill the requirements of the ARRT exam.

Please note that this list is not all-inclusive, other examinations are available which the student may elect to challenge for competency. This list may be modified at the discretion of the school, as frequency of each type of exam may vary from year to year. In instances where there may be a lack of availability for a given exam by its due date, the school will provide an extension date more suitable to its frequency.

Elective procedures are exams that may have been done as simulations, but must also be completed on a live patient. All students must complete at least one headwork procedure out of the seven (excludes sella turcica, mastoids, and zygomatic arches). Each student must also complete a minimum of seven of their simulated procedures on a live patient by the end of the program, for example: doing a sacrum and coccyx on an actual patient post-simulation).

Clinical Competency rechecks

To help promote retention of clinical skills/knowledge, a clinical- competency recheck system is used. After each six (6) month competency deadline, students will be required to demonstrate (simulated) the competencies completed during the most recent six (6) month block.

Students are graded using a pass/fail check system. The student is required to demonstrate knowledge/skill for each of the five (5) criteria listed on the recheck testing form, for each competency. Students must receive a passing mark for at least four (4) of the five (5) criteria listed for each competency to pass. The categories being evaluated are: Positioning (how), Procedure awareness, (what, why), technical factors (give/figure out technique for an average patient), patient rapport (comfort, communication), and timeliness (complete in an appropriate time frame, 5-10 min). Not meeting the minimum number of criteria will be considered a failure for that competency.

Students who fail a competency will be required to demonstrate that same competency at the next clinical recheck. Failure of the same competency during the second recheck will result in revocation of the student's original clinical competency grade for that specific exam. The original competency grade will then be zero percent (0%) and will be used in tabulation of the student's clinical GPA. The student will be required to again collect the required number of assisted/unassisted exams and pass the competency prior to graduation.

Students who pass the minimum number of criteria for each competency will pass the competency rechecks. This provides the student, through proof of retention, an opportunity to improve their clinical GPA. The grade is determined by the number of exams multiplied by the 5 criteria with subtractions made in the areas of failed demonstration. A percentage is tabulated; this total grade must be above 90%.

The second portion of the recheck is to test the student's ability to use their image evaluation criteria when evaluating images from the specific competency block they are performing in. The student will pull up the designated images in PACS and answer the questions assigned. This grade must also be a 90% or above to be completed. If the student scores an 89% to 75%, the student will need to correct their mistakes on the assignment and sit with an instructor to demonstrate understanding. If the student fails the PACS assignment, receives a score of 74% or less, the student will need to correct their mistakes on the assignment and sit with an instructor to demonstrate understanding as well, but if the student is unable to demonstrate knowledge of the images with an instructor's guidance, then the student will be placed on clinical probation, lose competencies for exams they are unable to evaluate, and may be terminated.

This exercise is utilized in the form of an assignment. The grade is not a test grade but utilized as a measuring tool of retention. The score will be added to your clinical competency grade sheet and averaged in with all the competencies accomplished during that time period.

CLINICAL COMPETENCY GRADE:

Your clinical grade is comprehensive, it includes: your clinical competencies performed and graded (this grade must remain above 90%, regardless of all other score); your overall evaluations per cycle returned and graded; you twelve week evaluation grade, your journals completed and appropriately written; your two light bulb moments per month received and appropriately written; and a percentage grade based on the number of hours over the allotted amount of time eligible for every grading period. Students will lose 5% points from 100 for an 8- hour day over the amount of time given per grading cycle.

Resources

Rev. 3-24

Textbooks

The following is a list of books you are ***required*** to purchase. You will use these books throughout the program. These are 2023 prices.

1. Radiation Protection Medical Radiography, 9th Ed. Statkiewicz/Ritenour, $72.78 ISBN-10: **0323825036**

2. Merrill's Atlas of Radiographic Positions and Radiologic Procedures, 3 volume set,15th Ed. Long/Rollins, $285.00 ISBN-10: **0323832792**

3. Digital Radiography and PACS, 4th ed., Carter/Veale, $ 80.86, ISBN-10, **0323826989**

4. Structure and Function, 16th Thibodeau, $69.15 ISBN-10: **0323597793**.

5. Patient Care in Radiography: with an Introduction to Medical Imaging, 10th Ed., Ehrlich, $70.00 ISBN-10: **0323654401**

6. Principles of Radiographic Imaging, 6th ed. Carlton, $179.95 ISBN-10: **1337711063**

7. Lange's Review for the Radiography Exam, 12 Ed. Saia, $59.00 ISBN-10: **1260460444**

8. Law and Ethics for Health Professions, 9th Ed., Judson/Harrison 145.60 ISBN-10 **1260021947**

9. Medical Terminology-A Short Course, any edition, 8th Chabner, $49.00 ISBN: 9780323444927

10. **ASRT subscription** to perform required student modules and have access to coursework that is incorporated into your education.
    a. $35.00/ year
    b. Do not purchase it until your first week of school.
    c. ASRT.org is the website you will purchase it from

Please note that these may not be current prices, as market rates may vary.

There are numerous resources available in the Radiology Library, the School office, and the Hospital Medical Library (located on the first floor, DePaul building). Please feel free to utilize these sources for further information. The Hospital Medical Library also has computer/internet access, which is available to any associate. A computer dedicated to student use is located in the classroom. You may feel free to utilize these for study purposes. The Outpatient Imaging Center also has a computer available for student use, with CD-ROMs available for self-study in Medical Terminology, Anatomy, Positioning, and Registry Review.

The complete policy documents (PolicyStat) are located on the Ascension Providence Hospital Intranet web-site at: https://ascensionhealth.sharepoint.com. **All manuals are on-line for infection control, safety, ethics, etc.**

Infection Control policies

The School of Radiologic Technology follows all guidelines, policies, and procedures established by the Infection Control Department. The policy for Reporting Communicable Disease and Unprotected Student Exposure to Communicable Disease is derived directly from Ascension Providence Hospital policies and procedures.

Ascension Providence Hospital School of Radiologic Technology
Infection Control Department
Communicable Disease Reporting

Purpose: To consistently perform or facilitate the timely reporting of all Class I and Class II communicable diseases allowing local public health authorities to monitor community health and to provide the basis for prevention.

I. The Infection Control Department shall review microbiology and immunology lab reports, emergency room records, and new admissions for evidence or documentation of a known or suspected communicable disease.
II. Class I communicable diseases, as defined in the public health code, shall be reported by the infection control department and/or Citation Clinical Laboratory to local health authorities immediately upon discovery.
III. Class II communicable diseases, as defined in the public health code, shall be reported by the Infection Control Department and/or Citation Clinical Laboratory to local health authorities no later than three days after discovery.
IV. Chickenpox and viral influenza need only to be reported by the number of cases identified during a specified time period.
V. Reporting of all communicable and serious communicable diseases shall include demographic patient information as required by health authorities. Outbreaks, unusual occurrences of diseases or infection will be reported as to the nature of the condition, location, number of cases and date of illness onset.
VI. Venereal disease reports will have demographic information provided by the Infection Control Department and/or Citation Clinical Laboratory and will be sent to the physician who shall include the pertinent treatment information (See Infection Control P/P; III-6 APPENDIX-A). The physician will send the completed report to the local health authority. When necessary and records are available, the Infection Control Department will assist with treatment information.
VII. Upon discovery of a patient who is tested and confirmed positive for HIV, Citation Clinical Laboratory will forward a copy of the test result to the physician along with a report form, "AIDS/HIV Confidential Case Report", (See Infection Control P/P; III-6 APPENDIX-B) and instruction sheet for completion. This form will be completed and submitted to the local health department where the patient resides by the patient's physician within 7 days of discovery. In the absence of laboratory evidence, a diagnosis of HIV infection documented in writing by a licensed physician shall be reported on the above mentioned report form. As stated in the Michigan Statues, the physician will document post-test counseling and partner notification in the patient record.
VIII. All documented cases of AIDS identified in hospitalized patients shall be reported by the Infection Control Department directly to the Michigan Department of Public Health via the "AIDS/HIV Confidential Case Report" form.

IX. Associates, students, and visitors of patients with or suspected of having a communicable disease shall have appropriate barrier precautions available to them if possible. Prophylactic treatment or isolation will be instituted as indicated to prevent the spread to household members, patients, and the community.
X. During the COVID-19 pandemic, guidelines from the CDC were followed to slow the spread and ensure the safety of the patients, students, and staff. See Part 2 of the disaster plan under Security and Safety for complete policy.

Ascension Providence Hospital School of Radiologic Technology
Infection Control Department
Unprotected Student Exposure to Communicable Disease

Purpose: The identification and follow-up of unprotected student exposure to communicable diseases not prevented by routine use of universal precautions.

I. The Infection Control Department shall conduct appropriate chart review of all patients identified as having serious, reportable communicable disease confirmed by microbiology, serology, immunology or other diagnostic procedure.
II. Identification of patients with a confirmed diagnosis of disease transmitted via the airborne route and not previously in respiratory isolation, will initiate the unprotected exposure follow-up protocol.
III. On identifying unprotected student exposure to communicable disease, the Infection Control Department shall:
    A. Forward a notification of exposure to all departments/patient care units providing care to the patient(s), including the patient name, room number, date(s) of hospitalization/treatment, infectious agent, and definition of significant exposure. (III-7 Appendix A-B)
    B. Complete a notification of exposure to communicable disease form, including patient information, admission/transfer dates, lab results and date patient care departments were notified of the potential exposure, and forward to Corporate Health Services for evaluation and follow-up. (III-7 Appendix C)
    C. Infection Control shall also institute appropriate exposure notification protocol when any student is diagnosed as having a serious communicable disease, transmitted via the airborne route.

IV. Significant unprotected exposures are evaluated when the following diseases are suspected/diagnosed:
    A. TB, pulmonary, or major draining lesion
    B. Measles
    C. Mumps
    D. Rubella
    E. Chickenpox/disseminated herpes zoster
    F. Meningococcal meningitis

V. Student is responsible for:
    A. Signing the exposure form if they sustained a significant exposure to the patient/student indicated.
    B. Indicating immune status when applicable
    C. Reporting to Corporate Health Services for appropriate counseling and/or treatment when requested.

VI. The Department Head/Supervisor/Nurse Manager is responsible for:

A. Sending the completed exposure form to Corporate Health Services for evaluation and follow-up.
B. Assuring student follow-up with Corporate Health Services for counseling/treatment as needed.

Security & Safety

Disaster Plan; Part 1 **rev. 3-24**

The Hospital has developed a disaster plan to deal with situations that may require emergency schedules and procedures to be followed by all hospital personnel. In times of emergency, each student is part of an organized plan and is responsible for carrying out the procedures in the Code Triage Internal or Code Triage External disaster plans. Details of the specific procedures for your area are available in the Diagnostic Imaging Department. Students in the x-ray program are enlisted to help with transporting patients to and from diagnostic areas in the hospital. It is your responsibility to be familiar with the procedures.

Part 2:

This portion of the disaster plan was developed in response to the COVID-19 epidemic. This plan will be followed for any other uncommon disasters in which there is a loss of building accessibility that may occur due to any natural disasters including tornadoes, floods, earthquakes, and any other pandemics.

Student Learning and Operation

Didactic Education will continue in the form of online classes and coursework. Concerns that need to be addressed, will include:

1. Determining if students and staff have adequate equipment for participating in online learning.
2. Training of staff for online learning (whether at home or within the hospital).
3. Training of students for online learning.
4. Discuss and implement how assignments will be distributed and returned.
5. Discuss and implement how tests will be conducted.
6. Discuss attendance protocols.

Clinical Education

1. Suspended from clinical rotations until appropriate PPE and staffing requirements are appropriate. Read Policy and Procedures* to learn how that progression will work.
2. Students will be scheduled to come in for clinical labs in small groups (less than six) during "clinical hours".
3. Students will be able to schedule time to perform clinical simulations on an individual basis.
4. Students will be able to schedule online clinical study time on an individual basis, (computer programs, simulation program, ASRT modules, etc.)
5. Students will perform end of semester clinical requirements with a singularly scheduled non-cohort student.

Policies and Procedures*

As a containment strategy to reduce the potential spread of COVID-19 and with keeping with recommendations from the Centers of Disease Control and Prevention (CDC), and state and local health departments, Ascension Providence Hospital School of Radiologic Technology will be taking measures to ensure clinical continuity and academic progression for our students.

1. Currently, all students are **NOT** required to be vaccinated for the COVID -19 virus prior to entering the program. Students who are feeling sick or have tested positive for COVID 19 will not be allowed to come to class or clinical: Symptoms could include:
    a. A temperature greater than 100.0 degrees F.
    b. Have exhibited any COVID-19 symptoms (cough, fever, flu-like symptoms) within the last 72 hours.
    c. If a student is feeling ill or has tested positive, they must self-report using the screening tool. The student must follow the directions as given. Missed time will be calculated in their bank. A student may request to attend class virtually during their quarantine time to not fall behind in class.
2. Students may wear a hospital mask when in the building and caring for patients.
3. Students are **able** to provide care to patients on the designated COVID units as long as they are given the appropriate PPE to protect themselves.
4. Students are **able** to provide care to patients in isolation as long as they are given the appropriate PPE to protect themselves.
5. Students are able to perform exams on PUI (person under investigation) patients while wearing the appropriate PPE.
6. Below is a link for reporting yourself if you believe you may have COVID,
   Self-reporting is required to keep everyone safe; you must follow the instructions given by Ascension regarding your diagnosis.
   https://daily-covid-response-ui.pub.cloud-03.pcf.ascension.org/

7. Students are required to be vaccinated for:
    a. Varicella (chicken pox)
    b. MMR (measles, mumps, rubella)
    c. TDaP (Tetanus, Diphtheria, Pertussis)
    d. Flu- Annually
    e. Hepatitis B vaccination is optional; offered during physical

Communications Planning

Accessibility to the program director and clinical coordinator will continue through means of electronic communication, and telephonic communication as appropriate.

1. We will be using Google Meets as the method of presenting coursework.
2. All students have an email account through Ascension to use for communication.
3. All students will be requested to have voice and video conferencing on devices being used for communication.
4. Students will be updated at least every two weeks regarding when or if we will be returning to normal operations.
5. A google meeting will be available everyday to put into all instructors/students calendars.

6. Instructors will need to develop a line of communication for students to ask questions regarding coursework, etc. Instructors are encouraged to use their Ascension email for delivery of such information and not give out their personal information.
7. Students are encouraged to download a pdf filler application (i.e., DocHub) to use for exams and homework.

OSHA Guidelines

Each year the students will take an Infection Control test via computer to be reacquainted with the guidelines OSHA has established to protect all personnel within the Hospital. This is MANDATORY.

Each year the students will attend a safety fair within the department to reacquaint them with the policies and guidelines regarding safety issues. These issues include fire safety, lifting precautions, personal protection, electrical safety, chemical safety, and disaster training. This is MANDATORY.

Your test score can be printed off as part of your transcript on the Learning Institute. This is the documentation for maintaining your infection control competency.

They are also required to have a TB test at your physical and flu shot each year provided by Ascension Providence Hospital. All students are required to be vaccinated for COVID-19.

Appendices

Diagnostic Imaging Dress Code
NCRP Regulatory Guide
Sample Clinical Evaluation
Sample Competency Evaluation
Sample Grievance Form
Sample Screening Form
JRCERT Program Standards