

**UHC RADIOLOGIC TECHNOLOGY
POLICY AND PROCEDURE MANUAL
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STUDENT HANDBOOK CONTENT STATEMENT

The policies contained herein are true and correct in content and policy and enforced as of the date endorsed by the Education Coordinator.

United Hospital Center School of Radiologic Technology reserves the right to revise all policies upon recommendation of the Joint Review Committee on Education in Radiologic Technology (www.jrcert.org), Assessment Committee, Clinical Faculty or other communities of interest.

**Rosemary Trupo, M.B.A., R.T. (R), RDMS
Education Coordinator**

Date

VERIFICATION STATEMENT

I have received a copy of the United Hospital Center School of Radiologic Technology Student Handbook.

I have reviewed the contents of the Student Handbook, and accept my appointment as a student radiographer with knowledge of the guidelines, policies, and procedures by which student radiographers must abide.

I understand that program graduation is contingent upon fulfilling graduation requirements as detailed on pages 116-117 of the Handbook including the satisfactory completion of an Associate or Baccalaureate degree prior to program completion.

I agree to admission as _____ a college-based student through Pierpont Community and Technical College. This admission option is required if you have not yet completed a college degree or if you plan to utilize federal financial aid or the PROMISE scholarship.

_____ a hospital-based student pursuing a certificate in Radiologic Technology at United Hospital Center. This admission option is available if you have already completed an Associate or Baccalaureate Degree from an institution that is accredited by a mechanism acceptable to the ARRT (see list in Graduation Requirements on pages 116-117), and do not require federal financial aid.

Student Signature

Date

STUDENT AGREEMENT

In consideration of the granting of an appointment to the United Hospital Center School of Radiologic Technology, Bridgeport, West Virginia, I, the undersigned, agree to remain in the course for a period of 22.5 continuous months.

It is agreed and understood that a temporary appointment will be made for six months, at the end of which a permanent student appointment will be made if all aspects of clinical and didactic training are satisfactory.

It is agreed and understood that a student may be dismissed at any time:

- ◆ if his/her clinical or didactic performance is unsatisfactory;
- ◆ for any breach of the Rules and Regulations of the School of Radiologic Technology;
- ◆ if it is found that he/she does not have cooperative ability, is of antagonistic disposition, or is lacking in sympathy for the sick.

It is further understood that upon completion of the course, the undersigned agrees to perform the duties of a radiologic technologist only as directed by a duly qualified physician, and under no circumstances will render oral or written diagnosis, or work independently, whether in a private office or institutional department.

Applicant Signature _____ Date _____

Approved by _____ Date _____
(Program Director)

HISTORY AND PROGRESS OF UNITED HOSPITAL CENTER

United Hospital Center is the result of the merger of two well-established Clarksburg hospitals, Union Protestant, which dates its beginning to 1898, and St. Mary's Hospital which was founded in 1901. The two institutions merged on August 24, 1970, to improve the health care delivery services, avoid duplication of services and control combined operating costs. At the time of merger, the bed capacity of the two hospitals was 322 beds.

St. Mary's was located on the corner of Washington Avenue and Chestnut Street, and was originally founded by a group of Clarksburg business and professional men as the Harrison County Hospital. The Sisters of St. Joseph purchased the hospital in 1905, and the name was changed to St. Mary's Hospital. Hospital additions followed in 1910, 1911 and 1942. St. Mary's Hospital School of Nursing, opening in 1905, was the first nationally accredited nursing school in West Virginia.

Union Protestant Hospital was started by Dr. A. K. Kessler in a frame building at what is now the corner of Washington Avenue and Water Street. It expanded into new downtown facilities on Washington Avenue in 1917 under the management of the Mason Hospital Company, and was purchased by the Union Protestant Hospital Company in 1933. New suburban facilities on Route 19, south of Clarksburg, were completed in 1960 and United Hospital Center was formed at the former location of Union Protestant Hospital. The complex included a Family Practice Center, a Physician's Office Building, United Transitional Care Facility, the E. Wayne Corrin Emergency Department, United Home Health, United Health Foundation, United Cancer Center, United Summit Center and the Health Connection.

On October 3, 2010, United Hospital Center relocated into a 681,440 sq. ft., eight level structure adjacent to Interstate 79 at Exit 124/Jerry Dove Drive. The new United Hospital Center includes 292 private inpatient rooms, in addition to a nationally accredited and comprehensive cancer center, emergency department and invasive cardiology suites. The new United Hospital Center designed an environment that focuses on enhanced patient privacy and a high level of technology integration.

From its inception and through today, United Hospital Center has provided clinical and didactic support of educational programs including Certified Nurse Anesthetist, Registered and Licensed Practical Nursing, Radiologic Technology and Respiratory Therapy. The School of Radiologic Technology represents a merger of two successful, hospital-based radiologic technology training programs from St. Mary's and Union Protestant and has trained nearly 350 radiologic technologists who have achieved a first attempt, ARRT registry pass rate of nearly 99 percent. UHC School of Radiologic Technology maintains an exemplary reputation within the community and graduates are heavily recruited by area healthcare providers.

To satisfy the demand for diagnostic medical sonographers, both regionally and nationally, United Hospital Center Diagnostic Medical Sonography Program opened in July of 2000. This program is designed as an advanced discipline of study for graduates of an accredited educational program in Radiologic Technology. UHC Diagnostic Medical Sonography Program incorporates clinical and didactic experiences to prepare individuals for professional practice in general medical, obstetric/gynecologic and vascular sonography and is accredited by the Commission on Accreditation of Allied Health Education Programs.

MISSION, VISION AND VALUES OF UNITED HOSPITAL CENTER

1) HOSPITAL MISSION PURPOSE:

The mission and purpose of United Hospital Center is to **enhance the health status of the citizens of North Central West Virginia** by pursuing spiritual, charitable, scientific, and educational goals in providing quality care and treatment without discrimination as to gender, race, color, religion, age, national origin, disabilities, or financial status.

1. VISION STATEMENT

“UHC will be the focal point of a high quality and cost-effective healthcare delivery system serving the citizens of North Central West Virginia through integration of home, physician office, outpatient, ambulatory, subacute and acute care settings, and professional and health promotion educational programs.”

This vision acknowledges the following key requirements for UHC’s future:

- 1) United Hospital center will be recognized as the community hospital of choice, which respects human life and enhances human dignity.
- 2) It is committed to high quality health and cost-effectiveness in response to both the external market place and its own internal values.
- 3) Its service area will include North Central West Virginia.
- 4) It will not be a “stand alone” entity, regionally or by provider type.
- 5) It no longer focuses only on on-campus acute inpatient and outpatient services.

2. VALUES STATEMENT

In recognition of the need for an organization’s employees and agents to clearly understand and comply with its value structure, particularly during times of substantial upheaval and change, UHC has adopted the following clear set of values:

- 1) Dedication to quality and cost effectiveness;
- 2) Maintenance of charity care;
- 3) Commitment to understanding and meeting the needs of the purchaser of healthcare;
- 4) Respect and care in our approach to every individual;
- 5) Commitment to community health enhancement;
- 6) Maintenance of our traditional presence as a healing service in the community, generating and nurturing holistic wellness;
- 7) Provision of access to health care for as many as possible.
- 8) Recognition that the delivery of healthcare depends upon many partnerships, particularly with physicians;
- 9) Dedication to the education of health care professionals;
- 10) Commitment to high personal standards of honesty and integrity of employees and representatives, and;
- 11) Dedication to proactive leadership in seeking to carry out the mission and purpose of UHC and compliance with its values.

PROGRAM ACCREDITATION

United Hospital Center School of Radiologic Technology is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), the only agency recognized by the US Department of Education and the Council for Higher Education Accreditation for the accreditation of traditional and distance delivery educational programs in radiography and other imaging specialties.

Specialized accreditation awarded by the JRCERT offers institutions significant value by providing peer evaluation and by assuring the public of quality professional education in the radiologic sciences.

United Hospital Center School of Radiologic Technology was evaluated according to the **Standards for an Accredited Educational Program in Radiography (2014) and was awarded an Eight Year Accreditation**, the maximum award of accreditation from the JRCERT. Continued program compliance is assured through a required interim report, self-study process and on-site peer review.

In April 2020, new Standards were adopted with an effective date of January 1, 2021. Revisions to program policies and procedures have been made to maintain compliance with the new Standards.

A copy of the 2021 Standards document is provided as an addendum to this Student Handbook. Contact information for the JRCERT is:

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

MISSION STATEMENT

United Hospital Center, Inc. (UHCSRT) offers a well-structured and comprehensive program in Radiologic Technology designed to prepare individuals for professional practice in this healthcare specialty. Through integrated didactic and clinical education UHCSRT students and graduates are equipped to enhance the health status of citizens within north-central WV and the region.

PROGRAMMATIC EFFECTIVENESS AND ASSESSMENT

United Hospital Center School of Radiologic Technology employs a systematic, ongoing assessment process to garner credible evidence that may be critically analyzed as a basis for fostering ongoing program improvement through intuitive action planning. An Assessment Plan including the program's mission statement is implemented and reviewed annually by program faculty and members of an Assessment Committee. Goals and Student Learning Objectives identifying measurable outcomes for junior and senior students are incorporated with each activity typically trended on a three-year cycle.

2021-2022 ASSESSMENT PLAN PROGRAM GOALS & STUDENT LEARNING OUTCOMES

GOAL 1: EACH STUDENT WILL DEMONSTRATE CLINICAL COMPETENCY.

Student Learning Outcomes:

Goal 1, SLO 1: Junior students demonstrate increasing competency in the performance of imaging exams.

Benchmark: Each junior student will earn a score of ≥ 10 on a scale of 0 -10 for the initial chest projection (PA) and the upright abdomen projection at the correct SID during the chest and abdomen simulation.

Benchmark: Junior students will demonstrate increasing competency when performing procedures on patients requiring innovative strategies due to age or condition. Junior students will achieve ≥ 8 of a possible 10 points on the "Adaptability" section of all Weekly Evaluations relative to the U-E rotation.

Goal 1, SLO 2: Senior students demonstrate clinical competency in performance of all exams, identifying appropriate sequencing and taking appropriate actions in special situations.

Benchmark: Each Senior student will identify special situations and take appropriate actions regarding procedures, materials, equipment and exposure factors. Each senior student will earn a score of ≥ 8 on a scale of 1 - 10 on "Adaptability" from two randomly selected Weekly Evaluations (per student) representing performance in the Fall semester, weekend assignment.

Benchmark: Senior students will demonstrate appropriate sequencing to minimize patient distress while completing multiple exams on the same patient during a single visit. Senior students will achieve ≥ 22 points of a possible 25 points on "Sequencing" for each projection performed as part of a multi-exam competency evaluation.

GOAL 2: EACH STUDENT WILL DEMONSTRATE CRITICAL THINKING AND PROBLEM SOLVING SKILLS.

Student Learning Outcomes:

Goal 2, SLO 1: Junior students will exhibit critical thinking when performing procedures and analyzing the resulting images for possible corrective measures.

Benchmark: Each Junior student will use critical thinking to determine which exposure factors will REDUCE magnification for PA thumb projections on the Ch. 13 and 14 test: Visibility and Geometrical Qualities with 13 out of 15 junior students answering correctly: Identify two CHANGES IN EXPOSURE CONDITIONS that can be made by the radiologic technologist to REDUCE magnification during a PA thumb exam.

Benchmark: All junior students will receive a score of 20 (on a scale of 0-20) for Item 1: Positioning of the Y projection associated with the shoulder competency evaluation.

Goal 2, SLO 2: Each Senior student will apply critical thinking and analysis in medical imaging situations including weighing the impacts of various exposure conditions on image quality, and thoughtfully considering behaviors to avoid litigation.

Benchmark: Each senior student will correctly respond to 2 of 3 questions requiring critical thinking from among questions from Ethics, Review 4.

Benchmark: All senior students will analyze various changes in exposure condition to accurately determine methods for reducing image magnification by providing a correct response on question 13 by the second attempt.

GOAL 3: EACH STUDENT WILL EXHIBIT EFFECTIVE ORAL AND WRITTEN COMMUNICATION SKILLS.

Student Learning Outcomes:

Goal 3, SLO 1: Senior students will deliver an oral and slideshow research topic presentation with poise, accuracy and thoroughness. Senior students will clearly convey complex procedural instructions to patients to elicit their cooperation, while deriving pertinent clinical history to accurately convey to the radiologist.

Benchmark: Senior students will prepare and present a slideshow covering a research topic selected by the student. Presentations will be made to their classmates and instructor. Each senior student will earn an average score ≥ 8 on a scale of 0 -12 for all rubrics completed by their classmates and instructor based upon their delivery, content, poise, thoroughness and accuracy in conveying information during the oral and slideshow presentation.

Benchmark: Each senior student will take appropriate history and effectively explain the UGI/SB procedure to patients concurrent with obtaining the scout image while pursuing a clinical

competency. Each senior student will score 5 on a scale of 0 - 5: Explain procedure/take history Section of the Clinical Competency Evaluation Form. This will be evaluated following the Scout Image for the UGI/SB.

Benchmark: Each senior student will convey appropriate and thorough history to the physician and/or annotate pertinent information on the scout image during a clinical competency evaluation for an UGI/SB procedure. Each senior student will score 5 on a scale of 0 - 5: Annotate History/Convey to Physician Section of the Clinical Competency Evaluation Form. This will be evaluated following an UGI/SB.

Goal 3, SLO 2: Junior students will provide clear and concise instructions to patients to achieve required projections. Junior students will effectively and comprehensively integrate four required research elements within the research papers composed for the state conference.

Benchmark: Junior students will effectively communicate breathing and positioning instructions, and using immobilization devices, as needed to achieve RAO and LAO projections of the lumbar spine during Simulation Evaluations performed by faculty. Junior students will score 10 points from a range of 0/5/10 points on the "Positioning" component of the Simulation Exam for the RAO and LAO projections.

Benchmark: Junior students will be asked to choose an article from a professional journal and use the rubric to identify and comment about FOUR required research paper elements as a precursor to the assessment. This will be done in late January, so the information will be relatively current. The students will apply this information as they begin drafting their own research papers in four steps with each evaluated by 3 of 4 faculty members using a rubric with a Likert scale of 0 (Below Expectations), 1 (Meets Expectations) or 2 (Exceeds Expectations). Benchmark performance will be 80% of students scoring ≥ 2 in each of the four categories on all faculty evaluations.

GOAL 4: STUDENTS AND GRADUATES WILL MODEL PROFESSIONALISM.

Student Learning Outcome:

Goal 4, SLO 1: Senior students will be equipped to compare and contrast general radiography with other medical imaging modalities. Senior students will model affective behaviors that have been gleaned throughout their training period and will be prepared to conduct themselves as true professionals when employed.

Benchmark: Each senior student will earn $\geq 90\%$ on each of the five advanced modality quizzes.

Benchmark: All Senior Students will earn ≥ 6 hours of Professional Incentive Time in the semester prior to graduation (Spring).

Goal 4, SLO 2: Junior students will recognize the significance of following professional rules and regulations.

Benchmark: Each junior student will correctly provide two possible responses to ensure safe patient transfer.

Benchmark: Twenty of 26 students (75%) will earn 2 hours of PI time in the spring semester by not having any dress code infractions.

PROGRAM EFFECTIVENESS DATA

Benchmark 1:

Ninety percent of graduates will pass ARRT exam on first attempt.

Benchmark 2:

Eighty percent of graduates will secure employment within 6 months of graduation.

Benchmark 3:

Seventy percent of enrolled students will complete the program.

Benchmark 4:

Eighty percent of graduates express satisfaction with the program.

Benchmark 5:

One hundred percent of employers will express satisfaction with program graduates.

ADMISSION CRITERIA/ TECHNICAL STANDARDS

Adapted from the "Description of the Profession" for Radiologic Technology, as adopted in 1983 by the American College of Radiology, the American Medical Association, and the American Society of Radiologic Technologists, the radiographer, upon successful completion of the radiologic technology training program, shall be able to:

1. Apply knowledge of anatomy, physiology, positioning and radiographic technique to accurately demonstrate anatomical structures on a radiograph or other imaging receptor.
2. Determine exposure factors to achieve optimum radiographic techniques with minimum radiation exposure to the patient.
3. Evaluate radiographic images for appropriate positioning and image quality.
4. Apply the principles of radiation protection for the patient, self, and others.
5. Provide patient care and comfort, with high regard for patient rights and dignity.
6. Recognize emergency patient conditions and initiate life-saving first aid and basic life-support procedures.
7. Evaluate and maintain the performance of radiologic systems, know the safe limits of equipment operation, and report malfunctions to the proper authority.
8. Exercise independent judgment and discretion in the technical performance of medical imaging procedures.
9. Actively participate in radiologic quality assurance programs and continuing education programs.
10. Educate the patient as to the ordered procedure; instruct the patient in any needed precautions or preparation for the scheduled procedure, and provide other health information so that the patient understands and follows instructions to obtain optimum results.

Based upon the preceding professional description, students who enter this allied health field must have the potential to learn and effectively perform the tasks as stated. With this and other educational requirements in mind, the Technical Standards for the Radiologic Technology Program are as follows:

I. EDUCATIONAL QUALIFICATIONS:

- A. The applicant must be a High School Graduate or have successfully completed a standard equivalency test.(GED)
- B. The applicant must have documented test results from the American College Test (ACT) or the Standardized Achievement Test (SAT).
- C. The applicant must complete an Associate or higher degree from an ARRT-acceptable accredited college or university as a pre-requisite or co-requisite for graduation and certification eligibility.

II. MENTAL REQUIREMENTS

The radiographer must be able to:

1. Must have the ability to perform concentrated and complex mental activity with frequent involvement in complex and highly technical situations.
2. Must have the ability to work successfully under highly stressful conditions, and must be capable of adapting to varying workloads and work assignments on a constant basis.
3. Must have the ability to make sound, independent judgments based on scientific principles, and also be able to collaborate with other multi-disciplinary team members in an appropriate fashion.
4. Must have the ability to comprehend and perform oral and written instructions and procedures.
5. Must have effective reading and comprehension skills.
6. Must have strong communication skills, written and verbal.
7. Must have basic math and algebra skills to calculate radiation exposure factors.
8. Must possess basic understanding of physics.
9. Must be able to work weekends, and all shifts.
10. Must have ability to prioritize tasks.

III. PHYSICAL REQUIREMENTS

The radiographer must be able to:

1. Perform frequent walking, standing, stooping, kneeling, reaching, pushing, pulling, lifting, grasping and feeling duties throughout the work shift.
2. Lift, move, and position patients of all weights, with varying amounts of assistance in a fair manner on a regular and recurring basis.
3. Hear within the normal range.
4. Read and write legibly in English.
5. Demonstrate visual acuity within normal range.
6. Perform heavy work: exerting in excess of 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.
7. Perform Cardiopulmonary Resuscitation, therefore, the applicant must have sufficient use of all four limbs and be capable of maneuvering their body successfully enough to accomplish the task in a life-threatening situation.

IV. ENVIRONMENTAL CONDITIONS

The radiologic technologist/student has the potential for exposure to:

1. Body fluids, human tissues, contagious diseases, sharps, and explosive gases.
2. Cleaning agents and disinfectants.
3. High stress and constant interruptions.
4. Electrical current.
5. Ionizing and non-ionizing radiation.
6. Toxic gas, fumes, and odors.

FACULTY DESCRIPTION

The School of Radiologic Technology is served by one full-time Program Director, one full-time Clinical Coordinator, two full-time Primary Clinical Preceptors, and various adjunct faculty members to assist in the effective delivery of the didactic curriculum. The qualifications for each position are based on the Standards for an Accredited Educational Program in Radiography as published by the Joint Review Committee on Education in Radiologic Technology and may be found in Appendix A. The job responsibilities of program faculty help fulfill the program mission and goals and are described as follows:

Program Director :

- Develops, implements, periodically evaluates and assures the effectiveness of an educational curriculum in radiologic technology;
- Assures the educational effectiveness of clinical activities;
- Demonstrates a commitment to professional development;
- Maintains current knowledge of the professional discipline and instructional methodologies;
- Organizes a plan for continual program development through programmatic self-evaluation;
- Serves as a resource to management, staff and students;
- Instructs multiple components of the curriculum, evaluates student performance;
- Participates in formulation and dissemination of the program budget;
- Maintains student personal and academic records;
- Implements a plan for recruitment and admission of students, which is consistent, transparent and non-discriminatory.

Clinical Coordinator:

- * Develops, implements, periodically evaluates and assures the effectiveness of an educational curriculum in radiologic technology;
- * Correlates clinical and didactic education; assures the educational effectiveness of clinical activities;
- * Demonstrates a commitment to professional development;
- * Maintains current knowledge of the professional discipline and instructional methodologies;
- * Maintains clinical affiliations and assures that all clinical settings are recognized by the JRCERT;
- * Facilitates timely, equitable and educationally valid clinical experiences for all students
- * Serves as a resource to management, staff and students;
- * Instructs components of the curriculum, evaluates student performance;

- * Assists in planning program budget;
- * Maintains student personal and academic records;
- * Participates in the recruitment and admission of students.

Primary Clinical Preceptors:

- * Correlates clinical and didactic education;
- * Instructs multiple components of the curriculum, evaluates student performance;
- * Participates in the recruitment and admission of students;
- * Assures the educational effectiveness of clinical activities;
- * Demonstrates a commitment to professional development;
- * Maintains current knowledge of the professional discipline and instructional methodologies;
- * Serves as a resource to management, staff and students;
- * Assists in planning program budget;
- * Assists with programmatic self-evaluation;
- * Participates in periodic review of course evaluation summaries, and implements plans for revision, as needed.

Affiliate Clinical Preceptors:

- * Assures the educational effectiveness of clinical activities;
- * Serves as an institutional resource to students at the affiliate site;
- * Performs mandatory and elective clinical competency evaluations;
- * Evaluates student performance through weekly evaluations, performance objectives and clinical competency evaluations;
- * Maintains educational resources at the affiliate site;
- * Maintains the accuracy of Clinical Affiliate Handbook contents;
- * Ensures staff compliance with the Student Supervision Policy and other terms of the Affiliation Agreement.

Didactic Faculty:

- * Delivers course content in an organized and effective manner;
- * Performs periodic evaluation and review of student performance, and provides opportunity for remedial instruction;
- * Formulates reports of progress to Program Director;
- * Demonstrates a commitment to professional development and continued competence;
- * Maintains current knowledge of the professional discipline and instructional methodologies;
- * Serves as a resource to management, program officials, staff and students;
- * Participates in periodic review of course evaluation summaries, and implements plans for revision, as needed and
- * Maintains competency in the professional discipline, instructional and evaluative techniques through continuing education.

FACULTY EVALUATION

Didactic Faculty

An Instructor/ Course Evaluation form is designed to assess the effectiveness of the didactic faculty, the adequacy of the textbook and other learning resources, and the overall usefulness of the course. Each radiography student is given the opportunity to anonymously complete an Instructor/ Course Evaluation form at the conclusion of each academic quarter and/or course. Program Faculty will summarize the responses, and this will serve as a basis for discussion and evaluation with didactic faculty.

Clinical Faculty

A Clinical Preceptor Evaluation Form is completed annually by the students to evaluate the effectiveness of the Affiliate Clinical Preceptors. Each radiography student is given the opportunity to anonymously complete the Clinical Preceptor Evaluation Form and provide constructive feedback. Faculty summarizes the responses, and uses the report of responses as a basis for discussion and evaluation during an annual Clinical Faculty meeting.

FACULTY DISMISSAL POLICY

Faculty may be dismissed/replaced based on the following criteria:

- ◆ Failure to conform to the duties of clinical or didactic faculty as outlined in the job description.
- ◆ Other job requirements conflict with instructional requirements and accessibility.
- ◆ Performance is unsatisfactory in facilitating student competency achievement as determined by course evaluation, Clinical Preceptor, Clinical Coordinator and/or Program Director observation and evaluation.
- ◆ Resignation by faculty member.
- ◆ Display of unprofessional/unethical conduct in performance of instructional duties, or any action resulting in termination of employment by the sponsoring institution.

FACULTY DIRECTORY

1. EDUCATION COORDINATOR / PROGRAM DIRECTOR

Rosemary Trupo, R.T.(R), M.B.A., RDMS

Trupo became certified in Radiography by the American Registry of Radiologic Technologists in 1981 after graduating from UHC School of Radiologic Technology. She obtained certifications in Abdominal and Obstetric/Gynecologic Ultrasound from the American Registry of Diagnostic Medical Sonographers in 1987. She completed her Bachelor of Arts Degree from Fairmont State College in December of 1989, and a M.B.A. in Healthcare Administration from the University of Phoenix in April, 2006. She devotes full-time to the educational program and is responsible for the organization, administration, periodic review, continued development, and general policy and effectiveness of the program.

She instructs the following academic classes:

FUNDAMENTALS OF RADIOLOGIC SCIENCE & HEALTH CARE
HUMAN STRUCTURE AND FUNCTION I and II
RADIATION PHYSICS II
RADIATION PROTECTION PRINCIPLES/ RADIOBIOLOGY
DIGITAL IMAGING/ CT (CO-INSTRUCTS)
SENIOR SEMINAR

2. CLINICAL COORDINATOR

Jane A. Bray, R.T. (R), B.S.

- ◆ Jane Bray is a program alumnus, became certified in Radiography by the American Registry of Radiologic Technologists in 1994, and currently holds an unrestricted WV State License. She achieved an Associate of Applied Science Degree from Pierpont Community and Technical College in 2005, and a Bachelor of Science Degree in Allied Health Administration from Fairmont State University in December of 2012. She devotes full-time to the educational program and is responsible for facilitating timely, equitable and educationally valid clinical experiences for all students as well as correlating clinical and didactic education and assuring the educational effectiveness of clinical activities.

She instructs the following academic classes:

FUNDAMENTALS OF RADIOLOGIC SCIENCE & HEALTH CARE
RADIOGRAPHIC PROCEDURES I and II
MEDICAL ETHICS
NEUROINTERVENTIONAL – SPECIAL TOPICS (CO-INSTRUCTS)

3. PRIMARY CLINICAL PRECEPTORS FOR UHC

Kimberley Jackson, R.T. (R)(CT)(MR)
Lisa M. Knight, R.T. (R)

Kimberley Jackson became certified in Radiography by the American Registry of Radiologic Technologists in 2015 after completing the Radiologic Technology Program at West Virginia University Hospital. She earned her certification in CT in 2016 and MRI in 2019. Kim currently holds an unrestricted WV State License.. Kim earned an Associate of Applied Science Degree from Pierpont Community and Technical College in 2015 and completed a Baccalaureate Degree from Liberty University in July 2021.

Lisa Knight is a program alumnus, became certified in Radiography by the American Registry of Radiologic Technologists in 1989, and currently holds an unrestricted WV State License.

Jackson and Knight devote full-time to the educational program, and are responsible for delivery of clinical education and facilitating supervision at all clinical education settings.

As Recognized Primary Clinical Preceptors at UHC, Jackson and Knight instruct the following academic classes:

FUNDAMENTALS OF RADIOLOGIC SCIENCE & HEALTH CARE
MEDICAL TERMINOLOGY FOR RAD TECH
RADIATION IMAGE PRODUCTION AND CHARACTERISTICS I AND II
RADIOGRAPHIC IMAGE ANALYSIS AND PATHOLOGY I AND II
RADIATION PHYSICS I
DIGITAL IMAGING/ CT (CO-INSTRUCTS)
PATIENT CARE

3. AFFILIATE CLINICAL PRECEPTORS

Affiliate Clinical Preceptors have been designated to serve as extensions of the JRCERT Recognized Primary Clinical Instructors at United Hospital Center and each clinical affiliate site. Upon appointment, Affiliate Clinical Preceptors receive individualized oral and written instructions from Jackson or Knight regarding the Clinical Education Plan, use of the Trajecsys Clinical Management System, and the clinical competency evaluation process. Affiliate Clinical Preceptors complete clinical competency evaluations in the absence of program faculty or other JRCERT Recognized Clinical Preceptors and serve at the will of the Program Director until such time that they are unavailable or deemed ineffective.

Sherri Barlow, R.T. (R) – CP at SJ
Kim Carbacio, R.T. (R) – CP at MOB
Barbie Davisson, R.T. (R) – CP at VAMC
Rachel Gee, R.T. (R) – CP at VAMC
Alexandria Gregory, R.T. (R) at UHC (Evening Shift)
April Stewart, R.T. (R) – CP at UHC
Micala Thomas, R.T. (R) – CP at UHC (Evening Weekend Shift)
Jessica Veltri, R.T. (R) – CP at UHC (OR)
Sarah Williams, R.T. (R) - CP at UHC

AFFILIATE CLINICAL PRECEPTORS

Sherri Barlow is a program alumnus, became certified in Radiography by the American Registry of Radiologist Technologists in 2004, and currently holds an unrestricted WV State License. She received a Bachelor of Arts in Psychology and Rehabilitation from WV Wesleyan College in 1996. Sherri provides clinical oversight during student rotations at SJ.

Kim Carbacio is a program alumnus, became certified in Radiography by the American Registry of Radiologic Technologists in 1978, and currently holds an unrestricted WV State License. Kim provides clinical oversight during student rotations at UHC (MOB).

Barbie Davisson is a program alumnus, became certified in Radiography by the American Registry of Radiologic Technologists in 1992, and currently holds an unrestricted WV State License. Barbie provides clinical oversight during student rotations at the VA Medical Center.

Rachel Gee is a graduate of Marshall University where she received a Bachelor of Science in Medical Imaging in 2012. She became certified in Radiography by the American Registry of Radiologic Technologists in 2011 and certified in CT in 2013. Rachel currently holds an unrestricted WV State License. She provides clinical oversight during student rotations at the VA Medical Center.

Alexandria “Allie” Gregory is a program alumnus, became certified in Radiography by the American Registry of Radiologic Technologists in 2016, and currently holds an unrestricted WV State License. Allie provides clinical oversight during student rotations at the United Hospital Center.

April Stewart is a program alumnus, became certified in Radiography by the American Registry of Radiologic Technologists in 2009, and currently holds an unrestricted WV State License. April provides clinical oversight during student rotations at United Hospital Center.

Micala Thomas is a program alumnus, became certified in Radiography by the American Registry of Radiologic Technologists in 2014, and currently holds an unrestricted WV State License. Micala provides clinical oversight during weekend shift rotations at United Hospital Center.

Jessica Veltri is a program alumnus, became certified in Radiography by the American Registry of Radiologic Technologists in 2012, and currently holds an unrestricted WV State License. Jessica provides clinical oversight during student rotations at United Hospital Center.

Sarah Williams is a program alumnus, became certified in Radiography by the American Registry of Radiologic Technologists in 2013, and currently holds an unrestricted WV State License. Sarah provides clinical oversight during student rotations at United Hospital Center.

4. INTERVENTIONAL DIDACTIC INSTRUCTOR:

April McCullough, R.T.(R),CVT

McCullough is an Interventional Technologist, United Hospital Center, and became certified by the American Registry of Radiologic Technologists in Radiography and in Cardiovascular-Interventional Technology.

McCullough co-instructs: NEUROINTERVENTIONAL PROCEDURES

5. INTERVENTIONAL DIDACTIC INSTRUCTOR:

Lois Bailey, A.S., R.T. (R), CVT

Bailey is an Interventional Technologist, United Hospital Center, and became certified by the American Registry of Radiologic Technologists in Radiography and in Cardiovascular-Interventional Technology. Lois possesses an Associate Degree from Fairmont State College.

Bailey co-instructs: NEUROINTERVENTIONAL PROCEDURES

6. INTERVENTIONAL DIDACTIC INSTRUCTOR:

Annie Parsons, R.T. (R)

Parsons is an Interventional Technologist, United Hospital Center, and became certified by the American Registry of Radiologic Technologists in Radiography and in Cardiovascular-Interventional Technology.

Parsons co-instructs: NEUROINTERVENTIONAL PROCEDURES

TUITION AND FEES POLICY

Individuals who have earned a college degree and choose enrollment directly with United Hospital

Center are assessed a tuition of \$6000 for the 22.5-month, radiologic technology program. This may be paid in installments of \$1500 at the conclusion of Fall and Spring semesters, but no additional tuition payment is required for the Summer Semester. Five semester schedules are as follows:

Year One, Fall Semester:	July – December
Year One, Spring Semester:	January – May
Year One, Summer Semester:	June – July
Year Two, Fall Semester:	July – December
Year Two, Spring Semester:	January – May

Tuition payments for UHC-enrolled students are accepted at the cashier's office in the main lobby of United Hospital Center, which is open from 0730 – 1600 daily or may be remitted by mail. Personal or corporate checks, cash and/or money orders are acceptable for tuition payments. Documentation of payments will be credited by the UHC Finance Department. Logan Hoskinson, staff accountant, may be consulted when payment information is required at 681-342-3166.

Students enrolled through Pierpont Community and Technical College (PCTC) in pursuit of a degree and/or for access to financial aid are assessed a tuition charge equal to the prevailing full-time tuition cost per semester, thus total tuition typically exceeds \$6000. Tuition is paid directly to PCTC, but Fall and Spring semester tuition may be offset by federal financial aid and/or the WV PROMISE or INVEST programs. (Students enrolling directly to UHC are not eligible for federal or state financial aid programs.) The summer term does NOT qualify for federal or state aid, however special funding may be available to offset summer term tuition for eligible students. Questions regarding tuition and/or financial aid should be directed to PCTC at (304) 367-4907, by e-mail FinancialAid@pierpont.edu, or by visiting the Student Services Center located at 248 Hardway Hall, Locust Avenue, Fairmont, WV.

The UHC Accounting Department provides quarterly tuition statements to all students, so that tuition balances may be monitored. PCTC enrolled students are also urged to monitor their student accounts.

Additional costs of attendance may include textbooks, housing, uniform apparel, travel costs to clinical education settings, and an enrollment fee for a web-based electronic reporting system, **Trajecsys**.

- **Trajecsys** is a clinical reporting system that is required for ALL students. Trajecsys is used to log clinical activity, review and complete clinical objectives and review performance evaluations. The Trajecsys fee is \$150 for the entire program length, but must be paid by August 1st of the first year.

PCTC may also impose program and graduation fees.

Final grade transcripts and evaluations will be withheld for failure to pay tuition and other required fees, and may prohibit eligibility for the national certification examination.

Tuition payments and electronic reporting fees are non-refundable for students withdrawing from the program, or for those dismissed from the program on the basis of disciplinary or performance issues.

COSTS ASSOCIATED WITH PROFESSIONAL EMPLOYMENT

National Certification

Costs are also associated with state licensing and national certification, processes which are pursued upon program completion and may be required for radiologic technology employment in West Virginia. The American Registry of Radiologic Technologists (www.arrt.org) offers ARRT certification and registration to recognize individuals satisfying professional standards and deemed qualified to perform the role of a radiographer. The primary application fee for the ARRT credentialing exam in radiography is \$225, and may be submitted ninety days prior to program completion.

WV State Licensure

West Virginia Code §30-23-1 authorizes the WV Medical Imaging and Radiation Therapy Technology Board of Examiners created to licensing individuals who use ionizing radiation as medical imaging professionals as a means of promoting, preserving and protecting the public health, safety and welfare of the citizens of West Virginia. Requirements for receiving a WV Medical Imaging License include a completed application, proof of graduation of a Board approved program, proof of passage of a Board approved certification examination (ARRT), compliance with the Board's continuing education requirements, proof of identity, documentation of any name changes and the appropriate fee. The initial license fee is \$100 with annual renewal at a cost of \$65.

Tuition and fees are subject to change without notice.

FINANCIAL AID/STUDENT SCHOLARSHIPS

United Hospital Center School of Radiologic Technology does not participate in Title IV Federal Financial Aid, therefore students enrolled exclusively with UHC are encouraged to seek independent financial assistance using <http://www.fastweb.com/> or similar search engines.

Other sources of student aid include Ann Bramer Scholarships, Timmons and Snively Memorial Scholarships.

Ann Bramer Scholarships are awarded annually by the United Hospital Center Auxiliary. Prerequisite information and applications are available from the program director each March/April.

Robert M. Timmons Memorial Scholarship is available to senior students. Applications may be made by junior students in the spring of the first year. Further details are included in the Timmons Scholarship P/P within the Student Handbook.

Students completed the junior year are automatically considered for the Marsha Snively Memorial Scholarship in May. Information regarding this scholarship is also described in detail within the Snively Scholarship P/P within the Student Handbook.

Students enrolled through Pierpont Community and Technical College may be eligible for federal financial assistance and/or the WV PROMISE Scholarship by completing the FAFSA (PCTC school code: 040385). All required financial aid documentation must be completed as per the financial aid office of PCTC prior to disbursement of aid. All financial aid-related questions should be directed to PCTC at 304-367-4907 or email FinancialAid@pierpont.edu

Information about other scholarships including, but not limited to the WV Society of Radiologic Technologists Student Scholarship, Warren and Betty Burnside Scholarship and the WV Healthcare and Human Resource Association Scholarship is provided to students as it become available.

Robert M. Timmons Memorial Scholarship

A scholarship has been established in memory of Robert M Timmons, B.S., R.T. by Mrs. Margaret Timmons and her children, Leska Foster and Craig Timmons. During commencement exercises each year, the scholarship will be awarded to a student radiographer upon completion of his/her first year of training. The recipient will be selected on the basis of academic and clinical performance, attendance and financial need, and will receive an award equal to the greater of \$400 or 80% of the investment earnings from the previous full calendar year.

This monetary award will be made payable to the student and United Hospital Center, and should be used for tuition. If the student has paid tuition, or is receiving tuition compensation from another source, than the money may be applied to the cost of uniforms or other expenses directly related to the course of study.

Applications for the Timmons Scholarship are available from the Program Director. Program officials shall determine the recipient of the Timmons Scholarship on the basis of the following criteria:

- | | | |
|---------------------------------|---|-----|
| • Academic grade point average* | - | 25% |
| • Clinical grade point average* | - | 25% |
| • Attendance and punctuality* | - | 25% |
| • Financial Need | - | 25% |

*Performance data in the Junior year through the mid-term of Spring Semester is included. The maximum student score for all areas is 16.

Points will be awarded based upon the actual academic and clinical grade point averages using a 4.0 grading scale. For determination of financial need, applicants will be ranked based upon the EFC assigned on the current year Student Aid Report generated by the Free Application for Federal Student Aid (FAFSA). Applicants with EFC of 0 will receive 4 points, while those receiving higher EFC numbers will be assigned descending points. EFC numbers and the corresponding point values will fluctuate annually, but generally will be assigned as EFC of 0 = 4 points, EFC of 0001 – 1500 = 3 points; EFC of 1501 – 3000 = 2 points; EFC of 3001 – 4500 = 1 point; EFC 4501 – higher = 0 points. In the absence of a SAR, 0 points are given for financial need.

Student attendance and occurrences of disability will also be a factor in determining the scholarship recipient. Four points will be given to a student with a total of ≤ 2 disability occurrences and/or tardies; 3 points for disability occurrences and tardy total of 3; 2 points for disability occurrences and tardy total of 4; 1 point for total of 5 disability occurrences and/or tardies. (For example, a student having 2 occurrences of disability and one tardy in the first three quarters will be awarded 3 points for attendance.)

A certificate and a monetary gift are awarded. In the event that the tuition is paid in full, the scholarship may be applied toward other school-related expenses.

Marsha K. Snively Memorial Scholarship

The Marsha K. Snively Memorial Scholarship is a scholarship established by Medbrook Medical Associates, Inc., in memory of Marsha K. Snively, B.S., R.T. (M)., a respected, long-term employee of MedExpress (formerly Medbrook Medical Center).

This scholarship is an ongoing program available to radiography students who have completed their first year of training. Under the program, one scholarship for \$1,000 will be awarded annually for tuition/uniform assistance to a student who is entering their second year of training and possesses the two special character traits that Marsha exhibited – **compassion and work ethic.**

No application is needed as all students successfully completing their first year of training are eligible. The initial selection of three students will be by a vote of technologists employed by all clinical training sites. Ballots will be distributed accordingly, and all votes will be calculated by May 1st. These three students are interviewed and the selection of the scholarship recipient is made by a three member panel consisting of a member of MedExpress medical staff, a member of MedExpress's radiology staff and a member of the Snively family or designee.

A certificate of achievement and a \$1,000 check written in the recipient's name, will be awarded by a representative of MedExpress and/or the Snively family during commencement exercises. The recipient's name will also be placed on a perpetual plaque placed within the Radiology Department at MedExpress.

W.V.S.R.T. Student Scholarships

The WV Society of Radiologic Technologists implemented two scholarship programs to provide financial assistance to students enrolled in accredited WV radiography program in West Virginia. The WVSRT desires to provide students with the opportunity and incentive to continue their education in an accredited radiologic science program.

Student Excellence Scholarship

To be eligible to receive the WVSRT Student Excellence Award, the student must be enrolled in the final semester of the junior year and hold the highest cumulative grade point average in his/her respective class as evidenced by an official transcript provided by the Program Director by May 31st. The Student Excellence Award recipient will receive a \$250 scholarship awarded by June 15 to offset costs of education in the senior year.

WVSRT Student Scholarship

A \$1000 scholarship is given to one student enrolled in the final semester of the junior year of an accredited WV radiologic technology program, who is also a student member of the American Society of Radiologic Technologists (ASRT). The student must have maintained a minimum GPA of 3.0 (on a 4.0 scale) or a B average, in the radiologic science core curriculum including didactic and clinical components, provide evidence of financial need, complete a written 500 word essay, and submit an evaluation form completed by the program Director. The deadline for submitting the application and all required documentation is May 1 with notification of the winner by May 30th.

Applications and additional information about WVSRT Scholarships is found under the Student Information tab of the website: wvsrt.org

STUDENT TEXTBOOK PURCHASING POLICY

United Hospital Center School of Radiologic Technology makes available the Pro Forma Invoice System from Rittenhouse Book Distributors. Subscribers to this service receive a discount on the purchase price of their textbooks.

Rittenhouse provides an instructional letter and a program access code with which the student may choose the desired textbooks for online ordering or may call/mail textbook orders. Multiple payment options are available and shipping and handling charges are reduced. Upon receipt of payment, Rittenhouse will ship textbooks directly to the student's home. (Students utilizing Post Office Boxes for receipt of mail may be asked to provide a street address for the delivery of textbooks.) A student may elect to purchase one, some or all books from Rittenhouse or pursue from other resources, as long as the titles and editions meet faculty requirements.

The following is the list of required textbooks:

JUNIOR TEXTBOOKS:

- | | |
|---|-------------|
| 1. Handbook of Anat./Phys. For R.T. | Mallett |
| 2. Textbook of Radiographic Positioning and Related Anatomy | Bontrager |
| 3. Patient Care in Radiography | Ehrlich |
| 4. Radiography in the Digital Age | Carroll |
| 5. Medical Terminology Workbook | Dean Vaughn |
| 6. Handbook of Radiographic Positioning and Techniques | Bontrager |

SENIOR TEXTBOOKS:

1. Bushong, Radiologic Science Tech.
2. Statkiewitz-Sherer, Radiation Protection in Medical Radiography
3. Bontrager, Textbook of Radiographic Positioning and Related Anatomy Workbook

Additional textbooks may be required that are not available through Rittenhouse Distributors, or may be considered optional for student purchase. These purchases are made by Program Officials, and the student is required to reimburse the Program for such expense as it is incurred.

Students are counseled regarding the purchase of used textbooks from graduating students. Additionally, other purchasing sources, including internet web addresses, are provided for the students' convenience such as Amazon, Barnes and Noble, Half.com (a subsidiary of E-bay) and Borders.

STUDENT DRESS CODE

The School of Radiologic Technology recognizes the individuality of each student. However, it is necessary for all students to present a clean, neat and professional appearance. Manner of dress may shape the perception of patients, visitors and other associates about an individual, the program or institution. Student appearance should convey an image of competence, professionalism and seriousness of purpose that inspires confidence.

General Information:

1. Student radiographers will always appear professional when present at the hospitals for clinical and didactic education. Personal hygiene should be well maintained. Daily grooming and conservative appearance are essential to the professional student.

2. Excessive body scents from colognes, body washes or body splashes, tobacco use or other products will not be tolerated.

3. Jewelry and Accessories:

A maximum of three (3) modest earrings per ear and a maximum of one (1) nose piercing may be worn. A nose piercing can only be a stud and cannot be larger than 2 mm in diameter.

Items such as heavy necklaces, dangling earrings, or any personal embellishment that pose a significant risk of entanglement or other potential safety risks are not allowed. No wrist bracelets may be worn.

- engagement and wedding rings may be worn;
- only one ring per hand (excluding the above ring combination)
- **NO stretching or gauging of the ears or other visible body parts. NO tongue piercing will be permitted.**

4. Students should keep their natural nails no longer than a quarter inch (1/4") past the end of their fingers, and ensure that light-colored nail polish, if worn, is free of chips and cracks. Fingernails must be kept neat and trimmed.

5. Daily bathing and proper hygiene are of primary importance.

6. Abnormal body alterations must not be visible. (This might include, but is not limited to, scarification, branding, dermals, etc.)

7. Hair will be neat and clean at all times. Extreme hair styles and colors are prohibited. Longer than shoulder length hair will be pulled back or up with conservative clips while performing patient procedures. Short, well-trimmed beards and/or mustaches may be worn by male students. Students without beards and/or mustaches must be clean-shaven.

8. Underclothing is required and must be undetectable through outer clothing. No thong, colored or patterned underwear under light colored pants or scrub uniforms is allowed.

9. Tattoos of a risqué, obscene or obnoxious nature must be completely covered. Additionally, all visible large tattoos (arms, chest, neck) must be covered. Smaller tattoos can remain uncovered.
10. Scrub uniform attire will be worn during all clinical and didactic assignments. Students must purchase scrub uniforms in hunter green and match the designated color card provided by UHC. The hunter green required by UHC corresponds to Hunter Green GHP by Landau and Hunter HUNW by Cherokee, but similar colors may be found with other uniform providers. Scrub tops and pants must be solid-colored and not include any piping or strip of another color. Scrub top styles must be sufficient in length to cover the midriff. Waist lines of scrub pants styles must be high enough so as not to permit bared skin. Pant legs will be neatly hemmed to the top of the shoe with no rolling or cuffing of unfinished hems or excessive hem length dragging the floor. Uniform apparel will be cleaned and pressed at all times.
11. Scrub jackets may be worn in white or hunter green. Jersey jackets, sweaters, hoodies or nylon sports jackets are not permitted.
12. White, black or gray shoes may be worn and will be cleaned and polished at all times. Coordinating white, black or gray socks are permitted.
13. Hunter green or white turtleneck or T-shirt may be worn under the scrub top, but must be clean, neat and with no visible imprint. Turtleneck or t-shirt color must exactly match the scrub top/pants color.
14. **Students must display their hospital I.D and radiation dosimeter at all times while in the clinics. These must be worn in a prominent, upper chest or neck location.**

PERSONALIZED MARKERS POLICY

Personalized markers are the preferred markers for exams performed by junior and senior student radiographers at United Hospital Center or its affiliates. When multiple projections are needed, it is required that each projection be marked appropriately.

Junior students are required to purchase lead markers once Radiographic Procedures course starts. Markers include: Right, Left, AP, PA, RAO, LAO, RPO, LPO and ERECT. The Right and Left markers must also incorporate a 2 or 3 character unique identifier (ex. Initials JAB) that must be registered with faculty. Multiple vendors may be contacted for personalized marker purchases including MyTrademarkers.etsy.com, saomarkers.com, techno-aide.com, ebay.com, zzmedical.com, alishagoescrafty.com, etc. Prices vary by vendor, thus due diligence is recommended.

Students are responsible for replacing their own lost markers. Replacement markers must be purchased immediately upon the loss of markers. Personalized markers may not be loaned to other students, or staff radiographers. In the case of lost markers, UHC-initialed markers will be assigned to students by a primary clinical preceptor until such time that replacement personalized markers are received and for a period of time not to exceed TWO weeks.

If the student fails to replace lost markers within the two week period, a 1 point penalty will be deducted from the weekly evaluation average for each day exceeding the two week period until such time that markers are received.

The cost for replacing the UHC-initialed markers is set by the manufacturer and can be obtained from the Program Director. Replacement of the UHC-initialed markers will be ordered by the Program Director, but reimbursement for associated costs is the student's responsibility. If the student fails to return replacement markers, a charge will be applied to the student's account. Additionally course grades may be withheld.

STUDENT SERVICES

UHCSRT provides various student services to promote successful student engagement and fulfill the program's mission. These services are intended to support academic and personal goal achievement, and sustain a nurturing environment that will lead to timely program completion. Most services are provided to UHCSRT enrollees at no charge. These include, but are not limited to:

- ❖ Access to web-based Library resources
- ❖ Access to Computer Training Lab
- ❖ 24/7 cafeteria services at a 20% discount (UHC cafeteria) from published menu prices (same as employees)
- ❖ Discounted medical supplies at designated hours via the Central Supply Department
- ❖ Pre-admission health physical; Hepatitis B vaccination series, annual flu shot, and other immunizations that may be required to ensure student safety (varicella, MMR, etc.) at no charge
- ❖ Optional remediation sessions with faculty
- ❖ Rad Review – web-based registry review tool for senior students at no cost to student
- ❖ Graduation services including diploma, reception and transcript services at no charge to students
- ❖ Free, secured parking at all clinical education settings

UHCSRT Students enrolled through Pierpont Community and Technical College benefit from additional services including:

- ❖ Counseling and Advising Center including access to a web-based career coach
- ❖ Student Health Services from a nurse practitioner
- ❖ Library Services at the ATC or Locust Avenue campuses with computer access and tech support
- ❖ Grant and loan-based financial aid programs including the GI Bill
- ❖ Campus Assessment, Response and Evaluation (C.A.R.E.) Team for promoting student safety
- ❖ Disability Services

Students may provide feedback regarding the effectiveness and accessibility of student services through Quarterly Evaluations, Clinical Site Evaluations, Exit Interviews and Graduate Surveys.

PARKING POLICY

United Hospital Center

All Radiologic Technology students will be assigned to the front, left surface parking lot of United Hospital Center adjacent to the flag poles. Entry to the hospital may be gained through the main entrance or via the Healing Gardens to the lower level entrance by stairwell 1 when reporting for didactic or clinical assignments.

St. Joseph's Hospital

Free parking is available for student's involved in clinical education at St. Joseph's Hospital. Student radiographers should drive beyond the ambulance entrance and enter the parking lot on the right behind the Physician's Office Building.

VA Medical Center

Students participating in VAMC clinical rotations should use the surface lot parking in non-numbered slots including the extended lots adjacent to the Hospice Memorial Garden, the amphitheater and the pool. Students may NOT use parking areas designated for patient and visitors. Students should plan their arrival accordingly, so as not to be tardy.

LUNCH AND BREAK POLICY

Thirty minute lunch breaks are scheduled by the Diagnostic Imaging Supervisor, in cooperation with an Affiliate Clinical Preceptor and/or supervising technologist when students are scheduled in a clinical education setting.

In each clinical education setting, an associate lounge is available with facilities for dining. United Hospital Center and St. Joseph's Hospital offer cafeteria services at a discounted price, or students may choose to bring their lunch. VA Medical Center offers a daily voucher for up to \$8 which can be used in the cafeteria or the Patriot retail store for food items only.

Students may be scheduled for two fifteen minute breaks, as time allows. These are scheduled by an Affiliate Clinical Preceptor and/or a supervising technologist. At the discretion of supervisory personnel, break time may also be applied to extend the lunch time.

For safety purposes, the students are requested to notify program faculty or their supervising technologist if they leave the campus during their designated lunch or break time.

STATEMENT ON STUDENT EMPLOYMENT

United Hospital Center, St. Joseph's Hospital and VA Medical Center may employ radiography students in capacities other than for the performance of radiologic procedures, but do so independently of any program affiliation.

The School of Radiologic Technology supports the intent of WV Code 30-23, "to ensure minimum standards of education, training and experience for radiologic technologists".

With respect to the WV Code, the School of Radiologic Technology does not endorse or discourage students who seek employment during their involvement with the training program. However, clinical and didactic schedules related to the training program **WILL NOT** be altered by the demands of such employment.

PERSONAL TIME POLICY

1. Sixteen hours will be allotted to each student per academic level, which may be taken at the student's discretion upon approval of Program faculty.
2. These days are not cumulative. Sixteen hours may be taken each academic level. Failure to utilize personal time during the first academic level will result in the loss of this time.
3. Personal time may be taken in whole days or fractions thereof, with the smallest unit of scheduled time being one (1) hour.
4. The student should notify Program faculty and submit a Time Off Request Form in Trajecsys at least one day prior when requesting a Personal Day unless waived by program faculty.
5. Students are discouraged from using Personal time on didactic instructional days. The student is responsible for all class assignments missed as a result of expended Personal time. Any test missed must be made up on the first day that the student returns to school.
6. Personal time is discouraged during weekend, evening or advanced modality clinical assignments. Requests for personal time during these limited and valuable clinical assignments will only be granted for special circumstances as deemed appropriate by program faculty.

COMPENSATORY TIME POLICY

In the event a student elects to remain in a didactic or clinical area to complete an assignment, observe a rare procedure being performed, etc., the student will be issued compensatory time equal to the instructional time that exceeds the designated shift. This policy is utilized to limit the total didactic and clinical involvement to not more than forty hours per week in accordance with Standard 4.4 of the Standards for an Accredited Educational Program in Radiography.

The student is responsible for recording the amount of compensatory time on the appropriate form in the Student Compensatory Time Book, located in Clinical Preceptor's Office. Any compensatory time accrued must be verified by a member of the instructional staff, including the Program Director, Clinical Coordinator, Primary Clinical Preceptor, faculty member, or supervising radiographer.

The student may request time-off in an amount, which does not exceed the current compensatory time balance. The student should notify faculty no later than one hour before their scheduled report time and submit a Time Off Request Form in Trajecsys. Requests will be permitted at the discretion of Program faculty and must be recorded by the student and verified by an aforementioned individual. The use of compensatory time off is discouraged during didactic instructional days, weekend, evening or advanced modality clinical assignments. Requests for compensatory time expenditures during these limited and valuable clinical assignments will only be granted for special circumstances as deemed appropriate by program faculty.

Accumulated compensatory time cannot exceed twenty-four hours, and will not be granted for voluntary time spent in clinical areas unless authorized by a program official.

VACATION POLICY

1. Radiologic technology students receive 10 weeks of vacation during the 22.5-month training period.

Junior student breaks include:

- two week Christmas/Winter break is scheduled the last two weeks of December
- one-week Spring break is scheduled in March corresponding to the mid-term of the Spring semester
- two week early summer break is scheduled during the last two weeks of May
- two week late summer break is scheduled during the final two weeks of July

Senior student breaks include:

- two week Christmas/Winter break is scheduled the last two weeks of December
- one-week Spring break is scheduled in March corresponding to mid-term of the Spring Semester.

2. Additionally, students are scheduled off on the Friday following Thanksgiving Day.
3. No didactic assignments will be scheduled during vacations.

HOLIDAY POLICY

United Hospital Center School of Radiologic Technology recognizes the following eight holidays:

- New Year's Day
- Good Friday
- Easter Sunday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day (and the Friday following Thanksgiving)
- Christmas Day

Clinical and didactic assignments will be suspended on all holidays for all students.

DISABILITY LEAVE POLICY

1. Seventy-two hours of disability leave will be allotted each student per year in the program to be used only when the student is unable to report to school because they are ill.
2. Disability leave will not be granted during vacation, for scheduled days off, or for any holiday recognized by the School of Radiologic Technology. Disability leave will not be granted for scheduled medical or dental appointments. Such appointments should be arranged on days off, if possible. In the event of extenuating circumstances, the student should coordinate arrangements through the Program Director, Clinical Coordinator or Primary Clinical Preceptors.
3. In the event of illness, the student will contact the Program Director, Clinical Coordinator or Clinical Preceptors no later than one hour before their scheduled report time and submit a Time Exception in Trajecsys.
 - a. In the absence of a Program official, an imaging administrator at the appropriate clinical site should be notified.
 - b. If the student fails to make proper notification as required, disciplinary action will be taken.
4. The student is responsible for all didactic assignments missed. Any test missed due to disability must be completed by the second day after returning to school, unless waived by the course instructor.
5. If the student should exceed the allotted amount of disability leave, time in excess of the allotted time will be made up after completion of the original formal course of education. This time will be assigned in the clinical rotation area that was missed.
6. A student will be considered as misusing disability leave, when expending more than **FOUR occurrences** of disability per year. An occurrence of disability involves a single or consecutive days of disability, not to exceed the allocated maximum of seventy-two hours of total disability leave per year.
7. Progressive disciplinary action will be applied when students are felt to be abusing disability time. The guidelines for disciplinary action are as follows:

a. 3-4 occurrences of disability	Verbal Counseling/Written Reprimand
b. 5 occurrences of disability	Suspension From Program
c. 6 occurrences of disability	Dismissal From Program

The Program Director, Clinical Coordinator or Clinical Preceptors may use discretion in applying disciplinary actions. Appropriate proof of disability may be required to prevent abuse of this policy.

United Hospital Center

Radiologic Technology Program

LEAVE OF ABSENCE POLICY

A leave of absence is defined as an authorized absence from the program for an extended period of time as outlined below. All leave of absence requests must be presented in writing by the student to the Education Coordinator as far in advance as possible. Approval of the request will depend on the reason for the request.

1. Leaves of absence may be considered for the following reasons:
 - Military- for enlistment during national emergencies
 - Health including PREGNANCY - provided the student may be expected to return to the program at the end of the leave
 - Extenuating personal circumstances
2. All leaves must be approved by the Education Coordinator.
3. Unusual circumstances which merit extending the leave must be submitted in writing to the Education Coordinator. Two weeks advance notice is requested, if possible.
4. Failure to return at the expiration of the leave will result in immediate dismissal from the program.
5. Students who have taken a leave of absence, will have to make up missed clinical and didactic assignments in order to satisfy all graduation requirements.
6. The program is under no obligation to offer didactic or clinical education beyond the published instructional schedule.

7. Pregnancy Defined:

A current or prospective student who is pregnant may, at her discretion, contact the Program Director or Clinical Preceptor to declare her pregnancy. At this time, an appointment for consultation with the Radiation Safety Officer (RSO) and/or a Medical Physicist will be made. Documentation of this consultation shall be completed and filed in the student's personal file in the office of the Program Director, with a copy provided to the RSO or physicist.

After a current or prospective student has disclosed her pregnancy, the RSO/physicist shall:

- ✓ Review her occupational exposure dose history;
- ✓ Instruct the student regarding hazards of radiation exposure to the fetus, and methods for reducing exposure;
- ✓ Obtain a dosimeter for the student to wear at waist level to monitor fetal dose;
- ✓ Make recommendations regarding any amendments to the plan for clinical education, including possible alterations in clinical rotations, or shift assignments.

The purpose of these activities is to ensure that the dose to the fetus does not exceed 5.0 mSv (500 mrem) during the course of the pregnancy, and does not vary substantially above a uniform monthly dose rate.

Options for students declaring a pregnancy include:

- ***If accepted for admission, but prior to the starting date*** in August, a pregnant student may voluntarily disclose the pregnancy through a written notice including continuance without modification.
- ***If enrolled within the first academic quarter*** she may voluntarily disclose the pregnancy through a written notice, and defer entrance until the following August with no additional requirements.
- ***Enrolled students at any level*** may choose to voluntarily disclose the pregnancy through a written notice, including continuance without modification.

Students choosing to disclose pregnancy will be required to complete all clinical and didactic assignments in order to satisfy graduation requirements. It is likely that program completion may require an extension beyond the published 22.5 months length.

Any student may withdraw the declaration of pregnancy at any time by written communication to the RSO, physicist or program faculty, and all restrictions will be retracted.

**UNITED HOSPITAL CENTER
SCHOOL OF RADIOLOGIC TECHNOLOGY**

FORM FOR DECLARING PREGNANCY

This form letter is provided for your convenience. To make your written declaration of pregnancy, you may fill in the blanks in this form letter, or you may write your own letter.

DECLARATION OF PREGNANCY

To: Amy Patrick, M.S., DABR
Radiation Safety Officer

In accordance with the NRC's regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I believe I became pregnant in _____ (only the month and year need be provided).

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) unless that dose has already been exceeded between the time of conception and the submitting of this letter. I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

(Your signature)

(Your name printed)

(Date)

FETAL EXPOSURE COUNSELING FORM

In accordance with the NRC’s regulations at 10CFR.1208, “dose to an Embryo/Fetus,” I, _____, am declaring that I am pregnant. I believe that I became pregnant in _____ (month/year).

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 milliSievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in my educational program responsibilities during my pregnancy.

I do hereby acknowledge participation in consultation with the Radiation Safety Officer.

Please indicate below (√) that each item was discussed during this consultation:

_____ Estimated conception date, and the specific radio-sensitivities of the developing fetus;

_____ Occupational exposure dose history;

_____ Methods for reducing exposure;

_____ Obtaining an additional film badge to be worn at waist level to monitor fetal dose;

_____ Possible revisions to the clinical education plan, including program completion dates;

_____ My intended course of action, as indicated below:

_____ fully participate in clinical plan with no alterations.

_____ refrain from participation in clinical rotations in the following areas: **(check all that apply)**

___surgical and portable

___fluoroscopy

___interventional

___other, please indicate

_____ Any questions or concerns that were expressed related to the declared pregnancy.

Student Signature

Date

Radiation Safety Officer Signature

Date

FUNERAL LEAVE POLICY

Up to three calendar days of absence from didactic or clinical assignments will be granted in the event of death of an immediate family member as defined:

Student: spouse, parent, brother or sister, son or daughter, son-in-law or daughter-in-law, grandparent or grandchild, or step-relative of similar relationship

Student's spouse: parent, brother or sister, son or daughter, son-in-law or daughter-in-law, grandparent or grandchild, or step-relative of similar relationship.

The student is not required to make-up clinical assignments missed due to the funeral leave, but is responsible for missed didactic assignments. Any tests missed due to a funeral leave are due on the second day following the student's return to clinical assignment. The student must notify Program Faculty and submit a Time Off Request Form in Trajecsys.

Additional time-off for the death of an immediate family member as defined above, or for time-off for the death of a distant relative or close friend may be granted at the discretion of the Program Director, and will be handled on an individual basis.

JOB INTERVIEW/ ADVANCED LEVEL HEALTH EDUCATION POLICY

Senior students will be allotted time, as needed, for employment interviews and/or interviews for advanced level health education programs

The student should submit a Time Off Request Form in Trajecsys at least three days prior to the interview. The request should include the date, time and location of the interview, as well as the **person to whom the student will report for the interview.**

Time off will be granted for the actual time of the interview, including travel to and from the interview location only.

A senior student may request time-off for interviews not to exceed a total of 24 hours.

Educational Seminar Attendance Policy

Senior students are excused from clinical assignments each Fall to participate in the annual conference sponsored by the West Virginia Society of Radiologic Technologists (WVSRT). The site of the WVSRT Annual Conference is typically rotated among various regions of the state with common locations including Wheeling, Huntington, Pipestem and Morgantown. In this way the cost and travel time associated with participation is minimized versus out of state activities.

The WVSRT Annual Conference is also the site for annual student competitions including a Research Paper Competition, Technical Exhibit Competition and a Quiz Bowl. Participation in the student competitions requires membership in the WVSRT; senior participation is required, thus students must pay an annual membership fee to the WVSRT.

The student must pay out-of-pocket for expenses related to participation. Partial funding for seminar attendance may be provided through the program budget, but release of such funds is pending administrative approval. Student fundraising may be allowed to offset costs with activities subject to approval by program faculty; alterations to the clinical and didactic schedules will be minimized by student fundraising activities.

Attendance at the WVSRT annual conference is elective, thus students may choose to remain in their clinical assignments in lieu of attendance. However, participation in the student research paper and/or exhibit competition is required as a segment of Student Seminar course, thus WVSRT student membership is also required.

STUDENT STORAGE DURING CLINICAL ASSIGNMENTS

Limited storage space is available for student use at each of the clinical locations. Students are encouraged to leave valuables at home or maintain them in their locked vehicles.

UHC

Lockers are designated for student use at UHC in the Diagnostic Services Department staff lounge. Each student is responsible for providing their own lock. Purses and other personal items should be secured in a locker.

VAMC

Student lockers are also available for securing personal items in the medical imaging department of VAMC. Students are responsible for providing their own locks.

ST. JOSEPH'S HOSPITAL

A small locker in the break room is designated for student storage of personal belongings, as well as space for hanging coats or jackets.

MODEL SCHEDULE 2021-2022

JUNIOR YEAR

YEAR ONE, FALL COURSES		
		CR
RADI 1100	FUNDAMENTALS OF RAD SCI	1
RADI 1120	HUMAN STRUCTURE I	3
RADI 1130	MED TERM FOR RAD TECH	1
RADI 1150	RAD PROCEDURES I	3
RADI 1160	RAD PRODUCTION & CHAR I	2
RADI 2299	SPECIAL TOPICS: CLINICAL EXPERIENCE	3
		13
GEC for AAS	WRITTEN ENGL 1104	
GEC for AAS	PSYC 1101 OR SOCY 1101	
YEAR ONE, SPRING COURSES		
		CR
RADI 1110	PATIENT CARE	2
RADI 1121	HUMAN STRUCTURE II	3
RADI 1151	RAD PROCEDURES II	3
RADI 1161	RAD PRODUCTION & CHAR II	2
RADI 2299	SPECIAL TOPICS: CLINICAL EXPERIENCE	3
		13
GEC for AAS	OFAD 1150 (COMPUTER CONCEPTS & APPS)	
GEC for AAS	COMMUNICATIONS 2200	
YEAR ONE, SUMMER COURSES		
		CR
RADI 2200	ADVANCED MODALITIES	1
RADI 2299	SPECIAL TOPICS: CLINICAL EXPERIENCE	2
		3
GEC for AAS	MTH 1207 OR HIGHER	

SENIOR YEAR

YEAR TWO, FALL COURSES		
		CR
RADI 2210	IMAGE ANALYSIS/PATHOLOGY I	3
RADI 2220	NEURO/INTERVENTIONAL PROCEDURES	1
RADI 2230	RADIATION PHYSICS I	2
RADI 2240	RAD PROTECTION/RAD BIO	3
RADI 2299	SPECIAL TOPICS: CLINICAL EXPERIENCE	4
		13
YEAR TWO, SPRING COURSES		
		CR
RADI 1140	MEDICAL ETHICS	1
RADI 2231	RADIATION PHYSICS II	2
RADI 2211	IMAGE ANALYSIS/PATHOLOGY II	2
RADI 2237	DIGITAL IMAGING/CT	3
RADI 2284	SEMINAR	1
RADI 2299	SPECIAL TOPICS: CLINICAL EXPERIENCE	4
		13

2021-2022 Curriculum Calendar

2021 Fall Semester

Monday August 2	First Day of UHC RT Classes
Monday, August 16	PCTC Gen Ed Classes Begin
August 16 – 20*	Clinical Affiliate Tours: VAMC and SJ
Monday, September 6.....	Labor Day, No Class/Clinic
Thursday – Saturday, October 21 - 23*	WVSRT Annual Conference (Seniors attend)
Monday - Thursday October 25- 28	Scheduling for PCTC Spring & Summer 2022
Thursday - Sunday, November 25 – 28	Thanksgiving Recess, No Class/Clinic
Friday, December 3	Last Day of PCTC Classes
Monday - Friday, Nov. 29 – Dec. 3.....	Final Exams at PCTC
Monday – Dec. 13	Last Day of UHC RT Classes
Wednesday – Friday, Dec. 15 & 17 *	Remediation/Instructional Support at UHC
Saturday - Sunday, Dec 18 – Jan 2*.....	Christmas Holiday & Winter Break at UHC

2022 Spring Semester

Monday, January 3*	Classes/Clinical Resume at UHC (& Affiliates)
Friday, January 7*	Begin UHC RT <i>Friday</i> Classes (Junior)
Monday, January 24	PCTC Gen Ed Classes Begin
Monday, March 1	Applications for May 2022 Graduation Due
Monday – Friday, March 21 – 25.....	PCTC & UHC Spring Break, No Class/Clinic
Monday – Thursday, April 11 - 14.....	Scheduling for PCTC Summer and Fall 2022
Friday, May 13	Last Day of PCTC Classes
Friday, May 13*.....	End UHC RT <i>Friday</i> Classes (Junior)
Friday, May 13*.....	Final day of RT Classes (Junior)
Friday, May 13 (6:30 pm)*	Graduation/ PCTC Commencement (Senior)
Friday, May 13*.....	UHC Graduation Day (Senior)
Saturday, May 14*	UHC Senior Commencement
.....	Bridgeport HS Auditorium, 7:00 pm
May 14 – 30	Early Summer Break

2022 Summer Semester

Monday, May 31 – Friday, July 15	Classes/Clinical Resume at UHC (& Affiliates)
July 16 – 31	Late Summer Break

***Dates reported above for the 2021-2022 academic calendar are subject to change.**

JUNIOR STUDENT ~ INSTRUCTIONAL SCHEDULE

Didactic instruction for Junior students in the Fall Semester is conducted from 0700 – 1200 on Mondays and Wednesdays and in the Spring Semester on Mondays, Wednesdays and Fridays in the Xray Classroom.

Clinical rotations are conducted on the remaining days, as indicated below:

UHC Assignments:	Site	Tu	Th	F	Sa	Su
Fluoroscopy	U5	0700 - 1200	0700 - 1200	OFF		
Fluoroscopy	U4	0700 - 1530	0700 - 1530	OFF		
Urography/Routine	U2	0630 - 1500	0630 - 1500	0630 - 1500		
Emergency Room	ER	0700 - 1530	0700 - 1530	0700 - 1530		
Rad General	MOB1	0800 - 1630	0800 - 1630	0800 - 1630		
Rad General	MOB2	0700 - 1200	0700 - 1200	0700 - 1200		
Rad General	MOB3	1200-1700	1200-1700	1200-1700		
Rad General	XT1	0800 - 1630	0800 - 1630	0800 - 1630		
Rad General	XT2	0700 - 1200	0700 - 1200	0700 - 1200		
Rad General	XT3	1200-1700	1200-1700	1200-1700		
Operating Room	OR1	0630 - 1500	0630 - 1500	0630 - 1500		
Operating Room	OR2	0800 - 1630	0800 - 1630	0800 - 1630		
Evening Shift	U-E	1230 - 2100	1500 - 2330	1500 - 2330		
Weekend A (UHC only)	A				0630 - 1500	0630 - 1500
VAMC Assignments:	V1/V2	0800 - 1600	0800 - 1600	0800 - 1600		
Computed Tomography	VA-CT	0800 - 1600	0800 - 1600	0800 - 1600		
SJ Assignments:	SJ	0800 - 1630	0800 - 1630	0800 - 1630		
	SJ2	1100-1930	1100-1930	1100-1930		
	<p>June 13-July 15- The first two days of UE will be 1500 - 2330 and the third day of UE will be 12:30-21:00.</p> <p>June 13-July 15- The first two days of U5 will be 0700 – 1200 and the third day will be off.</p> <p>June 13-July 15- The first two days of U4 will be 0700 – 1530 and the third day will be off.</p>					

- Friday OR shifts may revert to early shift of 0630 – 1500 based upon the number of junior students assigned to OR each Friday.

The final day of didactic classes is Wednesday, June 8, 2022.

SENIOR STUDENT ~ INSTRUCTIONAL SCHEDULE

Didactic instruction for senior students is conducted from 0730 – 1230 on Tuesdays and Thursdays in the Xray Classroom. Clinical rotations are conducted on the remaining days, as indicated below:

UHC Assignments:	Site	M	W	F	Sa	Su
Fluoroscopy	U5	0700 - 1200	0700 - 1200	0700 - 1200		
Fluoroscopy	U4	0700 - 1530	0700 - 1530	0700 - 1200		
Urography/Routine	U2	0630 - 1500	0630 - 1500	0630 - 1500		
Rad General*	XT*	0630 - 1700	0630 -1700			
Emergency Room*	ER*	0700 - 1730	0700 - 1730			
Rad General*	MOB1*	0700 - 1700	0700- 1730			
Rad General*	MOB2*	0800 - 1700	0800 - 1730			
Operating Room*	OR*	0630 - 1700	0630 - 1700			
Operating Room*	OR2*	0800 - 1830	0800 - 1830			
Lithotripsy/Pain Clinic	L/P	0630– 1500 (L)	0700–1530 (P)	0700 - 1530		
Evening Shift	U-E	1230 - 2100	1230 - 2100	1500 - 2330		
Radiation Oncology	RO	0800 - 1600	0800 - 1600	0800 - 1600		
Nuclear Imaging/PET	NUC	NM Cardiac 0630 - 1500	NM Gen 0630- 1500	PET 0700 - 1530		
Ultrasound/Echocardiography	US	0700 - 1530	0700 - 1530	0700 - 1530		
Interventional/Cardiac Cath Lab	SPEC	0700 - 1530	0700 - 1530	0700 - 1530		
Computed Tomography	U-CT	1230 - 2100	1230 - 2100	1230 - 2100		
Mammography	MGM	0700 - 1530	0700 - 1530	0700 - 1530		
Magnetic Resonance Imaging	MRI	0700 - 1530	0700 - 1530	0700 - 1530		
Weekend Evening	U-E				1500 - 2330	1230 - 2100
SJ Rad Gen/Fluoroscopy	SJ*	0700–1730	0700 - 1730			
VAMC Assignments:						
Rad Gen/Fluoroscopy	VG	0800 - 1600	0800 - 1600	0800 - 1600		
Computed Tomography	V-CT	0800 - 1600	0800 - 1600	0800 - 1600		

- An asterisk * is used above to denote clinical assignments that are scheduled for 9.5 and 10.5 hour shifts on two days/week.
- An asterisk * on the student clinical schedules denotes rotation dates that are reduced in length 8 hours from a typical 10 hour shift due to holidays or other special circumstances. These include ER, OR, MOB, XT and SJ. Also, OR shifts may revert to early shift of 6:30 – 3 based upon the number of senior students assigned to OR each week.

CURRICULUM

JUNIOR YEAR 2021-2022

Fall Semester: August 2 – Dec. 17, 2021

<u>PC&TC COURSE #</u>	<u>COURSE NAME</u>	Credit Hours	Clock Hours
RADI 1100	FUNDAMENTALS OF RAD SCI	1	15
RADI 1120	HUMAN STRUCTURE I	3	75
RADI 1130	MED TERM FOR RAD TECH	1	15
RADI 1150	RAD PROCEDURES I	3	70
RADI 1160	IMAGE PRODUCTION & CHAR. I	2	50
RADI 2299	ST: CLINICAL EXPERIENCE	3	340
		<hr/>	
		13	

Spring Semester: Jan. 5 – May 13, 2022

<u>PC&TC COURSE #</u>	<u>COURSE NAME</u>	Credit Hours	Clock Hours
RADI 1110	PATIENT CARE	2	55
RADI 1121	HUMAN STRUCTURE II	3	75
RADI 1151	RAD PROCEDURES II	3	75
RADI 1161	IMAGE PRODUCTION & CHAR. II	2	55
RADI 2299	ST: CLINICAL EXPERIENCE	3	246
		<hr/>	
		13	

Summer Semester: May 31 – July 15, 2022

<u>PC&TC COURSE #</u>	<u>COURSE NAME</u>	Credit Hours	Clock Hours
RADI 2200	ADVANCED IMAGING MODALITIES	1	15
RADI 2299	ST: CLINICAL EXPERIENCE	2	208
		<hr/>	
		3	

TOTAL DIDACTIC HOURS 500 (39%)

TOTAL CLINICAL HOURS 794 (61%)

TOTAL 1294 Hours

Clock to Credit Hour Conversion:

Didactics: 20 clock hours = 1 credit hour

Clinicals: 100 clock hours = 1 credit hour

CURRICULUM

SENIOR YEAR 2021-2022 (currently enrolled)

Fall Semester: July 12, 2021 – December 17, 2021		Credit Hours	Clock Hours
RADI 2220	NEURO-INTERVENTIONAL PROCEDURES	1	20
RADI 2230	RADIATION PHYSICS I	2	45
RADI 2240	RADIATION PROTECTION AND RADIOBIOLOGY	3	75
RADI 2210	IMAGE ANALYSIS/PATHOLOGY I	3	75
RADI 2299	ST: CLINICAL EXPERIENCE	<u>4</u>	480
		13	
Spring Semester: January 3, – May 13, 2022		Credit Hours	Clock Hours
RADI 1140	MEDICAL ETHICS	1	20
RADI 2231	RADIATION PHYSICS II	2	40
RADI 2211	IMAGE ANALYSIS /PATHOLOGY II	2	45
RADI 2237	DIGITAL IMAGING & COMPUTERIZED TOMOGRAPHY	3	60
RADI 2284	RADIOGRAPHY SEMINAR	1	15
RADI 2293	ST: CLINICAL EXPERIENCE	<u>4</u>	376
		13	
TOTAL DIDACTIC HOURS		395 (32%)	
TOTAL CLINICAL HOURS		<u>856 (68%)</u>	
TOTAL		1251 Hours	

Clock to Credit Hour Conversion:

Didactics: 20 clock hours = 1 credit hour

Clinicals: 100 clock hours = 1 credit hour

STUDENT EVALUATIONS

For the purpose of timely student feedback, the curriculum calendar is segmented into nine grading periods in five semesters. Approximately every 12 weeks, a student evaluation is completed by program officials to document the student's academic and clinical performance using the Trajecsys Management System.

Evaluation Forms are released for review by the student approximately one week prior to the end of the grading period, and students are required to record written feedback. Thereafter, the Program Director, Clinical Coordinator, and Clinical Preceptors meet privately with each student for the purpose of discussing his/her progress, reviewing evaluation forms, disseminating grade and attendance reports, and providing a venue for discussing individualized methods for pursuing student success.

The evaluation is maintained as part of the student's permanent electronic file; a paper copy of the student grade and attendance report is provided to the student.

GRADING SYSTEM/ GRADE REQUIREMENTS

Grading in the School of Radiologic Technology is as follows:

100 – 95	----	A
94 – 87	----	B
86 – 80	----	C
79 – 0	----	F

All students are required to score grades at C or above in each **academic** course per semester.

Pierpont-enrolled students are required to score letter grades of A or B in **ST: Clinical Experience** in each semester. Students enrolled through sources other than PCTC must maintain a **clinical** grade average equivalent to an A or B in each semester.

All students receive grade reports from the faculty as a component of mid-term and semester evaluations. Counseling and remediation are provided when a student's performance at mid-term in any area of the curriculum is below the required academic course grade point average of 80% or the clinical grade point average of 87%

Failure to raise the academic or clinical grade average, as required, by the end of the semester is grounds for dismissal from the program.

PCTC Enrollees:

Letter grades only are reflected for radiography courses taken through PC&T. These grades are uploaded at the conclusion of five semesters and are available from the PCTC website or registrar.

INCLEMENT WEATHER POLICY

Attendance during instances of inclement weather and/or hazardous road conditions is **ALWAYS** at the discretion of the individual student.

In the event a student chooses not to attend, he/she must report off by contacting the Program Director, Clinical Coordinator or a Primary Clinical Preceptor at least one hour prior to the scheduled start time and submit a Time Off Request in Trajecsys.

Clinical assignments missed due to the student's absence must be made-up; scheduling of make-up days is at the discretion of the faculty, in consultation with the student. Students may also elect to expend accumulated Compensatory or Personal Time to offset weather-related absences

Didactic assignments missed due to a weather-related absence are the responsibility of the student. Arrangements for missed didactic assignments must be pursued through each specific course instructor. Tests which have been missed due to the student's absence may be taken on the day the student returns to school, but **MUST** be taken by the second day following the student's return. Any change in policy regarding make-up tests is at the discretion of the course instructor.

PLAN OF CLINICAL EDUCATION

I. PHILOSOPHY

The role of the registered technologist has grown in complexity with the development of more sophisticated procedures and equipment in the field of Radiology. It is the philosophy of the Program Faculty to provide the Radiography students with optimum clinical experiences and to ensure that the students have the opportunity to perform all types of radiographic procedures in the appropriate proportions. The goal of the program faculty is to provide demonstration, supervision, observation, counseling, and evaluation in the clinical setting whereby the student, upon successful completion of the program, will effectively:

1. Apply knowledge of anatomy, physiology, positioning, and radiographic exposure to accurately demonstrate anatomical structures on a radiograph or other imaging receptor.
2. Determine exposure factors to achieve optimum radiographic images with minimum radiation exposure to the patient.
3. Evaluate radiographic images for appropriate positioning and image quality.
4. Apply the principles of radiation protection for the patient, self and others. This would include using institution-specific double identifiers to confirm the identify of a patient prior to beginning an exam.
5. Provide patient care and comfort, with high regard for patient rights and dignity.
6. Recognize emergency patient conditions and initiate life-saving first aid and basic life-support procedures.
7. Evaluate and maintain the performance of radiologic systems, know the safe limits of equipment operation, and report malfunctions to the proper authority.
8. Exercise independent judgment and discretion in the technical performance of medical imaging procedures.
9. Actively participate in quality assurance and continuing education programs.
10. Educate the patient as to the ordered procedure; instruct the patient in any needed precautions or preparations for the scheduled procedure, and provide other health information so that the patient understands and follows instructions to obtain optimum results.

The primary goal of United Hospital Center School of Radiologic Technology's clinical phase of education is to design a program whereby the student will be able to correlate clinical experience with the didactic portion of the program. Students enrolled at UHCSRT benefit from partnerships with area healthcare providers for *clinical* assignments at United Hospital Center, VA Medical Center in Clarksburg and St. Joseph's Hospital in Buckhannon. Experiences in various clinical setting enables UHCSRT students to gain knowledge using a wide variety of imaging systems under the supervision of a diverse population of registered radiologic technologists, each possessing unique skills and depth of experience.

Performance objectives for each clinical assignment are located within the Trajecsyst Clinical Education Management System web link provided on the desktop of all computers in the clinical education settings. A supervising technologist must document the student's completion of performance objectives specific to each clinical rotation. The completion of performance objectives for each clinical rotation enables both program faculty and the student to identify strengths and weaknesses. These objectives demonstrate the student's progress during their clinical education.

The students' psychomotor skills are evaluated by their clinical rotation experience and through simulated laboratory conditions, clinical competency evaluation, and individual film critique sessions.

The students' cognitive skills are directly evaluated in the classroom, and indirectly evaluated throughout their training in the clinical setting. It is of utmost importance that all knowledge and skills be reinforced and evaluated in the clinical setting in order to allow the student to achieve maximum clinical effectiveness.

II. ROLE OF CLINICAL STAFF

The Program Director, Clinical Coordinator, and Primary Clinical Preceptors in cooperation with the Diagnostic Services Department supervisors arrange for the supervision of students in all clinical rotation areas by ARRT certified Radiologic Technologists. Staff technologists play an integral role in the clinical experience by directly supervising and reinforcing clinical instruction. Staff technologists are provided copies of and annually review Section II – The Role of Clinical Staff, and Section III – Performance of Imaging Procedures components of the program’s Plan of Clinical Education. All staff technologist are asked to sign a verification form that they understand and will adhere to these components of clinical education. The technologist is required to:

1. Recognize the need for student performance objectives and adequately supervise, observe, and evaluate the students’ performance of clinical rotation objectives.
2. Be familiar with the expected performance level of the students during different stages of the program and the requirements for direct or indirect supervision.
3. Understand the need for constructive evaluation of the student’s performance in the areas of:
 1. Patient assessment and care delivery
 2. Radiation protection
 3. Positioning skills
 4. Equipment manipulation and exposure factor selection
4. Recognize methods available to communicate areas of performance difficulty to the student in a constructive manner.
5. Communicate a student’s satisfactory and unsatisfactory clinical performance to the program faculty.

When program officials are unavailable, an Affiliate Clinical Preceptor may perform the Clinical Competency Evaluation after ensuring that the student has met pre-requisite practice requirements and has their Bontrager Procedures Handbook and personalized lead markers available at the clinical site. If Faculty and Clinical Preceptors are unavailable, a staff technologist may perform the clinical competency exam, however this should be infrequent and every effort should be made by the student to perform clinical competency exams with program officials or designated Clinical Affiliate Preceptors.

III. STUDENT SUPERVISION REQUIREMENTS

A registered radiographer must provide DIRECT supervision to students performing procedures for which they have not achieved competency.

A registered radiographer must provide DIRECT supervision to students when performing ALL surgical and all mobile, including mobile fluoroscopy procedures, regardless of the level of competency.

A registered radiographer must provide DIRECT supervision to students when repeating unsatisfactory images to assure patient safety.

The definition of DIRECT supervision

1. The registered technologist reviews the request for examination in relation to the student's achievement.
2. A registered technologist evaluates the condition of the patient in relation to the student's knowledge.
3. A registered technologist is physically present during the conduct of the procedure, and
4. A registered technologist reviews and approves the procedure and/or images.

Upon achievement of clinical competency, students may be permitted to perform procedures with indirect supervision.

The definition of INDIRECT supervision

A registered radiographer must provide INDIRECT supervision to students performing procedures after they have achieved competency with the exception of mobile and surgical procedures, including mobile fluoroscopy. The JRCERT defines INDIRECT supervision as provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients. (<http://www.jrcert.org/programs-faculty/jrcert-standards/>)

*** A ratio of no more than one student to one registered technologist during all clinical assignments will be considered appropriate.**

****Senior radiographers are not qualified to provide supervision to Junior radiographers.**

IV. TRAJECSYS CLINICAL REPORTING SYSTEM

Trajecsys is a web-based clinical reporting system utilized by UHCSRT to monitor, track and evaluate the clinical component of the curriculum. Students establish a personal log-in with which they can record attendance, create a patient/exam log and complete required clinical documentation.

Students will complete Performance Objectives for each clinical assignment with validation by a supervising staff radiographer. Weekly and Competency Evaluations will be completed and stored using the Trajecsys web link provided on the desktop of all computers in the clinical education settings or via the technologist's personal electronic device. This feedback will be immediately accessible by program faculty to expedite feedback and any required remediation. The Trajecsys web link will also provide current records of each student's level of clinical achievement, so that the radiographers are better equipped to determine the required level of supervision (Direct or Indirect). Student schedules, the Student Handbooks and updates to program policies will also reside on Trajecsys, as well as the option to read important program announcements and send emails to faculty.

V. PLAN OF CLINICAL COMPETENCY PROGRESSION

The School of Radiologic Technology's plan of clinical competency progression is comprised of a structured didactic and clinical curriculum. The student's clinical progress is based upon demonstration of competency by multiple mechanisms. Introduction to the clinical setting is accomplished by review of the clinical education segment of the student handbook and a tour of the clinical areas of the Diagnostic Services Departments. When the student enters the program's clinical settings, they are responsible for the completion of rotation-specific performance objectives, logging exams, and sending notifications to supervising technologists for weekly evaluation completion.

Weekly Evaluation

Supervising technologists should utilize the Trajecsys web link to complete and submit weekly evaluations and give feedback regarding student clinical performance. A Primary Clinical Preceptor reviews the evaluation, identifying any deficiencies and makes recommendations for improvement. The evaluation grade becomes part of the permanent didactic grade; submission of completed weekly evaluations must occur within two weeks of the performance date. Failure to meet this requirement will result in a grade of zero being recorded as the clinical weekly evaluation grade. Two evaluations are required per week. When a student is scheduled on a weekend shift, two additional evaluations must be completed by weekend supervising technologists.

Performance Objectives

Rotation-specific performance objectives checklists are found within Trajecsys. Students should review the list of rotation-specific performance objectives with their supervising technologist/staff at the conclusion of their rotation to determine which were achieved, and identify remaining objectives to be accomplished when returning to this assignment in the spring semester. The supervising technologist/staff in conjunction with the student must validate which rotation-specific objectives were completed within Trajecsys to be reviewed by the Primary Clinical Preceptors. Should any deficiencies be noted, the Primary Clinical Preceptors confidentially review with the students, and make recommendations regarding how the students may improve performance when returning to this assignment in the spring semester.

Timely completion of all performance objectives are required to earn a grade of 100%, which is calculated as a component of the Clinical Experience Course Grade and becomes part of the permanent didactic record. Submission of the validated list of completed performance objectives is required on the final day of a clinical rotation. Failure to review and submit a validated list of completed performance objectives will result in a 10-point deduction from the performance objectives semester grade for each missed rotation.

Simulations

Our program is a patient-oriented program, which allows the student to immediately feel that they are important members of the health care team by assisting the supervising technologist with clinical responsibilities. The Radiologic Procedures course provides introductory information regarding performance of general radiographic procedures through lecture and demonstration. A written test is administered and the student must pass with no less than an 80% to further qualify their comprehension of the lecture material. Application of this knowledge is then reinforced through a simulated role-playing situation in a radiographic room, where the student's ability to deal with a variety of patient conditions is evaluated by Program Faculty.

If the student's simulation score is less than 87%, they must perform another simulation following appropriate remediation with a passing score to be eligible to pursue clinical competency on exams in the related unit of procedures. However, the score for the original (failed) simulation remains part of the permanent didactic grade.

When performing the simulation the student must confirm the patient's name and birth date following the organization's policy of double identifiers. Failure to follow the patient identification process is deemed an automatic failure, which is reflected in the student's grade record as a 70%. This would require a repeat of the simulation with a passing grade before the student could progress, as described above.

Clinical Exam Logs

Students are required to log a minimum of ten exams observed, assisted or performed in all clinical education settings on Trajecsys (except in areas with lower volume such as OR and fluoroscopy procedures). The clinical exam log is segregated into six categories including: Chest and Thorax; Extremities; Head and Neck; Spine and Pelvis; Abdomen and GI Tract; and Mobile and Surgical. Exam information including date, location, exam type, pathology, supervising technologist, and the estimated percentage of assistance required for completion of the exam. The percentage of assistance should decrease with increasing competency as the student progresses through the program. An exam may be recorded as an “Official Practice Exam” only when the student performs an exam independently (100%) along with documentation of technical factors. The number of Practice Exam requirements differ by exam, but must be met before a Competency Evaluation may be completed in Trajecsys.

Clinical Competency Evaluation

Students may request clinical competency evaluation after meeting practice exam requirements. Program faculty should be initially notified to perform the clinical competency. However, when program officials are unavailable, an Affiliate Clinical Preceptor should perform the Clinical Competency Evaluation. Staff technologists may perform clinical competency exams in instances that a program official/Affiliate CP are unavailable, or when the nature of the exam warrants greater urgency (rare exam, unstable patient, etc.), however this should be infrequent and a high degree of effort should be made by the student to follow protocol when requesting a clinical competency exams.

When performing a procedure for competency evaluation the student must use an institution-specific system of double identifiers to confirm the patient's identify prior to beginning the exam. Failure to follow the patient identification process is deemed an automatic failure, which is reflected in the student's grade record as a 70%. This would require a repeat of the competency evaluation with a passing grade to meet program requirements.

Clinical Competency Practice Requirements

To assure the student is adequately prepared for requesting a clinical competency, evaluation practice exam requirements must be met under the direct supervision of a program official or registered technologist and logged in Trajecsys. A list of practice requirements by exam category/type is available in Trajecsys. Additionally, student exam logs including practice exams are updated daily in Trajecsys and available for review by the technologists ensuring that appropriate supervision is provided based upon individual students' level of competency achievement.

Clinical competency evaluations may be requested following the successful completion of the Procedures Unit Written Exam, Simulation, and Practice Exam Requirements.

Clinical Competency Requirements include:

Junior Year Fall Semester	10 Competencies	
Junior Year Spring Semester	13 Competencies +	3 Rechecks
Junior Year Summer Semester	2 Competencies +	2 Rechecks

Total of 25 Competencies and 5 Rechecks for the Junior Year

Senior Year Fall Semester	12 Competencies +	4 Rechecks
Senior Year Spring Semester	11 Competencies +	4 Rechecks

Total of 23 Competencies and 8 Rechecks for the Senior Year

Minimum requirements per semester must be met regarding obtaining Clinical Competency and Recheck Competency Exams by program faculty and affiliate clinical preceptors, as follows:

Junior Fall Semester –	3 by program faculty, 3 by Affiliate CPs
Junior Spring Semester –	4 by program faculty, 3 by Affiliate CPs
Junior Summer Semester –	1 by program faculty, 1 by Affiliate CPs
Senior Fall Semester –	5 by program faculty, 4 by Affiliate CPs
Senior Spring Semester –	5 by program faculty, 4 by Affiliate CPs

Failure of the student to achieve the competencies or failure to complete required competencies by program faculty within a semester will result in a grade of zero for each incomplete competency. The student must still perform the required procedure in a timely manner with a designation of pass, but the original grade of zero will become part of the permanent didactic record. The Primary Clinical Preceptors, Clinical Coordinator or Program Director reserve the right to waive this restriction if they feel a reasonable attempt was made, but the exam was not available within the time frame required. All required clinical competencies must be completed with a passing grade before the student can graduate. Penalty for failure to achieve required competencies per semester by Radiography Program Faculty is at the discretion of the Primary Clinical Preceptors.

Program Officials reserve the right to make grading adjustments to competency evaluations performed by an Affiliate Clinical Preceptors or Staff Technologists. For this reason, all original images including repeats must be retained in the PACS exam folder or provided via CD in order for the competency to be considered valid. Competency evaluations performed by an Affiliate Clinical Preceptor or Staff Technologist will be reviewed with the student by a program official. (The technologist performing the competency will be counseled regarding any adjustments made by program officials so that the technologist may interpret performance standards more effectively when completing future evaluations.)

Required competency exams for program graduation include:

Abdomen Series (PA or AP Chest, supine Abd, upright Abd. or decub Abd.)	Os Calcis
Ankle	Pigg-o-Stat Chest or Pediatric Chest (Age 6 or younger)
Barium Enema (Single or Double)	Port Nursery/Ped. Chest(Ages 6 or younger)
Clavicle	Portable Chest (Routine)
Cross-Table Lateral Spine	Portable KUB
Cross-table Lateral Trauma Hip	Portable Orthopedic
Elbow	Ribs
Extremity (6 years or younger)	Routine Cervical
Facial Bones to include Nasal Bones	Routine Chest
Femur	Routine Lumbar
Finger/Thumb	Routine Thoracic
Foot	Sacrum/Coccyx
Forearm	Scapula
Hand	Shoulder (Y, Transthoracic or Lat)
Hip on Geriatric Patient*	Sinuses
Humerus	Skull
Knee/Patella	Tibia/Fibula
Mandible	Trauma Lower Extremity**
Multi-Exam (3 exams only)	Trauma Upper Ext. (Non-shoulder)**
Myelogram or Arthrogram	UGI (double) and Small Bowel
OR C-Arm Cholangiogram	Upper or Lower Extremity on Geriatric Patient*
OR C-Arm General Procedure	Wheelchair or Stretcher Chest Geriatric Patient*
OR C-Arm Hip, Shoulder, Femur or Tibia	Wrist
OR Portable Pelvis	CT Head without, CT Chest with only and CT Abdomen/Pelvis with only
OR Retrograde	

*Geriatric: 65 years or older, physically or cognitively impaired as a result of aging

**Trauma hip, upper and lower extremity competency exams cannot be performed until competency has been achieved on non-trauma exams of like procedures. (i.e. – A trauma elbow may not be performed for the trauma upper extremity until competency achievement on a non-trauma elbow is achieved.)

Multi-exam Competency Evaluation

A Multi-exam Competency Evaluation is used to assess the clinical competence of senior students nearing program completion. The Multi-exam Competency Evaluation is performed in the Senior Spring semester and requires satisfactory and timely performance of three radiologic procedures while demonstrating proper exam sequencing to maximize patient comfort. The three radiologic procedures evaluated during the Multi-Exam Competency must include a spine, an extremity and a 3rd exam of any type OR a complete spine consisting of a cervical, thoracic and lumbar spine. A Multi-exam Competency Form is used to measure student performance.

CT Clinical Competency Evaluation

Each senior student is required to successfully complete three clinical competency examinations with a minimum grade of 87% while performing clinical rotations in CT. These competency evaluations will be performed by CT technologists at SJ, UHC and VAMC on a designated CT Competency Evaluation Form and include cranium, thoracic cavity and abdomen/pelvis. Since the senior CT rotations are scheduled at various times throughout the senior year, the CT competency evaluations are performed in addition to the required number of competencies per semester and may not replace routine competency exams.

The following is a list of required competency exams for completion prior to graduating from the program:

CT Head without contrast
 CT Chest with contrast only
 CT Abdomen/Pelvis with contrast only

Recheck Competencies

In order to demonstrate maintained competency, each student is required to complete thirteen recheck competencies, as designated by Program Faculty from the list of mandatory/elective competencies set forth by the ARRT. The schedule for required rechecks includes:

Junior, Spring Semester	3 Recheck Competencies*
Junior, Summer Semester	2 Recheck Competencies*
Senior, Fall Semester	4 Recheck Competencies*
Senior, Spring Semester	4 Recheck Competencies*

* A minimum of two calendar months between the initial competency grading and the recheck competency grading is required.

The thirteen Recheck Competencies are documented using the Clinical Competency Evaluation Form on Trajecsys with a minimum score of 87% required. Unsatisfactory

performance will result in the suspension of the competency for the procedure until remediation and re-competency is achieved. Completion of remediation and re-competency will occur at the discretion of program faculty. Recheck competency grades are incorporated into the semester clinical competency average. Failure to complete a Recheck Competency within the required semester will result in a grade of zero (0) being recorded.

Recheck Competency exam list includes:

Junior Year/Spring Semester

Hand
Shoulder
Portable Chest

Junior Year/Summer Semester

Abdomen Series
Ankle

Senior Year/Fall Semester

Cervical Spine
Elbow
Knee
Stretcher Chest

Senior Year/Spring Semester

Thoracic Spine
OR C-Arm Procedure
Pediatric Study (0-6 yrs)
Lumbar Spine

Program faculty reserves the right to revoke a clinical competency in the event that unsatisfactory procedural performance is observed at any time in the training period. Remediation and re-competency will be required.

AEC Use

Automatic exposure control devices **WILL NOT** be utilized by junior students for the performance of radiographic procedures. The use of automatic exposure control devices is reserved for senior students who have completed the related didactic component and/or are being directly supervised by a registered radiologic technologist. Senior students may use AEC only after sufficient demonstration of caliper measurement and proficient use of the exposure control chart.

Complementary Clinical Skills

The clinical component of the School of Radiologic Technology curriculum has been expanded to include educational modules regarding the performance of Venipuncture, Electrocardiography (EKG) and Computed Tomography of the cranium, abdomen and pelvis. These additions are intended to advance the entry-level skills of graduate technologists. Student performance in these areas is documented on Trajecsys and verified by the supervising technologist or faculty. In such cases that a D.S. Registered Nurse or M.L.T. provides supervision, verification may be entered into Trajecsys by an appropriate Affiliate Clinical Preceptor.

Clinical Grade Requirements

All evaluation tools have minimum grade requirements. Written examination scores must be within the didactic grading scale requirements. The minimum clinical grade average is 87%. The criteria must be maintained on weekly evaluations, performance objectives, simulations, competency evaluations, and competency recheck evaluations. Failure to satisfy these minimum grade requirements at mid-term will place the student on academic probation. Dismissal from the program could occur if the minimum grade point average remains unsatisfactory by the end of the semester.

VI. CLINICAL GRADING AND EVALUATION SYSTEM

Clinical Grade Point Average

The clinical grade point average is an average of the performance objective grade, clinical weekly evaluations, clinical competency evaluations including re-assessments and simulations.

The student must maintain an 87% clinical grade average per semester to remain in the program.

If the student's clinical grade average is below 87% at mid-term, the student will be placed on academic probation. The student will be required to raise this average to 87% by end of the semester. Failure to do so may result in dismissal from the program.

Dismissal from the program on this basis is final, although the student may apply for re-entry to the program following routine admission requirements.

Clinical Site Evaluation

Students can provide constructive feedback regarding the clinical education settings on Trajecsys on a semi-annual basis. These include evaluations of UHC General (including ER/OR), MOB, XT, VAMC, and SJ's by each student who has participated in clinical rotations during the Spring semesters of the Junior and Senior year.

Comments regarding physical and human resources to support student education are addressed, and may be provided anonymously. Completed forms are summarized and the results are shared with the appropriate radiology supervisors and Affiliate Clinical Preceptors to develop action plans that will enhance educational effectiveness.

VII. SCHEDULING OF CLINICAL EDUCATION ROTATIONS

In keeping with the program mission to prepare the student technologist, upon graduation, to assume the duties and responsibilities of a staff technologist at entry-level competency, the program faculty may assign student to clinical education settings including Louis A. Johnson VA Medical Center, St. Joseph's Hospital Buckhannon and United Hospital Center. These include routine radiographic/fluoroscopic, surgical and portable imaging procedures, support services, advanced imaging modalities, evening and weekend shifts.

The School of Radiologic Technology integrates didactic education with clinical education so as not to exceed a forty-hour academic week. The clinical education rotation schedule is arranged to allow for the students logical progression through the clinical education component of the program and to avoid unnecessary repetition. The distribution of the students total clinical education rotation experience reflects a balance of variety and volume of radiographic procedures and equipment, in accordance with JRCERT Standards for an Accredited Educational Program in Radiologic Sciences (www.jrcert.org).

Clinical rotation schedules are displayed on Trajecsyst and within the Diagnostic Services Departments of United Hospital Center and all affiliate clinical sites, program classroom, faculty offices, advanced modality clinical rotation sites, and are issued to each student. Any request for changes of the clinical rotation schedule must be presented, in writing, for approval by program officials. Once approved, the schedule is edited within Trajecsyst by program faculty. The student is responsible to reflect the change on clinical rotation schedules displayed in affected clinical education settings.

Students are expected to report promptly at designated times to the assigned clinical rotation site. They must remain in their assigned clinical site and may not leave the area, or department without permission of the supervising registered technologist, or program faculty representative. Sign-in and sign-out will be via Trajecsyst using computers within the clinical education setting. Trajecsyst access for purpose of student attendance is **NOT** permitted from mobile phones or other personal electronic devices.

Junior Student Clinical Rotation Schedule includes the following:

UHC – 2 Rad/Tomo	3 rotations
UHC – 4 Fluoroscopy	3 rotations
UHC – 5 Fluoroscopy	3 rotations
UHC – Emergency Room (ER) X-ray	3 rotations
UHC – OR1	3 rotations
UHC – OR2	3 rotations
UHC – Express Test (XT 1)	3 rotations
UHC – Express Test (XT 2)	3 rotations
UHC – Express Test (XT 3)	2 rotations
UHC – MOB 1	3 rotations
UHC – MOB 2	3 rotations
UHC – MOB 3	3 rotations
UHC – Evening	1 rotation
VA 1 – Rad/Fluoro	3 rotations
VA 2 – Rad/Fluoro	2 rotations
VAMC - CT	1 rotation
SJ – Rad/Fluoro	2 rotations
SJ2 – Rad	1 rotation
TOTAL	45 rotations/42 weeks

Senior Student Clinical Rotation Schedule includes the following:

UHC – 2 Tomography	2 weeks
UHC – 4 Fluoroscopy	3 weeks
UHC – 5 Fluoroscopy	2 weeks
UHC – Emergency Room (ER) Xray	3 weeks
UHC – OR (2 consecutive weeks)	2 weeks
UHC – OR2 (independent)	1 week
UHC – Litho/Pain Clinic (independent)	1 week
UHC – Express Test (XT)	3 weeks
UHC – MOB 1	2 weeks
UHC – MOB 2	2 weeks
UHC – Evening Shift	3 weeks
UHC – Special Procedures	1 week
UHC – Nuclear Imaging	1 week
UHC – Radiation Oncology	1 week
UHC – Computed Tomography	2 weeks
UHC - Mammography	1 week
UHC – Ultrasound/ Echocardiography	1 week
UHC - MRI	1 week
SJ – Rad/Fluoro	2 weeks
VA-G	3 weeks
VAMC CT	2 weeks
Optional	1 week
TOTAL	40 weeks

VIII. CLINICAL EDUCATION ROTATION DESCRIPTIONS –

FLUOROSCOPY – U-4/U-5 and VAMC

Students must be familiar with the fluoroscopic procedural requirements including collecting pertinent patient historical information, supply preparation, assisting the radiologist, and effective use of specialized equipment.

Performance objectives and weekly evaluations must be completed for each clinical rotation in this area, and are incorporated into the clinical education grade average.

Junior and Senior Students are scheduled to rotate through each of the fluoroscopy rooms at United Hospital Center and VA Medical Center.

UROGRAPHY - U-2/U-3

Students must be familiar with urologic and tomographic procedural requirements, and the effective use of specialized equipment.

Performance objectives and weekly evaluations must be completed for each clinical rotation in these areas, and are incorporated into the clinical education grade average.

Junior and Senior Students are scheduled to rotate through the Urography room at United Hospital Center.

ROUTINE RADIOGRAPHY – U2, U-3, U6, U-ER, MOB, Express Test (XT), SJ, and VAMC

Students must be familiar with routine and non-traditional procedural requirements.

Performance objectives and weekly evaluations must be completed for each clinical rotation in these areas, and are incorporated into the clinical education grade average.

Junior and Senior Students are scheduled to rotate through routine radiographic rooms at United Hospital Center and its affiliates.

SURGERY AND PORTABLE/LITHO/PAIN CLINIC/OR – UHC, SJ, and VAMC

Students must be familiar with the radiographic and fluoroscopic procedural requirements for patient undergoing surgical and/or portable imaging procedures. These would include the use of various portable radiographic and fluoroscopic(C-arm) units and dedicated cystography equipment, the special care required by operative, post-operative and intensive care patients and safe handling of various life support equipment.

Performance objectives and weekly evaluations must be completed for each clinical rotation in this area, and are incorporated into the clinical education grade average.

Junior and Senior Students are scheduled to rotate through surgery and the pain clinic at United Hospital Center, but may participate in similar procedures at other clinical affiliate sites.

FRONT OFFICE (RECEPTION/SCHEDULE SEQUENCING/PREP INSTRUCTIONS)

Associates in the Reception area of the UHC Diagnostic Services Department are committed to ensuring the efficient delivery of outpatient imaging studies through knowledge of exam preps, schedule sequencing, third party payer authorization requirements, etc. Students should be exposed to these aspects of medical imaging delivery, therefore are required to complete a one-day rotation in the front office during the final four weeks of the Junior year.

Performance objectives and an evaluation must be completed for this rotation and is incorporated into the clinical education grade average.

PATIENT TRANSPORT

Patient Transport is an integral service provided by the Diagnostic Services Departments. Students must be familiar with the important tasks performed in this area, including locating patient rooms, effective use of various transport equipment, appropriate handling of support equipment, and overall patient care and monitoring skills.

Performance objectives and an evaluation must be completed for this area and is incorporated into the clinical education grade average.

Junior students are required to complete a one-day rotation with a designated patient transporter at United Hospital Center.

COMPUTED TOMOGRAPHY

Computed Tomography is an integral service provided by the Diagnostic Services Departments. Students must be familiar with the procedural requirements and patient care required for computed tomography exams, and recognize cross sectional anatomy and pathologies as demonstrated in this modality.

Performance objectives and weekly modality evaluations must be completed for clinical rotations in this area. Clinical Competencies in CT Head without contrast, CT Chest with and CT Abdomen/Pelvis with contrast must also be completed, and grades for such are incorporated into the clinical education grade average.

Junior students are required to complete a rotation in the Computed Tomography Department of VA Medical Center. Senior students are required to complete rotations at United Hospital Center and VA Medical Center.

ULTRASONOGRAPHY/ECHOCARDIOGRAPHY

Ultrasonography/Echocardiography is an integral service provided by the Diagnostic Services Departments. Students must be familiar with the procedural requirements and patient care

required for diagnostic medical sonography procedures including obstetric/gynecologic, abdominal, vascular and cardiac.

Performance objectives and weekly modality evaluations must be completed for clinical rotations in this area, and are incorporated into the clinical education grade average.

Senior students are required to complete a one-week rotation in the Ultrasound / Echocardiography department at United Hospital Center.

NUCLEAR IMAGING/ PET

Nuclear Imaging is an integral service provided by the Diagnostic Services Departments. Students must be familiar with the procedural requirements and patient care required for nuclear medicine procedures including the safe preparation, transportation and disposal of radioactive substances.

Performance objectives and weekly modality evaluations must be completed for clinical rotations in this area, and are incorporated into the clinical education grade average.

Senior students are required to complete a one-week rotation in the Nuclear Imaging Department at United Hospital Center with one day designated for cardiology procedures, one day designated for general procedures and one day designated for PET exams.

RADIATION ONCOLOGY

Radiation Oncology is an integral service provided by United Cancer Center. Students must be familiar with the procedural requirements and patient care required for radiation therapy procedures including dosimetry calculations, dose delivery, the use of complementary therapies and patient monitoring.

Performance objectives and weekly modality evaluations must be completed for clinical rotations in this area, and are incorporated into the clinical education grade average.

Senior students are required to complete a one-week rotation in the Radiation Oncology Department at United Hospital Center.

INTERVENTIONAL/CARDIAC CATHETERIZATION

Interventional and Cardiac Catheterization are integral services provided by the Cardiovascular Department. Students must be familiar with the procedural requirements and patient care required for interventional/cardiac catheterization procedures including the use of sterile technique and the recognition of vascular and cardiac anatomy/pathologies as demonstrated by this modality.

Performance objectives and weekly modality evaluations must be completed for clinical rotations in this area, and are incorporated into the clinical education grade average.

Senior students are required to complete a one-week rotation in the Interventional/Cardiac Catheterization departments at United Hospital Center.

MAGNETIC RESONANCE IMAGING

Magnetic Resonance Imaging is an integral services provided by the Diagnostic Services Departments. Students must be familiar with the procedural requirements, patient care and safety requirements for MRI procedures.

Performance objectives and weekly modality evaluations must be completed for clinical rotations in this area, and are incorporated into the clinical education grade average.

Senior students are required to complete a one-week rotation in MRI at United Hospital Center.

MAMMOGRAPHY/DEXA

Mammography and Dual Energy Xray Absorptiometry (Bone Density) are integral services provided by the Diagnostic Services Departments. Students must be familiar with the procedural requirements, patient care, risk factors, safety and reporting requirements involved in breast imaging and bone density measurement.

Performance objectives and weekly modality evaluations must be completed for clinical rotations in these areas, and are incorporated into the clinical education grade average.

Senior students are recommended to complete a one-week rotation in the Women's Imaging Center of United Hospital Center, where mammography and DEXA testing are performed. Students may opt out of this rotation in lieu of a second OPTIONAL week.

WEEKENDS

Weekend clinical assignments are crucial to providing the necessary exam volume and diversity for completing mandatory and elective clinical competencies as a requirement for program completion and ARRT certification. Additionally, the weekend clinical environment will enhance the student's proficiency and confidence in performing routine and non-traditional procedures with indirect supervision.

Senior students are scheduled for two evening weekends at United Hospital Center. The times are 3:00 pm to 11:30 pm on Saturday and 12:30 pm to 9:00 pm on Sunday. Junior students are scheduled for two weekends at United Hospital Center from 6:30 am to 3:00 pm on Saturday and Sunday.

Clinical days-off between Monday and Friday are scheduled to compensate for the weekend clinical assignments.

Performance objectives and one weekly evaluation for each day must be completed for weekend clinical assignments, and are incorporated into the clinical education grade average.

EVENINGS

Evening shift assignments are crucial to providing the necessary exam volume and diversity for completing mandatory and elective clinical competencies as a requirement for program completion and ARRT certification. Additionally, the evening shift assignments will enhance the student's proficiency and confidence in performing routine and non-traditional procedures with indirect supervision.

Juniors will be scheduled for one week of evenings at UHC.

Seniors are scheduled for three weeks of evening clinical rotations and two weekends of evening hours in general radiography at UHC.

Clinical competency evaluations may be performed during the evening shift rotations by a designated Affiliate Clinical Preceptor or staff technologists educated in the clinical evaluation system.

Performance objectives and weekly evaluations must be completed for evening shift clinical rotations, and are incorporated into the clinical education grade average.

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

The Family Educational Rights and Privacy Act of 1974 (FERPA) provides students with the right to inspect and review information contained in their educational records, to challenge the contents of their educational records, to have a hearing if the outcome of the challenge is unsatisfactory and to submit explanatory statements for inclusion in their files if they feel the decisions of the hearing panels are unacceptable. Students wishing to review their educational records must contact the campus official in charge of the office in which the records are located. Students may not inspect records to which they have waived their rights of inspection and review.

Within the institution of UHC, only those acting in the student's educational interest are allowed access to student education records. These include faculty, personnel in the offices of Accounting, Radiation Safety, Human Resources, Associate Health and similar personnel at institutions with whom UHC holds consortium agreements and/or Affiliation Agreements.

At its discretion the institution may provide Directory Information in accordance with the provisions of the Act to include: student name, address, telephone number, date and place of birth, field of study, dates of attendance, certificate and awards received, the most recent previous educational agency or institution attended by the student, and participation in officially recognized activities. Students may withhold directory information by notifying the Student Services Center in writing.

UHC may disclose academic information to parents of students by having parents establish the student's dependency as defined by the Internal Revenue Code of 1954, Section 152. Dependency status may be established by the presentation of a certified copy of the parents' most recent federal income tax form listing the student as a dependent.

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

The Family Education Rights and Privacy Act is a federal law that protects the privacy of student records, both financial and academic. For the student's protection, FERPA limits the release of student records without the student's expressed, written consent; however, it also give the student's parents/guardians the right to review those records if the parents/guardians claim the student as a dependent on their Federal Income Tax Refund.

United Hospital Center School of Radiologic Technology complies with FERPA and provides that:

1. All radiologic technology students have the right to inspect and review their education records in the office of the School of Radiologic Technology.
2. A reasonable time must be allowed following a written request to view the student's records.
3. Radiologic Technology students may designate third parties that may have access or disclosure of their education records.
4. Students have the right to file complaints concerning alleged failure by the School of Radiologic Technology to comply with FERPA requirements.
5. Students have the right to a hearing to challenge the contents of his or her records and an opportunity for the correction or deletion of any inaccurate, misleading, or otherwise inappropriate data contained therein.
6. Students have the right to response from the School to reasonable requests for explanations and interpretations of the records.
7. Students have the right to obtain copies of their education records.
8. The school must have written consent from the student to release or disclose education records containing personally identifiable information to third parties.
9. Any questions concerning this Act should be directed to the Program Director of the School of Radiologic Technology.

Rosemary Trupo, M.B.A., R.T.(R), RDMS
Education Coordinator

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
STUDENT WAIVER OF EDUCATION RIGHTS AND PRIVACY**

I, _____, have been informed of United Hospital Center School of Radiologic Technology policy regarding student’s rights to privacy of and access to their “education records” as specified by the FERPA. I understand that any and all personally identifiable information concerning my financial and academic records is protected under FERPA. I further understand that I may waive that protection and give access of my records to individuals of my choice as listed below:

NAME (First, Middle Initial and Last) Please print.

Relationship to Student

I acknowledge that this release is valid as long as I am a student at United Hospital Center (UHC). By signing this release, I authorize UHC to release any and all financial and academic information to the person(s) listed above. I understand that I can revoke this release at any time by notifying UHC program faculty in writing.

Student Signature

Last four of SS #

Student Name - Please print

Date

PROGRAM RULES AND REGULATIONS

BEHAVIOR

1. Students are expected to remain in the Diagnostic Services Department and not visit other departments except on business. Students should be accountable to the supervising technologist or faculty when leaving the clinical or didactic area.
2. Students are required to correctly identify a patient using an institution-specific system of double identifiers, then confirming through visualization on the patient's ID band.
3. Professional, yet cordial, conduct is expected from students at all times around patients, visitors, and co-workers.
4. All students should remember that an atmosphere of quietness should prevail in and around the hospital at all times.
5. No chewing gum or eating in front of patients is permitted.
6. Students are to respect the privacy of faculty offices, and go into these offices only with permission.
7. Personal conversations with technologists and other department employees are discouraged when in the presence of patients.
8. Socializing with friends or visitors while participating in clinical or didactic education is not permitted.
9. Students are given a clinical education schedule by the Program Director or Clinical Coordinator. Any changes in this schedule (trading with other students, etc) require approval by program faculty.
10. Smoking is not allowed. UHC is a smoke-free campus.
11. At no time will a student hold a patient during an x-ray procedure.

CONFIDENTIALITY

12. A patient's condition or personal affairs are not to be discussed with anyone except hospital employees who require such information to perform their functions.
13. Every patient at United Hospital Center has the right to the utmost privacy which students are expected to respect.
14. Through your affiliation with UHC SRT, students quite often have access to Protected Health Information (PHI). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes standards for the protection of patient information. HIPAA

may have been discussed with you prior to an observation tour and/or as a component of UHC/VAMC/SJ hospital orientations. Inappropriate disclosure of PHI may result in disciplinary action including dismissal, monetary fines and imprisonment. Students are urged to discuss PHI only with those persons within the hospital who need to know such information, and never outside of the healthcare setting.

TELEPHONE

15. Hospital lines must be kept free for hospital business. Consequently, students are urged to make personal telephone calls on their own time and use personal phones.
16. Incoming personal calls are discouraged. Only those of an emergency nature will be relayed during student attendance.
17. When answering the department phone, the students will identify themselves. Example: Diagnostic Services, Jane; or Diagnostic Services, Jane Bray.
18. The use of PORTABLE ELECTRONIC DEVICES within hospitals is limited to break and lunch times only. Therefore, use is NOT allowed in the Imaging Departments or the classroom. **This includes cell phones, smart watches, E-readers, notebooks, MP3 players and any other portable electronic devices capable of internet access or transmitting/receiving phone calls, text messages or other forms of social media.** While on clinical rotations, personal portable electronic devices must be turned off or placed on silent mode and stowed in student lockers and/or in student vehicles. While in the classroom, all students will be required to disable and relinquish portable electronic devices which includes cell phones and smart watches to the front table to be retrieved during breaks and at the end of each class day. This practice is intended to eliminate disruptions to the educational policy and eliminate the perception of impropriety.

BREAKAGE, LOSS, AND THEFT

19. Valuable and fragile equipment should be handled with care and properly maintained. The Diagnostic Imaging Manager or Supervisors should be notified immediately of any breakage, loss, or malfunctioning of equipment.

OTHER

20. Students are not permitted to accept gratuities from patients.
21. Students are discouraged from taking books, magazines or study papers into the clinical area that may distract from their responsibilities.
22. Students must use professional judgement when leaving patients unattended and should minimize time away from the patient to ensure a safe environment.

TARDINESS POLICY

1. Tardiness is not permitted and can result in disciplinary action. Additionally, persistent tardiness can negatively impact student performance evaluations and faculty recommendations for the purpose of scholarship, awards and employment.
2. ***Reporting in the clinical site will begin as the student arrives in uniform, prepared to assume clinical duties.*** Students must log in, select a site and click the clock button on the home page. Student attendance will be assessed based upon the clock-in time assigned by Trajecsys. Students may report ten minutes before the designated shift assignment (i.e.- between 6:50 a.m. and 7:00 a.m. for most dayshift assignments). **Failing to clock-in and/or clocking in beyond the shift start time will require completion of a Time Exception Report and may result in disciplinary action.**
3. ***Reporting to the classroom after the door has been closed and/or the course instructor has begun his/her lesson plan is considered tardy.*** Arriving after the designated start time, or appearing ill-prepared will be considered tardy as this behavior is considered unprofessional and disruptive to the educational objectives of the program.
4. ALL tardy time must be made up and is cumulative.
 - A. Tardy time must be made up within five (5) days of the occurrence.
 - B. This time will be made up at a time designated by the Clinical Instructors.
 - C. Tardy time MAY NOT be made up during lunch or break time.
 - D. The students are allocated one tardy per year without penalty. Each additional instance of tardiness will result in a one (1) point deduction from the student's clinical grade average for the semester in which the tardiness occurred.
5. If you realize you are going to be tardy, please notify the Program Director, Clinical Coordinator or Primary Clinical Preceptors.

PROBATION/DISCIPLINARY POLICY

Initial Probation

A student appointment is conditional until one hundred twenty calendar days of program participation have been satisfactorily completed. United Hospital Center School of Radiologic Technology officials utilize this time for orientation and development of new students, but reserve the right to dismiss a student at any time for demonstrated lack of qualifications, any breach of program rules and regulations, or generally determined as unsuitable for the position.

Disciplinary Action

In order to assure fair and equitable treatment for all students, it may become necessary to impose disciplinary action.

Disciplinary action includes probation, suspension, or dismissal from the program. The Program Director has the right to discipline for just cause as described in the Student Handbook.

If a student has been placed on probation, suspended or dismissed, and the student believes that the action was unjust, the student may follow the Due Process Procedure.

Differing degrees of disciplinary action may be applied as follows:

Probation:

- All new students automatically serve a one hundred twenty (120) day probationary period, however, the Program Director may, for just cause, extend the probationary period to a maximum length of one hundred eighty (180) days.
- Current Students may be placed on probation by the Program Director for reasons of disciplinary action. This probationary period should be documented in the student's personal file, and discussed with the student; the maximum length of the probationary period should not exceed ninety (90) days.

Suspension:

A student may be suspended for periods varying from one (1) to ten (10) days according to the gravity of the offense and the student's previous record. Such suspension may be applied in cases of first serious offenses or repeated minor offenses when, in the judgement of the Program Director, proper conduct can be secured without resorting to dismissal. Any clinical or academic assignments missed due to the suspension will be completed prior to graduation from the Program. Expending Personal or Compensatory Time to satisfy required make up days related to disciplinary action is at the discretion of program faculty.

Dismissal:

Dismissal shall be effected through the Program Director in all cases of flagrant or willful violation of Program rules, policies, standards of accepted behavior or performance, and where a thorough investigation proves the student concerned to be in clear violation of policy.

Prior Written Warnings:

Written warnings on "Conference Forms" or in the context of evaluations shall be given to the student when the Program Director feels it is warranted based on the nature of an action(s). These warnings shall become a part of the student's file, however, review by all parties involved may alter any imposed probationary/disciplinary action and written qualifications will be reflected. Dismissal may be imposed for offenses after two (2) written warnings have been given to the student.

JUST CAUSE FOR DISCIPLINARY ACTION

JUST CAUSE FOR DISCIPLINARY ACTION SHALL INCLUDE BUT NOT LIMITED TO THE FOLLOWING:

1. Reporting to either clinical or academic assignments under the influence of alcohol or narcotics, or partaking thereof while on clinical or academic assignment.
2. Malicious destruction and/or theft of hospital property or property belonging to visitors, patrons, employees, or students.
3. Any action jeopardizing the well-being of the patient including failing to properly use the institution-specific system of double identifiers to identify a patient prior to performing a treatment or procedure.
4. Abandonment of position for any reason.
5. Falsifying records, reports, or information.
6. Refusing to comply with program rules, regulations, and policies.
7. Disobedience and/or insubordination.
8. Dishonesty
9. Cheating
10. Habitual sleeping while involved in clinical or academic assignments.
11. Habitual absences from the program without permission or proper explanation.
12. Failure to maintain performance standards in both clinical and academic areas.
13. Conviction of or charged with the use, distribution, or possession of illegal or controlled substances.
14. Any illegal activity, misuse of illegal drugs or abuse of prescription drugs.
15. Unprofessional or unethical conduct not described above.

Student signature

Date

GRIEVANCE POLICY (DUE PROCESS)

United Hospital Center School of Radiologic Technology (UHCSRT) recognizes the student's right to express their grievances, and to seek solutions for disagreements arising from program relationships, conditions, practices, or differences that normally arise, as well as to resolve questions about interpretation or application of operational policies.

By taking appropriate action to conform with this policy and procedure, program officials will demonstrate to you that problems, complaints, and grievances can be exposed without affecting student position. There shall be no punishment resulting from such exposure, and resorting to this procedure shall not affect your security in the program.

The UHCSRT grievance policy and procedure is not intended to be adversarial or confrontational in nature, but rather it is meant to be conciliatory and problem solving. Therefore, no participant will have a right to: legal representation, audio or video tapes of proceedings, or confronting and cross-examining witnesses, except members of the Review Board, whom reserve the right at any time to interview any individual(s) alleged to have relevant information concerning the grievance.

GRIEVANCE PROCEDURE

Step One

In order to minimize the possibility of misunderstanding, students are required to discuss any problem or complaint with the Program Director, Clinical Coordinator or Primary Clinical Preceptor within five days of the occurrence of the problem creating the grievance. The student filing the grievance will have the option of choosing a representative from a student appointed grievance board comprised of Diagnostic Imaging Associates. The chosen representative will accompany the student through the grievance procedure. The Program Director, Clinical Coordinator or Primary Clinical Preceptor will investigate and obtain all pertinent and factual information, and provide a solution or written explanation within seven calendar days, explaining any reasons for the decision. In most cases, grievances can be settled at this level with mutual satisfaction to all concerned.

Step Two

If the student is not satisfied with the results following Step One, the grievance may be submitted in writing to the Diagnostic Services Department Manager within seven calendar days after receiving the written response from the Program Director, Clinical Coordinator or Primary Clinical Preceptor. The Manager will request a meeting of the student, Program Faculty, and Medical Advisor(s) within seven calendar days after the grievance has been received. This committee will review all facts involved in the grievance, and the Department Manager will issue a written opinion to the student within seven calendar days of the meeting date.

Step Three

If the student is not satisfied with the results following Step Two, a request may be submitted in writing to the Vice-President of the Human Resource Department that the grievance be placed before the Review Board for final review. This request must be received within seven days following receipt of the Step Two response. The Vice-President, or his/her designee will act as coordinator, recorder and fact finder during the Step Three proceedings, and will assemble a Review Board to conduct a grievance hearing within seven calendar days following receipt of the request. The five-member panel will include two management and two non-management members of the Associate Advisory Board not affiliated with the Diagnostic Services Department, and the Human Resource Vice-President or designee. The Review Board will conduct a hearing with the student and Program Faculty, and apply existing UHC School of Radiologic Technology rules, regulations and pertinent information necessary in formulating a decision. A majority decision will constitute the findings and recommendations of the Review Board.

The Human Resource Vice-President, or designee, shall prepare a written response reflecting the majority decision. All participating review board members will sign and acknowledge the majority decision, which will be forwarded to the grievant within ten calendar days of the grievance hearing. The decision will be binding, and is the final step in the UHCSRT grievance procedure.

Additional Notes:

If at any time during the grievance procedure, the necessary participants are unavailable, the five or ten calendar day rule may be waived by the Human Resource Vice President or designee.

The Joint Review Committee on Education in Radiologic Technology exists as a liaison for radiography students to provide insight in matters program policy and procedures that may be construed as noncompliant with the Standards of an Accredited Educational Program in Radiologic Sciences. Inquiries may be directed to:

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
312-704-5300 / mail@jrcert.org

PROFESSIONAL INCENTIVE PROGRAM

To encourage behaviors that model professionalism, students will be rewarded with professional incentive (PI) hours at the end of Fall and Spring semesters on the basis of performance in four different categories, as follows:

Per semester student achievement:

No tardies
No dress code infractions
No missed Performance Objectives
No "0" for Weekly Evaluations

Earns:

1 hour PI time
1 hour PI time
1 hour PI time
1 hour PI time

A maximum of 4 PI hours may be earned each semester.

If the student's clinical assignment is less than time earned, PI hours may be taken on the second day before AND after the break. Some examples:

A student earning 1- 4 hours of Professional Incentive (PI) time will be required to expend the PI hours on the Friday prior to break. If the junior student is already scheduled off on the Friday, they will expend the PI hours on the Thursday prior to break.

PI hours may be coupled with accrued compensatory or personal time to schedule a full day off.

PI hours cannot be accrued and used cumulatively in other semesters. PI time not used will be forfeited.



Radiologic Technology Program Policy Student Health and Safety

Review/Approve Date

- R. Trupo/ Nov.11, 2013
- R. Trupo/ May 29, 2014
- R. Trupo/ June 1, 2015
- R. Trupo/ June 10, 2017
- R. Trupo/ June 13, 2018
- R. Trupo/ March 12, 2019
- R. Trupo/ April 15, 2020
- R. Trupo/ July 7, 2021

BASIC PURPOSE: To promote the health and safety for the students, patients and general public.

Student admission into UHC School of Radiologic Technology is predicated on the successful completion of the following student health services performed by agents of UHC and at no cost to the potential student.

- | | |
|----|---|
| 1. | Employee Health Screening including serum testing and 10 panel urinalysis (drug screen) |
| 2. | Hepatitis B Series and titers |
| 3. | Measles, Mumps, Rubella and Titers |
| 4. | Varicella (chicken pox) Titers |
| 5. | Physical Exam (performed by a Family Medicine Physician or Resident) |

Additional testing provided to the student following admission may include:

- | | |
|----|--|
| 1. | Seasonal Influenza Vaccination(s) |
| 2. | TDAP (adult dose of Tetanus/Diphtheria Toxoids, and Acellular Pertussis) |

Students may be required to obtain additional vaccinations at their own expense following evaluation of health records by the UHC Associate Health Coordinator.

UHC Radiologic Technology Students may pursue medical care for any educationally-related injury or illness by registering in the Emergency Department at their own expense. Students requiring hospitalization at United Hospital Center or any of its clinical affiliates will be charged the regular rate of admission.

Neither the program nor the institution provides health insurance for students. Students are responsible for the cost of their own medical care including injuries that occur during clinical or didactic assignments.

UHC Radiologic Technology students admitted via a college or university are encouraged to check with the enrolling institution about health services and coverage that may be provided.

The undersigned acknowledges understanding of the student health stipulations above.

STUDENT SIGNATURE:	DATE:
PROGRAM DIRECTOR SIGNATURE:	DATE:
CLINICAL INSTRUCTOR SIGNATURE:	DATE:
CLINICAL INSTRUCTOR SIGNATURE:	DATE:

<p>WEST VIRGINIA UNIVERSITY HEALTH SYSTEM POLICY AND PROCEDURE MANUAL</p>	<p>Policy V.235S 1st Effective 8-13-2018 Revised 8-31-18</p> <p>Reviewed 3-12-2019/ R Trupo Reviewed 4-15-2020/ R Trupo Reviewed 7-7-2021/R. Trupo</p>
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FITNESS FOR DUTY- COUNSELING/INTERVENTION

SCOPE

All West Virginia University Health System (WVUHS) Entities including UHC, School of Radiologic Technology and Diagnostic Medical Sonography Program

PURPOSE

WVUHS is committed to promoting a safe, healthy and productive workplace for its employees, students, patients and visitors. Such an environment is possible only when each employee and student is able to perform his/her job duties in a safe, secure, and effective manner, and remains able to do so throughout the entire time he/she is in the clinic or classroom. Employees and students who are not fit for duty may present a safety risk to themselves and to others.

This policy outlines the responsible parties and necessary actions when an employee or student's fitness for duty is in question, and the steps necessary to assess the student's physical or mental capabilities, necessary follow-up, and return to program participation.

WVUHS is committed to equal employment opportunity, and it prohibits discrimination against qualified individuals with disabilities. This policy is to be construed consistent with that commitment and in compliance with applicable law, including the Americans with Disabilities Act (ADA) and the West Virginia Human Rights Act (WVHRA).

Application of this policy is not a substitute for corrective action. In circumstances where a student has engaged in misconduct or failed to perform his/her duties, corrective action, up to and including dismissal from the program may be imposed.

This policy makes reference to certain Associate Health roles and responsibilities. These roles and responsibilities may be performed by Associate Health, Human Resources, Program faculty or others designated by the facility's Chief Executive Officer.

DEFINITIONS

For purposes of this policy,

1. "Student" means any individual enrolled in the School of Radiologic Technology or Diagnostic Medical Sonography Program engaged in didactic or clinical activities at UHC or any of its clinical affiliates.

POLICY

A. Student Responsibilities

A student is responsible for the following:

- Reporting to work in a mental, emotional, and physical condition (including free of the effects of drugs and alcohol) necessary to perform his/her duties in a safe and effective manner.
- Maintaining fitness for duty during the entire clinical or didactic assignment.
- Notifying his/her supervisor when the student is not fit for duty or when the student has been restricted from performing required job functions by a health care provider, or due to the effects of medication.
- Notifying a supervisor when a coworker or student is observed acting in a manner that indicates the coworker or student may not be fit for duty.
- Timely submitting to a request for a fitness for duty examination as directed by faculty.

WVUHS, including UHC, the School of Radiologic Technology and Diagnostic Medical Sonography Program encourages students to voluntarily seek assistance for emotional and/or personal problems and physical and/or mental health conditions, including controlled substance, drug and alcohol abuse/addictions, before their program performance is adversely affected. All discussion regarding requests for assistance will be on a confidential basis.

B. Program Director, Clinical Coordinator, Primary Clinical Preceptor & Clinical Supervisor Responsibilities

A supervisor is responsible for the following:

- Observing the attendance, performance, and behavior of the students under his/her supervision.
- Notifying Human Resources when a student is exhibiting behavior that suggests he/she may not be fit for duty.
- Following the Drug Free Workplace procedures for completing an initial observation report when presented with circumstances or knowledge indicating that a student may not be fit for duty due to drug or alcohol use.
- Removing and escorting a student deemed not fit for duty from the worksite unless he/she poses an immediate safety threat in which case the supervisor should call Security and/or 911.
- Arranging escort and transportation for the student from the work site if necessary (*e.g.*, where supervisor suspects student is under the influence of drugs or alcohol) to Associate Health or any testing facility.
- Arranging safe escort and transportation for the student from Associate Health or other testing location back to the work site or to his or her home if the student is or appears to be unfit for duty.
- Maintaining the confidentiality of a student's medical information.
- Implementing any reasonable accommodation deemed necessary.

C. UHC Associate Health Responsibilities

Associate Health is responsible for the following:

- Soliciting information from the supervisor regarding student duties, behaviors or performance and from the student regarding any relevant previous medical or psychological treatment information.
- Identifying who will conduct the fitness for duty evaluation.
- Receiving the results of the fitness for duty evaluation.
- Communicating the results to the student if not done so by the evaluator.
- Maintaining confidentiality except as detailed in the Confidentiality section below.
- Implementing any recommendations proposed by the fitness evaluation.

- Discussing recommendations and subsequent accommodations with the supervisor and Human Resources.
- Communicating with the student as to his/her rights, responsibilities and return to duty status.

D. Fitness for Duty Examinations

1. Introduction

A fitness for duty examination constitutes a medical examination and therefore, in keeping with the ADA, WVHRA and WVUHS policy, any such examination is strictly limited to program-related inquiries and must be consistent with professional necessity. Any such inquiry must be made with reference to the actual duties of the individual who is to be examined. Decisions with respect to fitness for duty must be made with consideration of whether the student can perform the job duties with or without reasonable accommodations. When the identified condition constitutes a disability or pregnancy-related limitation or restriction and the student asks for an accommodation, the student should be informed of the reasonable accommodation process and that process should be implemented. It may be necessary to collect additional documentation from the student and his/her own healthcare provider to support the accommodation request or there may already be enough documentation to support that request.

2. Grounds for Seeking a Fitness for Duty Examination

The referring faculty may request a medical fitness for duty evaluation when a student is

- (a) having observable difficulty performing his/her duties in an effective manner that is safe for the student and/or for his or her co-workers, and patients;
- (b) posing a serious safety threat to self or others; or
- (c) demonstrating behavior that may indicate drug use or alcohol use.

The policy prescribes the circumstances under which a student may be referred to a health care evaluator for a fitness for duty evaluation should one of those situations be present.

This policy does not apply to students with short-term, infectious/communicable diseases (*e.g.*, flu, colds). If a student exhibits symptoms of an infectious/communicable disease, the supervisor may ask the student to leave the workplace in order to have his/her symptoms evaluated by the student's own health care provider. Consultation with a Associate Health or Infection Control clinician is recommended.

The grounds for seeking a fitness for duty evaluation may become evident from observations and/or receipt of a reliable report of a student's possible lack of fitness for duty. Observations or student self-report may include, but are not limited to difficulties with manual dexterity, memory, coordination, alertness, speech, vision acuity, concentration, response to criticism, interactions with others, outbursts, hostility, violent behavior, suicidal or threatening statements, change in personal hygiene, and/or reasonable suspicion (via odor or observation) of drug use or alcohol use. If drug use and/or alcohol use is suspected, a faculty member will complete a Reasonable Suspicion Form.

A student's medical fitness may also be evaluated in other contexts, including as a result of any required post-offer, pre-admission medical screen, post-accident testing, and as required following a leave of absence.

3. Medical Evaluation

Fitness for duty evaluations are performed by or at the direction of UHC Associate Health, and may include, without limitation, a health history, physical and/or psychological examination, alcohol and drug testing and

any medically indicated diagnostic studies. The purpose of the evaluation is to determine if the student can perform the essential job functions in a safe manner, with or without a reasonable accommodation, and while observing necessary restrictions. As circumstances warrant, Associate Health may arrange for an evaluation by a licensed clinician to determine whether or not there is a psychological impairment. In addition, if it appears that the condition is a disability, Associate Health will address with faculty regarding whether there is a likelihood that the student can perform their duties with or without reasonable accommodations.

4. Confidentiality

Patient information obtained by Associate Health is maintained on a confidential basis in accordance with applicable law. When conducting a mandated fitness for duty evaluation, Associate Health will require the student to sign appropriate consent forms that permit appropriate reporting as to the student's fitness, recommendations with respect to fitness, and any limitations and restrictions placed on the student arising from the student's health condition. Associate Health will not disclose information about any health condition of the student to management, or other medical or psychological information without the consent of the student or except as may be required by law.

PROCEDURE

In circumstances where a fitness for duty evaluation may be initiated, the requesting faculty member will consult with a Human Resources representative to determine the level of risk. If the safety risk is minimal, the student may be encouraged to make a self-referral. If it is determined that there is significant risk, the student will be removed from duty immediately and subjected to corrective action consistent with WVUHS and UHCSRT policies as outlined in the Employee Handbook, V.235S available at <http://connectuhc.uhc.wvuhs.com>. This includes access to the Reasonable Suspicion Checklist and Student Authorization and Consent (Appendix I).

Non-compliance with a request for a fitness for duty evaluation shall be cause for suspension or termination from the program.

A student found to be fit for duty and who is in compliance with recommendations for medical, psychological or substance abuse treatment, if any, may be returned to his/her position with or without conditions.

RADIATION SAFETY PRACTICES

Policy: Adhere to radiation safety rules and procedures to maintain minimum radiation exposure to the patient, visitor, associate and student.

Purpose: To follow established guidelines to achieve the objective of maintaining radiation exposure to as low as reasonably achievable (ALARA) for all people.

Procedure for protection of patients and visitors:

- Collimation will be used at all times, and the smallest possible field will be exposed and will not exceed the size of the image receptor. Evidence of proper collimation and/or shielding should appear on all radiographs.
- Exposure factors will be used to obtain maximum diagnostic information with minimal radiation exposure to the patient.
- Inform the radiologist of possible duplication of exams to reduce patient exposure.
- Patients who are of reproductive age will be protected through the use of gonadal shielding to prevent interaction with the primary beam; the only exception to the use of gonadal shielding is when it would obstruct visualization of structures of interest or when the risk of disease transmission outweighs the benefit as in some mobile imaging.
- Females of childbearing age must always be questioned regarding the possibility of pregnancy and appropriate shielding should be utilized. The radiologist should be consulted prior to performing any diagnostic imaging procedure requiring radiation exposure if a patient is in the first trimester. Approval for the procedure must be given by the radiologist.
- No one will be allowed in the radiographic room or a patient's room during the performance of radiologic procedures except the patient. If the patient must be held or assisted during an exposure, this individual must wear leaded aprons and gloves of at least .5 mm lead equivalency.
- Doors to the radiographic rooms are to be closed during radiographic exposures.
- Fluoroscopic radiation cumulative timer will be set for maximum 5 minutes exposure time at the beginning of each procedure, and reset only after it has completely run out of time.

Procedure for protection of associates and students:

- **Dosimeters will be worn by all persons occupationally exposed to radiation. These dosimeters will be worn on the front of the body at collar level, and outside of a lead apron during fluoroscopic procedures.**
- Radiographers and students should always stand in the lead-lined control booth during an exposure.
- While performing portable procedures, lead aprons must be worn by all hospital personnel who must remain in the room during the exposure. All other associates and visitors not needed in the room, must leave prior to the exposure.
- Radiographers and students will always wear lead aprons when assisting the radiologist during fluoroscopy.
- Any student who has been verified by her attending physician and has declared a pregnancy, must follow the Pregnancy Policy of the Long Term Disability Policy found within the Student Handbook.
- Bimonthly written reports of occupational radiation dose are available, upon request from the Program Director and as required by the Nuclear Regulatory Commission.
- The Radiation Safety Officer shall review reports of the results of occupational dose monitoring. For a reading that is higher than 10% of the limits described in paragraph 20.1201 of Title 10 of the Code of Federal Regulations (NRC Reg.), (which are identical to those in paragraph 6.5 of the state regulations) he/she will consider whether that reading is reasonable considering the student's related clinical assignments. This action would be undertaken at a dose of 0.5 rem or 5.0 mSV for students over 18 years of age.

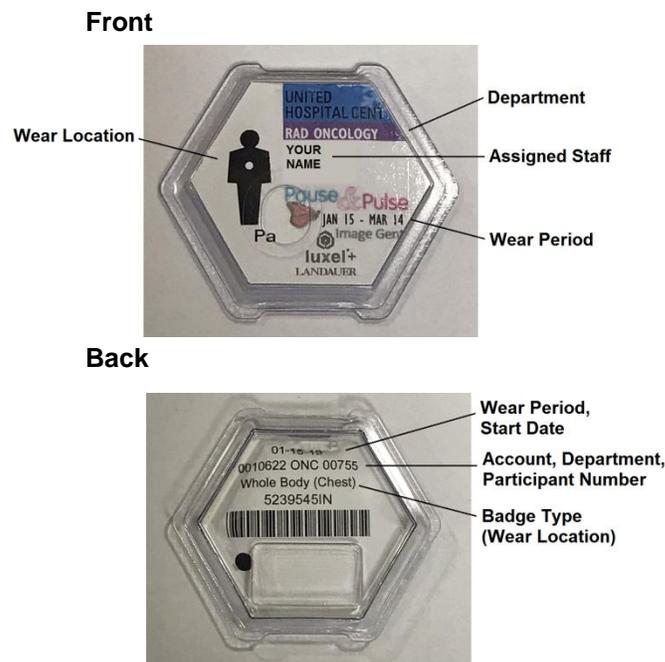
Students under age 18 years are considered minors and are limited to an annual dose that is only 10% of the adult limit, thus attention would be given when the minor student dose exceeded at 0.05 rem or 0.5 mSV.

For a reading that is higher than 30% of the previously described dose limits a more thorough investigation will be conducted.

For the protection of all parties, the radiographers and students will always identify the correct patient by checking the identification band, or other mechanisms, before the performance of any radiologic procedure.

Dosimeter Wear Instructions

- Dosimeter should be worn at all times when there is potential for occupational exposure to ionizing radiation.
- Dosimeter should be worn at the body location indicated on the dosimeter label. Never cut, cover, block, or write on your dosimeter.
- Dosimeter should NOT be worn during personal medical procedures and x-rays.
- When not in use, dosimeter should be stored in an area away from radiation to prevent exposure that is not work-related.
- For staff issued a single dosimeter: when lead aprons are worn, the dosimeter should be worn at the collar level outside the apron.
- Fetal dosimeters are to be worn closest to the fetus and are exchanged on a monthly basis.
- Dosimeters are assigned on an individual bases and care should be taken to wear your assigned dosimeter. If your dosimeter becomes lost or damaged, please contact the RSO (Ext. 1832) for a replacement.
- To avoid unreturned dosimeter charges, please return your dosimeter promptly after each wear period.



POLICY ON WORKPLACE / CAMPUS VIOLENCE

UHC School of Radiologic Technology shall strive to maintain a safe and non-threatening environment for students. This includes the provision of physical and emotional supportive measures during acute episodes of physically and/or verbally aggressive behaviors.

It is the goal of UHCSRT to mitigate, prevent and/or reduce the exposure of students to conditions that could potentially lead to death or injury from violence while at UHC. These goals shall be pursued via the implementation of effective safety and security programs; administrative work practices and other control methods including the education of students and faculty in the awareness and identification of potentials for violence in the workplace.

Due to the possibility of intimidating and disruptive behaviors, UHC School of Radiologic Technology (UHC) has a zero tolerance policy regarding this type of behavior and automatic dismissal will be imposed for any clear threat of serious body harm toward another party or themselves.

The Vice President of Support Services and/or Security Manager shall be responsible for the implementation of this policy and represents UHCSRT as the liaison with external law enforcement agencies.

PURPOSE:

To provide for the management of physically and/or verbally aggressive students.

- 1) UHC Human Resource Department will conduct criminal background investigations prior to enrolling new students
- 2) Offer education to UHCSRT students prior to enrollment and annually thereafter as to the potential for violence in the healthcare workplace and appropriate responses and/or requests for assistance, if violence should occur.
- 3) Reliance on UHC Security Department personnel, who have been educated in the use of non-physical control methods, or as a last option, physical restraint intervention. The security associates will direct associates and students as needed when dealing with episodes of physical and/or verbally aggressive behaviors.

DEFINITIONS:

- 1) Clear Threat of Serious Bodily Harm:

Any physical or verbal aggression on the part of one or more parties toward another party with the perceived or real possibility of causing harm or injury to themselves or others.

2) Incapacity:

Inability, because of physical or mental conditions, to appreciate the nature and implications of a health care decision. The inability to make an informed choice regarding the alternatives presented and to communicate that choice in a decisive manner.

3) General Education:

UHC School of Radiologic Technology shall provide the necessary education adequate for faculty and students to recognize and/or request assistance, to physically and/or verbally aggressive patients, visitors, students or staff.

PROCEDURE:

1) Associates and students, who suspect that an associate, patient, student or visitor poses a potential threat to themselves or others, should notify security through the PBX Operator at 2222.

2) In situations involving battery and physical contact; brandishing of weapons; and overt violence, associates shall immediately call the PBX Operator at X 2222.

3) The caller should remain calm, speak slowly and indicate to the PBX Operator the following information:

- A) Caller name
- B) Department/location
- C) Report specific incident that is **IN PROGRESS**

Example: This is Jane Bray in the ED. There is a man in the ED with a gun threatening the ED staff.

4) **The first security officer to arrive on the site of the call shall assume control of the situation until instructed otherwise by the Vice President of Support Services, Security Manager or the Administrator On Call.** The security officer shall evaluate the situation and take appropriate action accordingly.

5) If the security officer deems it necessary to summon additional assistance, the security officer shall radio the PBX Operator for such assistance, including instructions on whether to contact local law enforcement agencies.

6) If the security officer requests additional assistance the PBX Operator shall page a code designated as "Code Gray, with the location of the incident" and repeat 3 times; example: "Code Gray to the ED" repeated 3 times.

7) Available security associates, the Safety Manager or Vice President of Support Services, Clinical Coordinator, Department Manager (as applicable) and the Administrator on Call shall respond to the “**Code Gray**” code by proceeding immediately to the location paged. The security associate with specific training in crisis prevention will provide counsel as needed.

8) Show of force:

A) An adequate response to a violent or potentially violent occurrence may include the use of physical force by UHC Security and/or others to minimize the danger to the patient, response team members, and/or other exposed individuals.

B) This procedure shall not be used to detain persons where it is against their will, except where it has been determined by Security that the persons are a “**clear threat of bodily harm**” to themselves or others.

9) Universal Precautions:

All associates involved in incidences of workplace violence shall use **Universal Precautions** to protect themselves against infectious diseases.

10) Documentation:

Incidents involving UHC staff members or students, either as responders, victims or aggressors, shall also be fully documented on a Hospital Incident Report. In addition, incidents of Workplace Violence involving a response by the security department shall be documented in the officer’s daily report.

11) Post-incident Follow-up:

Associates, students, patients or visitors involved in incidents of workplace violence shall be offered by the security officer in charge or a member of the response team, prompt medical treatment, counseling and/or other assistance for any injury, including emotional and physical trauma, regardless of severity. Associates, students, patients or visitors experiencing physical injuries should be referred to the ED. Those in need of counseling or other services should be referred to the Chaplaincy Services.

***St. Joseph’s Hospital and Louis A. Johnson VA Medical Center have similar policies ensuring the safety of UHC Radiography students during rotations at their clinical education settings. Institutional policies are conveyed to each student during the pre-admission orientation process.

****Additionally, students enrolled as Pierpont CTC students benefit from a Campus Security Department with responsibilities including Law Enforcement, Parking control and Emergency Management. See <https://www.pierpont.edu/current-students/campus-security>

MAGNETIC RESONANCE IMAGING SAFETY PROCEDURE

To ensure the safety of all radiologic technology students that may enter the MRI Department a MRI safety procedure is implemented for all enrolled students through a sequence of activities that help to provide education to ensure comprehension and cooperation at the all levels of the training program.

The steps are as follows:

Step One:

Upon acceptance into the program and at the start of the senior (second) year of training enrolled students will complete a web-based MRI safety module. The module includes a video regarding the dangers associated with MRI field strength, and requires that any student entering the MRI Department must be accompanied by MRI personnel. Following the video and PowerPoint presentation, participants must complete a MRI Safety Test with a passing score of $\geq 80\%$. This is intended to ensure that all students will enter the MRI area with sufficient knowledge to protect themselves and others.

Step Two:

Junior students will receive didactic instruction regarding MRI Safety by the MR Lead technologist as a component of Fundamentals of Rad Science in the first days of instruction and prior to beginning clinical rotations. MRI Safety Screening Forms will be completed by junior students with oversight from the Lead MRI Technologist, who can review and discuss the significance of any disclosures made as part of the screening process. MRI Safety Screening Forms will be maintained in the student's personal file within the office of the Program Director.

Step Three:

As a component of the Advanced Modality course, Senior students will receive didactic instruction on MRI principles and procedures, as well as a review of safety protocols from the Lead MRI Technologist. This instruction includes a one-hour lecture followed by a written exam to ensure comprehension of important principles of Magnetic Resonance Imaging. All students must earn a passing test grade, or participate in remediation to ensure a sufficient level of understanding. A review of the previously completed MRI Screening Form is integrated into the lecture presentation, which is always conducted prior to any student assignments in MRI, and scheduled within the first two weeks of the senior year. Each student must indicate any required revisions in their responses to the screening protocol, then initial and date each change. The Lead MRI Technologist once again reviews and discusses the significance of any disclosures relative to student safety in the area of the MRI. The form is then returned to the office of the Program Director.

Step Four:

Each senior student is scheduled for a three-day MRI rotation. On the first day of the rotation, a supervising MRI technologist will review and complete a second MRI Safety Screening Form with the student to ensure that information conveyed is timely and accurate. The completed screening form is retained in the student's personal file in the office of the Program Director. During the screening process, if concerns exist as to the student's safety regarding exposure to the high field magnet, a radiologist is consulted and makes the final determination regarding student access to the MRI.

Additional Information:

If a senior student elects to return to the MRI for an optional clinical assignment, the MRI Screening process will be repeated on the first day of the optional rotation, and an additional MRI Screening Form will be completed to reflect current information and will be retained by program faculty.

If a student is deemed unsafe for MRI exposure by the supervising MRI technologist or radiologist, or if the student is reluctant to participate in MRI clinical assignments for any reason, the student will be relocated to a general radiography assignment of equivalent length.

In addition to the screening processes, it remains the responsibility of the student to notify program faculty and/or MRI technologists of any changes that could affect their safety within the magnetic field. (recent implants, surgical devices, implanted IUDs, tattoos, etc.)

UNITED HOSPITAL CENTER

MRI SCREENING FORM FOR STUDENT RADIOGRAPHERS

Student's Name: _____ Date: _____

This questionnaire is designed to assist UHC in determining if it is safe for you to enter into the MRI exam room (during a procedure or not). It is important that you answer all of the following questions. **If for some reason you don't understand the question please ask the MRI Technologist for assistance.**

Circle One

- | | | | |
|----|--|------|----|
| 1 | Do you have a pacemaker, wires, defibrillator, stents or implanted heart valves? | YES | NO |
| 2 | Have you ever had a head surgery requiring an aneurysm clip or coil? | YES | NO |
| 3 | Have you ever had any type of surgery? | YES* | NO |
| | *Please list: Procedure _____ Date _____ | | |
| | Procedure _____ Date _____ | | |
| | Procedure _____ Date _____ | | |
| | Procedure _____ Date _____ | | |
| 4 | Do you have any metal implanted in your body from any surgical procedure? | YES | NO |
| 5 | Have you ever had an injury to your eyes or body where metal fragments could be lodged? | YES | NO |
| 6 | Do you have any electronic pumps, stimulators, shunts or t.e.n.s. units implanted in your body? | YES | NO |
| 7 | Do you have any metal pins, joints, prosthetics or metallic objects in or attached to your body? | YES | NO |
| 8 | Do you have dentures, hearing aids, or middle/inner ear prosthesis? | YES | NO |
| 9 | Do you have any form of body piercing (ear, tongue, nose, exotic)? | YES | NO |
| 10 | For females, are you pregnant or is there a possibility that you could be pregnant? | YES | NO |
| 11 | Is there any device or item that you think should be brought to the attention of the MR technologist prior to your entry into the MRI scan room? | YES | NO |

If yes, list _____

I certify that I have read and understand the questions asked in the questionnaire and have responded to the best of my ability. I understand that it is my responsibility to inform United Hospital Center of any metal or implanted devices that may be in my body and that failing to do so may cause serious injury or be life-threatening. I agree that should I have any metal in my body that after review and screening by the physician/technologist, elect to enter the MRI scan room, I agree to release United Hospital Center from any and all liability for any injury.

_____ Student's Signature	_____ Print Name	_____ Date
_____ Witness or Interpreter	_____ Print Name	_____ Date
_____ Physician/MRI Technologist	_____ Print Name and Title	_____ Date

POLICY ON HARASSMENT IN THE EDUCATIONAL SETTING

POLICY:

The UHC School of Radiologic Technology (UHCSRT) considers verbal or physical harassment of its students and applicants for any reason to be totally unacceptable. It will not be tolerated. Harassment in the educational setting on the basis of any status protected by a civil rights statute is considered unlawful. Conduct, whether intentional or unintentional, which results in discriminatory harassment will subject the harasser to disciplinary action, up to and including dismissal.

PURPOSE:

The purpose of this UHCSRT policy is to set forth UHCSRT's position condemning harassment in the educational setting and to explain the process that will be implemented to carry out this policy.

Prohibited harassment includes, but is not limited to, the following conduct:

- a. Deliberate, repeated and/or unsolicited verbal comments or gestures based on, but not limited to, race, religion, gender (sex), national origin, age, disability, veteran or familial status, which cause discomfort or humiliation, unreasonably interfere with an individual's educational performance, or create an offensive educational environment.
- b. Displaying derogatory posters, cartoon drawings, or any other inappropriate subject matter, or telling jokes which stereotype or ridicule persons based on any of the categories listed above.
- c. Physical actions such as unwanted touching, pushing of another person, impeding or blocking a person's movement, or any physical interference with another person's normal educational or movement.
- d. Sexual harassment – Sexual harassment is defined by the EEOC as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, or conduct directed toward an individual on the basis of gender when:
 - a. Submission to such conduct is either made explicitly or implicitly a term or condition of an individual's admission/program affiliation.
 - b. Submission to or rejection of such conduct by an individual is used as the basis for admission decisions affecting such individual; or
 - c. Such conduct has the purpose or effect of unreasonably interfering with an individual's educational performance or creating an intimidating, hostile or offensive educational environment.

Harassment Reporting Procedure

Because it is the policy of UHCSRT to provide all students and faculty with an educational environment free from any form of harassment, UHCSRT encourages the prompt reporting of harassment if it occurs. To ensure that the educational environment at the UHC School of Radiologic Technology is free from prohibited harassment, any person who is subjected to such harassment, or any person who has knowledge that another student is being subjected to such harassment, must report this immediately to the Program Director, Clinical Coordinator, Clinical Preceptor or Diagnostic Services Department Manager.

- a. A thorough and full investigation of the matter will be conducted by the Vice President of Human Resources/designee, and may involve, where appropriate, management and/or legal counsel and other relevant persons.
- b. The investigation will be completed and a written report prepared as soon as possible after the complaint has been reported. This will generally, unless extenuating circumstances exist, be done within three weeks of the date the complaint is filed. All claims of harassment will be inquired into and/or investigated with appropriate consideration for confidentiality. Reasonable confidentiality will be maintained; however, any investigation will require limited disclosures of the charge made and certain other important information on a strict need-to-know basis.
- c. UHCSRT will respect the rights of the persons reporting the incident as well as the rights of the person(s) accused of the harassment throughout the inquiry, investigation and disciplinary actions, if any, as appropriate. All reported incidents will trigger an inquiry.
- d. All parties involved in the inquiry or investigation of harassment allegations will be warned against taking any actions which may be perceived as retaliation. Persons found to engage in retaliation (i.e., examples of retaliation might include but are not limited to physical actions, threats, alterations of clinical assignments, change in communication, and/or interpersonal relationships, etc.), shall be subject to disciplinary action, which may include immediate termination or dismissal. Any allegation of retaliation will be taken just as seriously as the underlying harassment complaint.

In the event of reported incidents of alleged harassment, the Policy and Procedures of UHC as the sponsoring institution will be followed including the involvement of Harassment Liaisons, the VP of Human Resources and General Counsel, as deemed necessary.

Further details regarding REPORTING INCIDENTS OF ALLEGED harassment is available, upon request from UHCSRT faculty.

BLOOD – BORNE PATHOGEN EXPOSURE POLICY

In accordance with the occupational safety and health administration standards addressing occupational exposure to blood-borne pathogens, United Hospital Center School of Radiologic Technology will provide the following to students:

1. A written exposure control plan which can be found on the UHC intranet or in the office of the Safety Manager.
2. Hepatitis-B vaccination series at no cost.
3. Annual education in universal precautions including documentation requirements for all clinical sites.
4. Use of Globally Harmonized System (GHS) labels to identify potential hazards at all clinical sites.
5. Personnel protective equipment including gowns, goggles, gloves, etc. at no charge to student at all clinical sites.
6. Maintenance of confidential records for students receiving occupational exposure.

Any education or training in the implementation of OSHA standards will be a joint effort between program faculty, Infection Prevention Specialists and the Safety Department manager. Additionally, radiologic technology faculty and students will cooperate in training efforts at all clinical affiliates.

COMMUNICABLE DISEASE POLICY

A student shall be determined as infected or infectious if he/she has any of the following:

1. Nausea, vomiting, and/or diarrhea
2. Fever
3. Skin conditions such as boils, carbuncles, scabies, and/or infectious rash on hands.
4. A diagnosed communicable disease such as TB, hepatitis, measles, etc.
5. Positive culture findings.

A student with the above conditions will be reviewed by the Associate Health Nurse Practitioner, personal family physician or E.D. nurse or physician and if it is determined that the student does have a communicable disease, that student will be sent home.

When a student has been removed from attending the Program by the Associate Health Nurse Practitioner or a designee and proof documented that it was a hospital acquired infection, the student will remain home and will only return to the training program following negative test(s) and clearance with the Associate Health Nurse Practitioner or a designee.

Student should refer to Personal or Disability Leave Policy, or Leave of Absence Policy for additional information about length of time off and responsibilities regarding missed clinic/didactic assignments.

SOCIAL NETWORKING

POLICY:

United Hospital Center School of Radiologic Technology (UHCSRT) takes no position about your decision to start or maintain a blog or participate in other social networking activities. However, it is the right and duty of UHCSRT to protect itself from unauthorized disclosures of proprietary information, as well as maintain the public perception of professionalism that is inherent to the institution, program, faculty and students. UHCSRT's social networking policy includes rules and guidelines for UHCSRT authorized social networking and personal social networking, and apply to all students.

The ability to record, store and transmit information in electronic formats brings specific responsibilities to UHCSRT students with respect to the privacy of patient information. All UHCSRT students have an obligation to maintain the privacy and security of patient records and protected health information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). ("Protected health information" means information as defined by HIPAA which may identify an individual patient. This guideline applies even if the patient's information has been de-identified so that the only person who may be able to identify the individual is the patient him/herself.)

GENERAL PROVISIONS

Blogging or other forms of social media or technology include, but are not limited to, video or wiki postings, sites such as Facebook and Twitter, chat rooms, personal blogs, or other similar forms of online journals, cellular telephone texting, diaries or personal newsletters not affiliated with UHCSRT.

Unless specifically instructed, students are not authorized and therefore prohibited from speaking on behalf of UHCSRT. Students are expected to protect the privacy of UHCSRT, students and patients, and are prohibited from disclosing personal information, as well as any other proprietary and/or nonpublic information to which students have access.

This policy is not intended to restrict students from the exercise of their right to engage in concerted activity under any applicable law, including discussions of their hours and working conditions while not at school.

STUDENT MONITORING

Students are cautioned that they should have no expectation of privacy while using the Internet. Your postings can be reviewed by anyone, including UHCSRT. UHCSRT reserves the right to monitor comments or discussions about UHCSRT, its students, patients and the industry, including products and competitors, posted on the Internet by anyone, including students and non-students.

Students are cautioned that they should have no expectation of privacy while using UHCSRT equipment or facilities for any purpose, including authorized blogging.

UHCSRT reserves the right to use content management tools to monitor, review or block content on UHCSRT blogs that violate company blogging rules and guidelines.

Students are not permitted to post blogs and information that are contrary to UHC's Code of Conduct, mission, values, service standards, etc. It is recommended to refrain from blogging negatively about UHCSRT. It is expected that students refrain from blogging negatively about UHCSRT's customers, staff and physicians. If complaints are received, a thorough investigation will be conducted and UHCSRT will take the appropriate disciplinary action to resolve the issue.

Students are not permitted to post blogs, text message, or conduct other social networking during clinical rotations unless expressly permitted by their Program Director/Primary Clinical Preceptor or supervising technologist.

PERSONAL BLOGS

UHCSRT respects the right of students to write blogs and use social networking sites and does not want to discourage students from self-publishing and self-expression. Students are expected to follow these guidelines and policies, and must provide a clear line between themselves as individuals and as students. All personal postings and entries must be worded in such a way as to make it clear that it is not attributable to or the position of UHCSRT.

UHCSRT respects the right of students to use blogs and social networking sites as a medium of self-expression and public conversation and does not discriminate against students who use these media for personal interests and affiliations or other lawful purposes.

Bloggers and commentators are personally responsible for their commentary on blogs and social networking sites. Bloggers and commentators can be held personally liable for commentary that is considered defamatory, obscene, proprietary or libelous by any offended party, not just UHCSRT.

Students cannot use employer-owned equipment, including computers, hospital owned internet connections, company-licensed software or other electronic equipment, or facilities or company time, to conduct personal blogging or social networking activities.

Students cannot engage in personal social networking, personal blogging, or other non-work related activities during work time, or they will face disciplinary action.

Students cannot use blogs or social networking sites to harass, threaten, discriminate against or disparage students or anyone associated with or doing business with UHCSRT.

If you choose to identify yourself as a UHCSRT student please understand that some readers may view you as a spokesperson for UHCSRT. Because of this possibility, we ask that you state that your views expressed in your blog or social networking area are your own and not those of UHCSRT, nor of any person or organization affiliated or doing business with UHCSRT.

Students cannot post any protected health information (PHI) about an individual patient to any electronic media.

Students cannot post on personal blogs or social networking sites photographs or images of a patient to any electronic media. Use of cameras or cell phone cameras in the patient care setting shall be for the sole purpose of assisting in the care and treatment of the patient and for educational purposes.

Students cannot post on personal blogs or social networking sites photographs of persons engaged in UHCSRT business or at UHCSRT events including, but not limited to, photographs of students, staff, vendors, or suppliers.

Students cannot post on personal blogs or social networking sites any advertisements or photographs of UHCSRT products, nor sell UHCSRT products and services.

Students cannot become an electronic “friend” of a patient in any electronic media or require that a patient become a “friend” of the health care provider in order to influence or maintain the patient-health care provider relationship for financial and/or material gain or any other inappropriate self interest.

If contacted by the media or press about a post that relates to UHCSRT business, students are required to speak with their Program Director, Department Director or the Public Relations Director before responding.

If you have any questions regarding this policy, your personal blog or social networking, ask a faculty member.

REPORTING VIOLATIONS

UHCSRT requests and strongly urges students to report any violations or possible or perceived violations of this policy to program faculty. Violations include, but are not limited to, discussions of UHCSRT patients, any discussion of proprietary information and any unlawful activity related to blogging or social networking.

DISCIPLINE FOR VIOLATIONS

UHCSRT investigates and responds to all reports of violations of the social networking policy and other related policies. Violation of the social networking policy will result in disciplinary action, up to and including immediate dismissal. Discipline or dismissal will be determined based on the nature and factors of any blog, text message or social networking post. UHCSRT reserves the right to take legal action against students who engage in prohibited or unlawful conduct.

PART TIME STUDENT POLICY

United Hospital Center School of Radiologic Technology does NOT offer a part-time student classification for students applying to the program. The components of the didactic and clinical education are very structured and integrated; therefore a part-time student classification would be detrimental to the goals and objectives of the program.

ADVANCED PLACEMENT / TRANSFER POLICY

United Hospital Center School of Radiologic Technology (UHCSRT) didactic and clinical education components are very structured and integrated making it challenging to accommodate students requesting transfer from other JRC-ERT accredited radiologic technology programs. However, recognizing the varied experiences of individuals interested in advanced placement opportunities, the faculty of UHCSRT will accept for review transcripts of previous education and training from potential students using VA educational benefits. Transcripts will be reviewed and maintained as part of the weighted admission process to determine if credit towards completion of any program component is possible without jeopardizing the goals and objectives of the program.

DEFERMENT POLICY

When extenuating personal circumstances prevent a student from continuing their affiliation with UHC School of Radiologic Technology, students may request an enrollment deferment.

Students requesting enrollment deferment are required to provide a written notice to the Education Coordinator using the Request for Deferment Form stating the effective date and reasons for this action.

Any tuition paid by the student prior to and including the time of deferment is non-refundable. Advanced credit of prepaid tuition toward the re-enrollment is at the discretion of the Education Coordinator.

Fees paid by the student for books and/or uniforms are not reimbursable by United Hospital Center. Books and student uniforms may be applicable for re-enrollment period, barring any potential program policy changes (Textbook Editions, Student Dress Code Style/Color).

Students requesting enrollment deferment must return (to the Education Coordinator) the following:

- ✓ Student Identification Badges from ALL Clinical Education Settings
- ✓ Radiographic Dosimeter

United Hospital Center
Radiologic Technology Program
327 Medical Park Drive, Bridgeport, WV 26330

Request for Deferment

Student Name _____

Original Enrollment Date _____

Requested Enrollment Date _____

Please briefly state reasons that you are requesting this enrollment deferment from the School of Radiologic Technology:

Student Signature _____ Date _____

Program Response

_____ This request for enrollment deferment has been accepted. Student will be contacted by March 1 of the year in which he/she is seeking readmission, and be asked to confirm their intentions to attend UHC School of Radiologic Technology. Tuition paid to date will be credited towards re-enrollment.

_____ The request for enrollment deferment has been declined. Continued lack of affiliation will be construed as student resignation. No tuition refund pending. No grade transcripts will be provided.

Program Director Signature _____ Date _____

Clinical Coordinator Signature _____ Date _____

Primary Clinical Preceptor Signature _____ Date _____

Primary Clinical Preceptor Signature _____ Date _____

STUDENT RESIGNATION POLICY

Students resigning from the Program are requested to give written notice to the Education Coordinator stating the effective date and reasons for this action.

Any tuition paid by the student prior to and including the time of resignation is non-refundable. Fees paid by the student for books and/or uniforms are not reimbursable by United Hospital Center.

Upon resignation, the student must return (to the Education Coordinator) the following:

- Student Identification Badges from ALL Clinical Education Settings including parking permits, if applicable
- Radiographic Dosimeter
- Student Handbook

Failure to comply with this requirement will be reflected in the personal file as abandonment of position and could negatively impact student reference information.

Statement of Resignation

Student Name _____

Enrollment Date _____

Effective Date of Resignation _____

Please briefly state reasons for resignation from the School of Radiologic Technology:

Use the space provided below for any comments or suggestions that you have to improve the School of Radiologic Technology for future students.

Student Signature _____ Date _____

Program Director Signature _____

Clinical Coordinator Signature _____

Clinical Preceptors Signatures _____

GRADUATION REQUIREMENTS

A student must complete all aspects of the training program in order to receive verification of completion from the Program Director and qualify for participation in the ARRT credentialing examination including:

- Satisfactory completion of all performance objectives, clinical weekly evaluations, clinical competency and/or simulated competency evaluations
- Satisfactory completion of each Radiologic Technology didactic course and clinical component, cumulative didactic grade point average \geq 80% and cumulative clinical grade point average \geq 87%.
- Completion of required clock hours as logged within Trajecsys
- Meeting all financial obligations to United Hospital Center (and Pierpont Community and Technical College, as applicable).
- Demonstration of a sound moral character as described by the professional code of ethics, and attested to faculty observation and evaluation
- Satisfactory completion of an Associate's Degree or higher prior to enrollment or concurrent with program completion from an institution that is accredited through a mechanism acceptable by the ARRT to ensure certification eligibility including:
 - Middle States Commission on Higher Education: Delaware, District of Columbia, Florida, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, U.S. Virgin Islands
 - New England Association of Schools and Colleges: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont North Central Association of Colleges and Schools: Arizona, Arkansas, Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, West Virginia, Wisconsin, Wyoming
 - Northwest Commission on Colleges and Universities: Alaska, Idaho, Montana, Nevada, Oregon, Utah, Washington
 - Southern Association of Colleges and Schools: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia
 - Western Associates of Schools and Colleges Accrediting Commission for Community and Junior Colleges (ACCJC) and Senior College Commission (SCC): California & Hawaii

ARRT – Recognized Accreditation Mechanisms	Academic Degree*	Professional Education
PROGRAMMATIC (SPECIALIZED) ACCREDITING AGENCIES		
Joint Review Committee on Education in Radiologic Technology (JRCERT)	1969	1969
Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)	1969	1969
Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) in collaboration with the Commission on Accreditation of Allied Health Education Programs (CAAHEP)	1983	2006
REGIONAL ACCREDITING AGENCIES		
Commission on Higher Education of the Middle States Association of Colleges and Schools (MSACS): Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, U.S. Virgin Islands	June 1, 1995	June 1, 1995
Commission on Elementary and Secondary Schools of the Middle States Association of College and Schools (MSA-CES): Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania	June 1, 1995	June 1, 1995
New England Association of Schools and Colleges (NEASC) : Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	June 1, 1995	June 1, 1995
Higher Learning Commission (HLC): Arizona, Arkansas, Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, South Dakota, West Virginia, Wisconsin, Wyoming	June 1, 1995	June 1, 1995
Northwest Commission on Colleges and Universities (NWCCU) : Alaska, Idaho, Montana, Nevada, Oregon, Utah, Washington	June 1, 1995	June 1, 1995
Commission on Colleges of the Southern Association of Colleges and Schools (SACS): Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia	June 1, 1995	June 1, 1995
Accrediting Commission for Community and Junior Colleges (ACCJC) and Senior College Commission (SCC) of the Western Association of Schools and Colleges: California, Hawaii	June 1, 1995	June 1, 1995
NATIONAL FAITH-RELATED ACCREDITING AGENCIES		
Association for Biblical Higher Education Commission on Accreditation	1952	January 21, 2016
Association of Advanced Rabbinical and Talmudic Schools Accreditation Commission	1974	January 21, 2016
Commission on Accrediting of the Association of Theological Schools	1952	January 21, 2016
Transnational Association of Christian Colleges and Schools	1991	January 21, 2016
NATIONAL ACCREDITING AGENCIES		
Accrediting Bureau of Health Education Schools (ABHES)	1969	January 20, 2016
Accrediting Commission of Career Schools and Colleges (ACCSC)	1967	January 21, 2016
Accrediting Council for Continuing Education and Training (ACCET)	1978	January 21, 2016
Accrediting Council for Independent Colleges and Schools (ACICS)	1956	January 27, 2015
Council on Occupational Education (COE)	1969	January 21, 2016
Distance Education Accrediting Commission (DETC)	1959	January 21, 2016
National Accrediting Commission of Career Arts and Sciences (NACCAS)	1966	January 21, 2016
ARRT-RECOGNIZED INTERNATIONAL ORGANIZATIONS FOR ACCREDITATION		
Conjoint Accreditation Services of the Canadian Medical Association	*	January 1, 1999
Medical Radiation Practice Board of Australia (MRPBA)	*	January 1, 2000
*International academic degrees from Australia, Canada and Great Britain are recognized as meeting the requirement for academic degrees as outlined in the ARRT Standards for Recognition of Educational Accrediting Agencies.		
International degrees awarded by institutions outside of the U.S. (and not otherwise recognized by ARRT) must be evaluated by a credential evaluation service that is a member of the Association of International Credential Evaluators, Inc. (AICE) and/or the National Association of Credential Evaluation Services (NACES).		

(Retrieved from www.arrrt.org on Nov. 20, 2020)

CATASTROPHIC EVENT CONTINGENCY POLICY

In the event that a catastrophic event forces suspension of the didactic and/or clinical components of the program, every effort will be afforded by faculty to minimize interruptions to program operations to ensure student learning is maintained.

Didactic education may be delivered through Webex, a virtual learning platform, that permits interactive networking, sharing of media, and evaluation opportunities. Written assignments distributed via email or US mail may also be utilized as an adjunct to live learning to foster student engagement, which is acutely needed when the catastrophic event requires students to self-quarantine. Having both delivery options is essential to address potential losses of electricity, internet connectivity or access.

If a catastrophic event prevents clinical involvement for the safety of the students or patients, faculty will make every effort to mitigate the loss of clinical education through schedule alterations, reassignments, simulated clinical experiences and virtual demonstrations. When restrictions are lifted and at the discretion of program faculty, students may be responsible for completing all or a portion of missed clinical assignments to satisfy graduation requirements and qualify for participation in the ARRT credentialing examination. This would likely require an extension beyond the published, 22.5 month program length, however additional tuition charges would not be imposed.

COMPLETION STATEMENT

Dear Class of 2023 member,

Congratulations! You have completed the Student Handbook for United Hospital Center School of Radiologic Technology. Please sign the Student Handbook Verification Form and the Student Agreement found on pages 5 and 6 of the Handbook. These forms should be returned to:

Rosemary Trupo, M.B.A., R.T., RDMS
Education Coordinator
School of Radiologic Technology
United Hospital Center

If you agree to accept your position, please keep the Student Handbook as it will serve as a reference throughout your two-year training period.

Respectfully,

Rosemary Trupo
Program Director

Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

Adopted April 2020

Introductory Statement

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

The JRCERT is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT **Standards** incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the **Standards** as they are key factors for CHEA recognition. The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes assessment.

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

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

Regarding each standard, the program must:

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

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

An abbreviated version of the Standards is reflected within this Student Handbook. The comprehensive Standards document may be viewed at:

https://www.jrcert.org/sites/jrcert2/uploads/documents/2021_Standards/2021_Standards_Radiography.pdf

Standards for an Accredited Educational Program in Radiography

Standard One: Accountability, Fair Practices, and Public Information

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

Standard Two: Institutional Commitment and Resources

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

Standard Three: Faculty and Staff

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

Standard Four: Curriculum and Academic Practices

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

Standard Five: Health and Safety

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

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

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

Standard One: Accountability, Fair Practices, and Public Information

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

Objectives:

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

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

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

1.4 The program assures the confidentiality of student educational records.

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

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

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

Standard Two: Institutional Commitment and Resources

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

Objectives:

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

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

2.3 The sponsoring institution provides student resources.

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

Standard Three: Faculty and Staff

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

Objectives:

- 3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.
- 3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.
- 3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.
- 3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.
- 3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

Standard Four: Curriculum and Academic Practices

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

Objectives:

- 4.1 The program has a mission statement that defines its purpose.
- 4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.
- 4.3 All clinical settings must be recognized by the JRCERT.
- 4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.
- 4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.
- 4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.
- 4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.
- 4.9 The program has procedures for maintaining the integrity of distance education courses.

Standard Five: Health and Safety

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

Objectives:

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

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

5.3 The program assures that students employ proper safety practices.

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

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

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

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

Objectives:

6.1 The program maintains the following program effectiveness data:

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

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

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

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

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