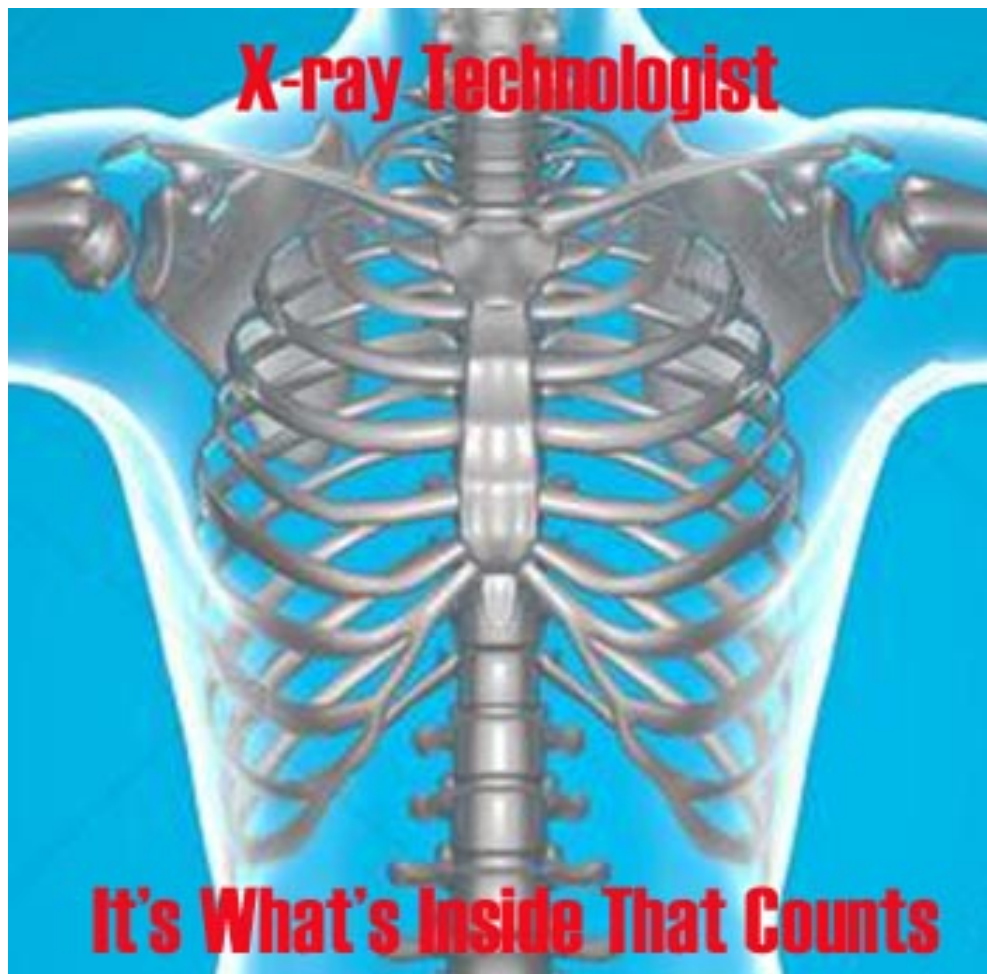


# Radiologic Technology

Student Handbook 2023-2024  
Fortis College – Landover

4351 Garden City Drive  
Landover, MD 20785



# Program Specific Information and Policies

## Fortis College – Landover

The Radiologic Technology Student Handbook contains information specific to the radiologic technology program.

These requirements are in addition to the information in the Fortis College Catalog.

### Contents

<b>RADIOLOGIC TECHNOLOGY PROGRAM MISSION STATEMENT.....</b>	<b>6</b>
<b>RADIOLOGIC TECHNOLOGY PROGRAM GOALS AND STUDENT LEARNING OUTCOMES.....</b>	<b>6</b>
<b>CLASS HOURS/CLINIC (EXTERNSHIP) HOURS.....</b>	<b>6</b>
<b>CLINICAL AFFILIATIONS .....</b>	<b>6</b>
<b>DIDACTIC EDUCATION.....</b>	<b>6</b>
Program Schedule.....	6
Course Syllabi .....	6
Grading Scale.....	7
Test and Quizzes.....	7
Make-up and late assignment .....	7
Academic Tutoring.....	7
<b>ADDITIONAL POLICIES.....</b>	<b>7</b>
Professional Attitude.....	7
Addressing Faculty and Superiors.....	8
Didactic Instructor/Course Evaluation .....	8
Drug Screening Policy .....	9
Random Drug Testing .....	9
Student Responsibilities.....	9
Health Insurance .....	9
Liability/Malpractice Insurance .....	9
<b>Confidentiality of Records.....</b>	<b>10</b>
<b>Chain of Command .....</b>	<b>10</b>
<b>Organization Chart.....</b>	<b>10</b>
<b>RESOURCES .....</b>	<b>11</b>
X-ray Lab .....	11
Reference Materials (Library/Learning Resource Center) .....	11
<b>ATTENDANCE.....</b>	<b>11</b>
Attendance Policy.....	11
Meetings Attendance .....	11
Clinical Attendance.....	11
Reporting Clinical Absenteeism.....	12

Incllement Weather / School Closings .....	12
Jury Duty/Subpoena .....	12
Military Duty .....	13
Bereavement.....	13
<b>PREGNANCY POLICY.....</b>	<b>13</b>
<b>DUE PROCESS/GRIEVANCE/APPEAL POLICY.....</b>	<b>13</b>
<b>LICENSURE AND CREDENTIALING EXAMINATION.....</b>	<b>13</b>
<b>GRADUATION REQUIREMENTS .....</b>	<b>13</b>
<b>CLINICAL EDUCATION .....</b>	<b>13</b>
Patient Confidentiality (HIPAA) .....	13
Parking.....	13
Computer Access .....	13
Lunch and Breaks.....	14
Observation Sites (If Applicable) .....	14
<b>Clinical Course Objectives: .....</b>	<b>14</b>
Cognitive .....	14
Affective.....	14
Psychomotor .....	14
General Patient Care – Specific Objectives.....	15
Mobile and surgical radiography Objectives .....	15
CT- Expectations .....	15
<b>Student-Preceptor Ratio .....</b>	<b>16</b>
<b>PROFESSIONALISM AND STANDARDS OF CONDUCT .....</b>	<b>16</b>
<b>Termination from Program Policy .....</b>	<b>16</b>
<b>EVALUATION OF STUDENTS .....</b>	<b>17</b>
Laboratory Evaluation.....	17
Clinical Evaluations .....	17
Competency Evaluation .....	17
<b>OTHER CLINICAL RECORDS .....</b>	<b>17</b>
Clinical Orientation Record .....	17
Clinical Competency Examination Record .....	17
Clinical Attendance Record .....	17
Repeat Verification Record .....	17
Examination Log .....	17
Clinical Education Site and Clinical Preceptor Evaluation.....	17
<b>CLINICAL SITE VISITS .....</b>	<b>18</b>

**HEALTH STATUS VERIFICATION ..... 18**

**RADIATION AND MRI SAFETY AND PROTECTION ..... 18**

**DIRECT/INDIRECT CLINICAL SUPERVISION ..... 18**

    Direct supervision.....18

    Indirect supervision a .....18

    Indirect supervision .....18

    Repeating Images .....18

**MAMMOGRAPHY STATEMENT ..... 19**

    Mammography (and other gender specific) Rotation Policies.....19

**OSHA STATEMENT ..... 19**

    OSHA Policy.....19

**CLINICAL COMPETENCY REQUIREMENTS ..... 19**

**General Performance Considerations ..... 19**

    Patient Diversity.....19

    Simulated Performance .....19

    Elements of Competence .....20

**CLINICAL COMPETENCY ASSIGNMENTS ..... 20**

**CLINICAL EDUCATION GRADING SYSTEM..... 20**

    Competency Requirements .....20

    General Patient Care Skills Competencies.....21

    Imaging Procedure.....22

**CLINICAL ADVISEMENT ..... 25**

**REPEAT AND UNAUTHORIZED RADIOGRAPHS ..... 25**

**DRESS CODE ..... 25**

    Professional Hygiene/Appearance .....25

    Uniforms/Other Required Apparel and Accessories .....25

    Additional Information Regarding Dress Code .....26

**CELL PHONES ..... 26**

**WITHDRAWAL / DISMISSAL FROM CLINICAL SITE ..... 26**

**READMISSION POLICY..... 26**

**CLINICAL EDUCATION SCHEDULE..... 26**

**CLINICAL COMPLETION REQUIREMENTS..... 27**

**TECHNICAL STANDARDS..... 27**

**STUDENT HEALTH AND SAFETY POLICIES..... 27**

**ACCIDENTS AND INJURIES POLICY ..... 27**

**ANTI – HARASSMENT POLICY ..... 28**

<b>COMMUNICABLE DISEASES POLICY .....</b>	<b>28</b>
<b>Fire Safety Policy .....</b>	<b>28</b>
<b>Telephone Messages Policy.....</b>	<b>28</b>
<b>Substance Abuse Policy.....</b>	<b>29</b>
<b>Student Address &amp; Phone Number Verification .....</b>	<b>29</b>
<b>APPENDIX A.....</b>	<b>31</b>
CODE OF ETHICS .....	31
RULES OF ETHICS .....	32
<b>APPENDIX B.....</b>	<b>41</b>
<b>FLOWCHART OF CLINICAL EDUCATION SYSTEM .....</b>	<b>41</b>
<b>APPENDIX C.....</b>	<b>42</b>
<b>RADIATION PROTECTION AND EXPOSURE POLICY.....</b>	<b>42</b>
<b>Rationale for Radiation Protection Policies.....</b>	<b>42</b>
Dosimeter Badges: .....	43
<b>PREGNANCY POLICY.....</b>	<b>45</b>
Declaration of Pregnancy & Student Choice.....	46
<b>MAGNETIC RESONANCE IMAGING SAFETY POLICY .....</b>	<b>47</b>
Acknowledgement of Magnetic Resonance Imaging Safety .....	47
Magnetic Resonance Imaging (MRI) Safety Screening Form .....	48
<b>APPENDIX D .....</b>	<b>50</b>
<b>PROGRAM FORMS.....</b>	<b>50</b>
Patient Confidentiality Pledge (HIPAA) .....	51
Mammography Policy .....	52
Record of Clinical Orientation .....	53
Radiographic Repeat Log .....	54
Student Evaluation of Clinical Site and Clinical Preceptor .....	55
Weekly Clinical Attendance .....	56
Clinical Rotation Make-Up/Additional Time .....	57
Clinical Performance Evaluation Form .....	58
Clinical Faculty Visitation Form .....	59
<b>APPENDIX E.....</b>	<b>60</b>
<b>Clinical Grading System.....</b>	<b>60</b>
<b>APPENDIX F .....</b>	<b>61</b>
<b>JRCERT Standards for an Accredited Educational Program in Radiography.....</b>	<b>61</b>
Standard One: Accountability, Fair Practices, and Public Information .....	64
Standard Three: Faculty and Staff.....	75
Standard Four: Curriculum and Academic Practices.....	83
Standard Five: Health and Safety.....	89
Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement .....	93
<b>Receipt of School Catalog and Student Handbook .....</b>	<b>105</b>

# RADIOLOGIC TECHNOLOGY PROGRAM MISSION STATEMENT

The mission of the Radiologic Technology program is to prepare competent, entry-level radiographers to serve the public healthcare needs. The program administrator and faculty are committed to providing each student with a high-quality education through innovative and engaging instruction, and role modeling.

## RADIOLOGIC TECHNOLOGY PROGRAM GOALS AND STUDENT LEARNING OUTCOMES

### **Goal 1: Students will be clinically competent.**

Student Learning Outcomes:

- Students will apply positioning skills.
- Students will select technical factors.
- Students will utilize radiation protection.

### **Goal 2: Students will communicate effectively.**

Student Learning Outcomes:

- Students will demonstrate written communication skills.
- Students will demonstrate oral communication skills.

### **Goal 3: Students will use critical thinking skills.**

Student Learning Outcomes:

- Students will adapt standard procedures for non-routine patients.
- Students will critique images to determine diagnostic quality.

### **Goal 4: Students will model professionalism.**

Student Learning Outcomes:

- Students will demonstrate professionalism in the clinical setting.
- Students will understand the value of professional ethics.

## CLASS HOURS/CLINIC (EXTERNSHIP) HOURS

In accordance with JRCERT Standards, students will not be scheduled to spend more than 10 hours per day or 40 hours in any one week in school/clinical. Students will receive a schedule prior to each term/module. Clinical education hours may vary (e.g., ranging from 5 AM – 7 PM for day shift). If applicable (check with Program Director), hours may range from 7 PM - 5AM for evening rotations and any shift on weekends. Clinical/externship rotations will be scheduled based on the hours of operation and discretion of each clinical site and the Clinical Coordinator or Clinical Representative. All students must complete 100% of the scheduled clinical or externship hours within the assigned grading period.)

## CLINICAL AFFILIATIONS

Each campus utilizes a variety of clinical affiliate sites. For a complete listing of all JRCERT approved clinical sites, please check with your Program Director.

## DIDACTIC EDUCATION

### **Program Schedule**

The program schedule will be broken down into four terms (quarters) each year. A class schedule will be available prior to the beginning of each term/module.

### **Course Syllabi**

At the beginning of each course, the course instructor will provide students with a course syllabus that outlines the learning objectives, grading procedure, and other course-related information.

## Grading Scale

Grading scales and requirements for satisfactory academic progress are published in the School Catalog.

## Test and Quizzes

Quizzes may be given at any time during each course (additional quizzes beyond those indicated in the course syllabus may be given at the discretion of the instructor). Test and quizzes may be written, oral, or practical, and may cover any material previously taught or assigned.

Unannounced quizzes may be administered at the discretion of the instructors and may not be made up. Therefore, it is imperative that students attend all scheduled classes.

- Students are not allowed to leave the room during a test/quiz.
  - Students leaving the room will have 5 points deducted from the test/quiz grade and/or the total time of the exam will be reduced.
- All tests and quizzes are cumulative.

## Make-up and late assignment

- Ten (10) points will automatically be deducted from any make-up quiz or test grade. Non announced (pop) quizzes cannot be made-up.
- Late homework assignments (after 48 hours) will receive a 20-point deduction from the assignment grade. Homework submitted more than 48 hours after the due time will receive a grade of zero.
- The student is responsible for scheduling makeup quizzes/exams with the instructor. If the student fails to make up the quiz/exam/test the day they return to the campus, he/she will receive a grade of zero (0) and will not be given another opportunity to take the quiz/exam/test.

## Academic Tutoring

Academic advisement is available to students for free, as needed. Scheduling of tutoring appointments must be in accordance with the constraints of the instructor's teaching schedule. Students may schedule tutoring appointments with their instructors using sign-up sheets. The lesson will not be retaught and students requesting tutoring should come prepared with specific questions to present to the instructor.

# ADDITIONAL POLICIES

## Professional Attitude

Students are expected to maintain a professional attitude at all times during school and clinical/externship hours. Adherence to the policies of the school as well as the policies of the clinical affiliates is required concerning the student's behavior and personal conduct. Each student should conduct themselves within the boundaries of acceptable behavior and appearance that will enable the school to recommend the student to prospective employers as a courteous, reliable, considerate, and professional individual. The radiologic technology students will be required to conduct themselves in an orderly manner while in school and are expected to treat the school's equipment and facilities, as well as the clinical affiliate's equipment and facilities, with proper care and concern. Anyone who defaces or damages property belonging to the school or clinical affiliate with purposeful intent, or as a result of extreme carelessness, horseplay or misuse of property, will be subject to disciplinary action and may be held financially liable for damages.

At each clinical affiliate site, students will be under the supervision of a Clinical Preceptor and are expected to obey all rules and regulations set forth at the clinical site. While at the clinical site, students are representatives of the school and their behavior and attitude is a reflection on the school and their employability.

**Any display of poor attitude in the classroom, lab, or clinical site will warrant disciplinary action.**

The requirements listed below must be completed prior to the completion of the first term of enrollment in the Radiologic

Technology program and are required to continue in the program:

- The student must submit a copy of his or her current Basic Life Support (BLS) for Healthcare Providers certification by the American Heart Association CPR card or take a short course to obtain the certification. The CPR certification must remain current throughout the program. If the CPR card expires during the Radiologic Technology program, the student may not participate in any clinical activities and may be dropped from the program.
- Students are required to report changes and/or additions in medication, new prescriptions, or changes in medical or mental health status to the Radiologic Technology Program Chair immediately (within 24 hours) and prior to participating in any clinical, laboratory, or simulation experience.
- Students must immediately report any changes in their essential skills or functional abilities, to include any physical or mental health status changes, to the Chair of the Radiologic Technology program.
- Students may not attend clinical experiences while under any medication or medical treatment which may alter their perception and/or ability to provide safe patient care. It is the ultimate responsibility of the Chair of the Radiologic Technology program to make the final decision as to the student's ability to participate in clinical activities. Failure to report a change in medical or mental health conditions as described above may result in the student being dropped from the Radiologic Technology program.
- Since some externship sites may require that students have health insurance, the applicant must submit either a valid medical insurance card or a signed medical waiver form stating he or she is responsible for the costs of all medical services he or she requires.
  - Students are expected to complete or provide proof of current immunization. Immunization requirements are generally based on the current recommendations of the Centers for Disease Control (CDC) for health-care workers and the Advisory Committee on Immunization Practices (ACIP).
  - Externship sites where students will be assigned may have additional health clearance and immunization requirements beyond the current recommendations by the CDC or ACIP. Fortis College has identified a standard immunization policy but reserves the right to require any additional healthcare clearance assessment, documentation, immunization, and serology testing at any point throughout the enrollment of the program. In addition, immunizations and health requirements may change without notice and students may be required to provide verifiable documentation of their ability to meet new requirements. Students are required to provide documentation within the designated timeframe in order to maintain enrollment and progress. All additional requirements are at the student's expense.
- Students must provide documented evidence that one dose of influenza vaccine is received annually. Students are required to provide required documentation to the College and maintain compliance with the immunization and health clearance policy.
- TB test results must be submitted prior to completing the first term. If the results are positive, the applicant must submit negative chest X-ray results. A negative QuantiFERON-TB Gold test (QFT-G) or other Food and Drug Administration (FDA) approved TB blood test may be accepted in the place of a TST or chest x-ray. The student will not be permitted to participate in clinical experiences until unless he or she can provide sufficient documentation of "no evidence of active pulmonary disease" from an appropriately credentialed healthcare provider in the management of pulmonary and/or tuberculosis disease. This documentation must be provided each year.
- Students are required to provide documentation of complete COVID immunization.
- Students are not permitted to participate in any clinical experiences if their immunizations, drug or background tests do not meet the program and clinical site standards.

### **Addressing Faculty and Superiors**

When addressing faculty, adjunct faculty, and physicians, students must use the title: "Mr.," "Ms.," or "Dr.," whichever is applicable.

### **Didactic Instructor/Course Evaluation**

- Students evaluate the instructors and courses for each term/module. This provides the instructors with valuable feedback that can be used to make improvements in the delivery of future courses.



## **Drug Screening Policy**

Drug screening is required of all students during the enrollment process. Any student who fails to obtain a negative drug/alcohol screening or refuses such a screening will not be allowed to enroll or continue attending. Refer to student catalog (Student Policies).

## **Random Drug Testing**

The Program reserves the right to conduct random drug tests on all students. If a student is selected for a random drug test, the student must report to the assigned test site at the time and date specified.

- Failure to report to the test site within the specified timeframe will result in immediate dismissal from the program.
- A failed drug test will result in immediate dismissal from the program.
- A dismissed student can reapply to the program within 6 months with appropriate documentation of treatment. However, space cannot be guaranteed.

## **Student Responsibilities**

- Be respectful and cooperate with instructors, school officials, fellow students, and clinical site staff at all times.
- Attend school regularly.
- Maintain satisfactory grades.
- Schedule extra course help with instructors, when needed.
- Know and observe program policies, rules and regulations.
- Refrain from using cell phones during class and clinical times.
- Know and observe clinical site policies, rules, and regulations.
- Do not discriminate against any other person.
- Discuss grievances with the persons involved before invoking formal grievance action (refer to the grievance policy in the school catalog).
- Respect persons and the property of others.
- Follow Standard Precaution procedures.
- Adhere to the United States Occupational Safety and Health Administration (OSHA) regulations. OSHA regulates occupational exposure to radiation through Part 1910 of Title 29 of the US Code of Federal Regulations (29 CFR 1910). A copy of these guidelines may be obtained from the Program Director.

## **Unassigned/Restricted Areas**

Students are responsible to adhere to, and comply with, all regulations of unassigned and/or restricted areas both at the school campus and at all clinical affiliate sites. The radiology lab is considered a restricted area unless an instructor gives permission to the student to occupy that area. The following restrictions apply:

No student is allowed to operate radiologic equipment without permission or without a minimum of direct or indirect supervision of an ARRT-registered radiologic technologist or clinical preceptor at either the school campus (direct required for ABHES accredited schools) or under direct or indirect supervision at the clinical affiliate sites (depending on level of competency, but with direct supervision for all repeat radiographs). All students must follow the policies and procedures of radiation protection and safety at both the school campus and the clinical affiliate sites.

## **Health Insurance**

The school does not provide student health insurance. However, the school strongly recommends that all students have a health insurance policy. Some clinical sites require health insurance for attendance at their facility. Clinical placement may be restricted if a student does not maintain health insurance.

## **Liability/Malpractice Insurance**

The school provides liability insurance coverage for all students while on assigned clinical rotations.

# Confidentiality of Records

The Family Education Rights and Privacy Act of 1974 protects student confidentiality by prohibiting the disclosure of student grades, class standing, and other similar information to other students, the student's parents (unless the student has provided a written waiver for parent access), or any other person.

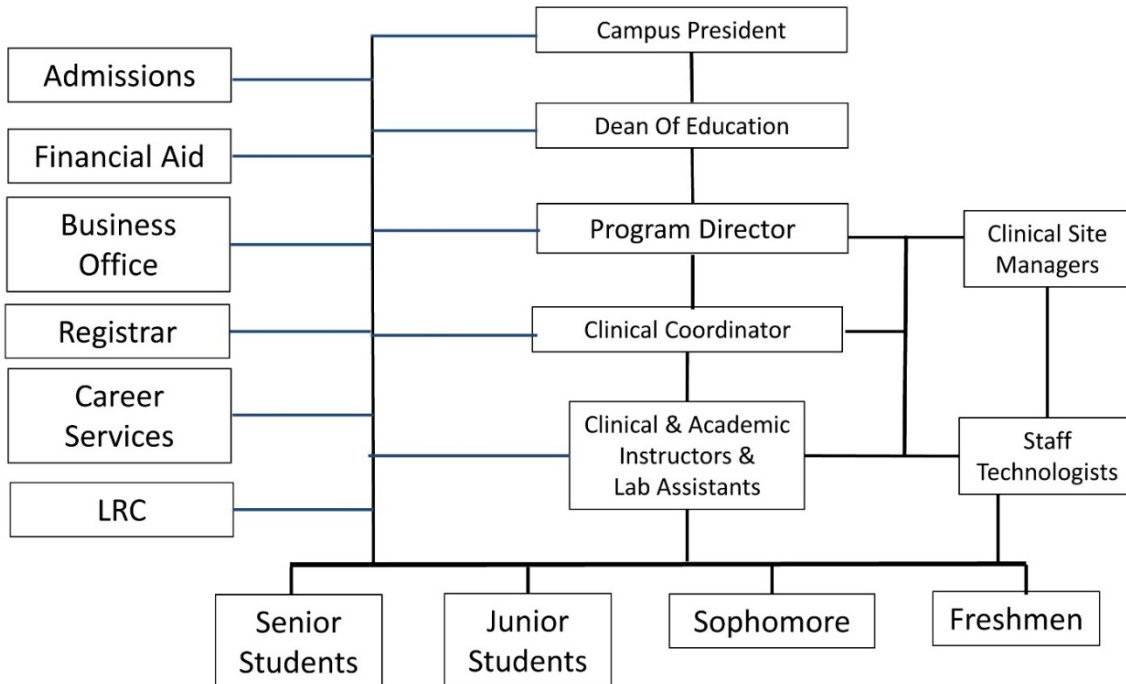
## Chain of Command

The program chain of command is the line of authority and responsibility along which orders are passed down from the top through a series of executive positions in which each is accountable to their direct superior. If students have issues or concerns, they should present their issue/concern to the lowest ranking official first. If the problem is not resolved, they should then proceed to the next higher-ranking official until the problem is resolved (see Grievance Policy in the school catalog). The ranking order is as follows:

1. Program Director
2. Clinical Coordinator (if clinical in nature, or didactic in cases when Clinical Instructor also serves as a didactic instructor)
3. Didactic Instructor (if didactic in nature – reports to Program Director in this case)
4. Clinical/Externship Clinical Preceptor (if clinical in nature)
5. Clinical/Externship Staff Radiographers (if clinical in nature)

## Organization Chart

# Organization Chart Fortis College Landover RT Program



## RESOURCES

### X-ray Lab

The program maintains an x-ray laboratory used for preparation for clinical education and radiographic experiments. **The laboratory equipment is to be utilized only with faculty permission/supervision.** All students must wear a radiation dosimeter badge at all times during laboratory training to measure radiation exposure. Students cannot use the lab unless under direct supervision of an instructor.

**No student will be permitted to enter a laboratory class without a dosimeter badge.**

### Reference Materials (Library/Learning Resource Center)

Reference books, journals, and periodicals may be accessed by students. When utilizing these resources, it is the students' responsibility to conduct themselves in a mature and professional manner, showing respect and consideration for others.

## ATTENDANCE

### Attendance Policy

Regular class attendance is required of all students. Promptness and dependability are qualities that are very important in all occupations. Students should begin to develop these qualities the day they begin their training. Attendance is taken daily in class by the instructor and turned over to the Registrar before the end of the class day. Early departures, tardiness, and class cuts will be recorded in quarter-hour increments. A period of less than 15 minutes will be counted as a quarter-hour of absence. Attendance records are maintained by the Registrar as part of the student's permanent academic record.

*Students with chronic absenteeism in excess of 20% of the scheduled hours for a course may receive a failing or reduced grade for the course.*

Any student attending a course on the day, afternoon, evening or night schedule will be withdrawn from their program immediately if he or she does not attend course(s) within a 14-calendar day period. Students attending classes on weekends will be withdrawn after six consecutive scheduled class days of absences. All students must complete 100% of the scheduled clinical or externship hours within the assigned grading period.

Students are responsible for making up assignments and work missed as a result of absence at the discretion of the instructor. The instructor may assign additional outside make-up work to be completed for each absence. Attendance is reviewed by instructors, program directors, and the director of education on a weekly basis with a focus on those who have been absent for 15% of the scheduled course. Students will be notified by phone, email and/or online in the student portal if their attendance is in danger of violating attendance requirements. Students may appeal the College's actions related to the attendance policy if the absence was due to extenuating or mitigating circumstances, for example, illness, military duty, death of a family member, court appearance, or jury duty. Appeals should follow the standard grievances/appeals escalation process. Students should refer to the college catalog for additional information.

Students at 10% missed attendance will receive a written advisement, at 20% absenteeism the students can receive a failing grade or reduced grade for the course.

### Meetings Attendance

Students are required to make every effort to attend mandatory meetings. All students must call or email in the event that an absence is necessary for meetings. Failure to call or email constitutes a no-call, no show and can warrant disciplinary action.

### Clinical Attendance

Clinical Rotations will be assigned by the Clinical Coordinator. Clinical shift hours may vary slightly at each clinical site.

- Students may not change their clinical assignments.

As required by JRCERT Standards, students will not be scheduled for more than 40 hours per week in any combination of academic and or clinical requirements.

Attendance is expected and is crucial to the students' success. Students should be in attendance at all assigned times. All missed clinical time must be made up to fulfill course and program requirements and must be coordinated with the clinical site

and program officials. All time must be completed within the assigned grading period prior to enrolling in the next clinical course.

#### Special Circumstances:

- In the interest of patient, staff, student, and instructor safety, it is the prerogative of each clinical site to request that a student be removed from the site, should the student become ill and pose an infectious threat to others. In this case, if the student is asked to leave, he/she will not be penalized, but must make up the missed clinical time.
- In cases when clinical time is missed because of an accident occurring while at the clinical site (during clinical education hours), the student will not be penalized, but must make up the missed time.
- If a student feels he/she had an extenuating circumstance that was beyond their control, he/she may follow the grievance/appeal process (see Grievance Policy in school catalog). Should the decision be made that the student had no control over the extenuating circumstance, he/she will not be penalized and will be allowed to make up the missed time.
- Students are not allowed to travel in a car with the technologist on mobile rotation.

### Reporting Clinical Absenteeism

In the event that a clinical absence or delay is necessary, all students must contact (call, text or email) the Program Faculty (Program Director, Clinical Coordinator and Instructors) plus the On-site Clinical Preceptor **AT LEAST** 30 minutes before the scheduled arrival time. Failure to call both parties constitute a no-call, no-show, and will warrant disciplinary action.

A radiologic technology student with one (1) unexcused absence (no call or no show) in clinical, or who accumulates three (3) excused absences or 3 violations in a quarter, with or without notice will be placed on attendance probation for the duration of the quarter. Students must provide documentation to receive any excused absences.

Late arrivals (tardies) and early departures from clinical will be documented. Any combination of three (3) late arrivals (over 15 minutes) and/or early departures from clinical without notification will count as two violations and will be used in calculating overall clinical absences. More than 3 late arrivals or early departures under 15 minutes with or without notification will result in a violation. Students who miss half or more of any clinical day will be counted as absent for that particular clinical day. Even though 100% missed clinical time must be made up, a missed clinical still counts as an absence for determining if a student is placed on attendance probation.

During the probationary period if a student misses another clinical day, arrives late or accumulates another violation the student can be removed from the clinical experience and can receive an "F" for the course.

Fortis College Radiologic Technology Program does not guarantee clinical make-up experiences. Failure to complete 100% of clinical time, for any reason, can result in a failure for the course.

If the violation does not warrant removal from the site, the student may be placed on clinical probation or suspended.

### Inclement Weather / School Closings

Please refer to the school catalog.

### Jury Duty/Subpoena

If a student is subpoenaed or called for jury duty, the student will be excused from school. The student must provide documentation stating the dates on which they are to serve or appear. However, any examinations missed during this time must be made up at a time determined by the instructor.

## **Military Duty**

Students are excused for military obligations. The student must provide documentation stating the dates on which they are to serve. All requirements for graduation must be completed.

## **Bereavement**

Student absences due to the death of an immediate family member may be excused with proper documentation.

## **PREGNANCY POLICY**

Please refer to the Radiation Protection and Exposure Policies located in Appendix C.

## **DUE PROCESS/GRIEVANCE/APPEAL POLICY**

Refer to school catalog.

## **LICENSURE AND CREDENTIALING EXAMINATION**

Prior to graduation every student in good standing will submit an application to the American Registry of Radiologic Technology (ARRT). This is in order to sit for the registry examination. Graduates are encouraged to sit for the examination within 30 days of graduation to ensure adequate retention of important information.

## **GRADUATION REQUIREMENTS**

Refer to the school catalog.

## **CLINICAL EDUCATION**

The Radiologic Technology Program is a competency-based clinical education program. As such, each student will be required to pass all clinical radiography courses, and all required clinical competency examinations.

Regardless of clinical or didactic skills, at the beginning of each term each student must pass a professional standard of conduct assessment before starting or resuming any clinical rotation. This assessment will be reviewed with students at the end of each term.

## **Health Status Verification**

Refer to school catalog.

## **Patient Confidentiality (HIPAA)**

Clinical externship requirements include completion of HIPAA training and Patient Confidentiality Pledge (see Appendix D for applicable form), ARRT's General Patient Care competencies, which include CPR, vital signs, sterile and aseptic technique, venipuncture, transfer of patient, and care of patient medical equipment. For additional information regarding clinical admissions requirements, please refer to the school catalog.

## **Parking**

Clinical parking facilities are designated. Students are required to follow the clinical sites' rules and regulations regarding student parking. Students failing to follow parking rules will be subject to disciplinary actions and towing fees. The college does not provide parking fees for students at clinical sites.

## **Computer Access**

Students will be provided with instruction and student access to the clinical sites' departmental computer systems, as determined by the clinical preceptor. Students must honor rules and regulations regarding computer access.

## **Lunch and Breaks**

Students will be provided with a 30-minute meal period per clinical shift. Students must request any breaks with the Clinical Preceptor before leaving their assigned area. Some states may require additional breaks or longer lunch periods. Consult the Program Director for specific state requirements. Students must clock-in/out for lunch breaks. Failure to clock in/out can result in a clinical violation.

## **Observation Sites (If Applicable)**

An observation site may be used for student observation of the operation of equipment and/or procedures. If the program uses observation sites, these sites do not require recognition by the JRCERT. These sites provide opportunities for observation of clinical procedures that may not be available at recognized clinical education settings. Students may not assist in, or perform, any aspects of patient care during observational assignments.

## **Clinical Course Objectives:**

### **Cognitive**

- Examine procedure orders for accuracy and make corrective actions when applicable.
- Comply with departmental and institutional response to emergencies, disasters and accidents.
- Differentiate between emergency and non-emergency procedures.
- Determine corrective measures to improve inadequate images.

### **Affective**

- Adhere to team practice concepts that focus on organizational theories, roles of team members and conflict resolution.
- Describe the role of health care team members in responding/reacting to a local or national emergency.
- Provide patient-centered clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
- Recognize the influence of professional values on patient care.
- Explain how a person's cultural beliefs toward illness and health affect his or her health status.
- Use patient and family education strategies appropriate to the comprehension level of the patient/family.
- Provide desired psychosocial support to the patient and family.
- Examine demographic factors that influence patient compliance with medical care.
- Demonstrate safe, ethical and legal practices.
- Maintain patient confidentiality standards and meet HIPAA requirements.

### **Psychomotor**

- Exercise the priorities required in daily clinical practice.
- Execute medical imaging procedures under the appropriate level of supervision.
- Adapt to changes and varying clinical situations.
- Integrate the use of appropriate and effective written, oral and nonverbal communication with patients, the public and members of the health care team in the clinical setting.
- Integrate appropriate personal and professional values into clinical practice.
- Demonstrate competent assessment skills through effective management of the patient's physical and mental status.
- Respond appropriately to medical emergencies.
- Adapt procedures to meet age-specific, disease-specific and cultural needs of patients.
- Assess the patient and record clinical history.
- Demonstrate basic life support procedures.
- Use appropriate charting methods.
- Apply standard and transmission-based precautions.
- Apply the appropriate medical asepsis and sterile technique.
- Apply the principles of total quality management.
- Report equipment malfunctions.
- Integrate the radiographer's practice standards into clinical practice setting.
- Demonstrate the principles of transferring, positioning and immobilizing patients.

- Adhere to national, institutional and departmental standards, policies and procedures regarding care of patients, providing radiologic procedures and reducing medical errors.
- Select technical factors to produce quality diagnostic images with the lowest radiation exposure possible.
- Critique images for appropriate anatomy, image quality and patient identification.

### **General Patient Care – Specific Objectives**

- Knowledge/ability to perform CPR.
- Ability to assess and record vital signs (blood pressure, pulse, respiration, temperature).
- Ability to properly perform venipuncture.
- Ability to properly and safely transfer patients.
- Knowledge of care and operation of medical equipment (e.g., oxygen tank, IV tubing).

### **Mobile and surgical radiography Objectives**

The student is required to:

- Have direct supervision, regardless of competency level, by a registered technologist
- Utilize rules of body mechanics.
- Provide proper radiation protection while performing bedside or surgical radiographic examinations.
- Make adjustments in exposure factors specific to mobile and surgical procedures.
- Make necessary positioning changes and compensate for these changes.
- Utilize proper safety equipment.
- Prevent spread of infection and disease by practicing medical asepsis and following isolation procedures.
- Communicate needs to nursing staff, when appropriate.

### **CT- Expectations** (Expected of students in non-advanced clinical courses) (If applicable)

- Report to the CT department on time and inform the technologist before leaving the department (i.e. class, break, lunch, end of day).
- Properly obtain and record pertinent patient history.
- Practice Standard Precautions.
- Observe patient during examination.
- Practice radiation safety for patient, self and others.
- Demonstrate confidence and assertiveness.
- Properly enter and retrieve patient information prior to examination.
- Display proper oral communication skills.
- Maintain a clean, stocked, and tidy work area.
- Keep an accurate log of patient/procedure information.
- Demonstrate proper sterile and aseptic technique.
- Report to the CT department in proper uniform, with ID badge, and radiation dosimetry badge.

### **CT- Expectations** (added to expectations listed above during advanced clinical education courses) (If applicable)

- Properly prepare oral and IV contrast media.
- Know proper warm-up and shutdown procedures.
- Perform daily scan on phantom.
- Keep accurate log of all QC testing.
- Demonstrate proper equipment operation, including contrast injector and accessory devices.
- Properly explain the procedure to the patient.
- Properly operate electronic image processing/transmittal in PACS system.
- Identify pertinent anatomy on CT images.
- Properly position patient and couch for different procedures.
- Demonstrate knowledge of proper technical factors for various patient sizes and procedures.
- Prepare and perform a pilot scan, properly setting increments for procedure.
- Select correct protocol for each procedure.
- Apply critical thinking and problem-solving skills.
- Demonstrate knowledge of the (HIS) and departmental computer system to include accessing patient laboratory

and examination information, scheduling, charge/completion, and examination order changes.

## **Student-Preceptor Ratio**

At all clinical sites the student to clinical staff ratio is 1:1 at all times, regardless of student competency.

## **PROFESSIONALISM AND STANDARDS OF CONDUCT**

Because students have long periods of contact with patients and must handle confidential information when obtaining and recording patients' health history information, additional professional, legal and strict ethical considerations apply. These apply to student conduct and professional behavior. Conduct, professionalism, and professional judgment is considered during all evaluations of clinical procedures. Clinical supervisors will use their personal judgment in evaluating professional judgment. Behaviors and attitudes required of radiologic technologists are also expected of student radiographers.

These include but are not limited to:

- Student must conduct self in a manner considered legally and ethically appropriate by the ASRT and the ARRT. (See ARRT Standards of Ethics in Appendix A)
- Students must not make false representations or statements to program or clinical officials.
- Students must use interpersonal communication skills that are appropriate and effective when dealing with patients, peers, and faculty. This includes maturity and responsiveness to the needs of others.
- Students must use constructive critical thinking and problem-solving skills.
- Students must assume responsibility for their academic and professional development.
- Students must comply with dress codes, codes of conduct, and all policies and procedures established by the school and all clinical affiliates.
- Students must comply with the attendance policies of the program and clinical site.

If a student is unable to provide safe radiologic practices in the clinical affiliate site, the program officials, upon recommendation from the clinical site, will remove the student from the clinical education experience. Unsafe practice is defined as placing a patient/family member and/or personnel in danger.

Students engaged in conduct construed as unethical and students in violation of any of the program's policies will be subject to disciplinary action, which can include a written warning, probation, suspension or possible dismissal from the program. The level of violation can determine the disciplinary action.

Cheating in any form is not tolerated and warrants dismissal from the program.

## **Termination from Program Policy**

Refer to School Catalog for additional information.

At its sole discretion, the school reserves the right to terminate any student who commits the following (not all-inclusive):

1. Fails to maintain satisfactory academic progress.
2. Fails to adhere to attendance requirements.
3. Willfully damages property of the school.
4. Improper conduct.
5. Threatens or causes apprehension to others or their property.
6. Sexual Assault.
7. Falsification of school records.
8. Cheating, plagiarism, or any other form of academic dishonesty.
9. Fails to meet financial obligations to the school.
10. Uses, possesses or distributes controlled substances or alcohol on school premises.
11. Failure to submit to drug or alcohol screen test.
12. Uses fireworks on school premises or at school functions.



13. Uses, possesses or stores any weapon.
14. Makes false representation or statements to program or clinical officials.
15. Noncompliance with the repeat images or direct and indirect supervision policies.
16. Students engaged in conduct construed as unethical will be subject to disciplinary action, including possible dismissal from the program.
17. Cheating in any form is not tolerated and warrants dismissal from the program.

## EVALUATION OF STUDENTS

### Laboratory Evaluation

Following classroom theory and instruction, the positioning instructor will conduct evaluations of the student's ability to perform radiographic procedures in a simulated laboratory setting (see Appendix B for Flowchart of Clinical Education System). Students must pass the laboratory practical exam prior to attempting the radiographic procedures on patients for competency evaluation.

If a laboratory practical exam is failed, the student must schedule additional instruction and repeat the practical exam at a scheduled time. The original practical exam score will be recorded and calculated into the overall course grade. If the second attempt is failed, additional attempts must be performed until practical exam is demonstrated competent.

### Clinical Evaluations

The clinical evaluations are completed by the Clinical Preceptor or supervising technologist at each externship site with input from staff technologists. Clinical Evaluations are completed using the Trajecsys Online reporting system.

### Competency Evaluation

Students must complete each completed competency evaluation using the Trajecsys Online reporting system. The evaluation must be submitted regardless of pass or fail status. Should a student fail a competency, the competency must be re-attempted after remedial instruction (refer to Flowchart of Clinical Education System in Appendix B).

## OTHER CLINICAL RECORDS (SEE APPENDIX D)

### Clinical Orientation Record

Orientation will occur no later than the first day at the clinical site. After the student is orientated to the various aspects at the clinical site, the clinical orientation record must be completed and signed by the Clinical Preceptor or supervising technologist. This record must be submitted to the Clinical Coordinator after the first week, or upon request.

### Clinical Competency Examination Record

All clinical competency examinations are to be documented in Trajecsys Online reporting system. Should a student fail a competency, the competency must be re-attempted after remedial instruction. Records must be submitted to the Clinical Coordinator each week, or upon request.

### Clinical Attendance Record (Time Sheets)

The Trajecsys Online reporting system is used to track clinical attendance. The Clinical Preceptor or supervising technologist signs off on these records each day.

### Repeat Verification Record

Trajecsys Online reporting system is used to track repeats. Each repeated radiograph must be documented indicating the position repeated and the cause for the repeat. The supervising radiographer must also initial each documented repeat. Students are required to submit this record to the Clinical Coordinator each week or upon request.

### Examination Log

Students are required to record examinations in which they participated during clinical education rotations. This reporting is completed using the Trajecsys Online reporting system.

### Clinical Education Site and Clinical Preceptor Evaluation

Students complete this evaluation at the end of each clinical rotation.

**Note: The student to clinical staff ratio is 1:1 at all times, regardless of student competency.**

## CLINICAL SITE VISITS

The Clinical Coordinator will visit each clinical affiliate on an announced and unannounced basis. These visits will give the Clinical Coordinator an opportunity to meet with the Clinical Preceptor(s) to discuss the students' progress, any remedial needs, and clinical rotation schedules. The Clinical Coordinator may also meet with the students to discuss any concerns they may have and to ensure adequate communication of clinical education planning and assignments.

## HEALTH STATUS VERIFICATION

Prior to beginning clinical rotations, all students must have the appropriate health records in their files. Refer to the school catalog for more information.

## RADIATION AND MRI SAFETY AND PROTECTION

Please refer to the Radiation Protection and Exposure Policies located in Appendix C.

## DIRECT/INDIRECT CLINICAL SUPERVISION

The radiologic technology program subscribes to the following JRCERT supervision parameters:

**Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.**

### Explanation:

**Direct supervision ensures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:**

- Reviews the procedure in relation to the student's achievement,
- Evaluates the condition of the patient in relation to the student's knowledge,
- Is physically present during the conduct of the procedure,
- Reviews and approves the procedure and/or image.
- Students must be directly supervised during all surgical and mobile, including mobile fluoroscopy, procedures regardless of level of competency.

Students must be directly supervised until competency is achieved.

**Indirect supervision assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.**

### Explanation:

**Indirect supervision** promotes patient safety and proper educational practices. The program adheres to the JRCERT definition of indirect supervision as that supervision 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 and MRI.

**\*\*Note: Use of electronic communication in any form to contact a qualified radiographer (e.g., phone, texting, pager, intercom, etc.) is NOT considered "immediately available."**

This ensures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

## Repeating Images

### Explanation:

The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must

approve the student's procedure prior to re-exposure.

**Note: Students not adhering to these supervision policies are subject to dismissal.**

## MAMMOGRAPHY STATEMENT

### Mammography (and other gender specific) Rotation Policies

All students will be offered the opportunity to participate in any gender specific rotation/procedure pending permission from clinical site and patient. Our program follows the guidelines delineated by JRCERT Mammography Addendum. Please refer to appendices (Program Forms).

The program will make every effort to place both male and female students in a mammography rotation, if requested. Male students are advised that placement in mammography rotations is not guaranteed.

## OSHA STATEMENT

### OSHA Policy

Under the Occupational Safety and Health Act of 1970, OSHA's role is to assure safe and healthy working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States with their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health. The school complies with OSHA standards to assure safe and healthy working conditions. For more information, visit [www.osha.gov](http://www.osha.gov).

## CLINICAL COMPETENCY REQUIREMENTS

The American Registry of Radiologic Technologists (ARRT) promotes high standards of patient care by recognizing qualified individuals in medical imaging, interventional procedures and radiation therapy. For more information regarding the ARRT, please refer to the following website: <http://www.arrt.org/>

The American Registry of Radiologic Technologists (ARRT) has published a list of required competency examinations that must be passed before a student may take the credentialing examination. Additional competency examinations are also required by the program, including re-evaluation competencies, as determined by the program officials.

The purpose of the clinical competency requirements is to verify that individuals certified and registered by the ARRT have demonstrated competency performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the radiography examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings.

Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. The following pages identify the specific procedures for the clinical competency requirements. Candidates may wish to use these pages, or their equivalent, to record completion of the requirements. The pages do NOT need to be sent to the ARRT.

## General Performance Considerations

### Patient Diversity

Demonstration of competence includes variations in patient characteristics such as age, gender, and medical condition.

### Simulated Performance

The ARRT requirements specify that certain clinical procedures may be simulated as designated in the specific requirements below. Simulations must meet the following criteria:

- The candidate must competently demonstrate skills as similar as circumstances permit to the cognitive, psychomotor, and affective skills required for performing the procedures on patients.
- The program director must be confident that the skills required to competently perform the simulated task will generalize or transfer to the clinical setting, and, if applicable, the candidate must evaluate related images.

Examples of acceptable simulation include: demonstrating CPR on a mannequin; positioning another person for a projection without actually activating the x-ray beam; and performing venipuncture by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or grapefruit.

## **Elements of Competence**

Demonstration of clinical competence requires that the program director or the program director's designee has observed the candidate performing the procedure independently, consistently, and effectively during the course of the candidate's formal educational program.

## **CLINICAL COMPETENCY ASSIGNMENTS**

- The minimum number of passed competency examinations, due by the end of each term, is indicated in the clinical course syllabi.
- Students may perform more than the minimum required competency exams each term. In such cases, the excess numbers of competency exams will be carried over to the next term/module to count toward the minimum required number of competencies. Examinations should focus on areas that have been successfully evaluated in the laboratory setting.
- Students must repeat one competency from each category listed above (Exceptions: CT and General Patient Care Skills Competencies). In addition, program officials reserve the right to require the student to repeat a competency evaluation at any time. The purpose of such a repeat competency evaluation would be to ensure the student's retention of the required procedural elements in cases when performance quality/consistency is in question.

## **CLINICAL EDUCATION GRADING SYSTEM**

(SEE APPENDIX E) CLINICAL ROTATIONS

### **Competency Requirements**

**ARRT requirements and program requirements must be fulfilled in order to graduate:**

As part of the educational program, candidates must demonstrate competence in the clinical activities identified below:

- 10 mandatory general patient care activities.
- 36 mandatory imaging procedures.
- 15 elective imaging procedures selected from a list of 35 procedures.
- One of the 15 elective imaging procedures must be selected from the head section: and
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.

One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both).

These clinical activities are listed in more detail in the following sections.

**Demonstration of competence must include:**

- patient identity verification.
- examination order verification.
- patient assessment.
- room preparation.
- patient management.
- equipment operation.
- technique selection.
- patient positioning.
- radiation safety.
- image processing; and
- image evaluation.

Candidates must have demonstrated competence in the 11 patient care activities listed below. The activities should be performed on patients whenever possible, but simulation is acceptable if state or institutional regulations prohibit candidates from performing the procedures on patients.

## General Patient Care Skills Competencies

<b>General Patient Care Skills Competencies</b>
CPR certified
Vital Signs -Blood Pressure
Vital Signs - Temperature
Vital Signs - Pulse
Vital Signs - Respiration
Vital Signs – Pulse Oximetry
Sterile and Medical Aseptic Technique
Venipuncture
Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt)
Care of Patient Medical Equipment (e.g., Oxygen tank, IV Tubing)

## Imaging Procedure

Imaging Procedures	Mandatory or Elective		Eligible for Simulation	Date Completed	Competence Verified By
	Mandatory	Elective			
<b>Chest and Thorax</b>					
Chest Routine	✓				
Chest AP (Wheelchair or Stretcher)	✓				
Ribs	✓		✓		
Chest Lateral Decubitus		✓	✓		
Sternum		✓	✓		
Upper Airway (Soft-Tissue Neck)		✓	✓		
Sternoclavicular Joints		✓	✓		
<b>Upper Extremity</b>					
Thumb or Finger	✓		✓		
Hand	✓				
Wrist	✓				
Forearm	✓				
Elbow	✓				
Humerus	✓		✓		
Shoulder	✓				
Clavicle	✓		✓		
Scapula		✓	✓		
AC Joints		✓	✓		
<b>Trauma:</b> Shoulder or Humerus (Scapular Y, Transthoracic or Axial) *	✓				
<b>Trauma:</b> Upper Extremity (Non-Shoulder) *	✓				
<b>Lower Extremity</b>					
Toes		✓	✓		
Foot	✓				
Ankle	✓				
Knee	✓				
Tibia-Fibula	✓		✓		
Femur	✓		✓		
Patella		✓	✓		
Calcaneus		✓	✓		
<b>Trauma:</b> Lower Extremity*	✓				

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

### Imaging Procedures (continued)

Imaging Procedures	Mandatory or Elective		Eligible for Simulation	Date Completed	Competence Verified By
	Mandatory	Elective			
<b>Head</b> – Candidates must select at least one elective procedure from this section.					
Skull		✓	✓		
Facial Bones		✓	✓		
Mandible		✓	✓		
Temporomandibular Joints		✓	✓		
Nasal Bones		✓	✓		
Orbits		✓	✓		
Paranasal Sinuses		✓	✓		
<b>Spine and Pelvis</b>					
Cervical Spine	✓				
Thoracic Spine	✓		✓		
Lumbar Spine	✓				
Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)	✓		✓		
Pelvis	✓				
Hip	✓				
Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)	✓		✓		
Sacrum and/or Coccyx		✓	✓		
Scoliosis Series		✓	✓		
Sacroiliac Joints		✓	✓		
<b>Abdomen</b>					
Abdomen Supine	✓				
Abdomen Upright	✓		✓		
Abdomen Decubitus		✓	✓		
Intravenous Urography		✓			

Imaging procedures continued

Imaging Procedures	Mandatory or Elective		Eligible for Simulation	Date Completed	Competence Verified By
	Mandatory	Elective			
<b>Fluoroscopy Studies</b> – Candidates must select two procedures from this section and perform per site protocol.					
Upper GI Series, Single or Double Contrast		✓			
Contrast Enema, Single or Double Contrast		✓			
Small Bowel Series		✓			
Esophagus ( <i>NOT</i> Swallowing Dysfunction Study)		✓			
Cystography/Cystourethrography		✓			
ERCP		✓			
Myelography		✓			
Arthrography		✓			
Hysterosalpingography		✓			
<b>Mobile C-Arm Studies</b>					
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	✓		✓		
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	✓		✓		
<b>Mobile Radiographic Studies</b>					
Chest	✓				
Abdomen	✓				
Upper or Lower Extremity	✓				
<b>Pediatric Patient</b> (Age 6 or Younger)					
Chest Routine	✓		✓		
Upper or Lower Extremity		✓	✓		
Abdomen		✓	✓		
Mobile Study		✓	✓		
<b>Geriatric Patient</b> (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)					
Chest Routine	✓				
Upper or Lower Extremity	✓				
Hip or Spine		✓			
<b>Subtotal</b>					
Total Mandatory exams required	36				
Total Elective exams required		15			
Total number of simulations allowed			10		



## CLINICAL ADVISEMENT

Extra help is available outside of normal classroom/clinic hours if the student experiences difficulty understanding the material contained within the clinical education rotations. Students may contact the Clinical Coordinator to make arrangements for extra help.

## REPEAT AND UNAUTHORIZED RADIOGRAPHS

All repeat radiographs must be performed under the DIRECT supervision of a full scope ARRT-registered radiographer. Unauthorized radiographs are prohibited. Students are only permitted to perform ordered radiographic examinations, and only under the supervision of a full scope ARRT-registered radiographer or a radiologist. Performance of unauthorized exams/radiographs warrants dismissal.

## DRESS CODE

As a future member of the medical community, the student's ability to project a professional image will reflect positively on the individual and on our school. To ensure a consistent and professional representation, the student will be expected to adhere to the established dress code:

### Professional Hygiene/Appearance

1. Good personal hygiene/clean and neatly groomed.
  - o Clean and trimmed fingernails (short). Nails should not project beyond the pad of the fingers. If nail polish is used it must be natural and free of ornaments. Artificial and/or acrylic nails or gels are not allowed.
2. One wedding or engagement ring, and a watch (with second hand or digital second counter) are the only jewelry allowed.
3. Only one small post earring in the lobe of each ear is allowed.
  - o No dangling or hoop earring or bracelets are allowed.
  - o Dermal piercings on the face or other exposed body areas must be covered, removed or replaced with clear plastic.
4. Perfumes and colognes (including body sprays) are not allowed.
5. Mustaches/beards must be clean and neatly trimmed. (Any student who cannot shave for medical reasons must present a doctor's note explaining why).
6. Make-up, if worn, must be used in moderation to enhance natural features and create a professional image. No glitter, sequins, artificial moles or bright and/or red color make-up/lipstick etc. are allowed.
7. Hair must be clean and neatly styled. Extreme hair colors or styles, unnatural colored hair and unconventional cuts are not permitted.
8. Hair below the neckline must be tied back and off the collar. Hairstyles that obstruct eye contact are not acceptable.
  - o Hair (men or women) must be secured with a small natural color hair clip or band (less than 2 inch in width) so that it does not fall over forward over the shoulder or into the face. Large bows, wraps or scarves are not allowed. Small accessories that do not blend in with the hair color are not permitted
  - o Men's hair should be no longer than collar length and should not obscure face, eyes or fall forward onto face.
  - o Generally, hats or caps are not permitted. For cultural or religious purposes, a solid black head-covering may be worn.
9. Tattoos: Please note that some sites require that all tattoos must be covered.

### Uniforms/Other Required Apparel and Accessories

All of the following are considered part of the proper uniform:

1. Program-specific scrubs are required.
2. Black socks or hosiery are required.
3. Clean, black, leather close-toed shoes with black soles are required. Consult the Program Director prior to purchasing shoes to determine suitability/compliance.
4. A white or black well-fitting crew neck or V-neck t-shirt can be worn under uniform scrub top.
5. A white lab coat may be worn at clinical sites.
6. ID badges and dosimeters are to be worn on the outside of clothing, on the front pocket and collar, respectively.

7. A radiographic technique notebook and ink pen.
8. "Right" and "Left" lead markers. These lead markers will be supplied by the school. Lost markers shall be replaced at the student's expense.

### **Additional Information Regarding Dress Code**

1. All apparel must be clean and **neatly pressed**.
2. Sweatshirts are not permitted.
3. Sunglasses are not to be worn inside any building while in school. Prescription tinted glasses are permitted.
4. Headphones, ear buds, or hands-free cell phone earpieces are not permitted.
5. Uniforms and personal appearance will be checked throughout the day.
6. Each department and clinical setting have established dress codes and cleanliness requirements to meet specific professional, safety and hygiene factors for the particular setting. Shoes and clothing must be clean, odor free and in good repair at all times. Students in violation of the dress code will be asked to leave school until they are properly dressed and will be counted absent for the time they are not in class or in the clinical setting. Any time missed for violation of the dress code must be made up.
7. A student assigned to surgery or special procedures is allowed to change into the required scrubs. However, the student must change into his/her own scrubs before leaving the facility and hospital property is not to be worn home. During surgery and special procedures, students must abide by all policies established by the clinical setting (i.e., surgical masks, hair covers, shoe covers). These are disposable and must be discarded upon leaving the surgical area and new ones must be obtained each time you return to the surgery department or special procedures suite.
8. Students not wearing the proper uniform will be penalized on their evaluation and will be sent home from the clinical site. Any clinical time missed must be made up.

### **CELL PHONES**

Students are not permitted to use cell phones during didactic classes and clinical assignments without consent from their clinical preceptor(s). Student contact while at clinical or on campus from outside parties in the form of telephone calls, messages, and letters of a personal nature are discouraged except in the case of an emergency. Break times may be used to check for messages or to make calls, etc.

### **WITHDRAWAL / DISMISSAL FROM CLINICAL SITE**

A student may be dismissed from a clinical affiliate rotation for the following reasons/examples (not all-inclusive):

- Failure to abide by the policies/ rules/ regulations of the program or clinical site.
- No call, no show.
- Failure to practice radiation safety principles.
- Placing patients or others at risk.
- Unprofessional behavior or poor attitude.
- Insubordination.
- Other reasons as determined by program officials.

**If a student is dismissed from a clinical site, for any reason, he/she can receive an "F" for the course.**

In addition to the 'F' grade, if a violation warrants dismissal, the student may be suspended or dismissed from the program. If the violation warrants dismissal, the program is under no obligation to find another site for the student. If the violation does not warrant dismissal from the site, the student may be placed on clinical probation or suspended. For additional information regarding misconduct, please refer to the school catalog.

### **READMISSION POLICY**

A student who wishes to reenter the school after withdrawal (voluntary or involuntary) may apply for reentry. For complete details, refer to the school catalog.

### **CLINICAL EDUCATION SCHEDULE**

Students will receive a clinical rotation schedule prior to their clinical rotation assignments.

## **CLINICAL COMPLETION REQUIREMENTS**

Eligibility for graduation from the clinical portion of the Radiologic Technology Program depends on the following:

- Satisfactory completion of all clinical rotations, objectives, and hours.
- Satisfactory completion of all required competency examinations.
- Return of all materials belonging to the school or clinical affiliates including, but not limited to, hospital identification or passkey badges. These items are to be returned in the condition in which they were borrowed.

## **TECHNICAL STANDARDS**

Radiologic Technology students must demonstrate:

- Sufficient communication skills to communicate effectively and sensitively with patients, health care professionals and the public, including individuals from different cultural and social backgrounds and in stressful and emergency situations.
- Ability to understand and speak the English language at a level consistent with competent professional practice.
- Ability to document patient information legibly and accurately.
- Sufficient sight to read requisitions and charts, observe conditions of the patient in low levels of light, read x-ray equipment control displays, evaluate medical images on view boxes and on computer screens, and to record information clearly and accurately.
- Sufficient hearing to interact with and respond to patients as well as to the audible sounds of equipment.
- Ability to stand and walk while assigned to a clinical education setting in order to perform medical imaging procedures in an appropriate and effective manner.
- Ability to lift, assist and maneuver patients in wheelchairs, manipulate carts and imaging tables without injury to patient, self or other healthcare workers, and to respond to medical emergencies in an effective manner.
- Sufficient motor skills to manipulate, lift, and reach equipment and to operate small controls on equipment.
- Ability to perform CPR, first aid and general patient care.
- Ability to assimilate, analyze, synthesize, and integrate concepts that form the basis of medical imaging in order to distinguish deviations from the norm and take corrective action.
- Intellectual and emotional skills necessary to exercise discretion in handling confidential medical information.
- Cognitive ability to perceive and deal appropriately with environmental threats and stressors and continue to function safely and effectively during high stress periods.
- Ability to protect oneself and others from hazards in the health care environment, such as infectious diseases.

## **STUDENT HEALTH AND SAFETY POLICIES**

The school is very conscious of the need for safety procedures. It is the policy of the school to have classrooms and laboratories comply with the requirements of various State and Local building codes, the Board of Health, and the Fire Marshall.

### **ACCIDENTS AND INJURIES POLICY**

Accidents often occur as a result of carelessness, fatigue, or faulty equipment. The laboratory and other educationally related places are therefore designed to promote safety. Students must follow all procedures in order to prevent accidents and avoid injury. In case of an emergency brought to the attention of a school staff member during school hours, action will be taken to obtain medical emergency services if required.

All accidents, injuries, or emergencies must be reported immediately to the nearest clinical preceptor or staff member. Students must not take it upon themselves to summon fire, rescue, medical, or law enforcement personnel. Clinical Preceptors and staff members, upon receiving a verbal report, will act promptly and follow a specified accident procedure. Students must not attempt to repair any damaged, broken or malfunctioning equipment. Clinical Preceptors or nearest staff member, upon notification, will follow a specified procedure.

The school administration should also be notified immediately of any illnesses, accidents, or hospitalization of any students that may affect their ability to attend classes or otherwise participate in the program.

## **ANTI – HARASSMENT POLICY** (See Anti-Hazing Policy in School Catalog)

### **COMMUNICABLE DISEASES POLICY**

During the course of training in health-related fields, students may be exposed to individuals with infectious diseases, including substances and materials that could cause potential injury. In order to reduce the risk of infection or other harm that could result from exposure, students must observe all rules and regulations regarding their training and procedures. In case of an accident which could result in the transmission of an infectious disease, students must report immediately to their clinical preceptor. In addition, students may come in contact with other students, faculty, and /or patients with compromised immune systems. Any student having knowledge of or possessing a communicable disease must notify their preceptor and will not be allowed in the classroom or clinical setting until a physician's clearance has been obtained. Examples of communicable disease include, but are not limited to: measles, mononucleosis, chicken pox, streptococcal infections, pneumonia, tuberculosis, and hepatitis. Students should contact their personal physician with any questions regarding their health and communicable diseases.

In order to ensure that our graduates take proper measures to prevent contamination of self, equipment, employees, patients, and others, students are required to learn and practice the standard precaution guidelines presented in the program.

Standard precautions incorporate the features of both body fluid precautions and body substance isolation. Standard precautions should be used when performing procedures that may require contact with blood, body fluids, secretions, excretions, mucous membranes and non-intact skin. Students must use standard precautions when dealing with any patient, regardless of diagnosis and infection status. Radiologic Technology students are to adhere to the policy and procedures set by the hospitals and clinical settings regarding infection control and when dealing with isolation patients. Biosafety in the radiology department using standard precautions includes, but is not limited to, the following guidelines:

- Handwashing
- Wearing gloves
- Using personal protective equipment
- No needle recapping and proper disposal of needles and other sharps
- Proper handling of Bio-spills
- Using transmission-based precautions
- Using airborne precautions
- Using droplet precautions
- Using contact precautions

Properly fitted particulate respirator masks must be worn by all students working with patients in respiratory isolation. Eye protection must also be worn by all students when dealing with patients that could potentially spray body fluids.

### **Fire Safety Policy**

Fire drills will be conducted periodically in order to familiarize students with emergency evacuation procedures. The full cooperation of all students is expected. If a fire or fire hazard is discovered, a preceptor or staff member must be notified immediately. All exits are marked, and students are expected to leave the building in a prompt and orderly fashion using these exits. Emergency doors are to be used **ONLY** for fire emergencies. Classes will resume following the "all clear" signal. Other emergency evacuation drills may be conducted. Students are expected to follow directions as provided by a designated official.

Radiologic Technologist Students' Fire Evacuation Plan: Students must follow the fire evacuation routes of the building. All students must congregate in the designated area of parking lot.

### **Telephone Messages Policy**

Student contact at the school from outside parties in the form of telephone calls, messages, and letters of personal nature are discouraged except in cases of emergency, such as hospitalization, death in the family, etc. All personal business, including telephone calls and messages, should be directed to the students' residences. Callers will not be given any information about the student, only that the message will be delivered if the student is enrolled.

**Substance Abuse Policy** (Also see Drug and Alcohol Policy in School Catalog)

# **Radiologic Technology Program**

## **Student Address & Phone Number Verification**

The Radiologic Technology Program needs the following information for the purposes of contacting you in various situations, ordering student radiation dosimetry badges and markers.  
Please complete and sign this form.

Name: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

SS#: \_\_\_\_\_

Birthday: \_\_\_\_\_

E-mail: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPENDICES

# APPENDIX A



## ARRT STANDARD OF ETHICS

ARRT® STANDARDS OF ETHICS

Last Revised: September 1, 2022

Published: September 1, 2022

### PREAMBLE

The *Standards of Ethics* of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT, and to persons applying for certification and registration by ARRT (including persons who submit an Ethics Review Preapplication) in order to become Candidates. Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. The *Standards of Ethics* are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

### STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT's definition of what it means to be qualified. Exhibiting certain behaviors as documented in the *Standards of Ethics* is evidence of the possible lack of appropriate professional values.

The *Standards of Ethics* provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support ARRT's mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

### CODE OF ETHICS

The Code of Ethics forms the first part of the *Standards of Ethics*. The Code of Ethics shall serve as a guide by which Registered Technologists and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Registered Technologists and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients.

The Code of Ethics is aspirational.

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

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

## **RULES OF ETHICS**

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Registered Technologists and Candidates. ARRT certification and registration demonstrates to the medical community and the public that an individual is qualified to practice within the profession. The Rules of Ethics are intended to promote the protection, safety, and comfort of patients. Accordingly, it is essential that Registered Technologists and Candidates act consistently with these Rules.

The Rules of Ethics are enforceable. Registered Technologists are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence.

Registered Technologists and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

*The titles and headings are for convenience only, and shall not be used to limit, alter or interpret the language of any Rule.*

### **Fraud or Deceptive Practices**

- Fraud Involving Certification and Registration
  - Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.
- Fraudulent Communication Regarding Credentials
  - Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding any individual's education, training, credentials, experience, or qualifications, or the status of any individual's state permit, license, or registration certificate in radiologic technology or certification and registration with ARRT.
- Fraudulent Billing Practices
  - Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

### **Subversion**

- Examination / CQR Subversion
  - Subverting or attempting to subvert ARRT's examination process, and/or ARRT's Education Requirements, including the Structured Self-Assessments (SSA) that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination, Education Requirements and/or CQR or SSA processes, includes but is not limited to:
  - disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/ or answers from ARRT examinations and/or CQR SSA when such information is gained as



a direct result of having been an examinee or a participant in a CQR SSA or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or

- soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA from an examinee, or a CQR participant, whether requested or not; and/or
  - copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR SSA materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or
  - using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; and/or
  - selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR SSA materials without authorization; and/or
  - removing or attempting to remove examination and/or CQR SSA materials from an examination or SSA room; and/or
  - having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or
  - disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or “inside” information concerning any portion of a future, current, or previously administered examination or CQR SSA of ARRT; and/or
  - communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA questions, copying another Candidate’s or CQR participant’s answers, permitting another Candidate or a CQR participant to copy one’s answers, or possessing or otherwise having access to unauthorized materials including, but not limited to, notes, books, mobile devices, computers and/or tablets during administration of the examination or CQR SSA; and/or
  - impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR SSA on one’s own behalf; and/or
  - using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.
- Education Requirements Subversion
    - Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT’s *Education Requirements for Obtaining and Maintaining Certification and Registration* (“Education Requirements”), including but not limited to, continuing education (CE), clinical experience and competency requirements, structured education activities, and/or Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT’s Education Requirements or CQR Requirements includes, but is not limited to:
    - providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
    - assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
    - conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or
    - conduct that in any way compromises the integrity of ARRT’s education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned or clinical procedures that were not performed.

#### Failure to Cooperate with ARRT Investigation

- Subverting or attempting to subvert ARRT’s certification and registration processes by:
- making a false statement or knowingly providing false information to ARRT; or
- failing to cooperate with any investigation by ARRT in full or in part.

### Unprofessional Conduct

- Failure to Conform to Minimal Acceptable Standards
  - Engaging in unprofessional conduct, including, but not limited to:
  - a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice.
  - any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety. Actual injury to a patient or the public need not be established under this clause.
- Sexual Misconduct
  - Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.
- Unethical Conduct
  - Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

### Scope of Practice

- Technical Incompetence
  - Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).
- Improper Supervision in Practice
  - Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or ARRT certification and registration to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.
- Improper Delegation or Acceptance of a Function
  - Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

### Fitness to Practice

- Actual or Potential Inability to Practice
  - Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.
- Inability to Practice by Judicial Determination
  - Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.

### Improper Management of Patient Records

- False or Deceptive Entries
  - Improper management of records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record and/or any quality control record.
- Failure to Protect Confidential Patient Information
  - Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.
- Knowingly Providing False Information
  - Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

### Violation of State or Federal Law or Regulatory Rule

- Narcotics or Controlled Substances Law
  - Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law.
- Regulatory Authority or Certification Board Rule
  - Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.
- Criminal Proceedings
  - Convictions, criminal proceedings, or military courts-martial as described below:
  - conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor; and/or
  - criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; and/or
  - military courts-martial related to any offense identified in these Rules of Ethics; and/or
  - required sex offender registration.

#### Duty to Report

- Failure to Report Violation
  - Knowing of a violation or a probable violation of any Rule of Ethics by any Registered Technologist or Candidate and failing to promptly report in writing the same to ARRT.
- Failure to Report Error
  - Failing to immediately report to the Registered Technologist's or Candidate's supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient's care, but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.

#### ADMINISTRATIVE PROCEDURES

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in administering challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of certification and registration. All Registered Technologists and Candidates are required to comply with these Administrative Procedures. All Registered Technologists and Candidates are expected to conduct themselves in a professional and respectful manner in their interactions with the ARRT Board of Trustees, Ethics Committee and/or staff. Failure to cooperate with the Ethics Committee or the Board of Trustees may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

#### Ethics Committee

##### Membership and Responsibilities of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause. The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. In the event that the full Committee is not available for a meeting, an alternate member may participate on the Committee. If an alternate member is not available, the remaining members of the Committee will hold the meeting and act irrespective of the composition of the Committee. The Ethics Committee is responsible for: (1) investigating and reviewing each alleged violation of the Rules of Ethics and determining whether a Registered Technologist or Candidate has failed to observe the Rules of Ethics and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures and recommending any amendments to the Board of Trustees.

### The Chair of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee's Chair to serve for a maximum term of two years as the principal administrative officer responsible for management of the promulgation,

interpretation, and enforcement of the *Standards of Ethics*. In the event that the Chair is not available for a meeting, the Chair may appoint any remaining member to act as Chair. The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the *Standards of Ethics*.

### Preliminary Screening of Potential Violations of the Rules of Ethics

The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair: (1) there is insufficient information upon which to base a charge of a violation of the Rules of Ethics; or (2) the allegations against the Registered Technologist or Candidate are patently frivolous or inconsequential; or (3) the allegations, if true, would not constitute a violation of the Rules of Ethics, the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

At the Chair's direction and upon request, the Chief Executive Officer of ARRT shall have the power to investigate allegations regarding the possible settlement of an alleged violation of the Rules of Ethics. The Chief Executive Officer may be assisted by staff members and/or legal counsel of ARRT. The Chief Executive Officer is not empowered to enter into a binding settlement, but rather may convey and/or recommend proposed settlements to the Ethics Committee. The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures.

### Hearings

- Whenever ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in connection with the
- revocation or suspension of certification and registration, or the censure of a Registered Technologist or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Registered Technologist or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in an amount to be determined by ARRT. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of ARRT.
- Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by ARRT) within such period or submission of a properly executed Hearing Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Registered Technologist or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of the intention to appear at the hearing. A Registered Technologist or Candidate who requests a hearing may elect to appear in person, via teleconference, videoconference, or by a written submission which shall be verified or acknowledged under oath.
- A Registered Technologist or Candidate may waive the 30-day timeframe to request a hearing. To request a waiver of the 30-day timeframe, the Registered Technologist or Candidate must complete a Hearing Waiver form that is available on the ARRT website at [www.arrt.org](http://www.arrt.org). The Hearing Waiver form must be signed by the Registered Technologist or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Hearing Waiver form and may be assisted by staff members and/or legal counsel of ARRT. Any sanction proposed by the Ethics Committee would become effective on the date the hearing waiver is processed.
- Failure to appear at the hearing in person or via teleconference, videoconference, or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Chief Executive Officer. The Registered Technologist or Candidate shall be given at least 30 days' notice of the date, time, and place of the hearing. The hearing is conducted by Ethics Committee members other than any members of the Ethics Committee who believe for any reason that they would be unable to render an objective and unbiased decision. In the event of such disqualification, the President may appoint Trustees to serve on the Ethics Committee for the sole purpose of participating in the hearing

and rendering a decision. At the hearing, ARRT shall present the charges against the Registered Technologist or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Registered Technologist or Candidate in question, by legal counsel or other representative (at the sole expense of the Registered Technologist or Candidate in question), shall have up to 30 minutes to present testimony, and be heard in the Registered Technologist's

- or Candidate's own defense; to call witnesses; hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee will be afforded 15 minutes in addition to any unused time remaining from the Registered Technologist's or Candidate's time allotment, to ask questions and shall not be bound by any state or federal rules of evidence. The Registered Technologist or Candidate in question shall have the right to make a closing statement before the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in person, teleconference, and videoconference hearings only. Ethics Committee deliberations are not recorded.
- In the case where ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations* of ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter and request the Registered Technologist or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification and registration or renewal or reinstatement of certification and registration, and shall promptly transmit the same to the Registered Technologist or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting.
- In the case of alleged violations of the Rules of Ethics by a Registered Technologist or Candidate, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter and request the Certificate Holder or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Registered Technologist or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting.
- Potential actions available to the Ethics Committee are set forth in Section 4 (Range of Actions). Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Registered Technologist or Candidate in question.

#### Appeals

- Except as otherwise noted in these Administrative Procedures, the Registered Technologist or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed. The written request for an appeal must be accompanied by a nonrefundable appeal fee in an amount to be determined by ARRT. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of ARRT.
- Failure to make a written request for an appeal and to remit the appeal fee (unless the appeal fee is waived in writing by ARRT) within such period or submission of a properly executed Appeal Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or Board of Trustees pursuant to such notice.
- A Registered Technologist or Candidate may waive the 30-day timeframe to request an appeal. To request a waiver of the 30 day timeframe, the Registered Technologist or Candidate must complete an Appeal Waiver form that is available on the ARRT website at [www.arrt.org](http://www.arrt.org). The Appeal Waiver form must be signed by the Registered Technologist or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Appeal Waiver form and may be assisted by staff members and/or legal counsel of ARRT. Any sanction proposed by the Ethics Committee would become effective on the date the appeal waiver is processed.
- In the event of an appeal, those Trustees who participated in the hearing of the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees, other than any members who believe for any reason that they would be unable to render an objective and unbiased decision, shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Registered Technologist or Candidate in question, and shall determine whether to affirm or to modify the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further

consideration. In making such determination to affirm or to modify, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence. The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Registered Technologist or Candidate in question provide additional information in such manner, on such issues, and within such time as it may prescribe.

- All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Registered Technologist or Candidate to make an unauthorized publication or revelation of the same, except to the Registered Technologist's or Candidate's attorney or other representative, immediate superior, or employer.

### Range of Actions

#### No Action

A determination of no action means that there is little or no evidence to substantiate that a violation even occurred. In a situation lacking even a preponderance of evidence, the complaint is determined to be unsubstantiated.

#### Clear

A determination that there was a violation of the Rules of Ethics but that no further action will be taken against a person's eligibility for certification and registration or for continued certification and registration. The determination of cleared/eligible can be made administratively by staff, by the Chair, or by the Committee depending on the nature of the violation and existing policies addressing authority for taking action. After a violation has been cleared, the applicant or registrant will not be required to report the violation in the future.

#### Private Reprimands

A private reprimand is a reprimand that is between the individual and ARRT and is not reported to the public. Private reprimands allow for continued certification and registration.

#### Public Reprimands

A public reprimand is a sanction that is published on ARRT's website for a period of one year. Public reprimands allow for continued certification and registration.

#### Conditional

Conditional status may be given for continued certification and registration in those cases where there are additional requirements that need to be met before the ethics file can be closed (e.g., conditions mandated by the court, regulatory authority and/or Ethics Committee).

#### Suspensions

Suspension is the temporary removal of an individual's certification and registration in all categories for up to one year.

#### Summary Suspensions

Summary suspension is an immediate suspension of an individual's certification and registration in all categories. If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Registered Technologist, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well-being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Registered Technologist and without a prior hearing, summarily suspend the certification and registration of the individual pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of an individual in accordance with this provision, the Ethics Committee shall, by expedited delivery or certified mail, return receipt requested, give to the individual written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the individual to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the individual. If the individual requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than two members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the individual's request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30 day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the participation of the individual. The applicable provisions of Section 2 (Hearings) of these Administrative Procedures

shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected individual, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

#### Ineligible

An individual may be determined ineligible to obtain or renew certification and registration or ineligible for reinstatement of certification and registration. The time frame may be time limited or permanent.

#### Revocation

Revocation removes the individual's certification and registration in all categories. The time frame may be time limited or permanent.

#### Alternative Dispositions

An Alternative Disposition ("AD") is a contract between an individual and the ARRT (as represented by the Ethics Committee) that allows for continued certification and registration in lieu of revocation, provided the individual performs certain requirements,

including, but not limited to, providing documentation, attending counseling and/or submitting to random drug and/or alcohol screening. A Registered Technologist or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

#### Deny Removal of a Sanction

After a predetermined time, an individual may request removal of a sanction that had been previously imposed by the Committee. Sufficient compelling evidence must be provided to convince the Committee the sanction should be removed or modified. If evidence is not provided, the Committee may deny removal of the sanction. Situations that may result in denial of a sanction removal request include: additional violations of the Rules of Ethics after the sanction was imposed, failure to demonstrate that there has been adequate rehabilitation, and/or continued denial of responsibility.

#### Civil or Criminal Penalties

Conduct that violates ARRT's Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the *Standards of Ethics*, ARRT may, without giving prior notice, pursue civil and/or criminal penalties.

#### Publication of Adverse Decisions

Summary suspensions and final decisions (other than private reprimands, Alternative Dispositions and conditional statuses) that are adverse to a Registered Technologist or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to written inquiries into an individual's certification and registration status. The ARRT shall also have the right to publish any final adverse decisions and summary suspensions and the reasons therefore. For purposes of this paragraph, a "final decision" means and includes: a determination of the Ethics Committee relating to an adverse decision if the affected individual did not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, the decision of the Board of Trustees in a case involving an appeal of an appealable decision of the Ethics Committee.

#### Procedure to Request Removal of a Sanction

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the time frame has elapsed. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request ("Request") to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in an amount to be determined by ARRT. A Request that is

not accompanied by the fee will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of ARRT. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a Request to remove a sanction or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that the individual's behavior has improved and similar activities will not be repeated. Letters of

recommendation from individuals, who are knowledgeable about the person's sanction imposed; and current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

Removal of the sanction is a prerequisite to apply for certification and registration. If, at the sole discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue certification and registration via the policies and procedures in place at that time as stated in Section 6.05 of the *ARRT Rules and Regulations*.

If the Ethics Committee denies a Request for removal of the sanction or modification of a Settlement Agreement, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction or modification of the Settlement Agreement for as long as is directed by the Committee.

Amendments to the Standards of Ethics

The ARRT reserves the right to amend the *Standards of Ethics* following the procedures under Article XII, Section 12.02 of the *ARRT Rules and Regulations*.

GOLD STANDARD  
PATIENT CARE

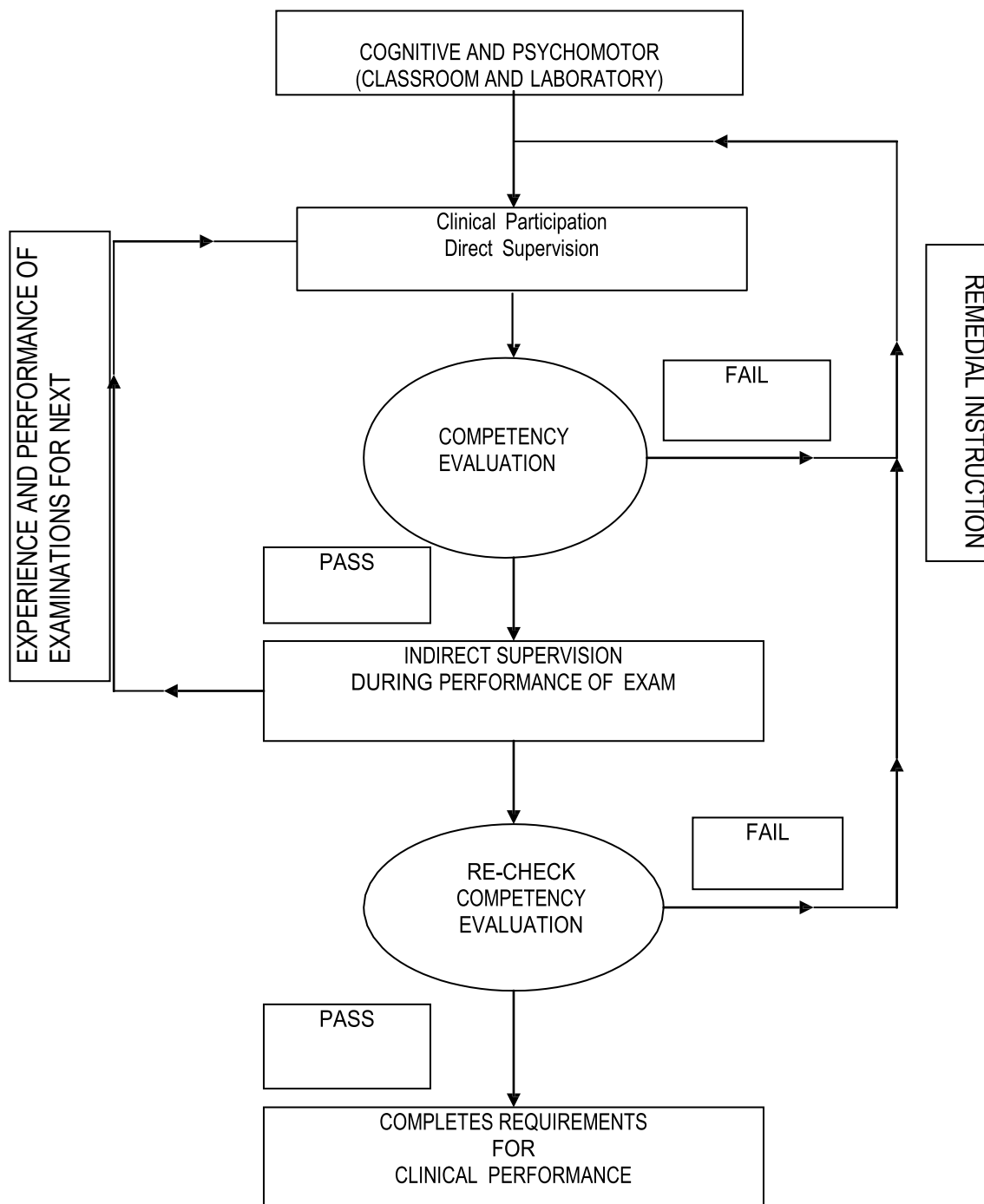


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651.687.0048 MAIN PHONE | ARRT.ORG



## APPENDIX B

### FLOWCHART OF CLINICAL EDUCATION SYSTEM



## APPENDIX C

### RADIATION PROTECTION AND EXPOSURE POLICY

#### Rationale for Radiation Protection Policies:

1. It is imperative that students are aware of radiation protection policies. The radiation protection policies and procedures contained herein comply with the Nuclear Regulatory Commission (NRC) regulations and state laws as applicable. The National Council on Radiation Protection and Measurements (NCRP) and the International Commission of Radiological Protection (ICRP) have also developed dose limits, guidelines and regulations for radiation protection and these are accepted by all regulatory agencies. Students must adhere to all guidelines and regulations of the EPA, OSHA and NCRP at federal, state and local levels.
2. The radiation protection policies ensure keeping occupational and non-occupational absorbed doses below allowable maximum levels. This is achieved through the employment of proper radiation control procedures.
3. Students are expected to exercise sound radiation protection practices at all times. Students should never participate in a procedure that violates safe radiation protection procedures.

#### Clinical and Laboratory Policies:

1. Students must adhere to the radiation protection practices of ALARA (As Low As Reasonably Achievable). ALARA was developed to create an awareness of radiation safety in the workplace. Adhering to ALARA protocols should be the goal for all radiation workers. The following is a list of ALARA practices:
  - Never hold patient or image receptor during an exposure
  - Always wear a radiation dosimeter
  - Wear dosimeter at the front collar level (outside of lead apron) and, if pregnancy is declared, wear an additional dosimeter at front waist level (under/behind lead apron)
  - Do not leave dosimeter in an exam room.
  - Do not wear dosimeter during personal medical or dental radiographs.
  - Wear lead apron when performing mobile or fluoroscopic procedures.
  - Stand behind lead barrier when making an exposure.
  - Use proper collimation.
  - Never make an exposure when the door to the radiographic room is open.
  - Never enter a radiographic room without first knocking
  - Properly shield patients and others in the x-ray room during all exposures
  - Follow all rules for radiation safety at each clinical site and in the school laboratory.
2. During clinical or laboratory training, all students using x-ray equipment will practice safe radiation protection measures at all times. All x-ray procedures in the clinical setting must be conducted under the following supervision parameters required by the JRCERT:

**Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.**

#### Explanation:

**Direct supervision** assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved.

Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

**Explanation:**

**Indirect supervision** promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision 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.

**\*\*Note:** Use of electronic communication in any form to contact a qualified radiographer (e.g., phone, texting, pager, intercom, etc.) is NOT considered “immediately available.”

Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

**Explanation:**

The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student’s procedure prior to re-exposure.

**Note:** Students not adhering to these supervision policies are subject to dismissal.

**Note:** The student to clinical staff ratio is 1:1 at all times, regardless of student competency.

**X-Ray Laboratory Use:**

1. Students must wear a dosimeter badge at the front collar level at all times. Students are not permitted in the x-ray laboratory without a dosimeter badge.
2. Student utilization of the x-ray equipment in the school laboratory must be under supervision of a qualified radiographer who is readily available (minimum of indirect supervision to comply with JRCERT Standards) Note: If ABHES accredited program (as of Jan. 1, 2012), direct supervision must be ensured.
3. All radiographic equipment must be used with care and with respect to ALARA principles.
4. All students (or any other person that may be in the x-ray room) must be standing completely behind the protective control booth barrier whenever an x-ray exposure is made. The student making the exposure is required to make sure the laboratory door is closed and must count and make sure all participants are behind the control booth barrier before the exposure is made.
5. The student operating the control panel and exposure button/switch must announce the exposure is about to be made prior to making the actual exposure.
6. If an exposure is intended, but the equipment fails to make the exposure, a second attempt is not allowed until all participants are counted and assurance of their position completely behind the control booth barrier is confirmed.
7. Exposures are only allowed using phantoms or quality control test objects.
8. Students must be cognizant of the location and operation of the “emergency off” button/switch.
9. All equipment malfunctions must be immediately reported to the supervising qualified radiographer.

**Dosimeter Badges:**

1. A dosimeter badge will be issued to each student to monitor their radiation exposure during laboratory and clinical education.
2. All students must wear a radiation dosimeter badge at the front collar level at all times during clinical or laboratory training (outside of the lead apron when used) to measure radiation exposure. **No student will be permitted to enter a clinical site or a laboratory class without a dosimeter badge.** For declared pregnant students, a second dosimeter badge must be worn at the front waist level and under the lead apron when used.
3. Dosimeters will be replaced every 3 months. The old dosimeter must be returned to the Clinical Coordinator.

Students receiving new dosimeters must sign a sheet indicating that they have received the new dosimeter. Each student must also review and initial his/her exposure report.

4. The dosimeter readings will be reported quarterly to the program director by the dosimeter badge company and, in turn, provided to the students within 30 days of receipt.
5. A protective lead apron must be worn during fluoroscopy, mobile radiography, or special radiographic procedures. The dosimeter must be worn outside the apron at the front collar level. For declared pregnant students, a second badge must be worn under/behind the lead apron at the front waist level.
6. Loss of a dosimeter badge must be reported to the Clinical Coordinator immediately.

### **Radiation Exposure Incident:**

If a student is accidentally exposed to ionizing radiation, it must be reported to the Clinical Coordinator immediately.

### **Protocol for Exceeded Dose Limits:**

1. To ensure a standard response to student Radiation badge readings that are higher than normal, all RT programs will adhere to the following procedure which is based on the ALARA (as low as reasonably achievable) protocols suggested by the NRC. The following ALARA protocols and the corresponding actions will be followed to assure ALARA compliance by all students:

#### **A. Radiation Badge Reading: 175mrem to 374mrem per quarter**

- 1) The student will be notified and will be asked about the behaviors that might have led to the higher than usual badge reading.
- 2) The program director will reinforce basic radiation safety procedures and make suggestions to the student regarding measures to reduce radiation in the workplace.
- 3) The badge reading will be signed to acknowledge the student's awareness of the reading.
- 4) The meeting with the student will be documented in writing with the student's signature.

#### **B. Radiation Badge Reading: 375mrem to 749mrem per quarter**

- 1) The student will be required to provide a reason in writing why the reading was high and what they intend to do to reduce their radiation exposure.
- 2) The student will be required to write a paper on radiation safety measures that can be taken to reduce radiation to themselves, patients, and others.
- 3) The badge report will be signed to assure student awareness of the reading.
- 4) The meeting with the student will be documented in writing with the student's signature.
- 5) The dosimeter provider will be asked for a second reading to see if the reading was a result of \*\*\*static exposure (i.e., the badge being left in the room and not being worn during the exposure).

#### **C. Radiation Badge Reading: 750mrem or greater per quarter**

- 1) Follow steps in items A and B.
- 2) The badge provider will be asked for a second reading to see if the reading was a result of a
- 3) \*\*\*static exposure (i.e., a badge being left in the radiation area and not being worn during the exposure).

#### **D. Radiation Badge Reading: 1250mrem in one quarter**

- 1) Follow steps in items A and B.
- 2) This reading will require that the program director consult with a Radiological Physicist for recommendations regarding further action.

#### **E. \*\*\*Radiation Badge Reading Due to Static Exposure:**

- 1) Any badge reading that is determined to be the result of static exposure (meaning that the badge was left in a radiation area and not being worn during the exposure) may be removed from the student's permanent record by having the student write a letter to the badge provider requesting that the reading be removed.
- 2) The reading will be replaced by an average of the student's monthly readings.

## PREGNANCY POLICY

The National Council on Radiation Protection and Measurements (NCRPM) recommends that the maximum permissible dose equivalent to the embryo-fetus from occupational exposure to the expectant mother should be limited to 0.05 rem for any 30-day period and to 0.5 rem for the entire gestation period. Proper instruction in and strict adherence to all radiation safety precautions in conjunction with personnel radiation monitoring make it possible to limit all occupational exposure to under 0.5 rem and prevent fetal maximum permissible dose levels from being surpassed.

**Disclosure of a student's pregnancy is voluntary.** However, because of the potentially dangerous effects of escaped anesthetic gases, caustic fumes from orthopedic cement, radiation exposure from fluoroscopic procedures and the occasional urgent setting of emergency cases, it is very strongly encouraged that the student declares the pregnancy immediately upon knowledge of the pregnancy.

- Any student who believes or suspects she is pregnant may voluntarily declare her pregnancy in writing to the program director. The declaration must include the estimated date of conception. The declaration of pregnancy may be withdrawn by the student at any time, but she must do so in writing to the Program Director. This document must also be signed and dated by the student. It is strongly recommended for the student to discuss her educational situation with her physician.

The declared pregnant student has the following options:

- Continue as a student without any interruption in the program.
- Continue as a student with deferral of fluoroscopy, surgery and portable rotations until pregnancy is completed. These rotations will be made up.
- Continue as a student with classroom participation only. All clinical rotation requirements deferred until pregnancy is completed. These rotations will be made up.
- Withdraw from the program and reenter later upon completion of the pregnancy. All procedures for readmission will apply upon withdrawal from the program.
- The declaration of pregnancy may be withdrawn by the student at any time, but she must do so in writing to the Program Director. This document must also be signed and dated by the student.

The declared pregnant student will be counseled by the program faculty regarding the pregnancy policy of the school. The student who decides to continue clinical and didactic participation is required to abide by the following.

- Adhere to all radiation and standard precautions, rules and policies.
- If any problem or if change in the student's status must be made, this should be immediately made in writing.
- Wear 2 personnel radiation monitoring devices; one placed over the collar and the other placed over the embryo-fetus, for monitoring. Readings will be monitored by the Radiation Safety Officer (Program Director).
- If at any time a pregnant student feels she is working in an unsafe area, or under conditions she feels are detrimental to her or her embryo-fetus, she should stop immediately and report to the Program Director or department supervisor.

The student will be required to complete the Declaration of pregnancy and Student Choice Form

# Radiologic Technology Program

## Declaration of Pregnancy & Student Choice

I am voluntarily declaring my pregnancy in writing to the Radiologic Technology Program officials. I understand that I may revoke this notification at any time by written notification. The estimated date of conception is \_\_\_\_\_

I have been provided with a copy of the attached Pregnancy Policy, which includes options from which to choose. I have elected to choose (marked with an "X") the following option:

- \_\_\_\_\_ Continue as a student without any interruption in the program.
- \_\_\_\_\_ Continue as a student with deferral of fluoroscopy, surgery and portable rotations until pregnancy is completed. I understand that these rotations must be made up.
- \_\_\_\_\_ Continue as a student with classroom participation only. All externship rotation requirements deferred until pregnancy is completed. I understand that these rotations must be made up.
- \_\_\_\_\_ Withdraw from the program with a leave of absence not to exceed one calendar year. All procedures for readmission will apply upon withdrawal from the program.

Note: The declaration of pregnancy may be withdrawn by the student at any time but must do so in writing to the Program Director with signature and date.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's name (Please print)

As a Radiologic Technology Program official, I have advised the above-named student regarding her options with the Medical X-Ray Technology Program.

\_\_\_\_\_  
Program Official/Title

\_\_\_\_\_  
Date

## MAGNETIC RESONANCE IMAGING SAFETY POLICY

Students enrolled in the Radiologic Technology Program are required to acknowledge awareness of safe and responsible practices in Magnetic Resonance Imaging (MRI) and practice accordingly. The student is required to read the **ACR Guidance Document on MR Safe Practices: 2013** provided in the link below and sign an attestation. This assignment must be completed during the second quarter prior to their initial clinical assignment. In addition, the student must practice according to any applicable policies and follow screening procedures at each clinical site before entering the MRI area.

The guidelines provided through the URL <http://onlinelibrary.wiley.com/doi/10.1002/jmri.24011/pdf> were established by the American College of Radiology (ACR) <http://www.acr.org/> and are intended to promote the safe and responsible clinical practices in Magnetic Resonance Imaging (MRI).

Students must also complete a **Magnetic Resonance Imaging (MRI) Safety Screening Form**, the MRI competency assessment and submit these documents to the Program Director.

### Radiologic Technology Program

#### Acknowledgement of Magnetic Resonance Imaging Safety

Students enrolled in the Radiologic Technology Program are required to acknowledge awareness of safe and responsible practices in Magnetic Resonance Imaging (MRI) and practice accordingly. The student is required to read the **ACR Guidance Document on MR Safe Practices: 2013** provided below and sign this attestation prior to their initial clinical assignment. In addition, the student must practice according to any applicable policies and follow screening procedures at each clinical site before entering the MRI area.

The guidelines provided through the URL <http://onlinelibrary.wiley.com/doi/10.1002/jmri.24011/pdf> were established by the American College of Radiology (ACR) <http://www.acr.org/> and are intended to promote the safe and responsible clinical practices in Magnetic Resonance Imaging (MRI).

To learn more about the American College of Radiology and the history of Radiology, the student may visit the ACR Website at <http://www.acr.org/About-Us/History-and-Mission> .

I have read and understand the above assignment and agree to practice in accordance with the **ACR Guidance Document on MR Safe Practices: 2013** provided in this statement. I also agree to practice according to any applicable policies and follow screening procedures at each clinical site to which I am assigned.

\_\_\_\_\_  
Student Name: (Print)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Magnetic Resonance Imaging (MRI) Safety Screening Form

Name (first, middle, last) \_\_\_\_\_ Date \_\_\_\_\_

Female [ ] Male [ ]

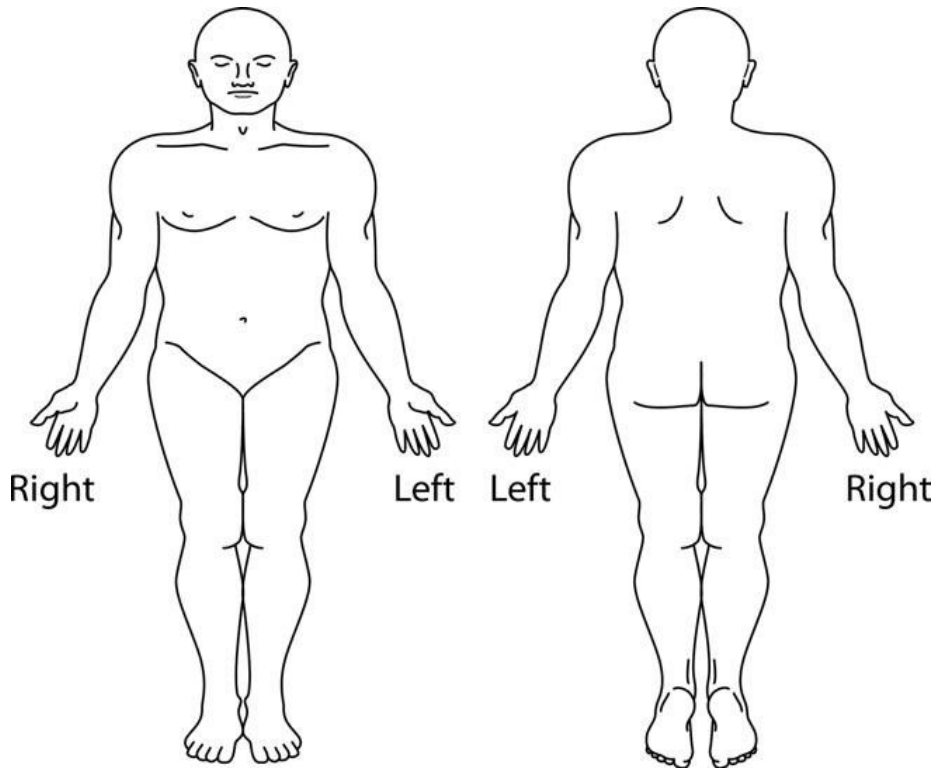
## Check YES or NO for each of the following:

### YES / NO

- \_\_\_\_ Have you ever had an MRI examination before and had a problem?
- \_\_\_\_ Have you ever had a surgical operation or procedure of any kind?
- \_\_\_\_ Have you ever been injured by a metal object or foreign body (e.g., bullet, BB shrapnel)?
- \_\_\_\_ Have you ever had an injury from a metal object in your eye (metal slivers, metal shavings, other metal object)?

## MR Hazard Checklist:

Please mark on the drawings provided the location of any metal inside your body or site of surgical operation.



## Check YES or NO for each of the following:

### YES / NO

- \_\_\_\_ Any type of electronic, mechanical, or magnetic implant
- \_\_\_\_ Cardiac pacemaker
- \_\_\_\_ Aneurysm clip
- \_\_\_\_ Implanted cardiac defibrillator
- \_\_\_\_ Neurostimulator



- \_\_\_\_\_ Biostimulator
- \_\_\_\_\_ Any type of internal electrodes or wires
- \_\_\_\_\_ Cochlear implant
- \_\_\_\_\_ Hearing aid
- \_\_\_\_\_ Implanted drug pump (e.g., insulin, Baclofen, chemotherapy, pain medicine)
- \_\_\_\_\_ Spinal fixation device
- \_\_\_\_\_ Spinal fusion procedure
- \_\_\_\_\_ Any type of coil, filter, or stent
- \_\_\_\_\_ Any type of metal object (e.g., shrapnel, bullet, BB)
- \_\_\_\_\_ Artificial heart valve
- \_\_\_\_\_ Any type of ear implant
- \_\_\_\_\_ Penile implant

**YES / NO**

- \_\_\_\_\_ Artificial eye
- \_\_\_\_\_ Eyelid spring
- \_\_\_\_\_ Any type of implant held in place by a magnet
- \_\_\_\_\_ Any type of surgical clip or staple
- \_\_\_\_\_ Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)
- \_\_\_\_\_ Medication patch (e.g., Nitroglycerine, nicotine)
- \_\_\_\_\_ Shunt
- \_\_\_\_\_ Artificial limb or joint
- \_\_\_\_\_ Tissue Expander (e.g., breast)
- \_\_\_\_\_ Diaphragm, IUD, Pessary
- \_\_\_\_\_ Surgical mesh
- \_\_\_\_\_ Body piercing
- \_\_\_\_\_ Wig, hair implants
- \_\_\_\_\_ Tattoos or tattooed eyeliner
- \_\_\_\_\_ Radiation seeds (e.g., cancer treatment)
- \_\_\_\_\_ Any implanted items (e.g., pins, rods, screws, nails, plates, wires)
- \_\_\_\_\_ Any other type of implanted item

**Instructions for those entering MRI work area:**

- Remove all jewelry (e.g., necklaces, pins, rings).
- Remove all hair pins, bobby pins, barrettes, clips, etc.
- Remove hearing aids.
- Remove your watch, pager, cell phone, credit and bank cards and all other cards with a magnetic strip.
- Remove body piercing objects.
- For students who may be pregnant, follow the American College of Radiology (ACR) Guidelines.

**I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and MRI work area risks.**

**Signature of Person Completing Form:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Form Completed By:** \_\_\_\_\_  
Print Name

**Form Information Reviewed By:** \_\_\_\_\_  
Program Director's Signature

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPENDIX D**  
**PROGRAM FORMS**

# Radiologic Technology Program

## Patient Confidentiality Pledge (HIPAA)

I, \_\_\_\_\_, (PRINT NAME) understand and will honor the Health Insurance Portability and Accountability Act (HIPAA) for patient confidentiality. I will also take the necessary action to protect the right of privacy as relating to my externship site's rules and policies, for any patient I observe or with whom I participate in the treatment of, while enrolled in the radiologic technology program. Additional directives include but are not limited to, the following:

1. Keep conversations with patients, or about patients, in a professional tone and volume to avoid any information being overheard by others.
2. Talking to patients, or about patients, in hallways, reception areas, or other common areas is to be avoided.
3. Not divulging any medical, account, or demographic information about a patient to any party without the patient's authorization. (This includes electronic transmission or reproduction of any patient-related information as well as photographs of the patient, their medical images, or any other information).
4. Protect the patient and his/her right to privacy concerning care and treatment, demographic information, and account information.

I understand and will honor the HIPAA pledge of confidentiality. By my signature, I also acknowledge that any violation of these policies will result in disciplinary action up to and including dismissal from the Radiologic Technology Program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## **Radiologic Technology Program Mammography Policy**

*The radiography program sponsored by Fortis College has revised its policy, effective July 1, 2022, regarding the placement of students in mammography clinical rotations to observe and/or perform breast imaging.*

*(Additionally, the policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient.)*

*Under the revised policy, all students, male and female, will be offered the opportunity to participate in mammography clinical rotations. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.*

*The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student mammography clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting.*

## **Mammography Rotation Documentation Request**

Mammography Rotation Request

I, \_\_\_\_\_, am requesting a rotation in mammography. I am aware that the possibility of employment in this field is extremely unlikely. I am also aware that because of the clinical site policies the placement in a mammography rotation is not guaranteed.

Student \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

# Radiologic Technology Program

## Record of Clinical Orientation

Name of Site: \_\_\_\_\_ Date: \_\_\_\_\_

Appropriate orientation assures that students are cognizant of clinical policies and procedures. Please check the following, indicating that the selection was explained to the student:

### Emergency preparedness

- \_\_\_\_\_ Hazards (fire, electrical, chemical)- Evacuation Plan
- \_\_\_\_\_ Emergency exits
- \_\_\_\_\_ Location of the SDS (Material Safety Data Sheet (MSDS))
- \_\_\_\_\_ Fire pulls and extinguishers
- \_\_\_\_\_ Protocol Manual
- \_\_\_\_\_ Eye wash station

### Medical emergencies

- \_\_\_\_\_ What is the standard procedure to follow in a medical emergency?
- \_\_\_\_\_ When do you call a code?
- \_\_\_\_\_ How do you call a code?
- \_\_\_\_\_ Location of Department Emergency cart

### Introduction to Staff and department tour

- \_\_\_\_\_ Diagnostic and Imaging Suites (e.g. Mammography, CT, MRI, Nuclear Medicine, Radiation Therapy)
- \_\_\_\_\_ Technologists control area
- \_\_\_\_\_ Radiologist offices
- \_\_\_\_\_ Other support staff
- \_\_\_\_\_ Patient Dressing area
- \_\_\_\_\_ Lockers or personal storage
- \_\_\_\_\_ Cafeteria and break room
- \_\_\_\_\_ Parking

**The clinical education setting expectations/policies were discussed and the above topics were reviewed with me during my orientation.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature:

\_\_\_\_\_  
Technologist/Preceptor Name

\_\_\_\_\_  
Technologist/Preceptor Signature



## Student Evaluation of Clinical Site and Clinical Preceptor

(Used only if Trajecsys System is not available)

Clinical Rotation: \_\_\_\_\_

Clinical Education Site & Preceptor(s): \_\_\_\_\_

Date: \_\_\_\_\_

The purpose of this survey is to evaluate the Clinical Education Sites and Clinical Preceptors. Please give serious consideration to your responses and be frank and objective.

### Select one of the following answers for the following items:

5= Strongly Agree      4= Agree      3= Neither Agree nor Disagree      2= Disagree      1= Strongly Disagree

1. I was provided an orientation to this clinical site.	5	4	3	2	1
2. A sufficient number and variety of exams were provided by the clinical site.	5	4	3	2	1
3. The clinical routines and procedures were consistent.	5	4	3	2	1
4. The staff technologists were willing to work with me on radiographic procedures and share their knowledge.	5	4	3	2	1
5. I was supervised according to JRCERT-required parameters.	5	4	3	2	1
6. I was allowed ample opportunity to perform radiographic procedures with non-discriminatory practices.	5	4	3	2	1
7. The technologists served as good role models in radiation protection.	5	4	3	2	1
8. The technologists served as good role models in professionalism.	5	4	3	2	1
9. The technologists served as good role models in patient care.	5	4	3	2	1
10. I received regular and thorough feedback regarding my performance to help me identify opportunities for improvement.	5	4	3	2	1
11. I was provided adequate opportunities to apply what I learned in my didactic and laboratory courses.	5	4	3	2	1
12. The technologists made me feel like part of the team.	5	4	3	2	1
13. The radiographic technique charts are accurate when used correctly.	5	4	3	2	1
14. There is adequate parking provided in the vicinity of the clinical site.	5	4	3	2	1
15. Confidentiality of my clinical evaluations was maintained at all times.	5	4	3	2	1
16. I was provided a place to secure my belongings while on site.	5	4	3	2	1
17. The Clinical Preceptor was readily available when needed.	5	4	3	2	1
18. The Clinical Preceptor demonstrated an interest in student learning.	5	4	3	2	1
19. The Clinical Preceptor had adequate time to work with students.	5	4	3	2	1
20. The Clinical Preceptor was open to questions and made students feel comfortable in the learning process.	5	4	3	2	1
21. The Clinical Preceptor assured that students followed program and JRCERT	5	4	3	2	1
22. The Clinical Preceptor structured student rotations and learning opportunities to ensure a valuable clinical education experience.	5	4	3	2	1
23. The Clinical Preceptor was knowledgeable of program policies and procedures, and JRCERT standards regarding student clinical education.	5	4	3	2	1
24. I would recommend this clinical site to other students.	5	4	3	2	1

For the following responses, please use the back of this form, if necessary.

What did you like best about this Clinical Education Site?

What did you like least about this Clinical Education Site?

Additional Comments:

# Radiologic Technology Program

## Weekly Clinical Attendance

(Used only if Trajecsys System is not available)

Student Name: \_\_\_\_\_ Clinical Site: \_\_\_\_\_  
 (Print Full Name)

Week: \_\_\_\_\_

Day of the Week	Date	CI Initials	Time In	Lunch Out	Lunch In	Time Out	CI Initials	Total Hours	Comments:
Sunday			AM PM			AM PM			
Monday			AM PM			AM PM			
Tuesday			AM PM			AM PM			
Wednesday			AM PM			AM PM			
Thursday			AM PM			AM PM			
Friday			AM PM			AM PM			
Saturday			AM PM			AM PM			Total Hours:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Radiologic Technology Program

## Clinical Rotation Make-Up/Additional Time

(Used only if Trajecsys System is not available)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Full Name)

Clinical Site: \_\_\_\_\_

Clinic Day(s)/Time missed: (List Dates and Amount of Time)

\_\_\_\_\_

Planned make-up day(s)/time: (List dates below)

DATE (MM/DD/YY)	TIME IN	TIME OUT	SUPERVISOR'S INITIALS

Approved by Clinical Preceptor: Please initial if date(s) is/are approved. Clinical Preceptor to complete below, after student has completed makeup date/time:

\_\_\_\_\_  
Print Name Signature Date

Makeup time approved by Radiologic Technology Program Official (Clinical Coordinator or Program Director):

\_\_\_\_\_  
Print Name Signature Date

Makeup time requested/approved by student (Student's signature below attests to their desire to make up time during this term/module (which will exceed regularly scheduled weekly hours), in lieu of making up time during a break or into the successive term/module, which may exceed the 40-hr. per week maximum.

\_\_\_\_\_  
Print Name Signature Date

**FORTIS COLLEGE-LANDOVER - RADIOLOGIC TECHNOLOGY PROGRAM**

**Clinical Performance Evaluation Form**

(Used only if Trajecsys System is not available)

Student: \_\_\_\_\_ Clinical Rotation Quarter (Week): \_\_\_\_\_ Rotation Date (Week of): \_\_\_\_\_

Key: 1 = unacceptable                      2 = acceptable/average                      3 = excellent

\*\*\*\*\* Evaluations graded 1 or 3 must include a written comments or explanation \*\*\*\*\*

PERFORMANCE	UNACCEPTABLE	1	2	3	EXCELLENT
QUALITY OF WORK	Makes repeated mistakes				Is consistently accurate and top performer
PATIENT CARE SKILLS	Poor skills and uncaring attitude				Skills and concern justify confidence
RADIATION SAFETY PRACTICES	Disregard for radiation protection practices				Always shields patient, wears lead apron and thyroid shield; <i>checks</i> pregnancy consent form
USE & CARE OF SUPPLIES and EQUIPMENT	Wasteful with materials; careless with equipment				Very careful with equipment and supplies
PAPERWORK / COMPUTER (i.e. handling request forms or proper disposal of confidential forms.)	Inadequate; unable or unwilling to fill in consult forms or obtain patient histories. Unwilling to learn the computer system				Have a through knowledge of the system of equipment. Always completes data entry; obtains accurate and thorough patient history.
ORGANIZATIONAL SKILLS	Cannot manage time or procedures				Consistently accurate and efficient, without rushing patients
JUDGEMENT	Unable to handle most situations				Learns from experience, uses common sense
ABILITY TO FOLLOW DIRECTIONS	Unable to follow directions				Justifies complete confidence exceeds expectations
PERSEVERANCE	Easily distracted				Dedicated; finishes all assignments, is flexible
PROGRESS	Little or no progression				Excellent progress
PUNCTUALITY	Poor				Always on time, no extended breaks and lunch.
QUANTITY OF WORK	Too slow				Top performer
INDUSTRY and ENERGY	Indolent and apathetic				Observes/participates; <i>uses free time suitably</i>
INITIATIVE	None				Does assign work; seeks added responsibility; helps without being asked
APPEARANCE – hair, uniform, shoes, etc	Unkempt or soiled. Overall unclean/ untidy appearance				Always professional sets example for others
COOPERATION	Does not get along				Displays leadership
ATTITUDE TOWARD CRITICISM	Hostile				Benefits from criticism
SELF-CONFIDENCE	Poor - Not much/too much				Excellent
RELATIONSHIP WITH STAFF	Poor				Excellent
ATTITUDE TOWARD WORK	Does not meet basic requirements				Dedicated and serious, also displays enthusiasm
SCORE					

This student's greatest attribute(s) is/are \_\_\_\_\_

The area(s) of focus for improvement of skills \_\_\_\_\_

Evaluator name (print) \_\_\_\_\_ Evaluator Signature \_\_\_\_\_

Student signature \_\_\_\_\_ DATE \_\_\_\_\_

Clinical Coordinator Validation/signature \_\_\_\_\_ Clinical Preceptor signature \_\_\_\_\_

**FORTIS COLLEGE-LANDOVER - RADIOLOGIC TECHNOLOGY PROGRAM**

**Clinical Faculty Visitation Form**

(Used only if Trajecsys System is not available)

<b>CLINICAL SITE:</b>	<b>DATE &amp; TIME:</b>
<b>CLINICAL PRECEPTOR:</b>	<b>CLINICAL FACULTY:</b>
<b>STUDENTS ASSIGNED TO CLINICAL SITE:</b>	
<b>COMMENT/ISSUES PRESENTED BY CLINICAL PRECEPTOR:</b>	
<b>COMMENT/ISSUES PRESENTED BY STUDENT(S):</b>	
<b>ISSUES FOR FUTURE REVIEW:</b>	

## APPENDIX E

### Clinical Grading System

#### The Clinical grade is derived from:

##### **35%:** Initial clinical competency grade

The final stage in the competency based clinical education system is the ability of the student to perform radiographic examinations under indirect supervision. Before the student advances to this level, he/she must demonstrate competency.

Completing the required number of imaging competencies each semester with a passing grade is required to continue in the Program.

##### **25%:** Clinical Performance Evaluation

Radiography students will receive and participate in evaluations by supervising staff and technologists while on external rotations. The evaluations will be completed at the end of each rotation by the technologist or supervisor, reviewed with the student, and become part of the student's permanent file.

##### **20%:** Journal Entry Grade (Radiography 1 & 2 only)

Students are required to keep a daily journal - recording their experiences, observations, reflections, conclusions, etc. The journal will be reviewed by the program faculty, and the student may be scheduled to report his/her experiences to all the radiography students.

##### **20%:** Random Image Quality Audits (Radiography 3-6 only)

The student will be required to evaluate the radiographic images for appropriate positioning and image quality.

##### **20%:** Positioning Final Grade

During the testing process the student will be required to demonstrate patient care skills, positioning skills, equipment manipulation, and image evaluation skills on simulated patients.

## APPENDIX F

### JRCERT Standards for an Accredited Educational Program in Radiography

Standards for an Accredited Educational Program in  
Radiologic Sciences

(“The Standards”)

EFFECTIVE JANUARY 1, 2021

Adopted by:

by:

**The Joint Review Committee on Education  
in Radiologic Technology**



*Joint Review Committee on Education in Radiologic Technology*  
20 N. Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
312.704.5300 • (Fax) 312.704.5304  
[www.jrcert.org](http://www.jrcert.org)

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these

## Introductory Statement

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

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

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

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

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

Regarding each standard, the program must:

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

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

## **Standards for an Accredited Educational Program in Radiography**

### **Table of Contents**

#### **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.

#### **Glossary**

#### **Awarding, Maintaining, and Administering Accreditation**

## **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.



- 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.

**Explanation:**

Institutional and program policies and procedures must be fair, equitably applied, and promote professionalism. Policies, procedures, and relevant information must be current, accurate, published, and made readily available to students, faculty, staff, and the public on the institution's or program's website to assure transparency and accountability of the educational program. For example, requiring the public to contact the institution or program to request program information is not fully transparent. Policy changes must be made known to students, faculty, and the public in a timely fashion. It is recommended that revision dates be identified on program publications.

At a minimum, the sponsoring institution and/or program must publish policies, procedures, and/or relevant information related to the following:

- oadmission and transfer of credit policies;otuition, fees, and refunds;
- ograduation requirements;
- ograding system;
- oprogram mission statement, goals, and student learning outcomes;
- oaccreditation status;
- oarticulation agreement(s);
- oacademic calendar;
- oclinical obligations;ogrievance policy and/or procedures.

Any policy changes to the above must be made known to students, faculty, and the public in a timely fashion.

In addition, programs must develop a contingency plan that addresses any type of catastrophic event that could affect student learning and program operations. Although the contingency plan does not need to be made readily available to the public, program faculty must be made aware of the contingency plan.

**Required Program Response:**

- Describe how institutional and program policies, procedures, and relevant information are made known to students, faculty, staff, and the public.
- Describe how policies and procedures are fair, equitably applied, and promote professionalism.
- Describe the nature of any formal grievance(s) and/or complaints(s) and their resolution.
- Provide publications that include the aforementioned policies, procedures, and relevant information, including the hyperlink for each.
- Provide a copy of the resolution of any formal grievance(s).

**Possible Site Visitor Evaluation Methods:**

- Review of institutional and program website
- Review of institutional and program materials
- Review of student handbook
- Review of student records
- Review of formal grievance(s) record(s), if applicable
- Interviews with institutional administration
- Interviews with faculty
- Interviews with staff
- Interviews with students

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

*Explanation:*

Nondiscriminatory recruitment and employment practices assure fairness and integrity. Equal opportunity for employment must be offered to each applicant with respect to any legally protected status such as race, color, gender, age, disability, national origin, or any other protected class. Employment practices must be equitably applied.

*Required Program Response:*

- Describe how nondiscriminatory recruitment and employment practices are assured.
- Provide copies of employment policies and procedures that assure nondiscriminatory practices.

*Possible Site Visitor Evaluation Methods:*

- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty

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

*Explanation:*

Nondiscriminatory recruitment practices assure applicants have equal opportunity for admission. Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures. Statistical information such as race, color, religion, gender, age, disability, national origin, or any other protected class may be collected; however, the student must voluntarily provide this information. Use of this information in the student selection process is discriminatory.

*Required Program Response:*

- Describe how institutional and program admission policies are implemented.
- Describe how admission practices are nondiscriminatory.
- Provide institutional and program admission policies.

*Possible Site Visitor Evaluation Methods:*

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with admissions personnel, as appropriate
- Interviews with students

1.4 The program assures the confidentiality of student educational records.

*Explanation:*

Maintaining the confidentiality of educational records protects students' right to privacy. Educational records must be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA). If educational records contain students' social security numbers, this information must be maintained in a secure and confidential manner. Space should be made available for the secure storage of files and records.

*Required Program Response:*

Describe how the program maintains the confidentiality of students' educational records.

*Possible Site Visitor Evaluation Methods:*

- Review of institution's/program's published policies/procedures
- Review of student academic and clinical records, including radiation monitoring reports
- Tour of program offices
- Tour of clinical setting(s)
- Interviews with faculty
- Interviews with clerical staff, if applicable
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

**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.**

*Explanation:*

The program must assure students and faculty are cognizant of the Standards and must provide contact information for the JRCERT.

Any individual associated with the program has the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards and/or JRCERT policies. Additionally, an individual has the right to submit allegations against the program if the student believes that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contacting the JRCERT must not be a step in the formal institutional or program grievance policy/procedure. The individual must first attempt to resolve the complaint directly with institutional/program officials by following the grievance policy/procedures provided by the institution/program. If the individual is unable to resolve the complaint with institutional/program officials or believes that the concerns have not been properly addressed, the individual may submit allegations of noncompliance directly to the JRCERT.

*Required Program Response:*

- Describe how students and faculty are made aware of the Standards.
- Provide documentation that the Standards and JRCERT contact information are made known to students and faculty.

*Possible Site Visitor Evaluation Methods:*

- Review of program publications
- Review of program website
- Interviews with faculty
- Interviews with students



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

*Explanation:*

Program accountability is enhanced, in part, by making its program effectiveness data available to the program's communities of interest, including the public. In an effort to increase accountability and transparency, the program must publish, at a minimum, its most recent five-year average credentialing examination pass rate data, five-year average job placement rate data, and annual program completion rate data on its website to allow the public access to this information. If the program cannot document five years of program effectiveness data, it must publish its available effectiveness data.

The program effectiveness data must clearly identify the sample size associated with each measure (i.e., number of first-time test takers, number of graduates actively seeking employment, and number of graduates).

Program effectiveness data is published on the JRCERT website. Programs must publish a hyperlink to the JRCERT website to allow students and the public access to this information.

*Required Program Response:*

- Provide the hyperlink for the program's effectiveness data webpage.
- Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the program's website.

*Possible Site Visitor Evaluation Methods:*

- Review of program website
- Review of program publications
- Interviews with faculty
- Interviews with students

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

*Explanation:*

Programs must comply with all JRCERT policies and procedures to maintain accreditation. JRCERT policies are located at [www.jrcert.org](http://www.jrcert.org). In addition, substantive changes must be reviewed and approved by the JRCERT prior to implementation, with the exception of a change of ownership.

JRCERT accreditation requires that the sponsoring institution has the primary responsibility for the educational program and grants the terminal award. Sponsoring institutions may include educational programs established in colleges, universities, vocational/technical schools, hospitals, or military facilities. The JRCERT does not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor. The JRCERT requires each program to have a separate accreditation award and does not recognize branch campuses. The JRCERT recognizes a consortium as an appropriate sponsor of an educational program.

The JRCERT requires programs to maintain a current and accurate database. The program must maintain documentation of all program official qualifications, including updated curricula vitae and current ARRT certification and registration, or equivalent documentation. This documentation is not required to be entered into the Accreditation Management System (AMS). Newly appointed institutional administrators, program officials, and clinical preceptors must be updated through the AMS within thirty (30) days of appointment.

*No Required Program Response*

*Possible Site Visitor Evaluation Method:*

Review of a representative sample of program official qualifications

**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.

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

*Explanation:*

The program must have sufficient institutional support and ongoing funding to operate effectively. The program's relative position in the organizational structure helps facilitate appropriate resources and enables the program to meet its mission.

The sponsoring institution should provide the program with administrative/clerical services as needed to assist in the achievement of its mission.

*Required Program Response:*

- Describe the sponsoring institution's level of commitment to the program.
- Describe the program's position within the sponsoring institution's organizational structure and how this supports the program's mission.
- Describe the adequacy of financial resources.
- Describe the availability and functions of administrative/clerical services, if applicable.
- Provide institutional and program organizational charts.

*Possible Site Visitor Evaluation Methods:*

- Review of organizational charts of institution and program
- Review of published program materials
- Review of meeting minutes
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clerical staff, if applicable

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

*Explanation:*

Physical resources include learning environments necessary to conduct teaching and facilitate learning. The sponsoring institution must provide faculty with adequate office and classroom space needed to fulfill their responsibilities. Faculty office space should be conducive to course development and scholarly activities. Space must be made available for private student advisement and program meetings. Classrooms must be appropriately designed to meet the needs of the program's curriculum delivery methods.

Resources include, but are not limited to, access to computers, reliable and secure Internet service, instructional materials (computer hardware and/or software, technology-equipped classrooms, simulation devices, and other instructional aides), and library resources.

Laboratories must be conducive to student learning and sufficient in size. The sponsoring institution must provide the program with access to a fully energized laboratory. An energized laboratory on campus is recommended. The program may utilize laboratory space that is also used for patient care. In the event patient flow disallows use of the laboratory space, the program must assure that laboratory courses are made up in a timely manner. A mobile unit and/or simulation software cannot take the place of a stationary/energized laboratory.

The JRCERT does not endorse any specific physical resources.

*Required Program Response:*

Describe how the program's physical resources, such as offices, classrooms, and laboratories, facilitate the achievement of the program's mission.

*Possible Site Visitor Evaluation Methods:*

- Tour of the classroom, laboratories, and faculty offices
- Review of learning resources
- Interviews with faculty
- Interviews with students



2.3 The sponsoring institution provides student resources.

*Explanation:*

Student resources refer to the variety of services and programs offered to promote academic success. The institution and/or program must provide access to information for personal counseling, requesting accommodations for disabilities, and financial aid.

The JRCERT does not endorse any specific student resources.

*Required Program Response:*

- Describe how students are provided with access to information on personal counseling, disability services, and financial aid.
- Describe how the program utilizes other student resources to promote student success.

*Possible Site Visitor Evaluation Methods:*

- Tour of facilities
- Review of published program materials
- Review of surveys
- Interviews with faculty
- Interviews with students

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.

*Explanation:*

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must:

- maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources;
- have a monitoring process for student loan default rates;
- have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures; and
- inform students of responsibility for timely repayment of Title IV financial aid.

The program must comply with all USDE requirements to participate in Title IV financial aid.

*Required Program Response:*

- Describe how the program informs students of their responsibility for timely repayment of financial aid.
- Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:
  - o recent student loan default data and
  - o results of financial or compliance audits.

*Possible Site Visitor Evaluation Methods:*

- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students



### **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.

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

*Explanation:*

An adequate number of faculty promotes sound educational practices. Full- and part-time status is determined by, and consistent with, the sponsoring institution's definition. Institutional policies and practices for faculty workload and release time must be consistent with faculty in other comparable health sciences programs in the same institution. Faculty workload and release time practices must include allocating time and/or reducing teaching load for educational, accreditation, and administrative requirements expected of the program director and clinical coordinator.

A full-time program director is required. A full-time equivalent clinical coordinator is required if the program has more than fifteen (15) students enrolled in the clinical component of the program. The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

A minimum of one clinical preceptor must be designated at each recognized clinical setting. The same clinical preceptor may be identified at more than one site as long as a ratio of one full-time equivalent clinical preceptor for every ten (10) students is maintained. The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical preceptors.

*Required Program Response:*

- Describe faculty workload and release time in relation to institutional policies/practices and comparable health sciences programs within the sponsoring institution.
- Describe the adequacy of the number of faculty and clinical preceptors to meet identified accreditation requirements and program needs.
- Provide institutional policies for faculty workload and release time.

*Possible Site Visitor Evaluation Methods:*

- Review institutional policies for faculty workload and release time
- Review of faculty position descriptions, if applicable
- Review of clinical settings
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

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

Program Director	Holds, at a minimum, a master’s degree; For master’s degree programs, a doctoral degree is preferred;
	Proficient in curriculum design, evaluation, instruction, program administration, and academic advising;
	Documents three years’ clinical experience in the professional discipline;
	Documents two years’ experience as an instructor in a JRCERT-accredited program;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent <sup>1</sup> , in radiography.
Clinical Coordinator	Holds, at a minimum, a bachelor’s degree; For master’s degree programs, holds, at a minimum, a master’s degree;
	Proficient in curriculum development, supervision, instruction, evaluation, and academic advising;
	Documents two years’ clinical experience in the professional discipline;
	Documents one year’s experience as an instructor in a JRCERT-accredited program;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent <sup>1</sup> , in radiography.
Full-time Didactic Faculty	Holds, at a minimum, a bachelor’s degree;
	Is qualified to teach the subject;
	Proficient in course development, instruction, evaluation, and academic advising;
	Documents two years’ clinical experience in the professional discipline;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent <sup>1</sup> , in radiography.
Adjunct Faculty	Holds academic and/or professional credentials appropriate to the subject content area taught;
	Is knowledgeable of course development, instruction, evaluation, and academic advising.
Clinical Preceptor	Is proficient in supervision, instruction, and evaluation;
	Documents two years’ clinical experience in the professional discipline;
	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent <sup>2</sup> , in radiography.
Clinical Staff	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent <sup>2</sup> , in radiography.

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1 Equivalent: an unrestricted state license for the state in which the program is located.

2 Equivalent: an unrestricted state license for the state in which the clinical setting is located.

*Explanation:*

Faculty and clinical staff must possess academic and professional qualifications appropriate for their assignment. Clinical preceptors and clinical staff supervising students' performance in the clinical component of the program must document American Registry of Radiologic Technologists (ARRT) certification and registration (or equivalent) or other appropriate credentials. Health care professionals with credentials other than ARRT certification and registration (or equivalent) may supervise students in specialty areas (e.g., Registered Nurse supervising students performing patient care skills, phlebotomist supervising students performing venipuncture, etc.).

*No Required Program Response.*

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

Program Director	Assuring effective program operations;
	Overseeing ongoing program accreditation and assessment processes;
	Participating in budget planning;
	Participating in didactic and/or clinical instruction, as appropriate;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
Assuming the leadership role in the continued development of the program.	
Clinical Coordinator	Correlating and coordinating clinical education with didactic education and evaluating its effectiveness;
	Participating in didactic and/or clinical instruction;
	Supporting the program director to assure effective program operations;
	Participating in the accreditation and assessment processes;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
	Maintaining current knowledge of program policies, procedures, and student progress.
Full-Time Didactic Faculty	Preparing and maintaining course outlines and objectives, instructing, and evaluating student progress;
	Participating in the accreditation and assessment process;
	Supporting the program director to assure effective program operations;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of professional discipline;
	Maintaining appropriate expertise and competence through continuing professional development.
Adjunct Faculty	Preparing and maintaining course outlines and objectives, instructing and evaluating students, and reporting progress;
	Participating in the assessment process, as appropriate;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of the professional discipline, as appropriate;
	Maintaining appropriate expertise and competence through continuing professional development.



P	Responsibilities must, at a minimum, include:
Clinical Preceptor	Maintaining knowledge of program mission and goals;
	Understanding the clinical objectives and clinical evaluation system and evaluating students' clinical competence;
	Providing students with clinical instruction and supervision;
	Participating in the assessment process, as appropriate;
	Maintaining current knowledge of program policies, procedures, and student progress and monitoring and enforcing program policies and procedures.
Clinical Staff	Understanding the clinical competency system;
	Understanding requirements for student supervision;
	Evaluating students' clinical competence, as appropriate;
	Supporting the educational process;
	Maintaining current knowledge of program clinical policies, procedures, and student progress.

**Explanation:**

Faculty and clinical staff responsibilities must be clearly delineated and support the program's mission. The program director and clinical coordinator may have other responsibilities as defined by the sponsoring institution; however, these added responsibilities must not compromise the ability, or the time allocated, to perform the responsibilities identified in this objective. For all circumstances when a program director's and/or clinical coordinator's appointment is less than 12 months and students are enrolled in didactic and/or clinical courses, the program director and/or clinical coordinator must assure that all program responsibilities are fulfilled.

**Required Program Response:**

- Describe how faculty and clinical staff responsibilities are delineated.
- Describe how the delegation of responsibilities occurs to assure continuous coverage of program responsibilities, if appropriate.
- Provide documentation that faculty and clinical staff positions are clearly delineated.
- Provide assurance that faculty responsibilities are fulfilled throughout the year.

**Possible Site Visitor Evaluation Methods:**

- Review of position descriptions
- Review of handbooks
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

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

*Explanation:*

Evaluating program faculty, including but not limited to program directors and clinical coordinators, assures that responsibilities are performed, promotes proper teaching methodology, and increases program effectiveness. The performance of program faculty must be evaluated and shared minimally once per year. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

It is the prerogative of the program to evaluate the performance of clinical preceptors who are employees of clinical settings. If the program elects to evaluate the clinical preceptors, a description of the evaluation process should be provided to the clinical preceptors, along with the mechanism to incorporate feedback into professional growth and development.

*Required Program Response:*

- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty.
- Describe how evaluation results are shared with clinical preceptors, if applicable.
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical preceptors, if applicable.

*Possible Site Visitor Evaluation Methods:*

- Review of program evaluation materials
- Review of faculty evaluation(s)
- Review of clinical preceptor evaluation(s), if applicable
- Interviews with institutional administration
- Interviews with faculty
- Interviews with clinical preceptor(s), if applicable
- Interviews with students

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

*Explanation:*

Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty. Faculty should take advantage of the available resources provided on an institutional campus. Program faculty should not be expected to use personal leave time in order to attend professional development activities external to the sponsoring institution.

*Required Program Response:*

- Describe how professional development opportunities are made available to faculty.
- Describe how professional development opportunities have enhanced teaching methodologies.

*Possible Site Visitor Evaluation Methods:*

- Review of institutional and/or program policies for professional development
- Interviews with institutional administration
- Interviews with faculty

#### **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.

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

*Explanation:*

The program's mission statement should clearly define the purpose or intent toward which the program's efforts are directed. The mission statement should support the mission of the sponsoring institution. The program must evaluate the mission statement, at a minimum every three years, to assure it is effective. The program should engage faculty and other communities of interest in the reevaluation of its mission statement.

*Required Program Response:*

- Describe how the program's mission supports the mission of the sponsoring institution.
- Describe how the program reevaluates its mission statement.
- Provide documentation of the reevaluation of the mission statement.

*Possible Site Visitor Evaluation Methods:*

- Review of published program materials
- Review of meeting minutes
- Interviews with institutional administration
- Interviews with faculty

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

*Explanation:*

A well-structured curriculum must be comprehensive, current, appropriately sequenced, and provide for evaluation of student achievement. This allows for effective student learning by providing a knowledge foundation in didactic and laboratory courses prior to competency achievement. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. The well-structured curriculum is guided by a master plan of education.

At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make ethical decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is required of programs at the bachelor's degree or higher levels.

Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. All programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:

- the most recent American Society of Radiologic Technologists (ASRT) Radiography curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors.

The JRCERT encourages innovative approaches to curriculum delivery methods that provide students with flexible and creative learning opportunities. These methods may include, but are not limited to, distance education courses, part-time/evening curricular tracks, service learning, and/or interprofessional development.

*Required Program Response:*

- Describe how the program's curriculum is structured.
- Describe the program's clinical competency-based system.
- Describe how the program's curriculum is delivered, including the method of delivery for distance education courses. Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track(s)).
- Describe any innovative approaches to curriculum delivery methods.
- Provide the Table of Contents from the master plan of education.
- Provide current curriculum analysis grid.
- Provide samples of course syllabi.

*Possible Site Visitor Evaluation Methods:*

- Review of the master plan of education
- Review of didactic and clinical curriculum sequence
- Review of input from communities of interest
- Review of part-time, evening and/or weekend curricular track(s), if applicable
- Review of course syllabi
- Observation of a portion of any course offered via distance delivery
- Interviews with faculty
- Interviews with students

4.3 All clinical settings must be recognized by the JRCERT.

*Explanation:*

All clinical settings must be recognized by the JRCERT. Clinical settings must be recognized prior to student assignment. Ancillary medical facilities and imaging centers that are owned, operated, and on the same campus of a recognized setting do not require JRCERT recognition. A minimum of one (1) clinical preceptor must be identified for each recognized clinical setting.

If a facility is used as an observation site, JRCERT recognition is not required. An observation site is used for student observation of equipment operation and/or procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments. Facilities where students participate in community-based learning do not require recognition.

*Required Program Response:*

- Assure all clinical settings are recognized by the JRCERT.
- Provide a listing of ancillary facilities under one clinical setting recognition.
- Describe how observation sites, if used, enhance student clinical education.

*Possible Site Visitor Evaluation Methods:*

- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

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

*Explanation:*

Programs must have a process in place to assure timely, appropriate, and educationally valid clinical experiences to all admitted students. A meaningful clinical education plan assures that activities are equitable, as well as prevents the use of students as replacements for employees. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement, including mobile, surgical, and trauma examinations. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of assigned clinical staff. The student to clinical staff ratio must be 1:1; however, it is acceptable that more than one student may be temporarily assigned to one technologist during infrequently performed procedures.

Clinical placement must be nondiscriminatory in nature and solely determined by the program. Students must be cognizant of clinical policies and procedures including emergency preparedness and medical emergencies.

Programs must assure that clinical involvement for students is limited to not more than ten (10) hours per day. If the program utilizes evening and/or weekend assignments, these assignments must be equitable, and program total capacity must not be increased based on these assignments. Students may not be assigned to clinical settings on holidays that

are observed by the sponsoring institution. Programs may permit students to make up clinical time during the term or scheduled breaks; however, appropriate supervision must be maintained. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. The program must also assure that its liability insurance covers students during these makeup assignments.

*Required Program Response:*

- Describe the process for student clinical placement including, but not limited to:
  - o assuring equitable learning opportunities,
  - o assuring access to a sufficient variety and volume of procedures to achieve program competencies, and
  - o orienting students to clinical settings.
- Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.
- Provide current clinical student assignment schedules in relation to student enrollment.

*Possible Site Visitor Evaluation Methods:*

- Review of published program materials
- Review of clinical placement process
- Review of course objectives
- Review of student clinical assignment schedules
- Review of clinical orientation process/records
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptors
- Interviews with clinical staff
- Interviews with students

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

*Explanation:*

The program must provide learning opportunities in advanced imaging and/or therapeutic technologies. It is the program's prerogative to decide which advanced imaging and/or therapeutic technologies should be included in the didactic and/or clinical curriculum.

Programs are not required to offer clinical rotations in advanced imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

Students assigned to imaging modalities such as computed tomography, magnetic resonance, interventional procedures, and sonography, are not included in the calculation of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations. Once the students have completed the imaging assignments, the program must assure that there are sufficient physical and human resources to support the students upon reassignment to the radiography department.

*Required Program Response:*

Describe how the program provides opportunities in advanced imaging and/or therapeutic technologies in the didactic and/or clinical curriculum.

*Possible Site Visitor Evaluation Methods:*

- Review of clinical rotation schedules, if applicable
- Interviews with faculty
- Interviews with students

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

*Explanation:*

Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

*Required Program Response:*

Describe the relationship between the program length and the terminal award offered.

*Possible Site Visitor Evaluation Methods:*

- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

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

*Explanation:*

Defining the length of didactic, laboratory, and clinical courses facilitates the transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic, laboratory, and clinical courses, respectively.

*Required Program Response:*

- Describe the method used to award credit hours for didactic, laboratory, and clinical courses.
- Provide a copy of the program's policies and procedures for determining credit hours and an example of how such policies and procedures have been applied to the program's coursework.
- Provide a list of all didactic, laboratory, and clinical courses with corresponding clock or credit hours.

*Possible Site Visitor Evaluation Methods:*

- Review of published program materials
- Review of class schedules
- Interviews with institutional administration
- Interviews with faculty
- Interviews with students

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

*Explanation:*

Appropriate academic and clinical advisement promotes student achievement and professionalism. Student advisement should be both formative and summative and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

*Required Program Response:*

- Describe procedures for student advisement.
- Provide sample records of student advisement.

*Possible Site Visitor Evaluation Methods:*

- Review of students' records
- Interviews with faculty
- Interviews with clinical preceptor(s)

- Interviews with students

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

*Explanation:*

Programs that offer distance education courses must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to, secure logins, passcodes, proctored exams, and/or video monitoring. These processes must protect the student's privacy.

*Required Program Response:*

- Describe the process for assuring the integrity of distance education courses.
- Provide published institutional/program materials that outline procedures for maintaining the integrity of distance education courses.

*Possible Site Visitor Evaluation Methods:*

- Review of published institutional/program materials
- Review the process of student identification
- Review of student records
- Interviews with institutional administration
- Interviews with faculty
- Interviews with students



**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.

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

*Explanation:*

Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must monitor and maintain student radiation exposure data. All students must be monitored for radiation exposure when using equipment in energized laboratories as well as in the clinical environment during, but not limited to, simulation procedures, image production, or quality assurance testing.

Students must be provided their radiation exposure report within thirty (30) school days following receipt of the data. The program must have a published protocol that identifies a threshold dose for incidents in which student dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in federal regulations.

The program's radiation safety policies must also include provisions for the declared pregnant student in an effort to assure radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The pregnancy policy must be made known to accepted and enrolled female students, and include:

- a written notice of voluntary declaration,
- an option for written withdrawal of declaration, and
- an option for student continuance in the program without modification.

The program may offer clinical component options such as clinical reassignments and/or leave of absence. Pregnancy policies should also be in compliance with Title IX regulations. The program should work with the Title IX coordinator and/or legal counsel to discuss and resolve any specific circumstances.

*Required Program Response:*

- Describe how the policies and procedures are made known to enrolled students.
- Describe how the radiation exposure report is made available to students.
- Provide copies of appropriate policies.
- Provide copies of radiation exposure reports.

*Possible Site Visitor Evaluation Methods:*

- Review of published program materials
- Review of student records
- Review of student radiation exposure reports
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with students

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

*Explanation:*

Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program's energized laboratories.

*Required Program Response:*

Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.

*Possible Site Visitor Evaluation Methods:*

- Review of published program materials
- Review of compliance records
- Interviews with faculty

5.3 The program assures that students employ proper safety practices.

*Explanation:*

The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic safety practices prior to assignment to clinical settings. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

- Students must not hold image receptors during any radiographic procedure.
- Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
- Programs must develop policies regarding safe and appropriate use of energized laboratories by students. Students' utilization of energized laboratories must be under the supervision of a qualified radiographer who is available should students need assistance. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled.

Programs must establish a magnetic resonance imaging (MRI) safety screening protocol and students must complete MRI orientation and screening which reflect current American College of Radiology (ACR) MR safety guidelines prior to the clinical experience. This assures that students are appropriately screened for magnetic field or radiofrequency hazards. Policies should reflect that students are mandated to notify the program should their status change.

*Required Program Response:*

- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Describe how the program prepares students for magnetic resonance safe practices.
- Provide the curriculum sequence.
- Provide policies/procedures regarding radiation safety.
- Provide the MRI safety screening protocol and screening tool.

*Possible Site Visitor Evaluation Methods:*

- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of magnetic resonance safe practice and/or screening protocol
- Review of student handbook
- Review of student records
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

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

*Explanation:*

Appropriate supervision assures patient safety and proper educational practices. The program must develop and publish supervision policies that clearly delineate its expectations of students, clinical preceptors, and clinical staff.

The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved. Once students have achieved competency, they may work under indirect supervision. The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.

Repeat images must be completed under direct supervision. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices.

Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

*Required Program Response:*

- Describe how the supervision policies are made known to students, clinical preceptors, and clinical staff.
- Describe how supervision policies are enforced and monitored in the clinical setting.
- Provide policies/procedures related to supervision.
- Provide documentation that the program's supervision policies are made known to students, clinical preceptors, and clinical staff.

*Possible Site Visitor Evaluation Methods:*

- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical preceptor(s)
- Interviews with clinical staff
- Interviews with students

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

*Explanation:*

Appropriate health and safety policies and procedures assure that students are part of a safe, protected environment. These policies must, at a minimum, address campus safety, emergency preparedness, harassment, communicable diseases, and substance abuse. Enrolled students must be informed of policies and procedures.

*Required Program Response:*

- Describe how institutional and/or program policies and procedures are made known to enrolled students.
- Provide institutional and/or program policies and procedures that safeguard the health and safety of students.

*Possible Site Visitor Evaluation Methods:*

- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with 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.

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.

*Explanation:*

Program effectiveness outcomes focus on issues pertaining to the overall curriculum such as admissions, retention, completion, credentialing examination performance, and job placement.

The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

**Credentialing examination pass rate:** The number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.

**Job placement rate:** The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment, for example, due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

**Program completion rate:** The number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider students who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Credentialing examination, job placement, and program completion data must be reported annually via the JRCERT Annual Report.

*No Required Program Response.*

*Possible Site Visitor Evaluation Methods:*

- Review of program effectiveness data
- Interviews with faculty

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

*Explanation:*

Analysis of program effectiveness data allows the program to determine if it is meeting its mission. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the program effectiveness data results should take place in a timely manner.

Programs must use assessment results to promote student success and maintain and improve program effectiveness outcomes. Analysis of program effectiveness data must occur at least annually, and results of the evidence-based decisions must be documented.

In sum, the data analysis process must, at a minimum, include:

- program effectiveness data that is compared to expected achievement; and
- documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.

o If the program does not meet its benchmark for a specific program effectiveness outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

*Required Program Response:*

- Describe examples of evidence-based changes that have resulted from the analysis of program effectiveness data and discuss how these changes have maintained or improved program effectiveness outcomes.
- Provide actual program effectiveness data since the last accreditation award.
- Provide documentation of an action plan for any unmet benchmarks.
- Provide documentation that program effectiveness data is shared in a timely manner.

*Possible Site Visitor Evaluation Methods:*

- Review of aggregated data
- Review of data analysis and actions taken
- Review of documentation that demonstrates the sharing of results with communities of interest
- Review of representative samples of measurement tools used for data collection
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

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

*Explanation:*

A formalized written assessment plan allows programs to gather useful data to measure the goals and student learning outcomes to facilitate program improvement. Student learning outcomes must align with the goals and be explicit, measurable, and state the learning expectations. The development of goals and student learning outcomes allows the program to measure the attainment of its mission. It is important for the program to engage faculty and other communities of interest in the development or revision of its goals and student learning outcomes.

The program must have a written systematic assessment plan that, at a minimum, contains:

- goals in relation to clinical competency, communication, and critical thinking;
- two student learning outcomes per goal;
- two assessment tools per student learning outcome;
- benchmarks for each assessment method to determine level of achievement; and
- timeframes for data collection.

Programs may consider including additional goals in relation to ethical principles, interpersonal skills, professionalism, etc.

Programs at the bachelor's and higher degree levels should consider the additional professional content when developing their goals and student learning outcomes.

The program must also assess graduate and employer satisfaction. Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogatives of the program.

*Required Program Response:*

- Describe how the program determined the goals and student learning outcomes to be included in the systematic assessment plan.
- Describe the program's cycle of assessment.
- Describe how the program uses feedback from communities of interest in the development of its assessment plan.
- Provide a copy of the program's current assessment plan.

*Possible Site Visitor Evaluation Methods:*

- Review of assessment plan
- Review of assessment methods
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable



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

*Explanation:*

Analysis of student learning outcome data allows the program to determine if it is meeting its mission, goals, and student learning outcomes. This analysis also provides a means of accountability to faculty, students, and other communities of interest. Faculty should assure all data have been analyzed and discussed prior to sharing results with an assessment committee or other communities of interest. Sharing the student learning data results must take place in a timely manner.

Programs must use assessment results to promote student success and maintain and improve student learning outcomes. Analysis of student learning outcome data must occur at least annually, and results of the evidence-based decisions must be documented.

In sum, the data analysis process must, at a minimum, include:

- student learning outcome data that is compared to expected achievement; and
- documentation of discussion(s) of data analysis including trending/comparing of results over time to maintain and improve student learning.

o If the program does meet its benchmark for a specific student learning outcome, the program should identify how student learning was maintained or improved and describe how students achieved program-level student learning outcomes.

o If the program does not meet its benchmark for a specific student learning outcome, the program must implement an action plan that identifies the issue/problem, allows for data trending, and identifies areas for improvement. The action plan must be reassessed annually until the performance concern(s) is/are appropriately addressed.

*Required Program Response:*

- Describe examples of changes that have resulted from the analysis of student learning outcome data and discuss how these changes have maintained or improved student learning outcomes.
- Describe the process and timeframe for sharing student learning outcome data results with its communities of interest.
- Provide actual student learning outcome data and analysis since the last accreditation award.
- Provide documentation of an action plan for any unmet benchmarks.
- Provide documentation that student learning outcome data and analysis is shared in a timely manner.

*Possible Site Visitor Evaluation Methods:*

- Review of aggregated/disaggregated data
- Review of data analysis and actions taken
- Review of documentation that demonstrates the sharing of results with communities of interest
- Review of representative samples of measurement tools used for data collection
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

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

*Explanation:*

Identifying and implementing needed improvements in the assessment process leads to program improvement and renewal. As part of the assessment process, the program must review its mission statement, goals, student learning outcomes, and assessment plan to assure that assessment methods are providing credible information to make evidence-based decisions.

The program must assure the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every three years and be documented. In order to assure that student learning outcomes have been achieved and that curricular content is well-integrated across the curriculum, programs may consider the development and evaluation of a curriculum map. Programs may wish to utilize assessment rubrics to assist in validating the assessment process.

*Required Program Response:*

- Describe how assessment process reevaluation has occurred.
- Discuss changes to the assessment process that have occurred since the last accreditation award.
- Provide documentation that the assessment process is evaluated at least once every three years.

*Possible Site Visitor Evaluation Methods:*

- Review of documentation related to the assessment process reevaluation
- Review of curriculum mapping documentation, if applicable
- Interviews with faculty
- Interview with institutional assessment coordinator, if applicable

## Glossary of Terms

**Academic calendar:** the official institutional/program document that, at a minimum, identifies specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

**Accreditation status:** a statement of the program's current standing with the JRCERT. Per JRCERT Policies 10.000 and 10.700, accreditation status is categorized as one of the following: Accredited, Probationary Accreditation, and Administrative Probationary Accreditation. The program must also identify its current length of accreditation award (i.e., 8-year, 5-year, 3-year, probation). The JRCERT publishes each program's current accreditation status at [www.jrcert.org](http://www.jrcert.org).

**Administrator:** individual(s) that oversee student activities, academic personnel, and programs.

**Campus:** the buildings and grounds of a school, college, university, or hospital. A campus does not include geographically dispersed locations.

**Clinical capacity:** the maximum number of students that can partake in clinical experiences at a clinical setting at any given time. Clinical capacity is determined by the availability of human and/or physical resources. Students assigned to imaging modalities such as computed tomography, magnetic resonance, interventional procedures, and sonography, are not included in the calculation of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations.

**Clinical obligations:** relevant requirements for completion of a clinical course including, but not limited to, background checks, drug screening, travel to geographically dispersed clinical settings, evening and/or weekend clinical assignments, and documentation of professional liability.

**Communities of interest:** the internal and external stakeholders, as defined by the program, who have a keen interest in the mission, goals, and outcomes of the program and the subsequent program effectiveness. The communities of interest may include current students, faculty, graduates, institutional administration, employers, clinical staff, or other institutions, organizations, regulatory groups, and/or individuals interested in educational activities in medical imaging and radiation oncology.

**Comparable health sciences programs:** health science programs established in the same sponsoring institution that are similar to the radiography program in curricular structure as well as in the number of faculty, students, and clinical settings.

**Consortium:** two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an education program. A consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

**Curriculum map (-ping):** process/matrix used to indicate where student learning outcomes are covered in each course. Level of instructional emphasis or assessment of where the student learning outcome takes place may also be indicated.

**Distance education:** refer to the Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, 103(a)(19) and JRCERT Policy 10.800 - Alternative Learning Options.

**Asynchronous distance learning:** learning and instruction that do not occur in the same place or at the same time.

**Distance education:** an educational process characterized by the separation, in time and/or place, between instructor and student. Distance education supports regular and substantive interaction synchronously or asynchronously between the instructor and student through one or more interactive distance delivery technologies.

**Distance (Delivery) technology:** instructional/delivery methods that may include the use of TV, audio, or computer transmissions (broadcast, closed-circuit, cable, microwave, satellite transmissions); audio, computer, or Internet-based conferencing; and/or methodologies.

**Hybrid radiography course:** a professional level radiography course that uses a mix of

face-to-face traditional classroom instruction along with synchronous or asynchronous distance education instruction. Regardless of institutional definition, the JRCERT defines a hybrid radiography course as one that utilizes distance education for more than 50% of instruction and learning.

Online radiography course: a professional level radiography course that primarily uses asynchronous distance education instruction. Typically, the course instruction and learning is 100% delivered via the Internet. Often used interchangeably with Internet-based learning, web-based learning, or distance learning.

Synchronous distance learning: learning and instruction that occur at the same time and in the same place. [Definitions based on Accrediting Commission of Education in Nursing (ACEN) Accreditation Manual glossary]

Equivalent: with regards to certification and registration, an unrestricted state license for the state in which the program and/or clinical setting is located.

Faculty: the teaching staff for didactic and clinical instruction. These individuals may also be known as academic personnel.

Faculty workload: contact/credit hours or percentages of time that reflect the manner in which the sponsoring institution characterizes, structures, and documents the nature of faculty members' teaching and non-teaching responsibilities. Workload duties include, but are not limited to, teaching, advisement, administration, committee activity, service, clinical practice, research, and other scholarly activities.

Gatekeeper: the agency responsible for oversight of the distribution, record keeping, and repayment of Title IV financial aid.

Master plan of education: an overview of the program and documentation of all aspects of the program. In the event of new faculty and/or leadership to the program, a master plan of education provides the information needed to understand the program and its operations. At a minimum, a master plan of education must include course syllabi (didactic and clinical courses), program policies and procedures, and the curricular sequence calendar. If the program utilizes an electronic format, the components must be accessible by all program faculty.

Meeting minutes: a tangible record of a meeting of individuals, groups, and/or boards that serve as a source of attestation of a meeting's outcome(s) and a reference for members who were unable to attend. The minutes should include decisions made, next steps planned, and identification and tracking of action plans.

Program effectiveness outcomes/data: the specific program outcomes established by the JRCERT. The JRCERT has developed the following definitions and criteria related to program effectiveness outcomes:

Credentialing examination pass rate: the number of graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation.

Job placement rate: the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate: the number of students who complete the program within the stated program length. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating the program's completion rate. When calculating the total number of students enrolled in the program (denominator), programs need not consider graduates who attrite due to nonacademic reasons such as: 1) financial, medical/mental health, or family reasons, 2) military deployment, 3) a change in major/course of study, and/or 4) other reasons an institution may classify as a nonacademic withdrawal.

Program total capacity: the maximum number of students that can be enrolled in the educational program at any given time. Program total capacity is dependent on the availability of human and physical resources of the sponsoring institution. It is also dependent on the program's clinical rotation schedule and the clinical capacities of recognized clinical settings.

Release time (reassigned workload): a reduction in the teaching workload to allow for the administrative functions associated with the responsibilities of the program director or clinical coordinator or other responsibilities as assigned.

Sponsoring institution: the facility or organization that has primary responsibility for the educational program and grants the terminal award. A recognized institutional accreditor must accredit a sponsoring institution. Educational programs may be established in: community and junior colleges; senior colleges and universities; hospitals; medical schools; postsecondary vocational/technical schools and institutions; military/governmental facilities; proprietary schools; and consortia. Consortia must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

## Awarding, Maintaining, and Administering Accreditation

### A. Program/Sponsoring Institution Responsibilities

#### 1. Applying for Accreditation

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

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

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

#### 2. Administrative Requirements for Maintaining Accreditation

- a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.
- b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.
- c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical preceptor(s).
- d. Paying JRCERT fees within a reasonable period of time. Returning, by the established deadline, a completed Annual Report.
- e. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at [www.jrcert.org](http://www.jrcert.org).

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

### B. JRCERT Responsibilities

#### 1. Administering the Accreditation Review Process

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

The accreditation process includes a site visit.

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

The JRCERT is responsible for recognition of clinical settings.

#### 2. Accreditation Actions

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

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

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

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

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

Accreditation: Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
(312) 704-5300  
[www.jrcert.org](http://www.jrcert.org)

Curriculum: American Society of Radiologic Technologists  
15000 Central Avenue, S.E.  
Albuquerque, NM 87123-3909  
(505) 298-4500  
[www.asrt.org](http://www.asrt.org)

Certification: American Registry of Radiologic Technologists  
1255 Northland Drive  
St. Paul, MN 55120-1155  
(651) 687-0048  
[www.art.org](http://www.art.org)

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



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# Receipt of School Catalog and Student Handbook

## Statement of Comprehension

My signature below attests to the fact that I have read and understand all rules, regulations and policies contained in both the School Catalog and Student Handbook. In addition, any information that was not initially clear to me has been clarified. I agree to abide by all of the rules, regulations and policies contained in these documents.

I understand all of the program requirements expected of me and further understand that I will be eligible for graduation from the Radiologic Technology Program, only upon satisfactory completion of all didactic and clinical requirements.

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Student Signature

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Date

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Student Name (Print)