TRINITY HEALTH

Trinity Health Radiologic Technology Program

Policy Manual, Clinical Education Plan and JRCERT Standards

Revised 2021

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Policy and Procedure Agreement

This Manual is intended to be a description of the policies, academic processes, degree requirements and course offerings in effect for the 2021-2022 academic year for our program. The Trinity Health Radiologic Technology Program reserves the right to change any of the policies and procedures described in this Policy Manual as deemed necessary. Students shall read the Policy Manual, shall have the opportunities to ask questions and have their questions answered. Students are required to comply with the policies, rules and regulations of the Trinity Health Radiologic Technology Program and Trinity Health. Upon completion of the Policy Manual review, the student will read and sign a form stating they received a copy of, read and had opportunity to seek clarifications on any policies, procedures or standards. This form will become a part of the student's permanent file.

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Career of Radiologic Technology

Radiologic Technology is a science combining advanced technology and human compassion. Radiologic Technologists (radiographers) use their knowledge of physics and human anatomy to create permanent medical images to diagnose disease. The radiologic technologist is qualified to provide patient services using various types of imaging equipment. The radiologic technologist works under the direction of a Radiologist — a medical physician with extensive training in performing radiologic procedures and interpreting medical images. This is a profession which requires a dependable personality with a mature, caring nature and an ability to exercise independent judgment. For additional information on career opportunities, explore the ASRT website at: https://www.asrt.org/main/careers/careers-in-radiologic-technology

Trinity Health

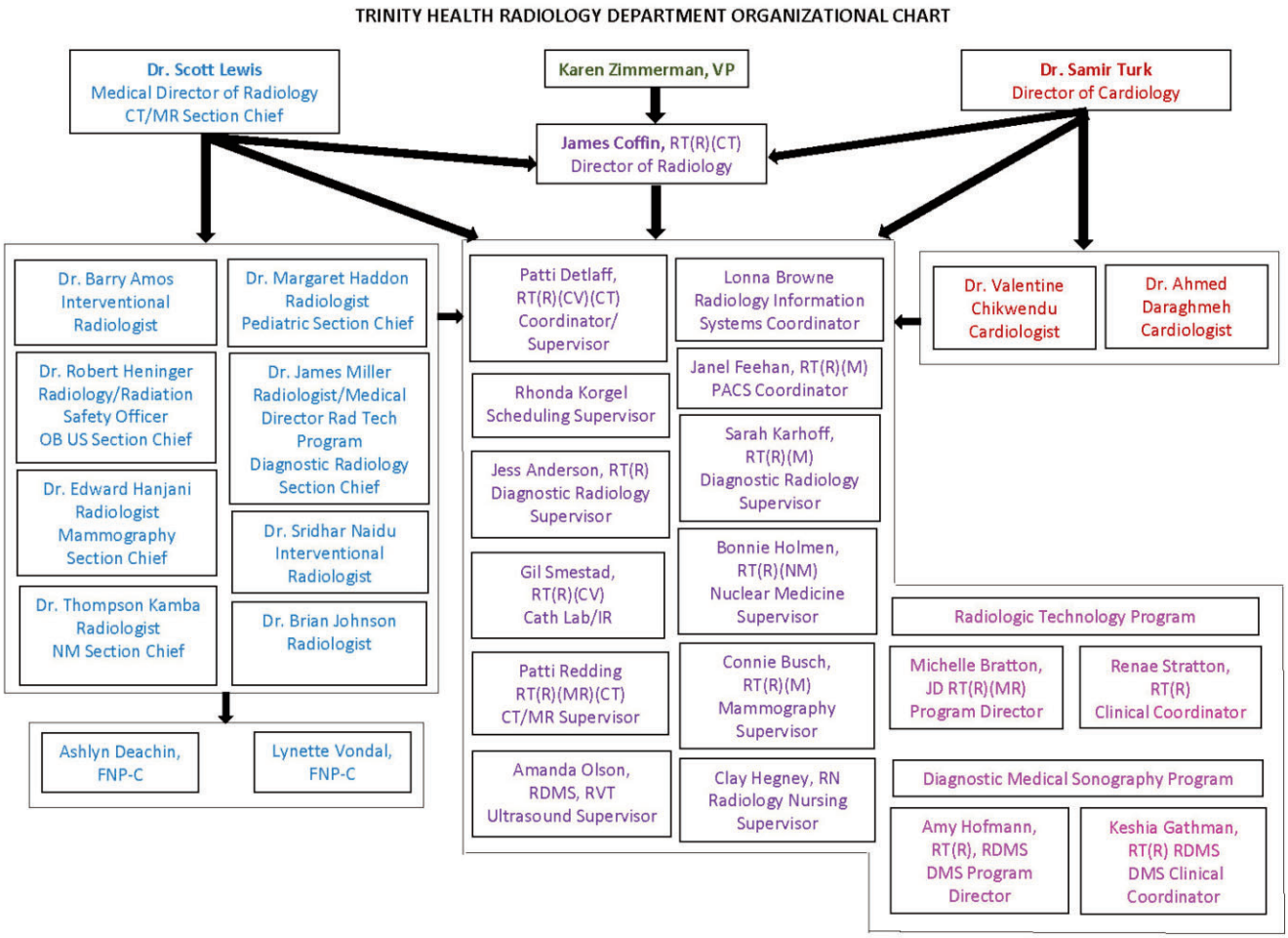
Founded in 1922, Trinity Health is a not-for-profit, integrated healthcare system serving North Dakota and Eastern Montana. With three hospitals, 15 clinics, two nursing homes and a regional eyecare network, Trinity Health provides comprehensive, leading-edge care to Minot and the surrounding region.

Trinity's primary hospital campus is accredited by The Joint Commission (TJC) and the region's only Level II Trauma Center. Trinity offers a state-of-art cancer care center, comprehensive heart services, including open heart surgery, and advanced neurosurgical care.

Trinity Health is staffed by more than 2,900 physicians, nurses and other healthcare professionals. Trinity Medical Group is a regional network of more than 150 physicians and allied health professionals representing over 40 primary care and specialty services.

A teaching hospital, Trinity sponsors the University of North Dakota School of Medicine residency program.

Organizational Chart



Trinity Health Radiologic Technology Program

Trinity Health Radiologic Technology Program, hereinafter referred to as the "Program," has an excellent reputation of graduating professional Radiologic Technologists (Radiographers) of high academic excellence and above average entry level technical skills. Our graduates typically score above the 90th percentile on the American Registry of Radiologic Technology (ARRT) national registry exam to become certified Radiographers.

The Program is a 22 month certificate program accredited by the Joint Review Commission on Education in Radiologic Technology (JRCERT), 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182, 312-704-5300, (website: www.jrcert.org) (e-mail: jrcert@mail.idt.net). For more information contact the Program Director at phone number: 701-857-2316 or mailing address: Trinity Health Radiologic Technology Program, PO Box 5020, Minot, ND 58702-5020. Additional Information can be found on the program website, trinityhealth.org/radiology_school

The Trinity Health Radiologic Technology Program is an outcome-based educational program with the primary focus on competency achieved through a mastery learning system. Integration of classroom and clinical education is also an important element to the success of the Program and its graduates. The student benefits from hospital and clinic radiology patient care environments, state-of-art imaging equipment, highly skilled staff of Registered Technologists, a small enrollment and educators with years of clinical and teaching experience. The clinical experience is designed to maximize patient contact in performance of radiography procedures. All students are supervised while in their clinical training by ARRT registered and JRCERT approved Clinical Instructors. Upon completion of this program, graduates will be eligible to take the ARRT registry exam and upon successful completion, be recognized as professional, competent entry level Radiographers.

Mission Statement, Goals and Student Learning Outcomes

MISSION STATEMENT:

The mission of the Trinity Health Radiologic Technology Program is to provide a comprehensive, quality education in the art and science of radiologic technology. The program strives to prepare service-oriented, knowledgeable entry-level radiographers who demonstrate qualities of excellence in critical thinking, professionalism, patient care, safety and ethical behavior in serving their patients, healthcare community and the profession.

GOALS and STUDENT LEARNING OUTCOMES (SLO's):

Goal 1: To graduate students who possess effective verbal and written communication skills.
SLO 1.1: Students will demonstrate effective patient communication skills.
SLO 1.2: Students will demonstrate effective written and verbal communication skills

Goal 2: To graduate students who can apply critical thinking skills to professional practice.
SLO 2.1: Students will exhibit necessary critical thinking skills in the positioning and performance of patient exams.
SLO 2.2: Students will demonstrate the ability to critically evaluate completed radiographs.

Goal 3: To graduate students who are clinically competent entry level radiographers.
SLO 3.1: Students will produce images exhibiting accurate positioning and acceptable radiographic quality.
SLO 3.2: To graduate students with effective radiation protection practices for self, patients and healthcare team.

Goal 4: To graduate students who possess ethical and professional behaviors necessary for an entry level radiographer.
SLO 4.1: Students will demonstrate professionalism and ethical behavior.
SLO 4.2: Students will demonstrate professionalism with the healthcare team.

ACHIEVEMENT OF GOALS:

To accomplish these goals we believe correlation of didactic and clinical education must exist. We believe that through a mastery and competency based education, the student will learn to function decisively, independently and correctly.

The following ***COMPETENCIES*** have been established as essential and minimum for the student to function adequately in a modern health care system. These competencies also serve a multifold purpose as a working structural model for our program.

This includes but is not limited to the following purposes:

1. serve as a curriculum guide
2. serve as a guideline to develop performance indicators for clinical and didactic courses
3. serve as criteria for measuring student learning outcomes, through testing and grading

Competency #1

Apply knowledge of the principles of x-ray production and appropriate usage of radiation production equipment to provide safety for the patient, themselves and other health care professionals.

- Explain x-ray production.
- Identify the properties of x-ray.
- Distinguish between electromagnetic radiation and particulate radiation.
- Define types of radioactivity.
- Utilize and understand the fundamental units of radiation.
- Explain x-ray interactions with matter.
- Explain the biologic effects of radiation to the human body.

- Explain the necessity and importance of radiation protection for the patient, self and others.
- Identify factors that will result in an increase or decrease in radiation exposure to patient and self.
- Apply methods of radiation protection in the clinical setting which will result in minimal exposure to self, patient and others while preserving the quality of radiographic exam.
- State the National Council on Radiation Protection guidelines and dose equivalence limits.
- Demonstrate proper and safe manipulation of x-ray equipment in the clinical setting.
- Apply knowledge of electrodynamics to the x-ray circuit.

Competency #2

Apply knowledge of anatomy, physiology, pathology and positioning to accurately demonstrate structures for radiologic exams.

- Define and utilize medical terminology.
- Identify the anatomy of the body systems.
- Understand physiology as it relates to radiography.
- Define pathologic conditions and identify them radiographically.
- Understand and utilize radiographic positioning terminology and landmarks.
- Explain and demonstrate the radiographic positions and projections necessary to demonstrate and evaluate body anatomy and pathology, radiographically.
- Exercise discretion and judgement, in clinical situations, to utilize alternate positioning and examination methods to better demonstrate anatomic structures when limited by the condition of patient.
- Make appropriate adjustments in positioning and procedures to perform pediatric examinations.
- Identify radiologic contrast medias, their usages and indications.
- Select, prepare, assist and administer appropriate contrast media to patients.

Competency #3

Determine proper exposure factors which will achieve optimum radiographic quality.

- Apply knowledge of mathematical formulas to calculate and adjust exposure factors to compensate for equipment and technique changes.
- Apply knowledge to determine the effects of altering quality and quantity of the x-ray beam on the radiographic image.
- Understand the primary and secondary influences on radiographic quality and how they alter radiographic quality.
- Differentiate between additive and destructive pathologies and how to vary exposure technique appropriately.
- Apply knowledge and understanding of how body habitus affects exposure techniques and equipment utilized.
- Adjust necessary exposure factors for pediatric radiography.
- Understand and utilize proper exposure factors for patient protection.

Competency #4

Examine radiographic images for the purpose of making judgmental decisions concerning positioning, technical factors, pathology factors and radiation protection aspects.

- Utilize evaluation criteria to identify if radiographic image includes all anatomical structures necessary.
- Utilize evaluation criteria to determine between acceptable and unacceptable patient positioning to demonstrate necessary anatomy.
- Discriminate between acceptable and unacceptable exposure technique and exposure indices on radiographic image.
- Understand and demonstrate the ability to make the proper changes required to successfully repeat an unsatisfactory image.
- Identify proper legal information on a radiographic image (markers, name, date, etc.)
- Perform appropriate image manipulation techniques before transferring and saving the images.

Competency #5

Provide appropriate patient care.

- Understand the importance of providing for the physical and psychological needs of patients in all age groups and various ethnic backgrounds.
- Understand the importance of, and provide for, proper patient/technologist communication.
- Provide appropriate patient education.
- Demonstrate an understanding of the functions of the various specialty areas of radiology.
- Understand and practice the Code of Ethics for the Profession of Radiologic Technology and the "Principles of Professional conduct for the Radiologic Technologist".
- Demonstrate proper body mechanics for maximum patient safety and personal safety.
- Apply and demonstrate the consistent use of Standard Precautions, on all patients.
- Apply and demonstrate the principles of aseptic technique.
- Apply and demonstrate the principles of sterile technique.
- Recognize emergency situations and demonstrate appropriate and necessary response.
- Become CPR certified.

Competency #6

Understand and apply human interactions in the medical domain.

- Understand the organizational structure of the hospital, clinical sites and department of radiology.
- Understand the function of a radiographer/radiologic technologist in the medical domain.
- Apply principles of appropriate communications in interactions with all personnel.

ADMISSION PROCESS & REQUIREMENTS Updated 4/21

The Trinity Health Radiologic Technology Program ("the Program") subscribes to the principles and laws of the state of North Dakota and the federal government pertaining to civil rights and equal opportunity. The Program's policies prohibit discrimination on the basis of race, gender, religion, age, color, creed, national or ethnic origin, marital status or disability in the recruitment and admission of students and the employment of faculty, staff and students and in the operation of all program activities and services. Evidence of practice which are inconsistent with this policy should be reported to the Program Director and/or Human Resource Director.
The Joint Review Committee on Education in Radiologic Technology **(JRCERT)** has approved the Program for up to a total of 12 students at a time. However, the Program reserves the right to admit only those applicants who meet established minimum requirements for age, education, physical and personal skills. The Program does not accept transfer students from other clinical radiography programs, accommodate part time students or offer advance placement. The Program does accept transfer credits for college coursework to assess whether an applicant has fulfilled the prerequisites for admission. Please note that if accepted into the Program, a criminal background check will be conducted on the student as part of processing the student into Trinity Health's human resource system.

MINIMUM REQUIREMENTS

Age: Applicants must be at least 18 years of age in compliance with the National Council on Radiation Protection and Measurements (NCRP) effective radiation dose limits for occupational exposure in persons younger than 18.

Education: The American Registry in Radiologic Technology (ARRT) is the only certifying agency in the US offering credentials in medical imaging. The ARRT allows candidates to apply for the radiography exam only if they

1) possess at least an associate degree, and
2) have completed an ARRT-approved clinical educational program.

In accordance, all Program applicants must demonstrate evidence of:

1) having already earned an associate or baccalaureate degree; or
2) current enrollment in a degree program that will earn the applicant an associate or baccalaureate degree before beginning the Program.

Additionally, the Program requires applicants to be currently enrolled in or have completed these university courses to be considered for admission to earn a clinical certificate in radiography:

<u>The Program's Prerequisite Post-Secondary Courses</u>

- 1 semester advanced level math (College Algebra, Precalculus, or Statistics)
- 2 semesters/1 full year of Anatomy and Physiology
- 1 semester of Physics
- 1 semester of Medical Terminology
- 1 semester of social/behavioral science course (Psychology, Sociology, Ethics)
- 1 semester of Oral Communication/Speech
- 1 semester of English Composition

GPA: The applicant must have a minimum cumulative college GPA of **2.75** at the time of application.

Technical: Applicants must possess the following skills to participate in the Program and meet the physical demands of a radiologic technologist:

- Fine and gross motor coordination to respond promptly and manipulate equipment
- Verbal and written communication skills to effectively communicate in English
- Hearing skills to assess patient needs and communicate effectively with other healthcare team members
- Visual acuity to observe patients, manipulate equipment and evaluate radiographic image quality
- Ability to accomplish moderate lifting at a minimum of thirty pounds to ensure patient safety

• Satisfactory intellectual and emotional functions to exercise independent judgement and discretion in the safe technical performance of medical imaging procedures

These specifications will be documented by the applicant during the application process. All applicants accepted into the Program must present documentation that they possess these physical requirements by a Licensed Independent Practitioner on a Health Evaluation form provided by the Program.

Personal: Applicants must be of good moral and ethical character to include ability to:
- Reason and exercise good independent judgement
- Exhibit responsible, accountable and professional behaviors
- Work under stressful conditions
- Independently organize a work plan and meet deadlines
- Communicate effectively with patients and healthcare team members
- Exhibit professional discretion with confidential information
- Attest to integrity of academic performance

All requirements will be assessed by application documents, personal references and the personal interview. Additionally, the ARRT requires all applicants for certification to affirm that they have been and remain in compliance with the Code of Ethics, Rules of Ethics as spelled out in the Standards of Ethics. The ARRT establishes and enforces Rules of Ethics that require all applicants for certification to be of good moral character. Generally, the conviction of a crime or felony involving moral turpitude may indicate lack of moral character and render the person ineligible to take the certification exam. Violations of academic honor codes and suspension or dismissal from an educational program may also render an applicant ineligible to take the ARRT certification exam. While conviction of a crime or academic sanction is not an absolute ban to school admission, it may depend on the ARRT decision of eligibility. Applicants with concerns regarding ARRT eligibility should contact the ARRT directly for more information at:

ARRT
1255 Northland Drive
St. Paul, MN 55120
www.arrt.org

APPLICATION PROCESS

The application deadline is January 1 for the subsequent class, who will begin the Program in August. **All application forms** can be found at www.trinityhealth.org/radiology_school or by contacting the Program Director at :

Trinity Health Radiologic Technology Program
420 3rd St. SE/P.O. Box 5020, Minot, ND, 58701
701-857-2316
michelle.bratton@trinityhealth.org.

Detailed steps for completing an application- where possible submit all documents at once:

1. Return the following forms by mail/fax/email/hand delivery to the Program:
   a. The completed and signed **Application Form**,
   b. The signed **Technical Specifications Form**, and
   c. The signed **Codes of Ethics and Honor Form**;

2. Mail or hand deliver the non-refundable **application fee** for $35.00 (check or money order made out to Trinity Health);

3. **Applicant themselves must return the 3 completed Reference Forms** carefully following these instructions:
   a. References should not be relatives, but someone who knows you well and can give honest feedback about you. One should be an ***employment*** reference, a second should be an ***academic*** reference and a third should be a ***personal*** reference.
   b. Applicant must review the Applicant's Option to Waive on the Reference Form and determine whether to sign the waiver before giving the forms to your references.

c. Applicant must give Reference Forms to your references, ask them to complete it, seal it in an envelope with their signature across the seal and return to you. **Applicants must mail or hand deliver the references directly to the Program.** *Your application will not be considered complete if all 3 References are not returned as set forth.*

4. **Applicants must order their official college transcripts.** If transcripts are from an official electronic transcript service, applicants must have them sent to the Program Director's email address above and inform the Program Director to expect the electronic transcript. Otherwise, applicants must pick up the official transcripts and mail or hand deliver them to the Program. *Your application will not be considered complete if your official transcripts are not returned as set forth.*

5. **Applicants must order/request official high school transcripts** and ensure they are sent to the address above by the applicant or school.

*Applications are not considered complete until **all** the required documents are received.* The Program Director will contact applicants through the email address/phone number provided when all application documents/fee have been received to confirm that it is complete. *If confirmation is not received*, applicants must contact the Program Director and inquire about the status of their application prior to the deadline. Complete applications will be reviewed and scored on the basis of college coursework transcripts and references received. Candidates who meet the Program's minimum requirements will be contacted via email or phone to schedule a personal interview at Trinity Health in Minot. Applicants will not be contacted for an interview if their application is incomplete. Interviews are generally held in January.

ADMISSIONS COMMITTEE PROCEDURES/SCORING PROCESS

Applicants are offered positions in the Program on a scored basis. The Admissions Committee consists of the Program Director and Clinical Instructor(s) but may also include lead technologists or the radiology director. A student representative may also attend the interviews but will not score applicants or be involved in the final ranking of the applicants for admission to the Program.

1. ACADEMIC EVALUATION:

An applicant **must** have a minimum cumulative college GPA of 2.75 to qualify for admission to the Program. If an applicant's transcript reflects a lower GPA, the applicant will be notified that they are not eligible for admission.

For eligible applicants:

Prior to the interview, an applicant's college/university transcripts are reviewed and coursework is pre-scored. Applicants are assigned point values for the prerequisite courses as documented by the official transcripts. Optional coursework completed and evidenced in a transcript is also scored. Course points are determined by multiplying the course credits by the grade achieved (see details in ***Academic Scoring below***). Range 0-137 points

2. REFERENCES EVALUATION:

Prior to the interview, an applicant's personal references are pre-scored by program officials and awarded 0-4 points per reference. Range 0-24 points.

3. HEALTHCARE LICENSURE/WORK EXPERIENCE AND VOLUNTEERING:

Applicants are awarded points for volunteer work, previous healthcare work experience in patient care areas and/or for documented healthcare/licensure (CPR/BLS certification does not quality). Points awarded: 1-3 points per year for part-time work, full-time work with direct patient contact based on how long the applicant did such work; 0.5-3 points for meaningful volunteer work; and 1-3 points for healthcare licensure/certification (ex's: CNA, LPN, EMT -proof of licensure is required) (max of 3 points) Range 0-9 points.

4. **APPLICANT PROFILE QUESTIONNAIRE:**
The applicant will write an essay during the interview process in the Applicant Profile Questionnaire which is scored by program officials. The essays serve to evaluate the applicant's ability to communicate in written form, how they organize their thoughts, and whether they appreciate basic mechanics, grammar and handwriting, as well as providing valuable insight to an applicant's background. Range 0-24 points.

5. **BASIC MATH & ALGEBRA TEST:**
Applicants are given a basic math test to assess basic skills. Range 0-8 points.

6. **INTERVIEW EVALUATION:**
During the interview, applicants are asked the same series of questions to assess 5 qualities: intellect, motivation, personality, knowledge, and verbal communication skills. After each interview, applicants are scored 1-5 points in 9 categories. Points awarded are averaged to reach an interview score. Range 9-45 points.

7. **FINAL APPLICANT REVIEW:**
After each interview, the admissions committee reviews the entire application, references, transcripts, questionnaires, and interview evaluations. Each committee member completes the Application Review form concerning the applicant's qualifications for admission.

8. **RECHECK:**
Finally, points are re-totaled for each applicant and rechecked for scoring errors. The applicants are ranked by these scores and are then offered positions in the Program. The next several highest scoring applicants may be offered positions as alternates.

ACADEMIC TRANSCRIPT SCORING

Academic ability is an extremely important aspect of the application process. University transcript grades on select courses are a valid indicator of the applicant's future performance. Classes scored reflect general university requirements for a bachelor's degree in radiologic technology and the Program's educational requirements. Applicants are awarded points for completion of the following courses:

REQUIRED COURSES	OPTIONAL COURSES
ADVANCED LEVEL MATH	
1 sem Advanced Math (Algebra, Precalculus, Statistics)	
PHYSICS	
1 sem Physics	1 sem Physics II
NATURAL SCIENCES	
2 sem of Anatomy and Physiology	1 sem Kinesiology 1 sem Chemistry or 1 sem Biology/Microbiology
MISC. GENERAL EDUCATION	
1 sem Medical Terminology 1 sem Speech 1 sem English Composition 1 sem Social/Behavioral Science (Psychology, Sociology, Ethics)	1 sem Allied Health course 1 sem Information Systems or 1 sem Computer Science

ACADEMIC SCORING

- Credit hours are multiplied by the grade received: **A**=3, **B**=2, **C**=1, **D**=0, **F**=0, **P**=2, **W** (withdrew)= **-1**. If a student choses S or U in lieu of a letter grade in a course, S=1 and U=0.
- Each course is only scored once.
- Repeated courses are averaged. 1 point is subtracted from the score for withdrawing.
- Completed optional courses shown on a transcript are also scored.
- Allowance/projected grades - required courses enrolled in, but not yet completed when the application is due (as evidenced by an official transcript) will receive a projected grade score based on the first semester in that course or on overall performance of similar courses.

During the interview, the applicant will receive a copy of the Program's Policy Manual, Clinical Plan and JRCERT Standards to review. Applicant will be given an opportunity to ask questions and receive explanations to their satisfaction regarding policies during the interview process.On the day of the interview the applicant can expect:

1. To be given a brief tour of the radiology department and then escorted to the medical library;
2. To review a copy of the Policy Manual and be asked to sign a form stating that they reviewed the program materials and had time to ask questions;
3. To be given time to complete a brief math test and essay questionnaire for scoring;
4. To be escorted to the personal interview with the Admissions Committee.

ACCEPTANCE INTO THE PROGRAM

After the interview, the applicants are ranked by final point scores. The Program is allowed 12 students in the program at any given time. The Program Director will notify the selected applicants by phone or email within a week of the interview. Alternates will also be notified will be informed if a position opens in the Program prior to the August start date. Final acceptance is based on successfully completing the entire application process and not on any single criterion. Each applicant is considered individually.

Applicants who are offered a position in the program:

1. Have 3 days from the date of notice of acceptance to officially accept a position in the Program;
2. Must send a $300 non-refundable deposit for books/fees. Several months before class starts, the Program Director will contact accepted students directing them to submit proof of health insurance, a Pre-Entrance Health Evaluation and other miscellaneous items that are needed prior the first class day. Final acceptance into the program occurs once the applicant returns a completed Pre-Entrance Health Evaluation and has successfully completed Trinity Health's human resource background check.

Advisory Committee

The Trinity Health Radiologic Technology Program has an established Advisory Committee to oversee and maintain program quality and continued program improvement. The committee is chaired by the Program Director. Other member representatives include Clinical Instructor(s), Radiology Department Administrator, Program Medical Director, Lead Radiologic Technologist(s), Radiology Coordinator, Student Representative and one or more member from the community. The Advisory Committee will meet at least annually to review and make recommendations for changes to program mission, vision, policies, didactic curriculum and clinical education plan. The Advisory Committee or a specialized Assessment Committee will also meet at least biannually to review and revise the overall Assessment Plan of the program and ensure and support compliance with JRCERT Standards for accreditation. The Advisory Committee may also be called upon in situations of student grievances and/or student disciplinary action.

Student Expenses

FINANCIAL AID

The Program does not provide any financial aid. Students attending universities that offer financial aid must seek it through their college of enrollment. The Program is recognized by the United States Department of Education through the JRCERT accreditation process. Costs to students are determined to be reasonable and will be accurately stated and published. Policies and processes for student withdrawal and tuition refund will be fair, published and made known to all applicants. Other student resources include applying for grants or scholarships as members of the ASRT and NDSRT. Also, the Trinity Health Foundation awards an annual scholarship to a senior student author of a scientific research paper.

STUDENTS ELIGIBLE FOR US GOVERNMENT EDUCATIONAL ASSISTANCE

The Program is an approved program under Title 38 of the United States Code that provides educational assistance to eligible veterans and/or their spouses/dependents. Eligibility for educational assistance is determined by the Department of Veterans Affairs. Students who are deemed eligible under Title 38 U.S.C. (Montgomery and GI Bills) must timely submit to the Program Director a certificate of eligibility for entitlement to

educational assistance, a Statement of Benefits, or the like, issued by the appropriate government agency. These students are deemed self-pay, but the Program will certify to the Veteran's Administration the student's enrollment every semester to seek tuition payment in accordance with the student's eligibility determination. The Program will permit the student to continue to attend and have access to classes, libraries and clinical experiences without penalty or late fees even if funding from said benefits is delayed. The student remains responsible for timely payment per semester of any remaining tuition not covered under his or her Title 38 U.S.C. benefits. Note that the payment option used when seeking Title 38 U.S.C. benefits is payment by semester.

AFFILIATED UNIVERSITIES AND TUITION AGREEMENTS

Trinity Health Radiologic Technology Program has tuition affiliation agreements with Minot State University and University of Mary in Bismarck. These joint students enroll in the clinical course each semester as directed by their university and credits earned in our Program fulfill the required university clinical course credits needed to earn a bachelor's degree in radiologic technology. These co-enrolled students continue to pay tuition directly to their university and their university will award their bachelor's degree to them upon completion of our Program. The universities reimburse the Program for a portion of the tuition paid (MSU 85% and Univ. of Mary 80%) under the terms of tuition affiliation agreements with the Program. For specific questions regarding the university coursework required for a degree or tuition requirements contact your university advisor directly.

TUITION

Students not co-enrolled in an affiliated university are deemed self-pay and will pay total tuition of $7,000 for the entire program. Tuition is payable directly to the Program in 5 increments of $1,400 per semester (due within 30 days of a semester start date), or $3,500 for the first year (due by August 15) and $3,500 for the second year (due by August 15).

STUDENT WITHDRAWAL FROM THE PROGRAM

A student wishing to withdraw from the Program must submit an official written declaration to program officials. The official date of withdrawal is the date the written withdrawal is received by a program official.

TUITION REFUNDS

Students paying tuition to a university are bound by the tuition refund policies of their university and in accordance with the tuition affiliation agreements if they choose to withdraw from the Program. A self-pay student who withdraws from the Program may request a tuition refund according to the Pro Rata Refund table below. Weeks completed will be calculated by that student's academic calendar and a week runs from Sunday to Saturday. A week is considered complete if a student was in attendance on the last day of the week in his or her scheduled class or clinical area.

Weeks completed	Semester	% Tuition RETAINED	% Tuition REFUNDED
0-8	1	25%	75%
9-20	1	50%	50%
21 or more	2	100%	0%

BOOKS

Students are responsible for the cost of the textbooks required by the program, some books will be ordered by the Program and students will be responsible for others. The cost of text books for the entire program averages $850-1000. The $300.00 tuition deposit will be credited toward the total cost of books and fees.

REGISTRY REVIEW FEE

A fee of $100 for a 5th semester Registry Review course will be taken from the initial book deposit.

ARRT EXAM FEE AND STATE LICENSING

Students should be aware that there is a $200 fee to apply to take the ARRT exam in order to become a registered radiographer after completing the Program. Further, many states, including North Dakota, require a technologist to obtain a license in order to be employed as a radiographer, which varies from state to state. In ND it is around $200 to become licensed for the first time and $150 every 2 years after that (see, NDMIRTboard.com).

UNIFORMS
Students are to wear appropriate scrubs while in the clinical environment and are responsible for providing their own. Trinity Health Radiology staff are assigned the color BLACK.

Surgical attire, when required for a clinical rotation area, will be provided by the hospital.

PROFESSIONAL ORGANIZATIONS
Students are required to become members of a national professional organization, the American Society of Radiologic Technologists (ASRT) www.asrt.org. Senior students are also required to become a member of the state professional society, North Dakota Society of Radiologic Technologists (NDSRT). Total dues are approximately $50.00 per year.

ENTRANCE HEALTH EVALUATION
All students ACCEPTED into the program must submit a completed health examination form along with a record of immunizations and TB testing completed within twelve months of the program start date. This expense is incurred by the student. Evidence of good health and ability to meet the technical and physical demands of the program is the final requirement for acceptance into the program.

HEALTH INSURANCE
All students are required to carry personal health insurance. The student will be enrolled for state Workforce Safety Insurance, the cost of which shall be paid by Trinity Health.

TRANSFER CREDIT
The program does not accept transfer credit from other clinical/internship radiologic technology programs, but will consider university coursework in order to determine if an applicant has the necessary prerequisite coursework to apply to the program.

STUDENT SERVICES
The following is a listing of student services provided by Trinity Health Radiologic Technology Program in conjunction with Trinity Health.

- Free parking (in designated areas)
- Free shuttle service (between clinical areas)
- Discounted meals (both hospital cafeterias)
- Free CPR (provided upon enrollment and recertification just prior to graduation)
- Free Hepatitis B vaccine series
- Free TB testing (provided upon enrollment)
- Free radiation monitoring service (replacement charges may apply)
- Free OSHA in-service training
- Free mandatory hospital in-service training
- Discounted text books
- Free limited Worker's Compensation coverage
- Free counseling services (provided by instructors and pastoral care staff)
- Free lockers/storage for personal belongings (student must provide personal padlocks)
- Free identification badges (replacement charges may apply)
- Free medical library access
- Free influenza shots
- Free internet access for school related purposes (in classroom and at various hospital locations)
- Free lead markers (replacement charges may apply)
- Surgical scrubs provided when on surgical rotations
- Use of the classroom for studying and breaks
- Use of skeletons and anatomical models for testing and positioning
- Opportunity to submit a paper to compete for the Michelle Keller scholarship awarded in November of students' senior year.

Program Schedule

The Program operates on a schedule of 5 semesters, which vary in length. The school week runs from Sunday through Saturday. Regularly scheduled student hours vary according to student assignment but are generally from 8 am to 4 pm Monday through Friday. Students will spend an average of 12 hours per week in didactic class, 3 hours per week in scheduled clinical lab and the remainder in clinical rotations. The student schedule is designed to never exceed 40 hours per week (Sunday – Saturday) of combined clinical and didactic class time and clinical assignments do not conflict with regularly scheduled didactic or clinical labs. Weekend and evening clinical rotations are scheduled accordingly as to avoid conflict with regularly scheduled class.

Didactic Classes are held daily Monday through Thursday in the classroom. Hours are 9:00 a.m. to 3:00 p.m., with up to one hour break for lunch.

Clinical Classes that include demonstrations, laboratories, and clinical testing are scheduled once during the week from 1:00 p.m. to 4:00 p.m. Juniors are scheduled for clinical class on Wednesday afternoon and seniors on Tuesday afternoon. Lunch break on clinical days is 30 minutes.

The general weekly student schedule is as follows:

JUNIORS

Monday	*7:00 a.m. to 9:00 p.m.	Clinical rotation
Tuesday	9:00 a.m. to 3:00 p.m.	Didactic class
Wednesday	*7:00 a.m. to 9:00 p.m.	Clinical rotation Clinical class/lab
Thursday	9:00 a.m. to 3:00 p.m.	Didactic class
Friday	*7:00 a.m. to 9:00 p.m.	Clinical rotation

SENIORS

Monday	9:00 a.m. to 3:00 p.m.	Didactic class
Tuesday	*7:00 a.m. to 9:00 p.m.	Clinical rotation Clinical class/lab
Wednesday	9:00 a.m. to 3:00 p.m.	Didactic class
Thursday	*7:00 a.m. to 9:00 p.m.	Clinical rotation
Friday	*7:00 a.m. to 9:00 p.m.	Clinical rotation

* Clinical hours vary depending on clinical area assignment / student lunch is taken prior to clinical class where necessary

Academic Calendar

The student will complete five consecutive semesters during the 22-month program including a limited number of weekend and evening clinical rotations. Time spent in weekend and evening rotations will not exceed 25% of the student's total clinical clock hours.

Trinity Health Radiologic Technology Program Academic Calendars
(subject to change) revised 1/21

Class Starting 2021/Graduating 2023

Semester/ year	Start Date	End Date	Days off during semester	Semester Break
1 - 2021	08/02/21	12/17/21	09/06; 11/25 & 11/26	12/18/21 – 01/02/22
2 - 2022	01/03/22	05/27/22	03/12 – 03/20; 04/15	05/28 – 06/05
3 - 2022	06/06/22	08/19/22	07/02 – 07/10	08/20 – 09/05
4 - 2022	09/06/22	12/16/22	11/24 & 11/25	12/17/22 – 01/02/23
5 - 2023	01/03/23	05/11/23	03/11 – 03/19; 04/07	5/11/23 Graduation

JRCERT Approved Clinical Sites

Master clinical rotation schedules for a whole year are provided to the students several months in advance. Schedules are designed to provide equitable clinical rotations with adequate time to achieve completion of all required competencies. The following Trinity Health clinical sites are JRCERT approved for student rotations:

1. Trinity Hospital
2. Health Center – West, Orthopedic Clinic (attached to Trinity Hospital by skywalk)
3. Health Center – Medical Arts
4. Health Center – St. Joseph's, Same Day Surgery (attached to Medial Arts Clinic)
5. Health Center –Town & Country (Advanced Imaging Center)
6. Trinity Health South Ridge

Sites 3-6 are physically detached from the main Hospital and students are expected to drive to those sites when assigned to those rotations. All clinical sites are within 3 miles from the main Hospital. More detailed information on each clinical site can be obtained in Appendix A – the Clinical Education Plan.

General Curriculum Sequence and Course Descriptions

TRINITY HEALTH RADIOLOGIC TECHNOLOGY PROGRAM CURRICULUM (updated 4/21)
Trinity Health sponsors the Program, which has small class sizes and instructor to student ratios. Because many of our students are working towards a bachelor's degree from an affiliated university, our curriculum is structured in both clock hours and credits to comply with affiliated universities credit requirements for the clinical course to earn a degree. Students complete didactic courses in an accelerated, immersive fashion laying the foundation for subsequent courses as they journey through the program. This format has been extremely successful for our students.

CLOCK HOUR TO CREDIT HOUR CONVERSION
Clock hours and clinical hours are calculated utilizing guidelines from the North Dakota University System Academic Credit Matrix and the U.S. Department of Education Credit System. A clock hour is 50 minutes of class time instruction where students prepare a minimum of 2 hours outside of class for each hour in class. To convert clock hours to credits, clock hours are divided by the number of weeks in the semester. Our program utilizes a scale of approximately 100-120 clinical hours = 1 credit.

COURSE NUMBERS
Generally, 300 series courses are 1st- 3rd semesters & 400 series courses are 4th-5th semesters

2021-2023 CURRICULUM: DIDACTIC AND CLINICAL COURSE SEQUENCING

1st Semester – August 2, 2021 – December 17, 2021

Course #	Course Name	Clock Hours	Credits
300	Fund of Radiologic Science	50	2.0
304	Medical Terminology	30	1.5
305	Professional and Medical Ethics	25	1.0
306	Physics I	70	3.0
316	Positioning I	105	5.0
322	Introduction to Pathology	16	1.0
328	Basic Patient Care	30	1.5
350	Clinical I §	352	3.0
	TOTAL HOURS/CREDITS	678	18.0

2nd Semester – January 3, 2022 – May 27, 2022

Course #	Course Name	Clock Hours	Credits
308	Physics II	60	3.0
310	Image Production and Quality	40	2.0
318	Positioning II	110	5.5
331	Scholarly Research Paper *	16	
352	Clinical II §	472	4.0
	TOTAL HOURS/CREDITS	698	14.5

3rd Semester – June 6, 2022 – August 19, 2022

Course #	Course Name	Clock Hours	Credits
320	Positioning III	12	1.0
329	Advanced Patient Care	12	1.0
330	Introduction to MRI	12	1.0
312	Anatomy & Physiology I	12	1.0
331	Scholarly Research Paper/ Registry Review *	12	
354	Clinical III §	312	3.0
	TOTAL HOURS/CREDITS	372	7.0

4th Semester – September 6, 2022 to December 16, 2022

Course #	Course Name	Clock Hours	Credits
403	Digital Imaging/Fluoroscopy	50	3.0
412	Anatomy & Physiology II	80	5.0
416	Computed Tomography	15	1.0
418	Mammography	15	1.0
440	Clinical IV §	344	3.0
460	Registry Review*	14	
	TOTAL HOURS/CREDITS	518	13.0

5th Semester – January 3 to May 11, 2023

Course #	Course Name	Clock Hours	Credits
450	Radiobiology	64	3.5
410	Radiation Protection	50	2.5
442	Clinical V §	376	3.0
470	ARRT Registry-Comprehensive Review *	118	
	TOTAL HOURS/CREDITS	608	9.0

* Clock hours not used to calculate credits
§ Clinical hours listed are actual hours in clinical areas

COURSE DESCRIPTIONS

FIRST YEAR - 1st, 2nd, and 3rd SEMESTER

A more complete description is given in the course syllabi given to the students prior to each course.

300 ORIENTATION/FUNDAMENTALS OF RADIOLOGIC SCIENCE *Prerequisite(s): None*
Unit I orients new students to policies/procedures of the program, department and hospital, provides an overview of radiography, its role in health care delivery and lays the foundation of imaging principles and terminology necessary to a radiographer. Unit II provides students with the theory and application of concepts related to the basic principles of radiation protection and how to implement them in clinical environment. Unit II must be completed prior to beginning any clinical assignments.

304 MEDICAL TERMINOLOGY *Prerequisite(s): None*
This course reinforces and reviews the meaning of medical word parts, how to combine them and break them down to understandable terms, enabling the student to communicate in the medical world.

305 PROFESSIONAL AND MEDICAL ETHICS *Prerequisite(s): None*
This course provides an understanding of the medical imaging technologist's professional scope of practice, ethical and medicolegal issues in the healthcare environment and patient rights.

306 PHYSICS I *Prerequisite(s): None*
This course introduces the history of x-rays, sources of radiation and the appropriate units of measure, a basic understanding of atomic structure, understanding of EMR, electrostatics, electrodynamics, magnetism and electronics.

308 PHYSICS II *Prerequisite(s):306 Physics I*
This course covers the imaging system circuit and components, x-ray tube, x-ray production, the x-ray emission spectrum, x-ray photon characteristics of quantity and quality, and the five basic x-ray interactions with matter.

310 IMAGE PRODUCTION AND QUALITY *Prerequisite(s): 308 Physics II*
This course covers characteristics of a high-quality medical image, how to optimize radiographic spatial

and contrast resolution, choose proper techniques and how beam restricting devices and grids control scatter radiation. It also discusses AEC, APR, technique charts and other quality factors.

312 ANATOMY/PHYSIOLOGY I *Prerequisite(s): 304*
This course covers human anatomy, physiology and pathology of the endocrine and reproductive systems, including imaging of the reproductive system.

316 POSITIONING I *Prerequisite(s): 300, 303*
318 POSITIONING II *Prerequisite(s): 316 Positioning I*
320 POSITIONING III *Prerequisite(s):318 Positioning II*
Positioning courses include anatomy, physiology, pathology, radiographic positioning, trauma modifications and radiation protection in the following areas: Semester 1: skeletal system, respiratory, upper and lower extremities; Semester 2: spinal column, digestive system, skulls/facial bones, urinary system; and Semester 3: bony thorax. Clinical labs are conducted in conjunction with the didactic courses. Image evaluation with an emphasis on radiographic quality and positioning to produce optimal images is also discussed.

322 INTRODUCTION TO PATHOLOGY *Prerequisite(s): None*
This course provides students with the concepts of disease, effects on human body and considerations for radiographic procedures.

328 BASIC PATIENT CARE *Prerequisite(s): None*
This course focuses on knowledge and skills required to provide safe, quality patient care in medical imaging, including infection control, workplace safety, patient transfers, assessment and vital signs, working with pediatric and geriatric patients, and applying the learned competencies in the radiology department, emergency, trauma, surgery and advanced imaging areas. Prior to rotating in advanced imaging areas, student must complete the advanced modality unit that introduces the daily workings, types of exams, equipment used, patient protection and safety issues in CT, MRI, CVI, Interventional Radiology, Nuclear Medicine/PET, Ultrasound, Mammography and Radiation Therapy.

329 ADVANCED PATIENT CARE *Prerequisite(s): 328*
This course introduces students to patient care in advanced procedures, aseptic technique, pharmacology, drug administration and venipuncture.

330 INTRO TO MAGNETIC RESONANCE IMAGING *Prerequisite(s): None*
This course introduces the basic principles of MRI, equipment operation, image production and safety, as well as some cross-sectional anatomy. The course also includes clinical rotations.

331 SCHOLARLY RESEARCH PAPER *Prerequisite(s): None*
Junior students chose a medical imaging topic to research and prepare a scientific paper to compete for the Michelle Keller Scholarship, a long standing tradition in our program. As seniors, students submit the same paper to the North Dakota Society of Radiologic Technologist annual scientific research paper contest. Time is allotted during the 3rd through 5th semesters for students to work on this paper and the oral presentation for the NDSRT conference. This paper is assessed in a rubric for the Student Learning Outcomes Assessment Plan.

350 CLINICAL I *Prerequisite(s): 300*
352 CLINICAL II *Prerequisite(s): 350 Clinical I*
354 CLINICAL III *Prerequisite(s): 352 Clinical II*

Clinical rotations in the first year include hospital, radiology and program orientation in the classroom and clinical areas. Students are introduced to the radiology office and transportation areas to provide insight into the daily workings of these areas. Students rotate through general radiography, orthopedics, fluoroscopy, surgery & portables. Once students have passed the didactic and laboratory testing of a positioning course they are able to perform exams under direct supervision; after demonstrating competency they can perform exams under indirect supervision.

After students have completed the advanced modality unit in patient care, they are scheduled in observational advanced modality rotations. Students also complete reading assignments, worksheets, learning objective checklists and/or papers for each advanced modality. *See below.*

SECOND YEAR - 4th and 5th SEMESTERS

403 DIGITAL IMAGING ACQUISITION & DISPLAY *Prerequisite(s): 310*
This course presents fundamental principles and components of computers used in digital medical imaging, including hardware equipment and software applications, digital imaging equipment, digital radiography, computed radiography, fluoroscopy and digital fluoroscopy. Techniques and features of digital image viewing, acquisition, archiving and retrieval are also covered along with digital QA/QC.

410 RADIATION PROTECTION *Prerequisite(s): 300*
This course reviews the basic principles of radiation protection followed by an in-depth discussion of occupational and patient radiation protection, including dose monitoring, x-ray room design, National Council on Radiation Protection and Measurements regulations and CFR-Title 21 requirements.

412 ANATOMY/PHYSIOLOGY II *Prerequisite(s): 312*
This course includes units on the central and peripheral nervous systems, the circulatory system, including identification of human anatomy and physiology of those systems, as well as an in-depth unit on cross sectional anatomy of common body structures.

416 COMPUTED TOMOGRAPHY *Prerequisite(s): 403*
This course presents breast anatomy and pathology with an introduction to routine positioning of breast tissue in mammography. This course also includes a clinical rotation.

418 MAMMOGRAPHY *Prerequisite(s): None*
This course presents breast anatomy and pathology with an emphasis on routine positioning of breast tissue in mammography during students sixth semester. This course also includes a clinical rotation.

440 CLINICAL IV *Prerequisite(s): 354 Clinical III*
442 CLINICAL V *Prerequisite(s): 440 Clinical IV*

These Clinical rotations in the second-year include general radiography, orthopedics, fluoroscopy, surgery & portables and students must complete all clinical proficiencies, objectives and assignments to be eligible to graduate. Second-year students rotate through advanced modality areas and have elective weeks

450 RADIOBIOLOGY *Prerequisite(s): None*
This course explores human biology of cells and the effect of radiation on the body, including the radiosensitivity of tissues and organs from the DNA level to total body response, concentrating on early and late tissue responses and stochastic responses to radiation.

460 REGISTRY REVIEW EXAMS *Prerequisite(s): completion semesters 1 & 2*
In semesters 3, 4 & 5 students take begin taking 100 question multiple choice “mock” exams (St. Catherine’s Developmental tests) in class with extensive review of the questions/answers.

470 ARRT REGISTRY REVIEW *Prerequisite(s): Successful completion of all coursework*
This course assists the student to prepare for the ARRT certification and registration examination and to become a member of the radiologic technology workforce. The purpose of the course is to review, reinforce and complement all prior knowledge from the program curriculum.

PREREQUISITES TO CLINICAL ROTATIONS IN ADVANCED MODALITIES:

Modality	**Prerequisites /Assignments**
Radiation Therapy	Course 328; Clinical Assignments and Objectives (Merrill's Ch. 30, pp 431-458; worksheets; paper/case study, clinical objectives and evaluations)
CT	Course 328; Clinical Assignments and Objectives (Merrill's Ch. 25, pp 205-224, 237-244 and worksheets; paper/case study, objectives and evaluation)
Cath Lab/IR	Course 328; Clinical Assignments and Objectives (Merrill's Ch. 27, pp 273-294; worksheets; paper/case study, objectives and evaluation).
MRI-AIC	Courses 328 & 330 (Intro to MRI); Review MRI Screening sheet; clinical assignments, objectives and evaluation.
NM/PET	Course 328; Clinical Assignments and Objectives (Merrill's Ch. 29, pp 387-410, 428-430 and worksheets; paper/case study, objectives and evaluation)
DEXA	Course 328; Clinical Assignments and Objectives (Merrill's Ch. 19, pp 465-502 and worksheets, objectives and evaluation)
US	Course 328; Clinical Assignments and Objectives (Merrill's Ch. 28, pp 357-386; worksheets, paper/case study, clinical objectives and evaluation)
Mammo	Course 328 & 418 (Intro to Mammography); Clinical assignments, objectives and evaluation

Academic Standards

To promote higher standards of professional achievement in the field of radiologic technology, the Program requires students to maintain academic excellence. Students are required to maintain at least an 80% average in didactic assignments, tests, clinical testing, clinical performance evaluations and their cumulative didactic and clinical grades. Students not meeting academic standards will be subject to disciplinary action including warnings, dismissal and not graduating unless these academic standards are met.

DIDACTIC STANDARDS OF PROGRESS

1. Didactic course grades are calculated upon completion of a course and students may view these grades privately with the Program Director at any time. Failure to achieve at least 80% in an exam in a course will result in review of the subject matter, remedial counseling and possibly a repeat examination at the Program Director's discretion. A verbal warning is given for failing to achieve an 80% or higher on the repeat exam. The final course grade is calculated from the initial test score.

2. Failure to maintain at least an 80% cumulative didactic grade average will result in a student receiving a written warning. Dismissal may result if the cumulative average is not raised to 80% within a three month probationary period.

CLINICAL STANDARDS OF PROGRESS

1. Failure to attain at least 80% on a single clinical testing will result in the student being counseled by the Clinical Instructor, allowed time for remedial study and repeat testing. The repeat score will be recorded with an (R) behind it. Students may view their posted clinical grades at any time.

2. Failure to be adequately prepared for clinical testing will result in a grade point reduction.

3. Failure to maintain at least 80% average in clinical testing and performance evaluations will result in written warnings and probationary status. Failure to raise the grade average to 80% by the end of the probationary period will result in dismissal.

4. Failure to complete required clinical competencies within designated time frames will result in written warning and may delay a student's graduation date.

Grading Policy

The grading policy supports our academic standards policy and the Program's goals to provide a high quality education and graduate competent entry level radiologic technologists. Students can review posted academic and clinical grades upon request with program officials. Students also receive copies of their didactic and clinical grades during private semester evaluations with program officials.

SCALE FOR CALCULATING DIDACTIC & CLINICAL COURSE GRADES

Using the scale below, students earn grade percentages for each credited course. Semester and Final GPA's are calculated by multiplying the number of credits/course with the grade points earned, then dividing that number by the total credits in that semester.

Grade %	Grade	Grade Points
100-94	A	4.0
93-86	B	3.0
85-80	C	2.0
< 80	F	---

Pass = or > 80. No GPA awarded for Pass/Fail

DIDACTIC GRADING

Students typically take quizzes and unit exams in each didactic course with average quiz scores counting for 25% and unit exam(s) counting for 75% of the course grade. However, the syllabus for each didactic course states how any course assignments will be weighted in the final course grade.

CLINICAL GRADING

Students receive a clinical grade that is twofold:

1. 90% Clinical Performance
   - Clinical performance accounts for all clinical lab testing, competency evaluations, proficiency rechecks and final testing.
2. 10 % Professional Development
   - Each semester the student's professional development is evaluated by the Clinical Instructor. This is an evaluation of the student's affective behavior while in the clinical setting.

See the Clinical Education Plan for more detailed clinical grading policies.

SEMESTER CONFERENCES

The Program Director and Clinical Instructor objectively determine performance ratings and keep the students informed of their individual progress through private semester evaluation conferences where students receive appropriate recognition for their semester performance and are counseled on needed improvements. The student is also allowed to evaluate the Program, instructors and the clinical sites during the conference.

BIMONTHLY CONFERENCES

The Clinical Instructor meets with the students bimonthly to discuss individual progress and counsel on needed improvements. During this private conference, the student is also allowed to evaluate the Program, instructors and clinical sites, and address any issues that may arise. Additional evaluation conferences are scheduled if the need arises to address specific issues.

Probation & Student Conduct Policy

Students enrolled in their first semester of the program are probationary students. This probationary period is two-fold, it allows time for the program officials to determine whether or not the student is performing satisfactorily and allows time for the student to decide whether or not he/she is satisfied with the Program and their career choice. The student may be eligible for a partial refund if they choose to drop out of the program during the first semester and prior to completing 20 weeks of the program.. (Refer to STUDENT EXPENSES section in this Manual under Tuition Refunds.)

It should be noted that the student can again be placed on probation following the initial probationary period, however no tuition refund will be issued. Students may be placed on probation for inappropriate conduct and/or academic failure. Probation is initiated at the discretion of the Program Director, in compliance with the DISCIPLINE AND DISMISSAL POLICY.

Discipline & Dismissal Policy

Trinity Health is a service organization, dedicated to providing quality healthcare for their patients and the community. The Program is an important part of this mission and therefore students must maintain high standards of academic achievement and ethical behaviors as well as continued professional development. The ARRT requires students applying for certification exam to sign statements related to Codes of Ethics and Honor, which are included in this document and can be found on the ARRT website at https://www.arrt.org/earn-arrt-credentials/requirements/ethics-requirements.

Students are expected to assume responsibility for their own education. They should demonstrate initiative, maturity, perseverance and intellectual curiosity, in order to master the practice of radiography. The hospital and school are committed to providing a well-rounded and high quality intensive course of study. The student must also assume their role in this commitment.

Whenever the conduct and or academic record of a student does not meet the minimum standards, or if the student is considered disruptive to the hospital, disciplinary action will be taken. In case of severe or extraordinary offenses, immediate dismissal from the program will result. When failure of standards is less severe, disciplinary measures are progressive in nature. The objective of disciplinary measures is to correct or modify performance which is unacceptable and or inappropriate. Disciplinary action is not intended to be punitive. Emphasis is placed on counseling.

The response to a student's particular behavior will be guided by the nature of the behavior, circumstances surrounding the event, review of the student's records, discussions with involved parties, and how it affects their status to sit for the ARRT Certification exam. The response will take into consideration the student's openness over the matter, and willingness to correct the behavior. Actions may be, but not limited to, consultation/verbal correction, documented consultation, probation, grade reduction, or a dismissal not necessarily preceded by probation. Documentation of each infraction will become a part of the student's permanent file and may be required to be reported to the ARRT on student's application for boards. Reportable Honor Code infractions required by ARRT are denoted with an asterisk, however this does not include all infractions that may be reported.

The following are descriptions of progressive disciplinary actions, in increasing order of severity.

NOTE: An asterisk by an infraction indicates it must be reported to ARRT.

I. VERBAL WARNING

A discussion of the nature of the failure of standards is held in private between the student and the Program Director. Documentation of the verbal warning will be placed in the student's file. Verbal warning will be given on the first offense of the following professional standards of conduct.

- evidence of careless performance of tasks assigned
- absence from assignments without permission
- Abuse of CTO/PLD policy
- extended lunch or breaks
- plagiarism* — "Plagiarism" means using someone else's ideas or words without using quotation marks and/or giving credit by citation of source(s).
- disrespectful or discourteous actions or behaviors
- failure to follow the dress code or hygienic standards
- unexcused tardiness
- using inappropriate/offensive language
- unauthorized use of cell phone, including texting, during class or while in clinical areas
- other minor infractions deemed inappropriate in accordance with school/hospital policy

II. WRITTEN WARNING/PROBATION

Continued failure to meet standards of progress (both professional and academic) following the issuance of a verbal warning or a breach of the standards of conduct listed below, will result in the student being given a written warning and being placed on probationary status for a period to not exceed three months. Note this action may be reported to the ARRT and may render the student ineligible to take certification exam.

Written warning applies to the first offense of the following professional standards of conduct.

- failure to meet academic standards
- violation of Codes of Ethics and Honor*
- cheating* — Examples of Cheating: Copying / submitting another person's work as your own, unauthorized use of someone else's work, using unauthorized notes, text or equipment including programmable calculators during an examination, stealing an examination or using a stolen examination, allowing another student to have access to your work, thereby enabling that student to represent the work as his or her own
- sleeping during assignments
- disorderly conduct on school or hospital grounds*
- refusal to perform tasks assigned
- dishonesty, misrepresentation, or making false statements*
- failure to demonstrate improving efficiency in the performance of clinical and/or didactic assignments
- revealing confidential information*
- absence from class or clinical assignments (second offense)
- unauthorized duplication or inspection of testing material(s)
- leaving clinical site while on clinical time without proper authorization
- sexual harassment*
- illegal, inappropriate, unethical actions or behavior*
- continued breaches of verbal warning(s)
- breach of HIPAA regulations*
- practicing in an unsafe manner or outside the scope of professional training*
- other evidence of unprofessional conduct or breech of standards in accordance with hospital/school polices*

Procedure:

1. The written warning is prepared by the Program Director, stating the specific standards not being met and the length of the probationary period.
2. A conference is held between the student and the Program Director. Goals are set for the student to meet to rectify the failure of the standards of progress and given notice of the length of the probationary period. The student is informed that if he/she has not met the standards and goals by

the end of the probation period, he/she will be dismissed from the program.
3. The student signs the written warning and given a copy. The original is placed in the student's file in the Program Director's office.

III. DISMISSAL

Dismissal is the forced withdrawal of a student enrolled in the program. It results when a student has not met the standards of progress following a probationary period or for willful violation of the standards of conduct listed below.

Final dismissal means the student discontinues attendance and is not eligible for reentrance at a later date.

Students being dismissed would be offered the option of withdrawing voluntarily so that their record would not reflect a forced dismissal.

A student who has been dismissed may initiate a Grievance Procedure according to the school's Grievance Policy. Pending the outcome of the grievance, the student would not be allowed to attend class or report to their clinical assignments.

If the grievance is successful and the student reinstated, they would resume attendance and would be required to complete all assignments and competencies missed before being allowed to graduate. If the grievance is not successful, the student is not allowed reinstatement and the dismissal would be final.

The procedure to inform the student of her/his dismissal is as follows:
1. A Notice of Dismissal is prepared by the Program Director, outlining the reasons for dismissal.
2. A conference is held between the student and the Program Director to inform the student of the reasons for dismissal, and to explain the Grievance Procedure available to them.

Dismissal on the first offense without verbal or written warning will be enforced for the following professional standards of conduct.

- willful violation of safety regulations or intentional carelessness in regard to the safety of patients, co-workers or student*
- deliberate abuse of another person*
- willful destruction of property*
- theft*
- falsification of school or hospital records*
- failure to attend class or clinical assignments on more than three consecutive days without notifying the Program Director
- reporting to class or clinical assignment while under the influence of alcohol or a controlled substance (refer to this school's Drug Policy)*
- possession of a controlled substance*
- conviction of a felony or misdemeanor showing a lack of sound moral judgement*
- carrying a concealed lethal weapon
- any gross unethical or unprofessional conduct in offense of school/hospital policy*

Codes of Ethics & Honor

As part of the application process for admission into this program, applicants are asked to sign a Codes of Ethics and Honor form to ensure the applicant's awareness of the ARRT requirements well in advance of applying for the certification exam.

The ARRT is the entity that will determine a student's eligibility to take the required certification exam to become a registered radiologic technologist. As such, students who may have answered "yes" to any of the questions on the Code of Ethics and Honor (summarized again below) must personally contact the ARRT and complete a pre-application to determine whether they are eligible to attempt the required certification exam for radiologic technologists.

Contact information:

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

The health care profession is held to a higher standard of integrity than many non-healthcare professions. As a student in our school of radiologic technology, you will learn to be a health care professional. As such, society's ethical principles and laws to safeguard the health of the public should guide your behavior.

The American Registry of Radiologic Technologists (ARRT) requires you to sign the following statement before being allowed to take your registry exam to become a Radiologic Technologist.

"Have you ever been convicted of a misdemeanor or a felony? _____

Note: Charges or convictions resulting in any of the following must also be reported:
–pleas of guilty, – pleas of no contest, – withheld or deferred adjudication, – suspended or stay of sentence
–pre-trial diversion, –military court martial, – drug or alcohol related charges
DO NOT report misdemeanor charges or convictions that occurred while a juvenile and that were processed through the juvenile court system.

Also due to the higher standard of integrity that society places on healthcare professionals, the ARRT expects students to also academically conduct themselves in a moral and ethical manner, and not to act in any manner that is punishable by law or ethical misconduct.

The ARRT requires you to sign the following two statements before you are allowed to take your registry exam.

1. *"Have you ever been suspended, dismissed, or expelled from an educational program that you attended in order to meet ARRT certification requirements?*_____
2. *"Have you had any license, registration, or certification denied, revoked, suspended, placed on probation, or subjected to discipline by a regulatory authority or certification board (other than the ARRT)?*_____

Applicants or current students of the program with questions about this should seek clarification from the ARRT well in advance of preparing to apply for the certification exam so that there is ample time for allow the ARRT to determine their eligibility to take the exam based on information provided by the student/applicant.

Total Didactic & Clinical Hours

The following in a break-down of student hours for the 2021-2023 class. Note that the Program recognizes the same holidays as Trinity Health, therefore students are not scheduled on those or the traditionally observed holidays.

When scheduled for an evening rotation, the student is in clinical rotation 1 pm to 9 pm, Monday through Friday. Students are scheduled off the Friday before and Friday after a weekend rotation. When scheduled for day weekend rotations, the student is in clinical rotation 7 am to 3 pm Saturday and Sunday. On evening weekend rotations, the student is scheduled from 1 pm to 9 pm. Didactic and clinical class hours and clinical rotation hours will not exceed 40 hours per week.

2021-2023 Class Hours

Semester/Year	Didactic Hours	Clinical Hours	TOTAL HOURS including PM and weekend	PM Hours	Weekend Hours	
1 2021	326	352	**678**	0	0	
2 2022	226	472	**698**	24	32	
3 2022	60	312	**372**	40	32	
4 2022	174	344	**518**	24	16	
5 2023	232	376	**608**	40	32	
TOTALS	1018	1856	**2874**	128	112	
Deducted time for all holidays that students are off						
Weekend PM shift included in PM count only						
Clinical day is 8 hours, Didactic day is 6 hours						
PM weeks counted as 24 hours, weekends counted as 16 hours						
Total Weekend/PM Clinical hours = 240 hours/13% of total clinical hours (>25% allowed by JRCERT)						

Semester Breaks/Holidays, Funeral Leave, Lunch Breaks

SEMESTER BREAKS and HOLIDAYS OFF

Students get a 1-2 weeks off between each semester (see the Academic Calendar for exact dates):

2 weeks between the 1st and 2nd semester, which includes Christmas and New Years.
1 week between the 2nd and 3rd semester, which includes Memorial Day.
2 weeks between the 3rd and 4th semester, which includes Labor Day.
2 weeks between the 4th and 5th semester, which includes Christmas and New Years.

In addition, students are given the following days off:
Labor Day: Monday (1st semester)
Thanksgiving Break: Thursday and Friday (1st and 4th semesters)
Easter Break: Good Friday through Easter Sunday (2nd and 5th semesters)
Spring Break: a week in mid-March (2nd and 5th semesters)
The week of July 4 (3rd semester)

FUNERAL LEAVE

Students will be granted up to two excused days funeral leave for the death of an immediate family member which includes:

- parents and step parents
- children and stepchildren
- grandparents and great grandparents
- brothers, sisters, step brothers, step sisters
- spouse

If the funeral is not for an immediate family member, the student will be given the day of the funeral off. CTO or PTO must be used for time in excess of the day.

Should extended time off be needed due to a family member's death, the Leave of Absence policy will be followed.

COFFEE AND LUNCH BREAKS

Dining room areas are provided for coffee and lunch breaks. Students may purchase cafeteria meals at reduced employee rates or bring a lunch. Coffee breaks are limited to 15 minutes, lunch breaks are 30 minutes.

Personal Time Off (PTO) & Compensatory Time Off (CTO)

It is important to remember that you are entering a career as a healthcare professional. Just as your future employer and co-workers expect and depend on you to show up to work as scheduled, we expect you to attend didactic and clinical hours as scheduled. All absences, both excused and unexcused, are reported in your permanent file and attendance record.

Trinity Health Radiologic Technology Program provides Personal Time Off (PTO) and Compensatory Time Off (CTO) to be utilized for sick leave and personal time off. The following are guidelines as to how PTO and CTO may be used and accumulated. These guidelines are not all inclusive, the program recognizes that extenuating circumstances do arise, and will do our best to make accommodations on a case by case basis.

PERSONAL TIME OFF (PTO) (EXCUSED TIME OFF)
Students are allowed 80 hours of PTO while in the program to be utilized for both personal time-off and sick leave. (Use your time wisely!) These hours are used for excused time off and do not need to be made up.

COMPENSATORY TIME OFF (CTO)
The students have opportunities throughout the program to accumulate additional hours of time they may request as excused time off.

All PTO/CTO requests are subject to approval by the Program Director or Clinical Instructor prior to taking time off, otherwise leave will be considered an unexcused absence. (An unexcused absence must be made up and the Discipline and Dismissal Policy will be followed.)

If absent for an entire day
1. It will be counted as an absence in your permanent file/attendance record
2. An absence on a class day will deduct 6 hours of PTO
3. An absence on a clinical day will deduct 8 hours of PTO

Seniors – PTO/CTO will not be granted during classroom time the last few weeks of the program. The registry review course is crucial in preparing for the registry exam and attendance is mandatory.

A student cannot make up time in advance in attempt to bank hours as PTO.

REQUESTING PTO AND CTO
1. PTO/CTO requests must be submitted by entering your request in Trajecsys.
2. Submit the PTO/CTO request as early as possible
   - At least 1 week notice if requesting an entire day off
   - 24 hour advance notice if requesting a couple hours off
     (DO NOT call/text the morning of to ask if you can take an hour to sleep in)
3. The use of PTO/CTO is discouraged during clinical weekends, evenings, and advanced imaging rotations. The time spent in these rotations is minimal, therefore missing hours reduces the clinical experience gained during these rotations. Student may be allowed to trade rotations with another student with prior approval from the Clinical Instructor.
4. The use of PTO/CTO is discouraged during clinical demonstration labs. Demonstrations in clinical lab classes are performed only once. No make-up sessions will be held.
5. Again, all PTO/CTO requests are subject to approval by the Program Director or Clinical Instructor prior to taking time off, otherwise leave will be considered an unexcused absence. (An unexcused absence must be made up and the Discipline and Dismissal Policy will be followed.)

ILLNESS

1. It is the responsibility of the student to notify the Program Director and/or the Clinical Instructor of an illness. This notification process must occur on a daily basis if the student is ill for more than one day. Notification may take place in the form of a phone call to the Program Director or Clinical Instructor's office phone or personal cell phone. Using text or email is NOT acceptable. (Failure to notify program officials will result in an unexcused absence. An unexcused absence must be made up and the Discipline and Dismissal Policy will be followed.)
2. If a student is sick during a weekend rotation, they must call and/or leave a message on the Clinical Instructor's cell phone as well as notify the department staff.
3. If a student misses 3 consecutive days due to illness, a physician's note must be turned in to the Program Director or Clinical Instructor prior to their return.
4. Students who abuse the PTO/sick leave policy without proper documentation of illness may be subject to a verbal warning from program officials and may be required to forfeit banked CTO hours when program officials must spend time assisting the student with material they missed (See below).

REQUESTING PERSONAL TIME/SICK TIME AFTER ALLOTTED HOURS HAVE BEEN USED (UNEXCUSED TIME OFF)

1. If a student requests PTO but has already used their allotted PTO hours, the Program is under no obligation to allow the student time off. This is considered unexcused time off.
2. However, should the unexcused PTO be granted on a clinical day, the student must make up all the clinical hours they were absent. The Clinical Instructor will determine the scheduled make-up time in relation to the student's level of clinical competency completion. The student will ideally be rescheduled for make-up time during the week of absence to avoid exceeding the JRCERT limit of 40 hours per school week or during the next scheduled break immediately following the absence.
3. If unexcused PTO is granted on a class day, it is the student's responsibility to ensure they are prepared for the next class day, including being ready for any quizzes, assignments or exams scheduled that day. The Program Director is under no obligation to rearrange their own or the other students' schedules to accommodate such a request.
4. Students who call in sick after allotted PTO hours are gone will be required to make up hours as noted in 2 and 3 above.

CTO ACCUMULATION

The final decision regarding CTO activities or the amount of time granted will be at the Program Director's discretion. Some examples of CTO that can be accumulated at a 1:1 time ratio are:

1. Donating Blood (must submit documentation of date/time of event, signed by phlebotomist)
2. Remaining in the clinical rotation area greater than 10 minutes after shift to observe, assist or perform a radiologic examination.
3. Participating in NDSRT or ASRT designated activities or committees.
4. Participating in educational activities related to radiologic technology (completing ASRT quizzes), health care, patient advocacy, public speaking or Trinity Health community or employee service events.

CTO DEDUCTIONS

Program officials may, in their discretion, deduct accumulated CTO from a student's banked hours for various reasons, including, but not limited to:

1. Turning in late advanced modality assignments - 30 minutes/1-5 days late and 60 minutes/week until the assignment is turned in.
2. For time program officials spend assisting student with material they missed during an unexcused absence.
3. Tardiness to clinicals or class (See Tardiness on following page)
4. Misuse of cell phone during clinical or class hours.

Medical Appointments

Students are encouraged to make medical appointments outside of school hours. However, if this is not possible, medical appointments should be scheduled so they do not interfere with scheduled didactic class and clinical lab periods. **The student must request a signed verification from the provider and turn into Program Director upon return**. If the medical appointment exceeds one hour, the student must take CTO time. Abuse of this policy will be considered an infraction and dealt with in accordance with the Discipline and Dismissal Policy.

Tardiness

Time missed due to tardiness will be deducted from the student's CTO bank. For every 5 minutes the student is late, 15 minutes will be deducted from their CTO bank. The clock used to determine "on time or late" is at the discretion of the Clinical Instructor and Program Director.

In the clinical areas "on time" means in the radiology department and ready to perform assigned responsibilities. If the student is on a surgery portable rotation they should arrive a few minutes early to allow for extra time to change into hospital attire.

"On time" in the classroom means at your desk and prepared with the necessary items for the class period. Note if a student is late due to the performance of a clinical competency, the Clinical Instructor will notify the Program Director and the student will be exempt from the time penalty.

The only exception to tardiness is inclement weather. In the interest of student safety, if driving conditions are poor, weather will be taken into consideration. Please refer to the Inclement Weather policy.

Jury Duty

The Trinity Health Radiologic Technology Program believes in fulfilling the obligation of jury duty and will allow students who are summoned to participate in this civil duty. Upon receiving a summons for jury duty, the student must notify the program director of the days of obligation and work with faculty to reschedule student class or clinical activities.

Jury duty will not count against personal time. In most cases, jury duty lasts one week or less. Students are given up to 24 hours of excused time to fulfill their civic obligation. If more time is needed, the circumstances will be reviewed on an individual basis and the student may be required to make up time. Students must show evidence on the time of jury duty by bringing in a letter from the court, which gives the dates and hours served each day, upon returning to school.

Leave of Absence & Long Term Disability

Any student absent from the program for a period exceeding one month should withdraw and reapply the following year. The student will be considered a new applicant and will be part of the applicant pool for that year.

A student with an excused absence of less than one month will be allowed to use personal leave days to cover all or a portion of the time missed and may be required to complete the remaining hours immediately after established graduation date of their class.

PROCEDURE:

1. Student must be in good academic standing
2. Request must be submitted to the Program Director. A document will then be drafted to include the following:
   - reason for leave, if for medical leave, student must provide documentation of physicians written leave recommendation
   - length of leave and date student will return to program
   - requirements which must be met by student to complete the program
   - time limitation that student has to complete program requirements, following return to program. Due to JRCERT enrollment limitations, the maximum time allowed will be through the fourth week of July.
3. Request must be approved by the Program Director in consultation with the Advisory Committee.
4. The student will review written request with Program Director then sign it, indicating acceptance of leave plan. A copy of request will be given to student and a copy placed in their personal file.

RATIONALE:

The requirements for completion of this educational program are based on 22 months of full time study, with the components of the curriculum being offered once per year. The program reserves the right to handle and formulate leaves of absences on a case by case basis. It is almost impossible to formulate policies which are applicable to each and every case. In the case of leave of absence due to illness or pregnancy, one cannot accurately predict when one will leave or return to the program. The intent of this policy is to provide a plan for the students to complete his/her education following a brief or extended absence due to reasons beyond the control of the student.

NONCOMPLIANCE:

A student who has been granted a leave of absence and does not comply with guidelines set forth is subject to dismissal from this program.

Graduation Requirements

To graduate from the Trinity Health Radiologic Technology Program, the student must fulfill all the following requirements.

1. Complete all didactic courses with a cumulative grade of no less than 80%.
2. Complete all clinical testing with a cumulative grade of no less than 80%.
3. Complete all competencies and proficiencies with a cumulative grade of no less than 80%.
4. Complete all clinical checkoffs, papers, worksheets, clinical safety log and miscellaneous assignments.
5. Complete all ARRT clinical and didactic requirements.
6. Pay all tuition and book fees in full.
7. Return all tests and quizzes.
8. Return all hospital and school property.
9. Turn in TLD's
10. Complete an exit interview with the Program Director.
11. Submit a completed application to ARRT for registry exam. Processed application will generate student exam notification window period. Student must then schedule a date, time and location for testing with the ARRT designated testing service.

If the above requirements have been met, the student is then awarded a certificate of completion from the program. Graduation is usually held the second week of May. Students enrolled in a university degree program will have a statement of completion forwarded to the university upon completion of the program requirements to graduate. Credit hours awarded by the university are at the discretion of the individual university.

All students successfully completing the program are eligible to apply for and take the American Registry of Radiologic Technologists (ARRT) national certification examination. Upon successful completion of this exam, students receive the right to use the credential Registered Technologist in Radiography — R.T.(R)(ARRT) after their name.

Limited Early Release & Delayed Program Completion Policy

The Program requires a student to complete the full 22 month program. However, since it is a competency based program, the following provisions have been made.

LIMTED EARLY RELEASE

Subject to Program Director's approval and availability, a student may be declared clinically competent and be eligible for limited early release from other assigned clinic areas in order to spend remaining clinical hours in a specific radiographic rotation or advanced imaging modality of their choice.

The student must meet the following criteria to be eligible:

- enrolled in their last semester of the Program
- completed all required clinical competencies with a cumulative grade of 80%
- maintained satisfactory didactic grades (determined by Program Director)
- deemed to have the clinical knowledge of an entry level graduate technologist (determined by Clinical Instructors)

A student who has been deemed clinically competent may elect to spend the remainder of their clinical hours in advanced imaging or radiologic modalities. The modality choices will be determined by the Program Director, in consultation with the student and will be based on individual student requests or needs.

The student's eligibility and this policy are subject to the following stipulations:

- the student will not be released to cover hospital or clinic staffing shortages
- the student must first complete final competency testing
- the student must attend didactic class
- the student must maintain their achieved didactic GPA

Failure to abide by this these stipulations will result in re-evaluation of the student's eligibility and possible revocation of elective privileges.

DELAYED RELEASE

A student who has not completed all didactic and clinical requirements of the Program by graduation date will not be confirmed to take their ARRT certification exam. The student will be offered the option to stay in the program and given until the fourth week of July of that year to complete needed requirements. Once the student has satisfactorily completed the program's requirements, the ARRT will be notified of their eligibility. If the student has not completed program requirements in stated time frame, they will be dismissed. The time frame is necessary due to the limited student capacity as set forth by the JRCERT to ensure proper student supervision.

Student Records Policy

The following records are maintained while the student is enrolled in the Program:

- student application
- pre-entrance physical examination
- vaccination record
- didactic and clinical grades
- semester evaluations
- occupational radiation exposure on file with Radiation Protection Officer (RSO)
- conference forms
- disciplinary actions taken
- attendance records
- clinical safety log

Students are free to examine their records at any time, with the exception of two (2) portions of their application– personal references (if the waiver was signed) and personal interview data.

The following records are maintained on a permanent basis.

- program transcript, which includes clinical and didactic grades, verification of ARRT registry results (pass/fail) and attendance
- student application
- pre-entrance physical
- vaccination record
- final occupational radiation exposure report on file with Radiation Protection Officer
- written disciplinary actions (evidence of verbal warnings will be destroyed)

Permanent records will be released with written permission from the former student, in accordance with the Buckley Amendment.

Inclement Weather Policy

INCLEMENT WEATHER POLICY

The program administration recognizes that under certain extreme weather conditions, students cannot and should not attempt to come to campus or clinical sites. However, if classes are not officially cancelled, it is the responsibility of each student to decide if he/she feels safe driving in the inclement weather. This is a decision that must ultimately be made by each individual. Students must assume responsibility for deciding if weather conditions are too hazardous to permit safe driving regardless of school announcements. Safety and personal judgment are required in each individual case. Caution is urged! Even though safety is the first concern, students must avoid any abuse, or potential abuse, of this situation.

CLINICAL DECISION BY 6:00AM

The decision to cancel or delay class or clinicals during inclement weather is the responsibility of the Program Director or his/her designated representative. A decision concerning class/clinical will be made by 6:00 a.m. and Program officials will let the students know if class or clinical time is cancelled. The absence of an announcement should alert students that clinicals will operate on a regular schedule.

If class or clinicals are cancelled due to inclement weather, make up time will be arranged. If the school closes early after the start of class/clinical, the Program Director will notify the Clinical Instructors to dismiss the students from clinical at the time of the closing. If inclement weather policy has not been invoked and the school is open, but the road conditions where the student lives preclude safe travel and the student elects to not report to class or to clinicals, the student must follow the program policy for reporting of the absence. The absence will be documented. In the event of any absence due to inclement weather, make-up time will be added to the semester to ensure students receive the full hours of clinical instruction that are required for the course.

General Student Safety Policies

GENERAL SAFETY

At Trinity Health students are classified as Category I, individuals involved in direct patient care, and are therefore required to complete the same health and safety requirements as Category I employees. These requirements include:

1. Tuberculosis (TB-PPD Mantoux) testing. Students are required to have a TB test, within the 12 months prior to beginning the program as part of the prerequisite physical. If no prior TB testing, new students will have a second testing done through Trinity Health employee health.
2. Annual Safety/Infection control education. This education shall cover at a minimum the following topics:
   - safety (fire, OSHA, etc)
   - security
   - hazardous materials
   - emergency preparedness
   - infection control (including standard precautions)
   - sexual harassment
   - HIPAA
   - security and workplace violence
   - latex allergies
   - age specific competencies
   - radiation and MRI safety

Students are required to complete this education, prior to admittance in the clinical areas and annually thereafter.

New students are required to attend employee hospital orientation. Hospital orientation includes information of Hepatitis B vaccine, general safety and infection control.

Students are required to become CPR certified before transporting patients alone. CPR is provided free of charge to the student through Trinity Health.

Students are offered the Hepatitis B series free of charge.

Trinity Health provides students with Workforce Safety Insurance. Further information can be found through Trinity Health's Human Resources department.

VIOLENCE

In order to provide a safe educational work environment, the Program has zero tolerance for violent acts or behaviors that threaten the safety of other students, instructors, Trinity Health employees, visitors, or patients. Students who engage in violent acts or behaviors will be subject to disciplinary action, up to and including expulsion from the Program. If deemed necessary the Program will also contact the local authorities.

Students are responsible for reporting acts of violence or threatening behavior to the Program Director or Clinical Instructors immediately. In the event of imminent threat of danger, the student should call 911 for help.

SEXUAL HARASSMENT

Students have a right to receive an education in a professional environment free from sexual discrimination and disrespectful, offensive behavior of a sexual nature. The purpose of this policy is two-fold. First, to protect the students from sexual harassment and second, to protect patients and Trinity Health employees from experiencing sexual harassment as a result of student conduct.

Sexual harassment may be verbal, physical, written or visual. Conduct that may constitute harassment includes but is not limited to, sexual or suggestive comments or jokes, sexual propositions, sexist remarks, unwanted sexual advances, unwanted touching, staring or leering, pressure for sexual favors in return for special treatment, any other actions of sexual nature, either implicit or explicit which create a hostile environment.

If a student believes that they have experienced sexual harassment or have knowledge of sexual harassment occurring, they should report the conduct to the Program Director, Clinical Instructors, or Radiology Department Administrator.

If the complaint is against a Trinity Health employee (including Program personnel), Trinity Health's Director of

Human Resources will be notified and action taken in accordance with Trinity Health's Harassment Policy .

If the complaint involves another student enrolled in the Program, a meeting of the School's Advisory Committee will be convened, including a representative from Trinity Health's Human Resource Department. The Committee will have the authority to:

a) dismiss the complaint
b) take disciplinary action up to and including expulsion from the Program
c) take any action which in the opinion of the Committee and Trinity Health is deemed necessary

Any student engaging in sexual harassment may be subject to discipline up to and including expulsion from the Program.

NON-FRATERNIZATION POLICY

The Trinity Health Radiologic Technology Program is committed to maintaining an environment which fosters and encourages student development of high ethical standards. Because of this commitment, the School strongly discourages romantic, sexual, and exploitative relationships involving students with other student enrolled in the radiology program, a radiologic technologist, radiologist, mid-level provider or physician employed by Trinity Health.

In support of this policy the following guidelines shall be enforced:

1. "Involved student" is *not* allowed to submit a Performance Evaluation on a patient exam for grading, nor complete any check-offs while being supervised by "involved technologist, mid-level provider or radiologist".
2. "Involved technologist" *cannot* grade any exam or complete any check-offs for "involved student".

DISCRIMINATION

The Program is committed to utilizing practices that protect students from illegal discrimination, or any other form of discrimination. It will not discriminate against any student because of race, color, religion, national origin, gender, disability, age, or marital status.

If a student believes other students, school faculty, or any Trinity Health employee is discriminating against them, they should report the discrimination to the Program Director, Clinical Instructors, the Radiology Department Administrator, or directly to Human Resources.

Radiation Safety Policy

In accordance with ALARA and Standard 4 of the JRCERT Standards for an Accredited Educational Program in Radiologic Science, the Program has set the following radiation protection guidelines.

A student is required to exercise sound radiation protection practices at all times. At no time may a student participate in a procedure using unsafe protection practices. Unsafe practices are grounds for dismissal from the program. This includes, but is not limited to:

1. Taking exposures, intentionally or unintentionally, on another student or while another student is in a radiographic room. All exposures are to be taken for a medically valid reason only and must be ordered by a physician or licensed independent practitioner.
2. Attempting any procedure under indirect supervision until competency has been achieved. (When competency is achieved indirect supervision is appropriate.)
3. Repeating exposures without the direct supervision of a registered technologist, regardless of competency level.

A student will always wear their TLD while in the clinical setting and adhere to following guidelines.

1. The TLD shall be placed appropriately at the neck level. During fluoroscopy the TLD shall be on the outside of protective shields.
2. The TLD shall be changed quarterly, on the date required.
3. The TLD shall not be worn if undergoing a diagnostic procedure as a patient.
4. If a student loses their TLD, or intentionally or unintentionally misuses them, the student must report it (in writing) to the Radiation Safety Officer and the Program Director and will be charged for replacement. (Approximately $10)
5. Quarterly exposures are monitored by the RSO, Program Director, and student. Upon receipt of Quarterly exposure report by RSO it is reviewed and sent to Program Director. Program Director will review and post in classroom for students to review and initial within 30 days. In accordance with the RSO's guidelines the following limit for exposure should not be exceeded:
   - total dose equivalence
   - 3.75 mGy (375mrem) per quarter = 0.015 Gy/yr (1.5 rem/yr)

   In the rare event that a student exceeds these limits it will be investigated, reported appropriately and the student will be counseled.
6. Permanent exposure records are maintained by the RSO.

STUDENT RADIATION PROTECTION

1. Student shall wear protective lead aprons while performing portable radiography and fluoroscopy procedures.
2. Student shall wear a thyroid shield during fluoroscopy procedures.
3. Student shall wear lead gloves if the student's hands are in the primary beam during a fluoroscopy procedure.
4. Student shall not hold an Image Receptor during any radiographic procedure.
5. Student shall not hold patients during any radiographic procedure when an immobilization method is the standard of care. In the rare event that a student would need to hold a patient, the student shall follow above guidelines 1, 2 & 3, and make every effort to not be in the direct path of the primary beam.

Patient radiation protection is also a serious obligation and should never be taken lightly. Any unsafe radiation practices that expose a patient to unnecessary radiation are also grounds for dismissal. This includes but is not limited to:

1. Taking exposures without appropriately shielding children and any patient with reproductive capabilities.
2. Taking exposures without questioning females, within reproductive age, about possibility of pregnancy.
3. Taking additional exposures, not requested by the radiologist, medical physician, or licensed independent practitioner.

MRI Safety Training Policy

The American Society of Radiologic Technologists (ASRT) recognizes the concept of ALARA to include energies used for magnetic resonance. New students will receive classroom instruction on basic MRI safety during the first week of the Program and complete a confidential MRI screening sheet to determine if they are eligible to participate in this portion of clinical education. Students unable to enter the MRI scan room will have an alternative clinical experience assigned.

Both junior and senior students must complete mandatory annual HealthStream a MRI safety module. Further, all employees at Trinity Health must fill out an employee screening form that is kept on file in MRI and is updated annually prior to entering the MRI suite. Just prior to any MRI rotations, program officials also review MRI safety with students, as well as the screening forms. Lastly, a staff MRI technologist also reviews the student screening forms and safety before admitting them into the MRI imaging area during their rotation.

MRI Safety Signature Page
(For enrolled students only)

My signature below indicates that I have received a copy of the MRI safety policy and screening procedures of the Trinity Health Radiologic Technology Program and answered screening questions to the best of my knowledge. I have also been given an opportunity to ask questions regarding my participation in clinical education in the MRI environment. I acknowledge that it is my responsibility to communicate with program and clinical officials if I need to make a change regarding any information related to program policies and request explanations or clarifications of policies as needed.

I _____ agree to adhere to all policies of the Program and Trinity Health.
(print name) For enrolled students only

_____ _____ _____
Signature Date Time

Compliance Policy

Noncompliance with the Program or hospital policies will be dealt with in accordance with established discipline and dismissal policy, hospital policy, and/or grievance policy.

Safety Event Reporting Policy

In the event that a student is involved in or observes a safety event at Trinity Health involving the facility, patients, staff or visitors, the student is directed to utilize the Safety Risk Management (SRM) procedures as found on Trininet. Details about filing an SRM are covered when students are oriented to Trinity Health's policies.

Student Grievance Policy

DEFINITION OF A GRIEVANCE: any academic or nonacademic problem resulting from an alleged unfair, inequitable or interpretation, application or implementation of a policy or procedure. A grievance can also result from an issue that may initiate from a nonspecific policy or procedure. An academic grade is not an issue for grievance.

The student who has an academic or nonacademic grievance as a result of a specific event or circumstance must follow the student grievance process. A student may seek outside legal counsel; however, the legal counsel may not represent them at the grievance hearing, as it is a closed hearing.

GRIEVANCE PROCEDURE

If a student feels they were treated unfairly because of the application of a policy or program decision, the student has a right to make it known to the program and has the responsibility to do it in a timely, non-disruptive manner. The following process is recommended when addressing these types of issues. A more detailed outline of the process is presented during orientation.

GUIDELINES:

1. The student discusses the issue with the person involved within 48 hours. If satisfactory solution IS achieved, student will inform the Clinical Instructor of the problem and how it was resolved within 24 hours.

2. If the student is not satisfied with the response in guideline 1, they are to state the issue and requested resolution in writing to a program official. A Grievance Resolution Form is available for this purpose. The Program Director or Clinical Instructor will review the information and investigate further, if necessary, and will provide the student with a written response to their concern. All information is considered confidential and is discussed with only those who have a need to know.

3. If the student is not satisfied with the response in step 2, the grievance may be presented to the Director of Radiology and/or the Vice President that oversees radiology in accordance with Trinity Health Problem Solving Procedures. A final decision will be made at this step and will not include officials directly involved in the program (Program Director, Clinical Instructors, or faculty). All efforts will be made to assure that a timely response within 48-72 hours is made from the time the written grievance is submitted to program officials.

4. Discrimination complaints are to be filed directly with Human Resources at Trinity Health.

TIME LINES:

Students have the responsibility to present problems and concerns in a timely manner. During this process program officials reserve the right to revise the student's rotations if necessary for the safety of patients, the student or staff. If changes are made to the student's schedule, all efforts will be made to ensure the student time to make up clinical or class time missed as necessary for the completion of the program.
In the event that an enrolled student should have a grievance related to compliance with the JRCERT standards, they should contact the JRCERT directly —

JRCERT
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
312-704-5300
website: www.jrcert.org

Grievance Resolution Form

GRIEVANCE RESOLUTION FORM

Student name:_____

Date of incident:_____ Time:_____

Location:_____

Person(s) directly involved in the incident:_____

_____

Other person(s) with information regarding the incident:_____

_____

Detailed description of the incident:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Detailed description of what steps have been taken to resolve the incident to date:_____

_____

_____

_____

_____

_____

_____

Signature of the student_____ Date/Time_____

Signature of Program Official receiving the complaint_____

Date/Time received:_____

Student Complaint Policy

The following form may be used to document student complaints that are not covered under the formal Student Grievance Policy so as to provide a record of the complaint and to ensure that a satisfactory resolution is provided to the student and program officials.

STUDENT COMPLAINT FORM

Student name:_____ Date of report:_____

Description of the complaint_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Description of resolution sought by student (if any)_____

_____

_____

_____

Description of actions taken_____

_____

_____

Was the issue resolved satisfactorily? **Y** or **N** If yes, the sign and file complaint as a record to be purged 1 year after the student graduates.

If no, then what steps are to be taken? (attach a new form if necessary)_____

_____

_____

Student signature_____ Date/Time_____

Signature of Program Official _____

Students' Rights & Responsibilities Policy

1. Students have the right to institutional policies and procedures safeguarding the freedom to learn. Students are responsible for knowledge and application of the policies and procedures.

2. Students have the right to admission without discrimination on basis of race, religion, color, age, national origin, sex, marital status, veteran status or any other status or condition protected by applicable state or federal laws. Students have the responsibility to accept others without discrimination on the basis of race, creed, sex, or marital status.

3. Students have the right to take reasonable exception to data or views offered in any course of study and to reserve judgment. Students are responsible for knowing material offered in any course study in which they are enrolled.

4. Students have the right to orderly procedures of academic evaluation without prejudice. Students are responsible for maintaining standards of academic performance for each course in which they are enrolled.

5. Students have the right to confidentiality by all employees of the Program. Students have the responsibility for corresponding confidentiality.

6. Students have the right to a carefully considered policy regarding the information which is part of the student's permanent educational and financial record and the conditions of their disclosures. Students are responsible for maintaining confidentiality of their records.

7. Students have the right to discuss appropriate issues and to express opinions. Students are responsible for maintaining positive public relations for the Program and Trinity Health.

8. Students have the right to participate in the formulation of institutional clarification of standards of behavior which is considered essential in appropriate situations. Students are responsible to know these policies and may be disciplined for violations of these policies.

9. Students have the right to printed institution clarification of standards of behavior which are considered essential in appropriate situations. Students are responsible to know these policies and may be disciplined for violations of these policies.

10. Students have the right to adequate safety precautions within the Program and its clinical areas. Students are responsible for practicing safety measures within the Program and its affiliates.

11. Students have the right to participate with faculty in periodic review of the grading system. Students are responsible for seeking clarification or assistance from faculty regarding academic status.

Health Services Policy

OBJECTIVES:

1. To provide a program designed to promote overall student health.
2. To advise and assist the student when a health problem is present.

POLICY:

1. All students are required to carry personal health insurance.
2. All students must have a complete physical exam before final admission to the program. Health Evaluation forms will be provided and must be returned to Program Director.
3. Students must have one TB test prior to start date, and a chest x-ray if prior positive reaction. (Subject to change, based on Trinity Health Employee policies)
4. Student immunizations must be current prior to admission. Immunization to Rubella will be evidenced if the student can show proof of immunization at or after the age of 15 months or by having an immune rubella titer. Students born in or after 1957 can show immunity to Rubella by one of the following:
   1) documentation of physician diagnosed measles
   2) prior serologic evidence of measles immunity
   3) two live measles vaccinations on or after the first birthday
5. Students will be offered the Hepatitis B immunization, free of charge at the beginning of enrollment in the program.
6. Student health records are kept on file in the office of the Program Director.
7. Students must notify the Program Director when they are ill.
8. Students may seek urgent care at Trinity's Emergency Trauma Center. Non-urgent care is provided at Trinity Health Convenience Care. Expenses for office visits and related medical care are the student's responsibility.
9. If the student is unable to meet the objectives of the Program because of illness, the Student Leave of Absence Policy and Long Term Disability Policy will be followed.
10. All injuries occurring during clinical assignments must be reported on the appropriate hospital incidence forms. Needle stick / blood contamination incidents must be reported and followed up in the Emergency Room. Initial charges are waived. Costs of prescriptions or subsequent medical care required are the responsibility of the student.
11. Students must adhere to the Communicable Disease Policy.
12. Students are provided Limited Workers Compensation coverage by Trinity Health.
13. Because of the small ratio of student to faculty, faculty members become personally acquainted with the students. Students are encouraged to seek counseling from the instructor of their choice. Spiritual guidance and counseling is also available, free of charge, from the Trinity Health Chaplain Service. Mental health and drug addiction services are also available through Trinity Mental Health Services at the student's expense.

Drug Policy

Students agree by their enrollment to abide by Trinity Health's drug policies and the provisions of this policy. Violations of these policies will result in disciplinary actions up to and including dismissal from the Program. (See Discipline and Dismissal policy.)

PURPOSE:

1. To establish a safe and healthy environment for students, faculty, patients and employees of Trinity Health.
2. To ensure the quality of education provided by the Program.
3. To promote the health and wellness of the students by discouraging the abuse of alcohol and the use of illegal drugs.

POLICY:

1. Students must abide by drug policies set forth by Trinity Health, including any changes to policies that are implemented during their time in the program.
2. Students are prohibited from reporting to class or clinical activities while under the influence of alcohol or illegal drugs. Improper use of prescription medication will not be tolerated. Violations of this provision may result in dismissal. Students suspected of being under the influence will submit to drug and alcohol testing.

   Refusal of testing will be considered as a failure to comply with the Program or Trinity Health policies and may result in disciplinary action, up to and including dismissal.
3. The sale, distribution, transfer or purchase of illegal drugs on school or hospital properties is strictly prohibited. Students in violation of this provision are subject to dismissal.
4. A student whose use of alcohol or drugs results in excessive tardiness, absenteeism, or poor performance is subject to disciplinary action, including dismissal.
5. Illegal activities will be reported to the proper law enforcement agencies and the student involved may be subject to criminal prosecution and penalties.

   The student may also be deemed to be in violation of Rules of Ethics by the ARRT and may temporarily or permanently be barred from taking the registry exam. Refer to code of Ethics and Honor in the policy manual.

Transportation & Parking Policy

Students are responsible for transportation to and from class and clinical assignments. Parking regulations of Trinity Health must be followed. Any traffic violations or parking fines are the responsibility of the student.

- Students will be issued a Trinity Health parking sticker.
- All students reporting to Trinity Hospital, Health Center East or Health Center West are required to park their vehicles in Parking Lot F or Parking Lot V at Health Center - Town & Country. Students may utilize the employee shuttle to get to Trinity Hospital between 6:30 am and 5:30 pm, Monday through Friday. The shuttle picks up and drops off at the east entrance of the Town and Country Center and the west staff entrance of the hospital. A telephone is available (along with instructions on calling for the shuttle) at the respective doors.
- Students parking at the Trinity Hospital St. Joseph's and Health Center Medical Arts campus are restricted to the top level of Lot N, the 3rd Street parking ramp, located off Burdick Expressway.
- Students and faculty are not authorized to park in the reserved lots (customer or staff) while conducting school-sponsored, cooperative activities.
- Students parking in violation of the above policy will be subject to Trinity Health parking violation code and also may be issued tickets by the Minot Police Department.
- Students who have been issued more than one violation will lose 1 hour of CTO for every parking infraction thereafter.

Student Professionalism Policy

The purpose of this policy is to provide guidelines to the student concerning professional conduct and appearance. Students not in compliance with the provisions of this policy are subject to disciplinary procedures.

PROFESSIONAL CONDUCT

Students must at all times conduct themselves in a professional and mature manner in accordance with the Code of Ethics for the Profession of Radiologic Technology, including the following:

The Student Technologist:

1. Functions efficiently and effectively demonstrating conduct and attitudes befitting the profession.
2. Acts to advance the principle objective of the profession to provide services to humanity with full respect to the dignity of mankind.
3. Provides medical services to patients without discrimination.
4. Practices technology founded on scientific fact.
5. Exercises care, discretion, and judgement in the practice of the profession.
6. Provides the physician with pertinent information related to diagnosis and treatment management of the patient.
7. Responsibly, protects patient, self and others from unnecessary radiation.
8. Practices ethical conduct befitting the profession.
9. Respects confidences entrusted in the course of professional practice.
10. Abides by the student supervision policy and does not exceed the professional Scope of Practice.

PROFESSIONAL APPEARANCE

All Trinity employees, volunteers, physicians, students and contract/agency staff must maintain a professional, well-groomed appearance at work. Clothing and grooming of all personnel should contribute to a positive impression of the organization, while contributing to a safe and efficient work environment. In the interest of infection control it will be necessary for all employees to maintain good personal health and cleanliness at all times.

General dress code of Trinity employees are as follows:

- Clothing and shoes shall be neat and clean in appearance.
- All employees will be responsible to maintain good personal hygiene.
- Employees must wear appropriate identification provided by Trinity Health with the picture, name, and title

visible (unless covered by surgical scrubs or other protective cover).
- Employees may be required to wear uniforms in whole or in part as determined by the Department Director.
- Employees not required to wear uniforms shall dress neatly and appropriately as directed by their Department Director.
- Hose/stockings must be worn at all times in all areas of Trinity Health.
- Trinity issued scrub attire are to be worn in specified departments only.
- Hair must be neat and clean and of a length and style so as not to interfere with the performance of one's job. Hair must be of a conservative* color. Use of hair coverings or restraint may be required in specific areas as determined by the Department Director.
- A beard or mustache must be neatly trimmed at all times.
- All persons will maintain their finger nails at a reasonable length and must keep nails clean to facilitate effective hand hygiene in the workplace. All persons having patient contact or contact with supplies or equipment for direct patient care may be limited by their department manager, in the use of acrylic fingernails or ornamental nails. It is suggested that only light or neutral nail polish be used and polish not be chipped or worn.
- In the interest of professional image and safety, the wearing of jewelry designed for pierced body parts shall be conservative* and be limited to the ears only. Gauged ears are not permitted. Other types of jewelry may be worn but should be limited.
- Tattoos and/or body art must be conservative* and/or covered while on duty.
- In the interest of patient safety and the concern for our fellow employee, the use of perfume and colognes must be limited in both patient and non-patient care areas.
- Underclothing must be worn at all times while on duty and be unnoticeable.
- Employees should choose attire that does not draw undue attention because of style or length and should allow the wearer to perform job duties comfortably, modestly, and safely.

The following items shall be considered as unacceptable attire:
- printed tee shirts
- sleeveless tops
- low cut blouses or dresses
- midriff tops
- sweatshirts or sweatpants
- denim clothing or jeans of any color, shorts (jeans that are clean, neat and in good condition - no holes/tattering - may be worn for hospital paid meetings)
- form fitting clothing are not permitted (no yoga pants or tight leggings)
- athletic wear, caps
- opened toe shoes (in direct patient care areas)
- flip flop shoes

Dress down days are not permitted. On special occasions, variations to the accepted norm of dress may be allowed at the discretion of Administration.

The following is a list of appropriate scrub colors by dept:
Hospital and Clinics:
- Nurses (RN's & LPN's) – Eggplant
- CNA's & Ward Secretaries – Royal Blue
- Phlebotomists – Navy Blue
- Medical Assistants, Dental Assistants, & Optical Assistants – Maroon
- Housekeepers – Hunter Green
- Radiation Therapy – Black
- X-ray – Black
- Neuro Diagnostic – Eggplant

*Management reserves the right to define conservative. This policy reflects minimum standards or dress and appearance. Variations to this policy because of business necessity should be reviewed with the appropriate Line Manager. The hospital reserves the right to ask any employee or volunteer improperly dressed to go home, change clothing and return to work with loss of pay for the time absent from work, if applicable. Disciplinary action may result for continuous dress code violations.

Cell Phone Usage Policy

Cell phones must be **turned off** while the student is in the classroom or in clinical areas. Cell phones may only be used at break time or meal time. If someone urgently needs to contact a student during class or clinical hours they are instructed to call Trinity Radiology at 857-5220 and 857-2316 during classroom hours.

Patient Transport Safety Policy

A patient's condition can change very rapidly, so it is important the transporter be able to handle emergency situations that could occur. In fairness to the patient, the patient's family, the technologists and our students, the following policy will be adhered to:

No student shall transport a patient ALONE until they are BLS certified. A student who is not certified may assist in patient transport with a certified technologist, transporter or senior student. All new students shall become BLS certified within one month of the Program start date.

Student Employment Policy

Students who seek outside employment or who are employed during the Program are cautioned to avoid excessive work schedules that may interfere with their academic and clinical performance. Adjustments to the student schedule to accommodate outside employment will not be made.

Any paid employment by Trinity Health during the term of the student's enrollment is beyond the control of the Program and is thus a separate entity from the structured clinical experience. The Program will not be held liable for any incident that may occur while the student is a paid employee for Trinity Health.

Reasonable Accomodation Policy

The Program abides by the policy set forth by Trinity Health on reasonable accommodations. The policy is set forth below:

Under the law, Trinity Health will provide reasonable accommodation to qualified employees and applicants with disabilities, as defined by the ADA/Rehabilitation Act and ADA Amendments Act of 2008 *(ADAAA)*, unless to do so would pose a direct threat to health or safety or would cause undue hardship *(e.g., too costly, too extensive, too substantial, too disruptive)*. All references to "disability" in this policy refer only to those impairments that meet the ADA/Rehabilitation Act definition of "disability" as amended by the ADA Amendments Act of 2008 *(ADAAA)*. Trinity Health is committed to providing reasonable accommodations to qualified employees and applicants for employment to ensure that individuals with disabilities enjoy equal access to all employment opportunities. We provide reasonable accommodations:

- when an applicant with a disability needs an accommodation to have an equal opportunity to compete for a job;
- when an employee with a disability needs an accommodation to perform the essential functions of the job or to gain access to the workplace; and
- when an employee with a disability needs an accommodation to enjoy equal access to benefits and privileges of employment *(e.g., training, company events, etc.)*

ACCOMMODATIONS
Employees or applicants who require a reasonable accommodation MUST request an accommodation by contacting HR.

An HR Representative will handle all accommodation needs. For the purposes of this policy, the "HR Representative" may be the HR Director, VP of HR, or other HR representative designated to assist with reasonable accommodation requests and can be reached at 701-857-5191.

Managers and supervisors who receive an accommodation request from an employee **MUST** consult HR about accommodation needs. The HR Representative will work with the employee's supervisor on appropriate reasonable accommodations to meet the individual's disability-related needs and enable them to perform the functions of the position.

As part of the accommodation interactive process, the HR Representative will obtain and evaluate documentation supporting an accommodation request *(such as medical documentation demonstrating that the requestor is an individual with a disability)*, whenever the disability or need for accommodation is not obvious. If an individual has previously submitted medical documentation, the individual should immediately inform the HR of this fact.

Management personnel will be a crucial part of the accommodation process and therefore must be familiar with this policy.

THE INTERACTIVE PROCESS
After a need for accommodation is known, your HR Representative will want to discuss ideas to help with an accommodation. Communication is important to us in finding out the precise nature of the problem that is generating the request, how a disability is prompting a need for an accommodation, and alternative accommodations that may be effective in meeting an individual's needs. If the disability is obvious *(e.g., the requestor is blind or has paraplegia)* or already known to TH *(e.g., the requestor previously asked for an accommodation and information submitted at that time showed a disability existed and that there would be no change in the individual's medical condition)*, we may or may not need further medical documentation.

The HR Representative may need to consult with other TH personnel *(e.g., an employee's supervisor, Information Technology staff)* or outside sources to obtain information necessary to make a determination about your accommodation need.

The HR Representative will advise you of the decision regarding your workplace accommodation need. If it has been approved, an implementation plan will be set in place to support your request. If it is not approved, an explanation for the basis of the denial and information on next steps will be offered.

QUESTIONS
Additional information may be found in the following policies:

- Family and Medical Leave or FMLA
- WSI – Workforce Safety and Insurance and Injuries
- Equal Employment Opportunity

An individual dissatisfied with the resolution of their need for reasonable accommodation may consult the VP of Human Resources within 10 business days of receiving a final response.

Pregnancy Policy (updated 4/21)

The National Council of Radiation Protection and Measurements Report #116, a series of reports on basic radiation protection criteria and dose limits aimed at controlling exposure, states that once a pregnancy has become known, "exposure of the embryo-fetus shall be not greater than 0.5 mSv (.05 rem) in any month (excluding medical exposure)." The purpose of our Program's pregnancy policy is 1) to provide for the well-being of the unborn by following NCRP recommendations and 2) to ensure the quality of the education provided to the pregnant student is not affected.

A student who is or becomes pregnant during the Program is not required to declare their pregnancy but is encouraged to voluntarily inform the Program Director so she can be educated on radiation and pregnancy and so appropriate action to monitor and limit monthly embryo-fetus dose complying with NCRP regulations is undertaken. Whether a student declares her pregnancy or not, the student will be treated equitably by the Program. (A non-declared pregnant student is not considered to be pregnant and cannot ask for special considerations due to health status unless pregnancy is declared.)

If the student chooses to declare her pregnancy, she must:

1. Provide written notice to the Program Director of voluntary declaration of pregnancy, and
2. Meet with Trinity's Radiation Safety Officer (RSO) for radiation safety counseling. The student must sign a statement that she understands any radiation risks involved. Information regarding the pregnant student will be held in strict confidence by the RSO, Program Director and Clinical Instructor(s). A student may also withdraw a declaration of pregnancy at any time by providing a written statement to the Program Director.

Once a pregnancy has been declared the student has several options:

1. Continue the educational program without modification or interruption,
2. Seek leave of absence from the Program (see Leave of Absence policy).

In most cases where good radiation safety techniques are practiced, no change in the clinical situation is necessary. The student will be issued a second radiation monitor that is worn at waist level under any protective shielding and changed monthly.

After declaring a pregnancy, program officials will work with the student individually to keep up with coursework and plan for missed clinical time. A physician's note is required for the student to return to clinical rotations postpartum. 4-6 weeks is a typical timeframe for returning postpartum, but each situation is different.

Students must complete all Program clinical/didactic requirements to be eligible for graduation and the ARRT registry exam, and these requirements cannot be skipped or shortened due to pregnancy status. Although the Program's policy is in place to offer the utmost in radiation protection to the student, neither the Program or Trinity Health are responsible for any perceived injury to the mother or the embryo-fetus due to radiation exposure during pregnancy.

_____ _____

Name Date

I have read the above policy, understand it and agree to adhere to it.

Communicable Disease Policy

All students are required to participate in and complete the Infection Control training programs at Trinity Health. This training is initially provided to newly enrolled students during their orientation period and will be reinforced during their training through the "Infection Control" unit in the Patient Care curriculum and also through mandatory hospital inservices.

Due to the recent pandemic of COVID 19, Trinity Health currently requires all employees, which include students of the Program, to wear a mask while in and when arriving and leaving its facilities. Masks can be removed in eating areas and office areas if social distancing (6 feet) can be achieved. Sewn masks are acceptable in non-patient care areas, but surgical masks are provided for patient care areas. Students are expected to comply with all COVID 19 policies while in the Program.

Any questions concerning communicable disease and infection control both related to student illness and contact with patients will be referred to Trinity's Infection Control Officer. Any actions taken will be in consult with their recommendation and in compliance with existing hospital Infection Control Policy.

A student who contracts a communicable disease is to report this condition to the Program Director or Clinical Instructor. The student, depending on his\her condition, may be required to see a physician and be absent from the Program until the contagious stage of the disease passes. The student is required to obtain a note from his\her physician stating that he/she may return to the patient contact area. If the student is unable to meet the deadlines of the Program due to a communicable disease, the guidelines laid forth in the Long Term Disability Policy will be followed.

To protect both patients and students from the spread of infectious disease, the CDC's STANDARD PRECAUTIONS are enforced.

Gloves must be worn when:

a. Touching any blood or body fluids, mucous membranes, or non-intact skin
b. Handling items or surfaces soiled with blood or body fluids
c. Performing venipuncture and other vascular access procedures
d. Removing needles used to inject contrast

Gloves must be removed after caring for the patient. Do not wear the same pair of gloves for more than one patient.

Gowns or Protective aprons are to be worn when soiling of own clothes appears likely.

Hand washing is the most effective means of controlling the spread of disease. Wash or decontaminate hands before and after patient contact. Alcohol based agents are recommended to decontaminate hands if hands are not visibly soiled. Hand washing with antimicrobial soap is indicated when hands are visibly soiled with blood, body fluids, or any other visible materials.

Procedure for handwashing:

1. Wet hands with water
2. Apply soap
3. Rub hands together for at least 40–60 seconds (covering all surfaces)
4. Rinse with water
5. Dry with disposable towel
6. Use towel to turn off faucets

Procedure for decontamination:

Apply product to palm of one hand and rub hands together, covering all surface of hands and fingers until hands are dry

Guidelines for decontamination:

— Before and after direct contact with patients
— Before and after gloving
— After contact with inanimate objects in the immediate vicinity of the patient

— NOTE: In the above situations hand washing with antimicrobial soap is an acceptable alternative

Miscellaneous hand hygiene:

— Do not wear artificial nails
— Keep nails a reasonable length

Needles and sharps must be handled carefully to prevent injury

— Needles should NOT be recapped, purposely bent or broken. If recapping can not be avoided, a one-handed technique should be used
— After use, sharps must be placed in the appropriate puncture resistant container

In the event of a needle stick, the student shall immediately wash area with soap and water and then report to the Emergency Room where hospital protocol will be followed.

Pandemic/Unusual Safety Situations

Infection control is of utmost importance when considering the safety of our students, Trinity healthcare team members, patients and visitors. The COVID-19 crisis of 2020 changed the face of healthcare and how similar situations may be handled in the future. As such, should a situation arise that may affect or exclude students from clinical rotations or didactic class for any reason, including but not limited to a pandemic, concerns for student safety, shortages of personal protective equipment, or under orders from clinical areas or university/state/federal officials, students may be rescheduled to non-patient care areas until allowed to resume rotations in patient care areas. If students or program officials are quarantined/ordered to stay at home for the same reasons, students will be expected to complete didactic courses via phone/video conferencing until restrictions are lifted.

Students are required to follow the Trinity Health employee guidelines when returning to the classroom or clinical sites, including following required pre-screening before entering clinical sites, wearing proper personal protective equipment and following any other guidelines set forth by Trinity Health, state or federal officials as it concerns safety in such circumstances.

Under such circumstance, pursuant to this and the Program's Early Release policy, when senior students are still able to complete didactic course work and the required ARRT clinical competencies despite having fewer clinical hours than previously scheduled, program officials will determine if and how many clinical hours may need to be made up after clinical restrictions are lifted on a situational basis.

Signature Page
(For enrolled students only)

I have received a copy of the policies and procedures of the Trinity Health Radiologic Technology Program, Clinical Education Plan, and the JRCERT Standards. I have also been given an opportunity to question any policies or standards and was given further explanations or clarifications as needed.

I _____ agree to adhere to all policies of the Program and Trinity Health.
(print name) For enrolled students only

_____ _____ _____
Signature Date Time

TRINITY HEALTH

Trinity Health
Radiologic Technology Program

Clinical Education Plan

Revised 2021

Glossary

(The following terms are common place in radiologic technology program. Students should become familiar with the following terminology.)

Competency:	An exam performed under direct supervision.
Proficiency:	An advancement in knowledge and skills that is acquired by repeated performance of competencies, and the student is allowed to function under indirect supervision.
Direct Supervision:	Radiologic Technologist remains with student during every phase of the examination.
Indirect Supervision:	Radiologic Technologist is immediately available to assist the student during every phase of the examination.
Laboratory:	A work area/time scheduled for demonstration of clinical skills and practicing of those skills by the students.
Integration:	The system by which the didactic and clinical objectives are designed to correlate, and complement each other to enhance student learning.
Course Outcomes Assessment:	A statement of the specific outcome the student is expected to achieve. Achievement is attained through the completion of "performance indicators."
Performance Indicators:	A listing of the specific knowledge that a student is expected to perform, achieve and retain (ie. goals).
Student Learning Outcome:	The grading and/or assessment of the student. Learning outcomes are assessed through the following mechanisms: 1) Clinical lab testing — a method of assessing and grading the student's learning of clinical skills, problem solving ability and critical thinking skills performed in simulation without exposures being made. Must be passed before the student is allowed to perform this exam on patients. 2) Competency evaluation — a method of assessing and grading the student's ability to perform radiologic examinations on patients in accordance with the clinical objectives, and also assessing the resulting images produced. The Program requires each student to complete the same number of competency evaluations. The specific number and type of exams are set forth in this plan. 3) Professional development — tools to assess and grade the affective domain in the clinical setting. This grade is incorporated into the semester evaluation assessment. The grade is based upon the Clinical Instructors evaluation attained through observation and technologist's input. 4) Final testing — mastery level testing which challenges the students previously learned knowledge and critical thinking skills performed in the student's final two semesters. 5) Didactic testing — written testing designed to assess cognitive knowledge of course content, problem solving and critical thinking abilities.
ARRT Competencies:	The American Registry of Radiologic Technologists requirements for certification eligibility. These competencies are incorporated into the curriculum and this clinical plan.
Mandatory ARRT Procedure:	Students must demonstrate competency in all 36 Radiological Procedures identified as mandatory. Procedures should be performed on patients whenever possible. A maximum of ten mandatory procedures may be simulated if demonstration on patients is not feasible.
Elective ARRT Procedure:	Students must demonstrate competency in 15 of the 35 elective Radiological procedures. Elective procedures should be performed on patients whenever possible, but electives may be simulated if demonstration on patients is not feasible. Of the 15 elective procedures: one must be selected from the head section, and 2 must be selected from the fluorosocopy section.

Clinical Education Plan

STUDENT LEARNING OUTCOME

The Radiologic Technology Program is a learning outcomes, competency-based program. Our goal is, upon successful completion of this 22 month program, that the graduate will function at or beyond the career entry level. To accomplish this goal, the student must successfully complete all required program outcomes. All clinical courses have an outcomes assessment statement that is evaluated through the student's achievement of the course performance indicators.

The primary learning outcome of clinical education is to develop student competence in the practice of radiologic technology. The following performance indicators apply to all clinical courses.

PERFORMANCE INDICATORS

The student will:

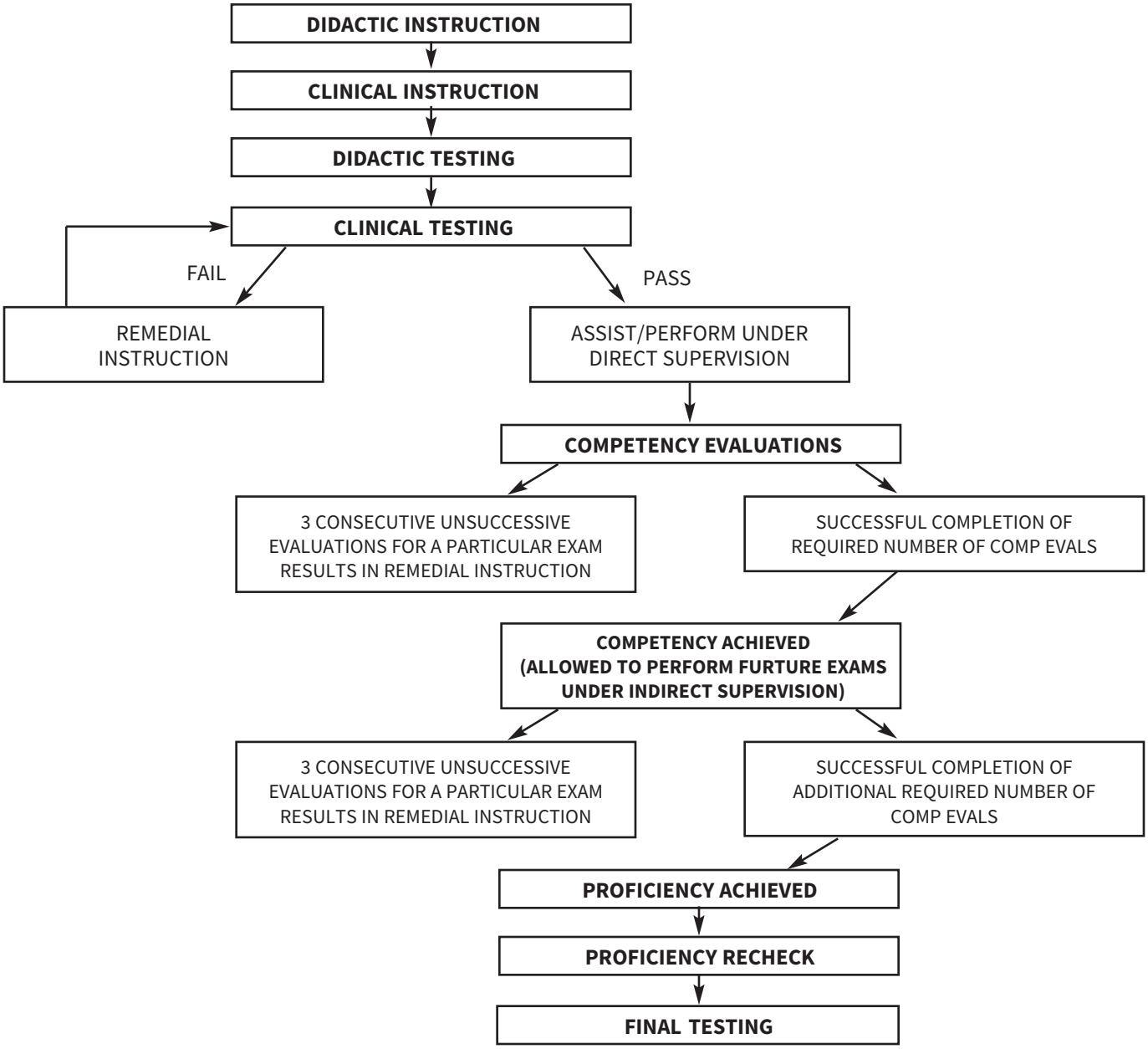
1. Observe / Assist / Perform radiographic examinations in the assigned clinical area, in accordance with the level of competency achieved.
2. Present a professional appearance.
3. Display professional conduct, and be able to act with discretion.
4. Demonstrate the ability to work and communicate effectively with fellow students, technologists, and others in the clinical area.
5. Adhere to department and hospital rules.
6. Demonstrate punctuality and efficiency in clinical assignments.
7. Consistently utilize radiation protection procedures and devices.
8. Provide for the physical and psychological needs of the patient.
9. Provide for differences in age specific competencies and ethnic and cultural diversity.
10. Demonstrate initiative, intellectual curiosity, and adaptability in the mastery of skills and performance of procedures.
11. Recognize his/her limitations in knowledge and seek assistance as required.
12. Adhere to supervision policy. The student is responsible for insuring they are supervised properly. If proper supervision is not available the student is not allowed to perform examinations.

INTEGRATION

Integration of didactic instruction and clinical experience is essential to the success of the student and the program.

In correlation with didactic instruction of required Anatomy and Positioning units, the student attends clinical laboratory instruction. During lab periods, the Clinical Instructor will demonstrate each projection and provide time for simulated practice of demonstrated skills. Following successful didactic testing, the student is allowed sufficient time to practice positioning skills in simulated clinical lab settings, prior to beginning the process of student clinical learning outcomes assessment.

Integration Flow Chart



Clinical Assessment

CLINICAL LAB TESTING

The first step in student clinical assessment is clinical lab testing, which is accomplished in a simulated laboratory setting by the Clinical Instructor. Students are tested on their cognitive, critical thinking and psychomotor clinical skills by simulating the performance of radiographic examinations. No actual exposures are made.
Achieving an 80% or better on the clinical lab test is required before students are allowed to perform the radiographic examination on patients. If a student fails a simulated clinical test, the student is given remedial clinical instruction, time for practice and then retested. Upon successful completion of clinical lab testing, the student will advance to assisting and performing the examinations under direct supervision. (See Clinical Lab Testing for evaluation criteria)

COMPETENCY EVALUATIONS

The second step in student clinical assessment is Competency Evaluation. Competency Evaluations are actual graded exams performed on patients under direct supervision. Competency Evaluations are designed to grade the cognitive, psychomotor and affective domains.
Competency Evaluation is comprised of two components
1)Technologist component (see Competency Evaluation – Tech for evaluation criteria)
2)Clinical Instructor component (see Competency Evaluation – CI for evaluation criteria)
The student's clinical abilities, critical thinking skills and the resulting images are evaluated in Trajecsys by the supervising registered technologist. Then the Clinical Instructor further evaluates the student's images and completes the Clinical Instructor component in Trajecsys.
Students must achieve 80% or better to pass the Competency Evaluation. Since failure is part of any learning process, all failures are dealt with as a learning tool. Three successive repeat competency evaluations for a particular radiographic examination results in remedial clinical instruction. Students must maintain an 80% or better cumulative average on their competency evaluations.

COMPETENCY

Competency is achieved after successful completion of the required number of Competency Evaluations have been performed for each individual exam. Once a student has achieved competency, they are then allowed to perform all subsequent exams under indirect supervision.

PROFICIENCY

Following competency, the student is required to perform a set number of examinations under indirect supervision of a technologist. Successful completion of the required number of competency evaluations under indirect supervision completes the clinical requirement for that particular radiographic examination. Proficiency is a requirement which must be met prior to final testing and before graduation. Students must achieve an 80% or better to pass a proficiency exam and maintain a cumulative average of at least 80%.

PROFICIENCY RECHECKS

Periodic proficiency rechecks are done by the Clinical Instructor after proficiency has been achieved. The areas to be rechecked are selected by the Clinical Instructor. Proficiency is a requirement which must be met prior to final testing and before graduation.
Students must achieve 80% or better to pass a proficiency recheck. (see Competency Evaluation – Tech and Competency Evaluation - CI for evaluation criteria)

FINAL COMPETENCY TESTING

During the last two semesters, the student is required to perform final competency testing to prove entry level competency, problem solving ability, and critical thinking skills. These areas are selected by the Clinical Instructor. Final testing is mastery level and is a requirement that must be met for graduation.
Students must achieve 80% or better to pass final testing. (see Final Competency Testing for evaluation criteria)

Student Learning Outcome — CLINICAL LAB TESTING REQUIREMENTS

RESPIRATORY-THORAX
Chest
PA
Left Lateral
Decubitus
Wheelchair
AP & Lateral
Stretcher
AP & Lateral
Portable
40" and 72"
Ribs
PA Chest
Above Diaphragm-Uprt
AP
RPO & LPO
PA
RAO & LAO
Below Diaphragm
AP recumbent
RPO & LPO
Sternum
RAO
Lateral
Soft Tissue Neck
AP
Lateral
UPPER EXTREMITY
First Digit
PA
AP
Oblique
Lateral
Second Digit
PA
Oblique
Lateral
Hand
PA
Oblique
Lateral (fan, extension, and flexion)
Wrist
PA
Oblique
Lateral
Scaphoid-PA
Scaphoid- Stecher

Forearm
AP
Lateral
Elbow
AP
Lateral
Medial Oblique
Lateral Oblique
Axio-lateral-Coyle
Humerus
AP
Lateral
Shoulder
AP-Internal
AP-External
Axillary
Y-view
Y-View-Neer Method
Transthoracic
Glenoid Fossa-Grashey
Clavicle
AP
AP Axial
PA Axial
Scapula
AP
Lateral
A/C Joints
AP w/o weights
AP w/ weights
LOWER EXTREMITY
Toes
AP
Oblique
Lateral
Foot
AP
Medial Oblique
Lateral
Calcaneus
Axial
Lateral
Ankle
AP
Mortise
Medial Oblique
Lateral

Low Leg
AP
Lateral
Knee
AP
Lateral
Camp-Coventry
Beclere
Settegast
Femur
AP
Lateral
Hip
AP
Lateral w/ horizontal CR
Frog-lateral
Pelvis
AP
AP-frogleg
Inlet
Outlet
Judet
RPO
LPO
DIGESTIVE SYSTEM
UGI
PA
RAO
LPO
Right Lateral
Contrast Enema
AP Axial
AP
RPO/LAO
LPO/RAO
Left Lateral
Left Lateral Decubitus
Right Lateral Decubitus
PA
PA Axial
Esophgram
AP
LAO
RAO
Right Lateral

CLINICAL LAB TESTING REQUIREMENTS (continued)

Small Bowel	SKULL-FACIAL BONES	URINARY
AP Scout	**Skull**	**IVU - Demo do not test**
PA 0-minute	PA	KUB
PA 30-minute	PA Axial-Caldwell	Kidney cone down
Abdomen	AP-Axial Towne	RPO-KUB
AP Recumbent	Right Lateral	LPO KUB
AP Upright	Left Lateral	RPO-15 degree bladder
Lt Lateral Decub	SMV	LPO-15 degree bladder
Bladder	**Facial Bones**	**Cystogram - test**
VERTEBRAL COLUMN	PA Axial-Caldwell	AP axial-15 degree
Cervical Spine	Parietoacanthial	RPO-60 degree
AP Axial	Parietoacanthial-modified	LPO- 60 degree
Odontoid	Right Lateral	Lateral
Lateral-neutral	Left Lateral	
Lateral-flexion	**Nasal Bones**	
Lateral-extension	Parietoacanthial	
LPO/RAO	Right Lateral	
RPO/LAO	Left Lateral	
Swimmers	**Sinuses**	
Trauma C-Spine	PA Axial-Caldwell	
AP-Axial recumbent	Parietoacanthial	
Fuchs	Parietoacanthial-modified	
Lateral w/ horizontal CR	Lateral of affected side	
Swimmers	**Mandible**	
Thoracic Spine	PA	
AP	PA Axial-Haas	
Lateral	Axiolateral-Right	
Swimmers	Axiolateral-Left	
Lumbar Spine	**Orbits**	
AP	PA Axial 30 degree	
RPO	Lateral	
LPO	**Zygoma**	
Lateral	AP Tangential	
Lat L5-S1 Conedown	**TMJ's**	
AP L5-S1 Conedown	Axiolateral-Schuller	
Sacrum	Axiolateral modified Law	
AP Axial	**Trauma Views**	
Lateral	AP	
Coccyx	AP Axial-Caldwell	
AP Axial	AP Axial Towne	
Lateral	Lateral-Cross-table	
Sacro-Iliac Joint	Acanthioparietal	
RPO/LPO	Acanthioparietal-modified	
RAO/LAO		

Clinical Lab Testing Evaluation

PATIENT CARE

- Assist patient to table, chest stand, etc.
- Explain the procedure
- Give proper instructions for moving and breathing

EQUIPMENT UTILIZATION

- Manipulate the tube / bucky adequately
- Manipulate control counsel
- Proper SID employed

POSITION OF PATIENT / PART

- Correct patient position
- Correct part position
- Patient obliqued correctly (if applicable)

CENTRAL RAY

- CR centered correctly
- Correct CR angulation

RADIATION PROTECTION

- Cone or collimate to part
- Shield patient when appropriate
- Select proper exposure factors

WORK EFFICIENCY

- Organized progression of projections
- 5 minutes allowed / projection
- All appropriate supplies for exams obtained

IMAGE RECEPTOR

- Correct placement
- Use of grid / bucky (if applicable)

IDENTIFICATION

- Annotation / markers properly placed
- Annotation / markers not obscuring anatomy

GRADING SCALE FOR THIS SECTION

0 = Fails to meet minimum expectations
2 = Needs Improvement
3 = Meets expectations; minor help needed
4 = Meets expectations; no help needed
N/A = Not Applicable to this exam

Clinical Requirements

EXAM	ARRT STATUS	TOTAL REQUIRED	COMPE-TENCY	PROFI-CIENCY
RESPIRATORY SYSTEM				
Routine chest	M	8	4	4
Portable chest	M	8	4	4
WC or Cart (2V)	M	4	2	2
Miscellaneous		1	1	0
UPPER EXTREMITY				
Thumb/Finger	M	5	3	2
Hand	M	5	3	2
Wrist	M	5	3	2
Forearm	M	5	3	2
Elbow	M	5	3	2
Humerus	M	5	3	2
Shoulder	M	5	3	2
Trauma Shoulder/Humerus	M	1	1	0
Clavicle	M	2	1	1
Trauma UE (non-shoulder)	M	5	3	2
ARRT Electives	ME	1	1	0
Miscellaneous		5	3	2
LOWER EXTREMITY				
Foot wt bearing		4	2	2
Foot recumbent	M	4	2	2
Ankle	M	5	3	2
Tibia/Fibula	M	5	3	2
Knee (4 view recumbent)	M	4	2	2
Knee (3 view or upright)		4	2	2
Femur	M	5	3	2
AP Hip	M	2	1	1
Lateral Hip (Horizontal CR)*	M	4	2	2
AP Pelvis recumbent	M	5	3	2
Trauma LE		5	3	2
ARRT Electives	ME	2	1	1
Miscellaneous		5	3	2
VERTEBRAL				
Cervical spine (3–7 views)	M	4	2	2
Thoracic spine (2-3 views)	M	5	3	2
Lumbar Spine (AP, Lat, L5-S1)	M	2	1	1
Lumbar spine (5 v.)	M	3	2	1
Lateral Spine Horizontal CR*	M	1	1	0
ARRT Electives	ME	2	2	0
Miscellaneous		5	3	2
BONY THORAX				
Thorax	M	5	3	2
SKULL				
Miscellaneous		1	1	0
ARRT Electives	ME	2	2	0
DIGESTIVE SYSTEM				
Abdomen, supine	M	8	4	4
Abdomen, upright	M	8	4	4
ARRT Electives	E	1	1	0
Upper GI	E	5	3	2
Esophagram (not Modified)	E	3	2	1
Small Bowel	E	3	2	1
Misc. Digestive		3	2	1

EXAM	ARRT STATUS	TOTAL REQUIRED	COMPE-TENCY	PROFI-CIENCY
PHYSICIAN ASSIST EXAM				
Assist exam		16	8	8
Elective Fluoroscopic Exam				
	ME	4	2	2
MOBILE C-ARM				
C-Arm (2 or more projections)	M	5	3	2
C-Arm (Sterile Field)	M	10	5	5
C-Arm (Cysto)		5	3	2
Pain Injections @ SR		8	4	4
MOBILE (PORTABLE)				
Abdomen	M	8	4	4
Upper or Lower Ext	M	10	5	5
Children (Age 6 or Younger)				
NICU Chest		8	4	4
Chest routine	M	5	3	2
Upper Extremity	E	5	3	2
Lower Extremity	E	5	3	2
Abdomen	E	3	2	1
Portable	E	5	3	2
Geriatric (Age 65 or Older)				
Chest routine	M	4	2	2
Upper Extremity	M	4	2	2
Lower Extremity	M	4	2	2
General Patient Care				
CPR	M			
Vital Signs				
Blood Pressure	M			
Temperature	M			
Pulse (Heart Rate)	M			
Respiration	M			
Pulse Oximetry	M			
Sterile & Medical Aseptic Technique	M			
Venipuncture	M			
Transfer of Patient	M			
Care of Patient Medical Equipment	M			

M= Mandatory ARRT procedures
E= Elective ARRT Procedures
ME= Mandatory Elective ARRT Procedures determined by program officials.
All M, E, and ME must be completed during the program in order for the student to be eligible by ARRT standards to sit for the Registry Exam.

* = patient must be recumbent

Competency Evaluation - Technologist Component

COMMUNICATION

- Identified patient using two identifiers
- Identified self and staff to patient/family
- Verified correct exam with patient/family
- Able to explain and answer questions in an age and developmentally appropriate manner
- Communicated relevant information to others (e.g. MD's, RN's, other Technologists)
- Communicated any exam delays to waiting patient/family/caregiver

0 - Struggles to communicate in all areas
2 - Needs prompting and assistance in all areas
3 - Needed only minor prompting and assistance in some areas
4 - Was able to communicate well on all levels with no assistance
N/A

CRITICAL THINKING

- Correctly positioned patient to demonstrate desired anatomy using anatomical markers
- Selected appropriate geometric factors (e.g. SID, OID, FS, tube angle)
- Able to adapt and adjust according to patient condition and location
- Able to modify exposure factors for varying patient conditions or outside factors
- Followed protocols for patients with communicable diseases and for handling and disposing of bio-hazard materials
- Able to recognize and communicate the need for prompt medical attention when needed

0 - Did not know how to do exam or how to follow protocols
2 - Struggled with adapting and making changes to do exam; did not have a clear idea of how to follow protocols
3 - Needed minor prompting on how to do exam, follow protocols and how to adapt to changing conditions
4 - Able to adapt to changing conditions; follow protocols and to choose equipment needed based on patient condition
N/A

EQUIPMENT

- Selected equipment and accessories (e.g. grid, filters, shields) for exam
- Stored and handled IR's to minimize damage
- Demonstrated ability to move overhead tube and bucky with ease
- Able to use Portable equipment correctly
- Able to set-up rooms correctly in preparation for exams

0 - No preparation done prior to exam and used equipment incorrectly
2 - Some preparation incomplete at start of exam; needed assistance with equipment
3 - Some preparation incomplete at start of exam; able to handle equipment safely
4 - Selected all necessary equipment prior to start of exam and handled equipment in a safe manner
N/A

RADIATION PROTECTION

- Screened for pregnancy and used shielding when exam allowed
- Restricted beam to the anatomical area of interest
- Set technical factors to produce diagnostic images, reduce repeats and adhere to ALARA
- Restricted unnecessary personal from being in area at time of exposure
- Provided shielding for those who needed to be in area

0 - No screening or shielding; ALARA not followed
2 - Needed reminding to screen and shield; collimation inadequate and images repeated
3 - Screening and shielding done; collimation inadequate and 1-2 repeats needed
4 - Screening and shielding done; ALARA followed; collimation used; no repeats
N/A

Competency Evaluation - Technologist Component **(continued)**

IMAGE ANALYSIS

- Evaluated image for diagnostic quality and able to make corrections as needed, to include positioning and adjusting technique
- Able to identify image artifacts and make appropriate corrections
- Annotation and markers correctly placed
- Images sent to PACS in correct orientation for viewing

0 - Unable to identify artifacts or make corrections; sent to PACS incorrectly
2 - Help needed to make corrections and to identify artifacts; sent to PACS with help
3 - Able to adjust technique and positioning errors on repeats; sent to PACS correctly
4 - Images of diagnostic quality, no changes needed; sent to PACS correctly
N/A

POST PROCEDURE

- Gave post procedure instructions following RELATE principal
- Cleaned and disinfected room/equipment in prep for next exam
- Completed all electronic documentation

0 - Room not cleaned and documentation not done
2 - Needed reminding to clean room; help needed with documentation
3 - Room cleaned and some help needed with documentation
4 - Room cleaned and all documentation done correctly
N/A

Competency Evaluation - Clinical Instructor Component

POST PROCEDURE ELECTRONIC DOCUMENTATION

- Room, equipment, technique used, and personnel (including Physician assignment) correctly documented.
- Correct exam and supplies charged and exam documentation done in Power Chart as needed.

IMAGE EVALUATION

- Image(s) correctly displayed on viewing monitor
- Markers/Annotation used correctly
- Accurate positioning showing desired anatomy and exam protocols followed.
- No artifacts/radiopaque materials or annotation in or near ROI
- Evidence of radiation protection (e.g. collimation, shielding)
- Images of diagnostic quality (e.g. exposure index)

GRADING SCALE FOR THIS SECTION

0 = Fails to meet minimum expectations
2 = Needs Improvement
3 = Meets expectations; minor help needed
4 = Meets expectations; no help needed
N/A = Not Applicable to this exam

Final Competency Testing Evaluation

PERFORMANCE EVALUATION:

Evaluation of Requisition

- Identified procedure(s) to be performed.
- Identified the patient's name and age.
- Identified patient location and mode of transportation.
- Acknowledged any pathological conditions.
- Acquired appropriate clinical patient history.

Physical Facilities Readiness

- Verified that equipment is operational.
- Provided a clean and orderly work area.
- Obtained appropriate supplies for examination.

Patient Care

- Verified the correct patient using two patient identifiers.
- Introduced himself/herself and technologist to patient and briefly explained the procedure.
- Requested last menstrual period (LMP) date for female patients within childbearing years.
- Transported patient to appropriate imaging area.
- Verified if patient is properly prepared for the examination.
- Identified, when appropriate, that there are no contraindications for performing exam.
- Provided safe storage for patient's belongings.
- Provided appropriate assistance to radiographic table based on patient's condition.
- Maintained patient dignity and modesty using proper gowning and covering for the patient.
- Talked to patient in a concerned, professional manner.
- Applied standard precautions as established by the Centers for Disease Control.
- Provided proper instructions for moving and breathing.
- Checked patient's condition at regular intervals.
- Provided a safe and secure environment for the patient.

Equipment Operation

- Maneuvered the x-ray tube and bucky utilizing appropriate controls and locks.
- Selected the proper IP/IR.
- Used grids appropriately
- Selected the appropriate SID.
- Manipulated image receptor, as appropriate, for accurate imaging.
- Measured the patient.
- Used immobilization devices, as needed.
- Referred to technique chart.
- Selected exposure factors.
- Did not exceed recommended safety guidelines for equipment.

Positioning skills

- Positioned the patient.
- Aligned the region of interest to the center of the IR.
- Set the correct tube angle.
- Set the correct SID.

Provide Evidence of Radiation Protection

- Collimated to part.
- Used gonadal shields, if appropriate.
- Demonstrated use of lead apron, gloves and lead blockers, if appropriate.
- Selected proper exposure factors.
- Adjusted exposure factors for motion, pathology or patient size when appropriate.

Final Competency Testing Evaluation (continued)

IMAGE EVALUATION:

Anatomical Part(s)

- Part shown in proper position.
- Adequate detail (no motion visible).
- Identified anatomical structures.

Proper Alignment

- IR centered.
- Part centered.
- Tube centered.
- Patient aligned correctly.

Radiographic Techniques

- Technical factors chosen achieve optimal image quality.
- Compensation of exposure factors for pathology.
- Technique chosen reflects if a screen or grid is used, SID and OID.

Image Identification

- Right and left markers properly displayed. Annotations allowed only when markers are not able to be used.
- Accessory marker/annotation visible, if required (minute, hour, directional).
- Patient information and date identified.
- Image displayed correctly on monitor.

Radiation Protection

- Evidence of collimation.
- Gonadal shields in place, if required.
- No repeats.

GRADING SCALE FOR THIS SECTION

0 = Fails to meet minimum expectations
2 = Needs Improvement
3 = Meets expectations; minor help needed
4 = Meets expectations; no help needed

Student Supervision Policy

In support of professional responsibility, the provision of quality patient care and radiation protection, the following rules are established for the supervision of Trinity Health radiography students. This policy is based on the 2021 JRCERT Standards objective 4.4, which mandates that the number of students assigned to a clinical setting must not exceed the number of radiographers assigned to the same setting; i.e., a 1:1 student to technologist ratio must always be maintained.

The following policies are in place to ensure the 1:1 ratio is maintained.

1. Program officials determine the students' clinical assignments by utilizing the number of technologists available per shift at approved clinical sites and ensure that a 1:1 ratio is maintained. (See Clinical Site Rooms and Number of Techs that follows.)
2. The Clinical instructor or other program official will check in daily at each clinical site to ensure the ratio of 1:1 will be maintained, and if necessary will reassign a student to another clinical area where the ratio will be 1:1 (for example, in the event of a sick or absent technologist).
3. In the unusual event that the technologist to student ratio at a clinical site exceeds 1:1 (for example, a student is assigned to a site when a technologist is absent/ill) and the Clinical Instructor has not yet checked in with that site, the student and lead technologist(s) have a duty to inform program official that a reassignment must be made to maintain the 1:1 ratio.
4. New radiography students are informed of this policy the first day of class, and it is enforced that they are also responsible for ensuring a 1:1 tech to student ratio is maintained by reporting any issue with the same to program officials immediately.
5. The Clinical Instructor and/or other program officials ensure that this policy is presented to all new technologists and that their understanding is documented; further the policy is reviewed annually with all diagnostic technologists as a mandatory Trinity Health module.

GENERAL GUIDELINES FOR SUPERVISION OF RADIOGRAPHY STUDENTS:

1. Students shall not take the responsibility or the place of paid, qualified staff.
2. Supervision of students must be provided by a registered radiologic technologist.
3. A registered technologist must always be immediately available to assist a student *regardless* of their level of competency or length in the program.
4. Any repeat images performed by a student shall be done only in the presence of a registered technologist ***(direct supervision)***, regardless of a student's level of achievement.
5. Students will be supervised according to their level of competency.
6. Lists of student completion of competency evaluations will be available and regularly updated to assist technologists and students in determining the proper level of supervision required.

The following guidelines have been established for determining the required supervision level under the 2021 JRCERT Standards objective 5.4, which defines direct and indirect supervision.

DIRECT SUPERVISION

Students who have not completed the required number of competency evaluations for a particular exam shall carry out the examination/assignment under the direct supervision of a registered technologist.

JRCERT's definition of ***direct supervision*** of a radiography student is:

A qualified radiographer

- will review the procedure in relation to the student's achievement;
- evaluate the condition of the patient in relation to the student's knowledge;
- will be physically present during the conduct of the procedure, including for **ALL MOBILE and SURGICAL** procedures for the entire length that a student is in the program;
- will review and approve the procedure(s) and/or image(s).

INDIRECT SUPERVISION

Students who have successfully completed the required number of competency evaluations for a particular exam/assignment are allowed to perform under ***indirect supervision*** of a registered technologist.

JRCERT's definition of ***indirect supervision*** of a radiography student:
A qualified radiographer is immediately available to assist the patient and/or student, regardless of the level of competency, which means the radiographer will be adjacent to the room or location of the radiographic procedure where ionizing radiation is used on patients at all hospital and clinical sites.

Clinical Site Rooms and Number of Techs

Trinity Health Clinical locations & number of technologists per shift	Days	Evenings	Weekend
Hospital	5 techs	3 techs	2 techs/shift
A room R/F			
B room			
C room R/F			
Portables			
GE Revolution Portable #1			
GE Revolution Portable #2			
Surgery Equipment			
OEC 9800 C- arm #7			
OEC 9800 C- arm #8			
OEC 9900 Elite C-arm #9			
Mini C-arm			
O-Arm			
St Joseph's SD Surgery	1 tech	0 techs	0 techs
OEC Mini 6600 C-arm			
GE OEC 9800 C-arm			
Portable			
Health Center - Medical Arts	2 techs	1 tech	1 tech
HC MA A room			
HC MA B room			
Health Center West (Ortho)	2 techs	0	0
HC -W IDC Room 1			
HC -W IDC Room 2			
Health Center-South Ridge (Pain Center)	2 techs	0	0
1 Radiography room			
OEC- c-arm			
OEC - c-arm			
Health Center - Town & Country (AIC)	1 tech	0	0
1 Radiography room			

Clinical Locations

CLINICAL LOCATION	Assigned clinical rotation at location	
Trinity Hospital		
A	R/F room	
B	Radiographic room	
C	R/F room	
S	Surgery	
P	Portable	
E-S/P	Early - Surgical/portable	7:00 a.m.-3:00 p.m.
L-S/P	Late – Surgical/portable	10:00 a.m.-6:00 p.m.
RAD	Follow Radiologist on a Friday	
CT-H	CT	
MRI-H	MRI	
NUCMED	Nuclear Medicine	
Cath Lab	Cath Lab	
IR	Interventional Radiology	
Front Desk	Radiology reception area	
Office/Transport	Radiology Office and help Transport patients as needed	
CHOICE	Senior semester option (student can choose rotation with CI approval)	
ON	Weekend 7:00 a.m.-3:00 p.m. Students are scheduled off the Friday before and Friday after a weekend rotation.	
PM	1:00 p.m.-9:00 p.m. rotation.	
Nights	Students are not required to do overnight rotations, but may request up to 2 overnights during their last semester with approval by the Clinical Instructor.	
Health Center – West Orthopedics	Orthopedic Clinic (connected to Trinity Hospital via a Skywalk)	
Health Center – Town & Country (831 South Broadway)		
AIC	Diagnostic radiography room	
CT-AIC	CT at Advanced Imaging Center	
MRI-AIC	MRI at Advanced Imaging Center	
US	Ultrasound at Advanced Imaging Center	
PET	PET at Advanced Imaging Center	
Radiation Therapy	Cancer Care Center	
Health Center – Medical Arts (400 Burdick Expwy East)		
MAC	Diagnostic Radiography	
L-MAC	Late MAC	10:00 a.m. - 6:00 p.m.
M	Mammography	
DEXA	DEXA	
US	Ultrasound	
Trinity Hospital – St. Joseph's (Medical Arts and TH-SJ are connected by a Skywalk and a Tunnel)		
SDS-SJ	Surgery at Same Day Surgery	
Trinity Health South Ridge (1500 24th Ave SW)		
SR	Pain Center Location	

Trajecsys Report System

Each student, when they enter the program, is enrolled in the Trajecsys Report System. An orientation is given to the student on Trajecsys by the Clinical Instructor when the clinical plan is reviewed during the student's first month of class. The student only has access to the tracking system during their time enrolled in the program.

The Trajecsys Report System is used to:

1. Monitor the students in/out punches to clinical sites to validate hours spent in clinical areas.
2. Request PTO/CTO.
3. Provide an online Log and Skill Summary of exams done for competency and proficiency.
4. Provide the student access to assessments and evaluations done by the supervising technologist and Clinical Instructor.
5. Provide the student access to comments made by the supervising technologist and Clinical Instructor.
6. Provide a weekly clinical schedule.
7. Provide a current academic calendar.
8. Provide access to Advanced Imaging Modality Rotation assignments and evaluations.
9. Provide access to the Program Policy Manual and Clinical Plan.

Using Trajecsys to Clock In/Out:

1. Students will clock in and out of Trajecsys using a Trinity Health computer to validate hours spent in the clinical areas.
2. Students must select the correct clinical site when clocking in. If the student clocks in to the wrong clinical site, the student must notify the CI so that it can be corrected.
3. In the rare event that a computer is not available, the student is to notify the Clinical Instructor by calling the Clinical Instructor's office phone from a Trinity Health phone line and not a cell phone. If the Clinical Instructor does not answer, please leave a message. The time that the student calls and/or leaves a message will be documented, and the Clinical Instructor will clock the student in using this time.
4. If the student forgets to punch in or punch out, the student must use a Time Exemption. If this becomes habitual, the Discipline and Dismissal Policy will be followed.
5. If a student comes in late or leaves early because they are using PTO/CTO, the student must enter a Time Exemption stating the reason why, and how many hours PTO/CTO are being used.

Semester Objective Assignment and Log Books

At the start of each semester, each student will receive a Semester Objective Assignment Book and a Semester exam Log Book. Both books must be kept on the student at all times.

The Semester Objective Assignment Book contains the check-offs each student must complete as well as other assignments pertinent to that semester's clinical rotations. Each week the student will work on completing these assignments.

The Semester Exam Log Books are used to record all exams the students assistes and performs.

Both the Semester Objective Assignment Book and Semester Exam Log must be completed and handed into the Clinical Instructor at the end of each semester.

COMPETENCY EVALUATIONS

1. All exams done to meet competency and proficiency must be entered in the Student's Trajecsys Log and an exam slip must be filled out for the supervising technologist to complete.
2. The supervising technologist is responsible for reviewing the images and completing the competency evaluation in Trajecsys in a timely manner. When the student is at a clinic site, it is the student's responsibility to make sure that the technologist has finished their competency evaluation before turning in the exam slip to the Clinical Instructor.
3. Exam slips must be turned in to the Clinical Instructor on a weekly basis.
4. All exam slips must be turned in prior to the end of the semester.

The student is responsible for verification of their own Trajecsys Log as well as their Clinical Check-off Record as posted by the Clinical Instructor. It is also the student's responsibility to post their Clinical Check-off Record when at clinic sites.

*** *Failure to turn in the Semester Exam Log Book/Semester Objective Assignment Book/Exam Slips to the Clinical Instructor by the end of each semester will result in the loss of CTO time:* **30 minutes deducted for 1-5 days late and 60 minutes deducted for each week thereafter until everything is turned in.** If you don't have any CTO hours logged, the time will still be deducted and logged as negative time. ***

TRINITY HEALTH

Appendix A
JRCERT Standards

Standards for an Accredited Educational Program in Radiography

Effective January 1, 2021

Adopted April 2020

JRCERT

Excellence in Education

Introductory Statement

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

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

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

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

- **Explanation** - provides clarification on the intent and key details of the objective.

- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.

- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

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

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

Standards for an Accredited Educational Program in Radiography

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.

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:

- ☐ admission and transfer of credit policies;
- ☐ tuition, fees, and refunds;
- ☐ graduation requirements;
- ☐ grading system;
- ☐ program mission statement, goals, and student learning outcomes;
- ☐ accreditation status;
- ☐ articulation agreement(s);
- ☐ academic calendar;
- ☐ clinical obligations;
- ☐ grievance 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. 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/fixed 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:
    - recent student loan default data and
    - 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.

Position	Qualifications
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[1], 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[1], 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[1], 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[2], in radiography.
Clinical Staff	Holds current American Registry of Radiologic Technologists (ARRT) certification and registration, or equivalent[2], in radiography.

[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.

Position	Responsibilities must, at a minimum, include:
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.

Position	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:
    - assuring equitable learning opportunities,
    - assuring access to a sufficient variety and volume of procedures to achieve program competencies, and
    - 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.
    - 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.
    - 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.
    - 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.

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.

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

B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

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

The accreditation process includes a site visit.

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

The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

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

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

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

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

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

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

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

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

JRCERT
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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