



CentraCare  
Rice Memorial Hospital  
School of Radiologic Technology  
Handbook 2024-2025

Revised April 2024



# CentraCare – Rice Memorial Hospital: School of Radiologic Technology

## Student Handbook

The purpose of this handbook is to inform students and prospective students of their responsibilities and expectations. As well as provide the policies and procedures for the Rice Memorial Hospital School of Radiologic Technology program. Understanding this handbook is the responsibility of the student.

This handbook is not intended to cover all topics and circumstances. We reserve the right to respond to specific situations in a manner that we believe best suits the needs of the Program and the student(s) involved, and most closely follows our stated policies.

This handbook replaces and supersedes all prior student information materials that were provided by Rice Memorial Hospital School of Radiologic Technology and/or CentraCare Rice Memorial Hospital. The school and/or sponsoring institution reserve the right to withdraw or amend the handbook, prospectively or retrospectively, at any time, without notice.

Any amendments and supplements during the academic year shall be disseminated to the student in a paper copy format. A signature page will be maintained by the program director that signifies the student's acknowledgement of any changed policy.

Enrollment in the School of Radiologic Technology implies willingness on part of the student to comply with the rules and regulations printed in the Student Handbook and with official communications from the School Radiologic Technology provided prior to the time of admission.



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# PROGRAM INFORMATION



# Administration

Clinical Preceptors & Supervisors

## WILLMAR

**Rice Memorial Hospital:** (320)235-4543 ext. 46447 or 49610

**Lakeland Clinic:** (320)235-7232 ext. 47286

**Willmar Clinic:** (320)231-5000 ext. 48338

**Surgery Center:**(320)231-5000 ext. 48338

- Melissa Schueler
- Jennifer Adkins
- Ashley Sangren
- Bridgitte Pfeiffer
- Jackie Groshens: Supervisor (48305)
- Dana Woelfel: Director (48304)

## BENSON

**Benson Hospital:** (320)-843-1337

- Monica Olson: Supervisor (40009)

## REDWOOD FALLS

**Redwood Hospital:** (507)-637-4619 ext. 47360

- Kasey Goblirsch
- Kayla Tierney: Supervisor (47338)

Updated 5/8/2024.

## Program Basics

Radiologic technologists, or radiographers, are key members of the healthcare team who create images used to diagnose patient injury or illness. They use sophisticated equipment to produce radiographic images of the human body at the request of a physician.

Upon successful completion of the CentraCare Rice Memorial Hospital: School of Radiologic Technology (RMH-SORT), students will earn an, AAS degree from Ridgewater College in Radiologic Technologist and be qualified to sit for the ARRT national exam to earn certification and add the credentials RT(R) after their name. The Radiography credentials are the base requirement for many other imaging modalities.

The School office conducts business typically Monday-Friday from 8:00 am to 4:00 pm.

### Matthew Gault, B.S., R.T. (R) | Program Director

(320)235-4543 x49664

matthew.gault@centracare.com or matthew.gault@rigdewater.edu

### Jody Leason, B.S., RT (R)(M)(BD) | Clinical Coordinator

(320)235-4543 x49623

jody.leason@centracare.com

## Accreditation

The Rice Memorial Hospital School of Radiologic Technology is pursuing accreditation by the Joint Review Committee on Education in Radiologic Technology (JRCERT).



JOINT REVIEW COMMITTEE  
ON EDUCATION IN  
RADIOLOGIC TECHNOLOGY

20 North Wacker Drive Suite 2850,  
Chicago, Illinois, 60606-3182;

phone: (312) 704-5300;

email: mail@jrcert.org ; web: www.jrcert.org

The CentraCare - Rice Memorial Hospital is accredited by the following:  
The Joint Commission <http://www.jointcommision.org>

# Mission

The mission of the Rice Memorial Hospital School of Radiologic Technology is to provide skilled radiographers capable of providing high quality diagnostic imaging while maintaining safety and exceptional patient care in the communities we call home.

# Goals and Outcomes

To uphold our mission, Rice Memorial Hospital's School of Radiologic Technology embraces the following goals and outcomes:

- 1. Students will become capable in clinical settings.**
  - a. Students will demonstrate proper positioning skills.
  - b. Students will utilize ALARA principles.
- 2. Students will develop their communication skills.**
  - a. Students will effectively explain procedures and expectations to patients and/or family members.
  - b. Students will demonstrate effective written and oral communication in the healthcare environment.
- 3. Students will develop critical thinking abilities.**
  - a. The student will be able to modify methods to best suit the situation.
  - b. The student will be able to critique the diagnostic quality of radiographs.

# Program Effectiveness

1. Students will complete the program within 24 months.
2. Graduates will express satisfaction with the program and their education.
3. Graduates will be adequately prepared to pass the ARRT certification examination.
4. Graduates actively pursuing employment will be employed within 12 months of graduation.
5. Employers will be satisfied with graduates' knowledge and skills.

# Skills Needed

You will be an excellent candidate for this field if you like to be active and enjoy working with a variety of people. Good communication, problem-solving and analytical skills are also important for radiographers.

Radiologic technologists should be sensitive to patients' physical and psychological needs. They must pay attention to detail and be able to work as part of a team.

In addition, operating complicated equipment requires mechanical ability and manual dexterity.

A prospective student should have:

- a desire to work with ill and disabled people, and other health professionals.
- an ability to do precise work accurately.
- an interest in operating equipment and technology
- an interest in science
- good physical and mental health

# Nature of Work

Radiologic technologists take x-rays of the human body and may also administer non-radioactive contrast materials into a patient's body for diagnostic purposes. They prepare patients for

radiologic examinations, explain the procedure, and assist the patient with removal of items that may create artifacts on images. They also position patients so that the parts of the body can be appropriately radiographed and set controls on the x-ray machine to produce radiographs of the appropriate brightness, contrast, and spatial resolution.

Experienced radiographers may perform more complex imaging procedures, such as fluoroscopy. Radiographers prepare a solution of contrast media to administer to the patient, allowing the radiologist to see the soft tissues of the body.

Radiologic Technologists must follow physicians' orders precisely and conform to regulations concerning use of radiation to protect themselves, their patients, and coworkers from unnecessary exposure.

Radiologic Technologists can specialize in the following modalities, as well as others not listed.

- 1) Computed Tomography (CT) technologists operate specialized radiographic spiraling scanners to produce cross-sectional images of patients.
- 2) Magnetic Resonance Imaging (MRI) technologists operate machines using strong magnets and radio waves to create cross-sectional images.
- 3) Mammography technologists use specialized x-ray equipment to image breasts to detect cancers and other changes in breast tissue.
- 4) Radiation therapy technologists operate large machines delivering precise amounts of radiation to cancer patients.

Additionally, a radiographer may advance to management, education, or equipment sales.

## Technical Standards

Individuals admitted to Rice Memorial Hospital's School of Radiologic Technology must possess the capability to complete the entire curriculum and achieve an Associates of Applied Science degree from Ridgewater College. The curriculum requires demonstrated proficiency in a variety of cognitive, communication and interpersonal skills. Therefore, applicants must review the following standards to determine their ability and compatibility with the requirements of radiographers. Applicants will be required to sign that they do NOT have any physical or mental hindrances that would interfere with the satisfactory performance of the following Technical Standards.

### Physical Requirements

#### Occasional

- Grasping: positioning patients for exams and procedures
- Pulling: moving items that can weigh as much as 100 pounds.

#### Frequent

- Pushing/Pulling: transporting patients in wheelchairs or assisting and moving patients on/off carts using 35 pounds of force. Moving portable and C-arm equipment with 35 pounds of force to areas of the hospital.
- Lifting: moving patients (who can weigh more than 35 pounds) from wheelchairs/carts off and onto exam tables.
- Repetitive motions/Typing: entering computer data and setting techniques for exams.
- Carrying: carrying imaging receptors that can weigh as much as 35 pounds.
- Stooping/Crouching: positioning of exams and assisting patients in and out of wheelchairs, stocking supplies.

#### Routine

- Reaching: positioning patients and manipulating portable equipment.
- Standing: all clinical assignments require standing.

- Walking: transporting and assisting patients into dressing/exam rooms. Walking to other areas of the department and hospital to do exams or have images interpreted.
- Talking: must be able to communicate verbally in an effective manner with patients, co-workers, and physicians.
- Hearing: perceiving the nature of sounds at normal range; ability to receive detailed information through oral communication, and to make fine discriminations in sound, during auscultation and percussion.
- Feeling: perceiving attributes of patients and objects such as when positioning patients for procedures or palpating veins for IV insertion. Students must be able to make adaptations.
- Visual Acuity: assess patient's condition (color, respiration, motion, etc.). Clinical assignments require working with printed and/or written documentation.

#### Intellectual and Emotional Requirements

- Students must be able to assess radiographs and determine diagnostic quality. They must be able to learn to analyze, synthesize, solve problems, and reach evaluative judgment.
- Students should be able to respond with precise, quick, and appropriate action during emergency situations.
- Students must maintain patient confidentiality.
- Students must be able to maintain a high standard of courtesy and cooperation in dealing with co-workers, patients, and visitors and satisfactory performances despite the stress of a hospital work environment.
- Students are expected to learn and accurately perform routine radiographic procedures. In addition, students must have the capacity to calculate and visually select proper exposure factors on the imaging equipment according to the individual patient and protocol with speed and accuracy.
- Students must be able to accept criticism and adopt appropriate modifications in their behavior.
- Students must demonstrate emotional health required for utilization of intellectual abilities and exercise good judgment.

#### Clinical Situations

Students may be exposed to:

- Electrical, radiant energy, and chemical hazards.
- Blood, body tissues, fluids, or other potentially infectious materials,
- Loud or unpleasant noises and high stress emergency situations.

Students are given instructions about OSHA Blood-Borne Pathogens and Universal Precautions prior to starting clinical rotations through computer-based training (CBT) modules.

Students are included in the OSHA Exposure Control Plan with its specifications to prevent contact with the above materials.

## Background Information

Prior to enrolling in a radiology program, students are advised to review the applicable licensure/certification procedures and state laws of the profession to ensure that they are eligible to receive a license/certification following completion of the Program. A conviction of a felony or a misdemeanor is a violation of the Standards of Ethics. Eligibility for licensure may be limited by the results of a criminal background investigation. Information about this can be obtained from the American Registry of Radiologic Technologists [www.ARRT.org](http://www.ARRT.org).

All healthcare workers and students are required to undergo a criminal background check to work in a clinical setting. A student with disqualifying conditions as defined by Federal and State law will not be allowed to enter the program.

If you are unsure as to whether an arrest resulted in a conviction, contact the county in which you were arrested and speak to a representative in the Circuit Clerk's office, State's Attorney's office, or your attorney.

## Employment Prospects

Employment of radiologic technologists is expected to increase by about 6% from 2022 to 2032, according to the most recent Occupational Outlook Handbook. As the population grows and ages, there will be an increasing demand for diagnostic imaging. In addition to job growth, job openings also will arise from the need to replace technologists who leave the occupation. Those with knowledge of more than one diagnostic imaging procedure, such as CT, MR, and mammography, will have the best employment opportunities. Demand for radiologic technologists can tend to be regional with some areas having large demand, while other areas are saturated. Technologists willing to relocate may have better job prospects.

A radiographer may be employed in the radiology departments of hospitals, clinics, imaging centers, urgent care clinics and other health care facilities. There are also opportunities in industry, public health services, education, college health services, Peace Corps, and other international organizations. Salaries may vary nationwide; however, the range is usually reflective of skills, education, and experience.

The program does not guarantee graduates employment through CentraCare facilities.



# ADMISSIONS

# Admission Requirements

Rice Memorial Hospital School of Radiologic Technology is open to candidates who have satisfactorily completed the prerequisite coursework and are enrolled in Ridgewater College.

This will have included at least 18 college credit hours from the following categories:

Course Number	Course Title	Credits
PRNU 1617	Medical Terminology	1
BIOL 2100	Human Anatomy	4
ENGL 1209 or 1210	College Composition 1	3
CMST 1210 or CMST 2260	Introduction to Communication Interpersonal Communication	3
MATH 1120	College Algebra	4
*PHIL 1020 or	Introduction to Ethics	3
*PSYC 1310 or	Introduction to Psychology	4
*SOC 1050	Introduction to Sociology	3

\*Must be completed by the end of term 4 summer in RMH-SORT

To be considered for admission students must:

- Achieve a minimum GPA of 2.5 on prerequisite coursework.
- Earn a minimum of a C in Human Anatomy (BIOL2100) or approved transfer coursework.
- Be currently enrolled at Ridgewater College in Willmar.
- Must be 18 years of age or older.

## Application Process

One class of approximately six students is enrolled each academic year in the spring. Rice Memorial Hospital School of Radiologic Technology's admission policy is to admit the best applicants to the program without regard to race, color, national or ethnic origin, gender, age, religion, marital status, disability, or any other legally protected class.

The Rice Memorial Hospital School of Radiologic Technology will be open for applications for the three weeks during January and February. Specific dates will be posted on the website and vary slightly from year to year. Applications received after the deadline will not be accepted.

To apply to the program, visit the webpage <https://ridgewater.edu/academics/areas-of-study/health-care/radiologic-technologist/>

1. Reference Survey form.
  - a. Have 2 reference surveys filled by managers, instructors, or other supervisors.
2. Job Shadow and Health Care Experience form.
  - a. Shadow at a medical imaging facility for a minimum of 4 hours. Fill out this form with any job shadow and/or patient care experience.
  - b. Patient care experience is preferred and can be gained through employment or volunteering at various hospitals, clinics, nursing homes for example.
3. Fill out the application form found on the website.
  - a. Use your student account to access the application form.

The Admission's Committee will review each completed application. All applicable admission requirements must be received before being considered for an interview.

All qualified applicants will be invited to an interview at the Rice Memorial Hospital.

Admission is based on a point system, considering the following criteria.

- Prerequisite courses GPA
- Reference evaluations
- Previous health care experience
- Interview

Students will either be accepted, declined, or asked to be on an alternate list. Emails will be sent to the selected applicants notifying them of their status.

An applicant must reply to confirm their intention within 7 days of receiving notification and a \$300 non-refundable matriculation fee must also be received within that 7-day time frame.

An applicant's status for admission is not finalized until the findings of the pre-entrance physical examination, background check and drug screening. If any of these reports identify that the applicant does not meet the standards of CentraCare Rice Memorial Hospital, the acceptance decision is rescinded by the committee.

An applicant must be on track with Ridgewater College to graduate upon completion of the RMH-SORT internship.

## Criminal Background Check

It is the policy of the School of Radiologic Technology to perform criminal background checks including fingerprints (when applicable), on all selected applicants entering the program. This policy's purpose is to provide a safe environment and allow the school to make sound selection decisions as well as follow state guidelines. If a selected applicant fails to pass the criminal background check, they will be notified that they were not cleared, and their application will be withdrawn.

## Drug Screening

CentraCare: Rice Memorial Hospital requires all accepted students to undergo a drug screen urinalysis test. A student who tests positive of illegal or prohibited drugs will be denied admission to the program.

## Advanced Standing/Transfer Students

The program does not take advanced placement students.

## Non-Discrimination Policy

The School of Radiologic Technology's academic policies are administered without regard to race, color, national or ethnic origin, gender, age, religion, marital status, disability, or any other legally protected class. Any questions about compliance with the above policy may be directed to the Program Director of the School of Radiologic Technology.

## Orientation

Once enrolled students will complete computer-based training (CBT) modules per organizational onboarding requirements to be abreast of policies and procedures during their orientation week. Additionally, students will complete EMR training and clinical validations prior to the commencement of clinical.

Prior to the start of class, Students will be asked to complete:

- Drug & Alcohol Acknowledgement

- Confidentiality Agreement
- Technical Standards Agreement
- Proof of medical insurance
- Self-Disclosure Forms
- MRI Screening Form
- Immunization Form
- Release of Information

Students will be required to maintain their computer-based training (CBT) modules regarding safety practices and patient care policies while enrolled in the program. Each student will have access to their personal account through Oracle. This is an ongoing requirement that students must check regularly and complete assigned modules. Students have access to much of this information in their Clinical Education Record as a reference. Additionally, students are assessed on their understanding of this content via course assignments.

## Health Care Screening

The following immunizations and healthcare screenings are required.

- 1) Proof of a negative 2-step Mantoux (Tuberculin Skin Test)
- 2) Documentation of two doses of vaccine against Measles, Mumps, & Rubella (MMR), at least 28 days apart, or one of the following:
  - a) Blood draw may be used to prove immunity.
- 3) Documentation of two doses of vaccine against Varicella (chicken pox), at least 28 days apart, or one of the following:
  - a) Blood draw may be used to prove immunity.
  - b) Medical statement or dictation note from healthcare provider of clinic visit when student/faculty was seen and diagnosed with Varicella or Zoster (Shingles)
- 4) Hepatitis B (3-series vaccine or 2 doses of Heplisav-B) 2 options:
  - a) Blood draw may be used to prove immunity.
  - b) Sign the declination form provided by CentraCare.
- 5) Tetanus, Diphtheria, Acellular Pertussis (Tdap) vaccine after age 11.
- 6) Influenza Vaccine- annually during flu season
  - a) Verification of vaccine must be submitted to PD.
  - b) If the vaccine is either declined or contraindicated for medical reasons – students may be required to following additional protective measures regarding the use of PPE.

## BLS Requirements

Students must have proof of American Heart Association Basic Life Support (BLS) at the BLS provider level prior to beginning clinical rotations.

## Withdrawal/Readmission

A student who wishes to leave the school in good standing is asked to submit an email notice to the Program Director stating the date the withdrawal is effective. Failure to report to class or clinical assignment is not an “official” withdrawal. A student in good standing at the time of withdrawal has the privilege of receiving a tuition refund (if within refund period) and re-admission. (refer to college campus refund policy) Such re-admission is planned at a time when the sequence of the program of study can be resumed, and the number of enrolled student’s permits.

# GENERAL ACADEMIC POLICIES

The faculty has established the Academic policies and regulations primarily to protect, not restrict the individual's rights. It is the student's responsibility to be knowledgeable regarding the v contents of the Academic Administrative Policies and to abide by them.

## Americans With Disabilities Compliance

Students will follow the policies set forth by Ridgewater College. If a student has a documented need for accommodation, they will need to contact the Accessibility and Disability Services Office.

Jay Morrison  
jay.morrison@ridgewater.edu  
Phone: 320-222-8040

The Program will not waive any essential skill or requirement of a course.

## Housing

Students are responsible for providing their own housing.

Students have an opportunity to utilize Sleep rooms where available while rotating to clinical sites. To request utilization of these offerings, students will email the Program Director and Clinical Coordinator and include arrival and departure dates they would like to stay. These accommodations are not guaranteed.

Students are expected to review and sign the Student Accommodations policy prior to utilizing.

All school policies are applicable while using these rooms/housing unit.

For further information on housing expectations and utilization please reference Appendix E.

## Travel to Clinical Sites

Students are required to travel to each of the School of Radiologic Technology's clinical sites per assignment. Students must have a valid driver's license and/or provide their own form of transportation. School schedules will not be modified to accommodate individual transportation needs.

## Travel to School Related Events

Opportunities are available for students to travel to educational and/or other events during the school year. These are OPTIONAL activities and students may elect to attend and travel at their own expense or will attend a regularly scheduled clinical day. If a student chooses not to attend, a written assignment will be given covering topics discussed at the educational events.

## Dress Code

As student radiographers, you represent the School, Rice Memorial Hospital, and the profession of Radiologic Technology. It is imperative that certain standards are met, and a dress code followed. All students must wear the prescribed uniform, including name tag, during all scheduled classes and clinical education. Only approved options will be allowed regarding brand, style, and color.

The uniform consists of:

- 1) Scrub top: LIME GREEN
  - a) Approved style options include:
    - i) Cherokee Workwear 3 pocket V-Neck Top Item# 4700

- 2) Undershirt:
  - a) Must be worn but can be short or long sleeve.
  - b) Must be solid colors (Navy, White, or Black)
- 3) Scrub pants: NAVY
  - a) Approved style options include:
    - i) Cherokee Infinity Style CK200- Men's Button Front pants
    - ii) Cherokee Infinity Style 1123- Women's Straight Leg Drawstring Cargo
    - iii) Cherokee Infinity Style CK065- Women's Elastic Waist Cargo
- 4) Shoes:
  - a) Entirely black or white
  - b) Closed toe, not mesh.
  - c) Water resistant or leather is highly recommended but not required.
  - d) Must be worn when student is in clinical, lab, and class only.
  - e) Clogs or shoes without backs or open holes on top are unacceptable.
  - f) Shoes should not appear dirty, worn out or in disrepair.
- 5) Socks:
  - a) Must be solid colors (Navy, White, or Black)
  - b) Must be worn and must be clean.
- 6) RMH-SORT patch:
  - a) Affixed to the scrub top in the upper left shoulder area on the sleeve.
  - b) Program faculty will provide 3 initial patches (expense will listed on student's Fall Book/Activity Invoice).
  - c) Additional patches may be purchased.
- 7) ID Badge:
  - a) A picture name tag identifying them as a radiology student must always be worn.
  - b) Must be clearly visible, worn above waist, and unaltered.
  - c) You must immediately report a missing ID to the program director.
  - d) A student is responsible for the cost to replace a lost badge.
  - e) You are required to return your ID badge to the Program Director prior to graduation.
- 8) Radiation dosimeter:
  - a) Occupational dosimetry monitoring devices will be provided to students prior to starting clinical rotations.
  - b) This monitor is to be worn at collar level, outside protective lead clothing.
  - c) The monitor is for monitoring dose received while performing student role only.
  - d) More detailed instructions will be provided.
- 9) Lead Markers:
  - a) Individualized lead markers will be provided to students prior to starting clinical rotations.
  - b) Students are required to have their individualized lead markers with them during scheduled clinical rotations.
  - c) Lost markers must be reported to faculty as soon as possible and will be replaced at student's expense.
  - d) If lost more than once students will also lose a professionalism point in their clinical grade.
- 10) Scrub Jackets:
  - a) Optional but must be NAVY color.
  - b) Approved style options include:
    - i) Cherokee Infinity Style 2391A- Zip Front Warm Up Jacket

ii) Cherokee Infinity Style CK305A- Zip Front Jacket

Uniforms MAY be purchased from the retailer below at a discounted (10%) rate:

Scrubs & Beyond  
107 Second Street South, Suite B  
Waite Park, MN 56387  
Ph: 320-253-4414

The cost of the uniforms is the student's responsibility.

Uniforms must be clean, wrinkle free, and free of odor always. Uniforms, including undershirts, must not be faded or in dis-repair.

Uniforms should be well-fitting –loose or baggy fitting uniforms are dangerous in the clinical area. Pant legs must be worn full length and not rolled up. They should not drag on the floor or be frayed. They must have a straight leg.

Students must wear hospital issued scrubs when required by scheduled clinical areas.

## APPEARANCE:

Students are expected to project a professional and mature demeanor towards patients, visitors, staff, and peers. Personal cleanliness is critical to the professional image and patient care. It is important for students to understand the importance of professional appearance. These standards have been established to assist students in achieving a neat, clean, and well-groomed appearance.

1) **Hair:**

- a) Hair must be cleaned and well kept. Unkempt hair and/or facial hair is not allowed.
- b) Hair must be neatly pulled back if at or below shoulder length.
- c) Unnatural color and extreme hairstyles are not allowed, at the sole discretion of the Program Director

2) **Head coverings:**

- a) Head coverings on top of head that are part of a religious/cultural dress are appropriate.
- b) Students may wear a hairband of a solid color and not exceed 0.5 inches band thickness.
- c) Other head or face coverings are not allowed unless required in the assigned clinical area or approved by the Program Director.

3) **Nails:** Due to the risk of healthcare acquired infections, fingernails must be clean and well groomed (no more than ¼" past the tip of the finger).

- a) Clear or natural solid colored polish is permitted,
- b) Artificial nails are prohibited.

4) **Scent:** clean, free of body odor.

- a) Use of fragrance, except for deodorant, is not allowed in the clinical setting.

5) **Jewelry:** must be kept to a minimum.

- a) No More than 2 rings per finger and hand.
- b) No facial jewelry, except one stud style nostril piercing in the side of the nose.
- c) Earring of no more than 2 stud style per ear.
- d) No bracelets, other than approved wrist watches or medical alert ones are allowed.
- e) No utility bars or other visible piercings.
- f) Jewelry of any kind must not pose a safety concern (physical, infectious, or otherwise).

6) **Tattoos:**



- a) Tattoos are to be covered whenever possible. Tattoos that are unable to be covered must not be offensive or profane at the sole discretion of the Program Director.

7) **Other:**

- a) Appropriate undergarments must be worn and not showing.
- b) Make-up must be moderate in nature while in uniform.
- c) Gum chewing is not permitted at any time while in the clinical settings.

Any student who disregards the dress code will have a deduction from the clinical grade in the Professionalism category. The student will continue to have the clinical grade lowered for each infraction of the rules.

Infractions will be discussed with the student at the time of the occurrence. Corrective measures will be left up to faculty discretion.

Repetitive abusers will be subject to disciplinary action.

## Grade Reports and Transcripts

Students' record-keeping and disclosure regulations are designed to comply with the Family Educational Rights and Privacy Law (PL93-380, as amended).

Students receive a formal grade report at the end of each completed term.

Students at Rice Memorial Hospital School of Radiologic Technology are entitled to:

- 1) Inspect and review their own educational records.
- 2) Request in writing their own educational records.
- 3) Request the amending of their own records; this includes the opportunity for a hearing when indicated.
- 4) Submit statements commenting on the information contained in the record. Access and review of records is subject to the following conditions:
  - a) The School has seven working days to comply with a student's written request to review his/her records.
  - b) All information declared confidential by the Law or excluded from the definition of "education records."
  - c) Access to student records is limited to School Program Director, the individual student, faculty members, and agencies approved by individual students to have access to specific materials.

## Records Release

The program abides by the Family Educational Rights and Privacy Act (Buckley Amendment). All transcripts and student records are maintained in locked storage (electronically) and their content is kept under utmost confidence. Only school faculty have access to these records.

Students and/or Alumni who request official transcripts contact Ridgewater College Student Services or visit Transcript Requests | Ridgewater College (<https://ridgewater.edu/student-services-activities/transcript-requests/>)

## Assessment Activities

The School of Radiologic Technology is committed to providing high quality education. To ensure this quality, ongoing assessment of student learning is a necessity. Throughout the clinical courses, students may be asked to submit copies of evaluations, competencies, and other work.

The papers and evaluations are utilized for assessment purposes only and will not affect a student's grade.

In addition, the students will be asked to evaluate the course and faculty at the end of each course. Students will submit these assessment forms anonymously which will then be evaluated by the program director.

Students will also evaluate clinical staff members at the end of each clinical rotation. This staff evaluation form must be completed through the Trajecsys Report System documentation system.

## Graduation

To qualify for graduation the student must have:

- 1) Consistently demonstrated personal characteristics appropriate for the professional medical radiographer.
- 2) Presented evidence of satisfactory completion of the total requirements of the curriculum.
- 3) Fulfilled all financial obligations to the School of Diagnostic Imaging.
- 4) Returned radiation monitoring device, name badge and lead markers to the Clinical Coordinator.
- 5) Successful submission of the Graduation Completion record.

Students who successfully complete the program receive a certificate from Rice Memorial Hospital School of Radiologic Technology. The degree is granted by Ridgewater College following the completion of their requirements for graduation.

Students are permitted to pre-register for the American Registry of Radiologic Technologists (ARRT) exam during their 5th semester during Professional Development. The ARRT will verify the student's program completion with the Program Director. The student is not eligible to sit for the certification examination until all the program requirements have been met. Students have the option to receive preapproval if they wish or if there is some doubt they would not be approved prior to graduation. Please see the Program Director for additional information.

## Honors

Students who complete the program will be graduated with honors in accordance with the following:

3.65-3.79:	Cum Laude
3.80-3.89:	Magna Cum Laude
3.90 or higher:	Summa Cum Laude

Graduation Honors are determined by the cumulative grade point average at the end of the fifth semester.

# CONDUCT

# Conduct

The student is responsible for obeying the laws governing the community as well as the policies of the Rice Memorial Hospital School of Radiologic Technology and clinical affiliates. Any student who violates rules will be subject to disciplinary action.

Enrollment in the RMH School of Radiologic Technology constitutes an agreement to comply with the policies of the school and of the hospital (or another clinical site).

Regulations affecting admission, promotion, and other policies may be changed at any time by the faculty and will apply to all students. Students will be notified in writing and required to sign acknowledgement of any policy changes.

The School adheres to the Family Education Rights and Privacy Act of 1974. The school does not release any student information to parents or any agency without a signed release of information from the student or a court subpoena for the information. Family Education Rights and Privacy Act (FERPA) and Federal trade commission guidelines are followed.

Students are also bound by the ASRT Code of Ethics and the ARRT Standard of Ethics. (<https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/ethics/ethics-requirements>)

If a student is arrested during their tenure, for any reason, it must be reported to the Program Director.

## Behavior Code of Conduct:

We ensure optimum patient/resident care and a respectful workplace by promoting a safe, cooperative, and professional healthcare environment, with a goal to prevent or eliminate, conduct that:

Disrupts the operation of the organization.

Affects the ability of others to do their jobs.

Creates a “hostile work environment”.

Adversely affects or impacts the community’s confidence in the organizations and the Medical Staff’s ability to provide quality patient/resident care.

We refrain from disruptive behavior, which includes, but is not limited to, behavior such as:

Losing one’s composure/temper.

Engaging in intimidating or abusive behavior of any sort, physical or verbal.

Using profanity or similarly offensive language.

Making degrading or demeaning or offensive comments regarding patients, residents, employees, physicians, volunteers, or the organization.

Making derogatory comments regarding the quality of care provided by the organization, any physicians, nurses, or any other personnel.

Engaging in any retaliatory or abusive conduct with respect to any individual who has filed in the past, or may file in the future, a complaint or concern.

Using non-constructive criticism that is addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence.

Unwillingness to work cooperatively and harmoniously with other personnel, volunteers, or members of the medical staff. This includes silence/non-communication as a means of retaliation, such as refusing to answer questions, calls, answer pages, walking away from someone talking to you or otherwise using silence as an avoidance tactic.

## GUIDELINES:

All employees, volunteers, vendors, residents, patients, interns, and students are prohibited from engaging in any form of harassment, including sexual harassment, threats, aggressive, violent, or offensive behavior and must follow the Behavioral Code of Conduct.

No hardship, no loss of benefits, and no penalty will be imposed on an employee as punishment for: filing or responding to a bona fide complaint of harassment, sexual harassment, or offensive behavior; appearing as a witness in the investigation of a complaint or allegation; or serving as an investigator.

Retaliation or attempted retaliation is a violation of this policy and anyone who does so will be subject to severe sanctions up to and including termination.

Managerial/supervisory staff will be subject to disciplinary action should they fail to enforce the policy strictly and promptly.

## COMPLAINT PROCEDURE:

- 1) All incidents will be reported immediately to the Program Faculty (Clinical Coordinator and Program Director).
  - a) The facts surrounding the incident or incidents must be documented in writing by the aggrieved student and submitted to the Clinical Coordinator or Program Director
- 2) If a student feels they are being subjected to harassment, sexual harassment, or offensive behavior of any kind, they should take the initiative to object to the unwelcome behavior and tell the harasser to “stop.” It is not necessary, however, to handle any situation by themselves.
  - a) If the person does not want to communicate directly or if direct communication with the offending party has proven unsuccessful, the aggrieved person should immediately contact Program Faculty, or clinical site supervisor.
- 3) The final disposition of the complaint will be brought to the alleged offender’s supervisor, who will take the appropriate action and will notify the charging party of the decision. If the charging party is dissatisfied with the decision, he/she may utilize the due process procedure.
- 4) All complaints or allegations of offensive behavior will follow Rice Memorial Hospitals complaint policy.
- 5) Any person who feels they are being subjected to or experiencing threats or aggressive/violent behavior should not react by putting themselves in a potentially dangerous situation.
- 6) If the situation is a type of aggressive/violent behavior due to patient or resident with behavioral problems and the staff is not able to control the action of the person, security procedures will be followed.
- 7) If the situation is a type of aggressive/violent behavior of anyone other than a resident or patient and there is potential for someone being injured, a call to security and/or “911” needs to be placed immediately. When appropriate, City, State or Federal law agencies will be contacted.
- 8) The facts will determine the response of the organization to each complaint or allegation. If the final disposition finds that an infraction to this policy does exist, resolution of the situation may include but is not limited to an apology, job transfer, direction to stop, counseling, employee discipline up to and including termination of employment.

- 9) If the investigation is inconclusive or it is determined that an infraction to this policy does not exist, but some potentially problematic conduct is revealed, preventative action may be taken.
- 10) Regardless of the outcome of the complaint, the offended person will not be retaliated against. If offensive behavior reoccurs, it must be reported as soon as possible to the supervisor, manager, or Human Resources. Supervisors or managers will immediately report the incident to Human Resources.
- 11) Any person who possesses knowledge of or has witnessed potential or actual harassment, threats or aggressive/violent behavior is required to notify their Program Faculty, supervisor, or Human Resources as soon as possible.
- 12) Filing groundless and malicious complaints is an abuse of this policy and will not be tolerated.

## Harassment/Offensive Behavior on Campus

It is our desire to provide an educational environment free from all forms of discrimination. We wish to maintain an environment free from offensive or degrading remarks or conduct, including sexual harassment.

### Authority and Responsibility:

All students: All Rice Memorial Hospital School of Radiologic Technology students are responsible for complying with the provisions of this policy.

Supervisory Staff: All members of the hospital supervisory staff have the authority to enforce and the responsibility to comply with the provisions of this policy.

### Definitions:

Sexual Harassment: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature including, but not limited to the following actions:

- 1) Abusing the dignity of a student through insulting or degrading sexual remarks or conduct.
- 2) Threats, demands, or suggestions that a student's educational status is contingent upon the student's toleration of or acquiescence to sexual advances.
- 3) Displaying in the classroom/clinical areas suggestive objects or pictures; or
- 4) Retaliation against students for complaining about the behavior cited above or similar behavior.

Offensive Behavior: unwelcome and inappropriate behavior, conduct, or statements directed toward an employee, volunteer or those we serve in the community, including social media activity, because of their age, sex, race, religion, color, national origin, sexual orientation, gender identity, marital status, familial status, disability status, creed, status as a recipient of public assistance, genetic information, military service, veteran status or any other protected status.

Threats: They may be real or implied. Harassment is considered a form of threat. Threats or harassing incidents can take on many forms including but not limited to:

- 1) Telephone Calls
- 2) Physical Altercations
- 3) Letters
- 4) Vandalism
- 5) Face to Face Confrontations
- 6) Following/Stalking
- 7) Assault on Employees or Family
- 8) Social Media

Aggressive/Violent Behavior: It is usually acted out physically. Aggressive behavior is more threatening in nature than threats. For example: an individual displaying violent behavior may throw objects, hit someone or something or commit some other physical act. Violence is any verbal or physical acting out that may harm or threaten harm to others.

## Drug, Alcohol, Tobacco, and Cannabis Policy

CentraCare will require students to complete a pre-enrollment drug screen test. Students may also be required to submit to a drug and alcohol test following an incident/accident, if there has been reasonable suspicion, or randomly. Depending on the results, students may face further disciplinary action up to and including dismissal.

The use of all tobacco and nicotine containing products in class, school functions, clinical facilities and/or grounds associated with them is strictly prohibited. This includes but is not limited to chewing tobacco, tobacco pouches, smoking, and vaping.

If a student is prescribed a medication that may impair their ability to perform in class or clinical and may create a risk to their own safety or the safety of others, they must obtain a written statement from the prescribing medical practitioner indicating any recommended restrictions and the duration of those restrictions. The student must then provide the program director with a copy of that statement.

CentraCare requires that anyone reporting for work and/or working anywhere on behalf of CentraCare must be free of the influence of or impaired by alcohol, intoxicating cannabinoids, cannabis products, lower potency hemp edibles, hemp-derived consumer products, and drugs of abuse/illegal drugs. All health-care workers are required and held accountable to perform their jobs safely; therefore, all health-care workers who are taking prescribed medications or medical cannabis with registry verification which may impair their work or pose a substantial risk of harm to themselves, or others should consult with Employee Health Services (EHS) and, their provider to determine whether they can safely do their duties.

- 1) CentraCare prohibits the use of, being under the influence of, being impaired by, being in possession of, or acquisition of drugs of abuse/illegal drugs, alcohol, medical cannabis, or intoxicating cannabinoids, cannabis products, lower potency hemp edibles, or hemp-derived consumer products while on any CC premises and CC prohibits the use, transfer and/or sale of any such substances while working, while on premises owned, leased, or otherwise controlled by CC, and while operating any CC vehicle, machinery or equipment unless as part of their job function.
- 2) This policy applies to all employees, volunteers, medical staff, students, faculty, and individuals performing tasks on behalf of CC, hereafter known as health-care workers, except in the following cases:
- 3) During work hours, both on and off CentraCare premises, no health-care worker shall manufacture, distribute, dispense, possess, sell, be under the influence of or use any illegal drug, alcohol, intoxicating cannabinoids, or any prescription drug (except as medically prescribed and directed). Additionally, health-care workers shall not engage in these activities during rest and meal breaks, or while taking off premise call.

Students must adhere to the detailed Drug, Alcohol and Cannabis Free Workplace and Testing Policy as set by CentraCare Health. Violations of this policy may result in discipline, up to and including dismissal from the program.

## Cell Phones/Smartwatches

Cell phones/Smartwatches may not be used during class or clinical time.

Cell phones/Smartwatches must be turned to silent mode and left in their backpack or locker during clinical rotations, class, and labs.

Use is only permissible during the scheduled lunch break or outside school time unless approved by program faculty.

Violation of this policy will result in disciplinary action up to and including dismissal from the program.

## Social Media

Under no circumstances should a clinical site or anything related to a clinical site or clinical course be discussed or posted on any type of social media, website, app, or game. Doing so will be considered a breach of confidentiality and will be grounds for disciplinary action up to and including dismissal from program.

## Disciplinary Procedures

Any infraction of the policies of the Rice Memorial Hospital School of Radiologic Technology and/or any infraction of the policies and regulations of the hospital or clinical site will warrant disciplinary action. The type of action taken will depend upon the seriousness of the infraction.

The program faculty shall investigate the situation, decide upon the appropriate disciplinary measure to pursue. The program director will notify the student, their college affiliate, and clinical site (if applicable) of the problem and any circumstances surrounding the infraction.

Minor infractions will follow an incremental scale depending on the number of occurrences. More serious infractions may necessitate the modification of this process up to and including immediate suspension or dismissal.

### **VERBAL WARNING (Documented):**

- 1) For minor infractions, program faculty will discuss the problem with the student and suggest some remedial action.
- 2) Verbal warnings will be given for the first offence of minor infractions.

### **WRITTEN WARNING:**

- 1) A disciplinary form will be reviewed with the student which they will sign and date. It will be placed in the student's permanent record and a copy will be given to the student if desired.
- 2) A student may receive a written warning depending upon the seriousness, nature of the conduct, and/or repeat verbal warnings.

### **SUSPENSION:**

- 1) A student may be immediately suspended depending upon the seriousness and nature of the conduct, including but not limited to HIPAA violations, theft, violence, or immoral behavior.
- 2) Students may be suspended for repeated written warnings.
- 3) A student who is suspended must turn in their name tag, markers, and personnel monitor to the Program Director at the commencement of their suspension.
- 4) Any student suspension must be made up after the student's final day of the internship in the same rotation where suspension occurred.
- 5) All suspensions must be reported to academic advisors and ARRT examination application.
- 6) A student cannot be suspended more than once during their tenure in the program. If additional disciplinary action is warranted per student conduct, dismissal will be the next form of action.



## DISMISSAL:

- 1) Dismissed from the program for severe infractions of program/hospital policies.
- 2) Depending upon the seriousness and nature of the conduct, the student may be immediately dismissed at the discretion of the program faculty. This will be indicated to the student by a meeting and on the written disciplinary form.
- 3) A substantiated HIPAA violation is grounds for an immediate dismissal.
  - a) Students will be placed on probation pending an investigation into a violation.

Examples of conduct requiring disciplinary action include but are not limited to:

- 1) HIPAA violation
- 2) Disclosing information about patients, students, technologists, or physicians and their practices
- 3) Refusing to provide care to a patient because of patient's race, color, sex, religion, age, beliefs, handicap, or illness.
- 4) Discourtesy toward patients, visitors, physicians, or fellow workers.
- 5) Bullying/ Threatening behavior.
- 6) Theft, destruction, or misuse of hospital property or that of patients.
- 7) Possession of weapons on health care facility property
- 8) Any immoral conduct.
- 9) Fighting, horseplay, disorderly conduct.
- 10) Disregard for health care facility safety rules.
- 11) Falsifying records or dishonest behavior.
- 12) Academic Integrity/Plagiarism.
- 13) Failure to follow instructions or neglect of duties assigned.
- 14) Violating dress code/Chewing gum while in clinical or lab.
- 15) Leaving a work area during clinical hours without permission.
- 16) Loafing or sleeping on the premises.
- 17) Conducting personal business during clinical hours.
- 18) Repetitive Absenteeism and tardiness.
- 19) Abuse of time spent on breaks or lunch.
- 20) Cell phone/Smartwatch use during class and/or clinical.
- 21) Inappropriate use of social media.
- 22) Smoking/Vaping in unauthorized areas.
- 23) Use of alcohol or illegal drugs before or during school time.

This is not a complete list, and the program reserves the right to review student conduct and determine appropriate disciplinary action.

## JRCERT Resolution Policy

Upon notification from the JRCERT (Joint Review Committee on Education in Radiologic Technology) of a complaint concerning noncompliance of the Standards, the Rice Memorial Hospital School of Radiologic Technology will respond to the JRCERT within a one (1) month time frame. The response will include:

- 1) An acknowledgement of the complaint by the School of Radiologic Technology and the date received.
- 2) Investigation of the specific issue related to the complaint including meetings with any personnel involved. (completed within 2 weeks of receipt)
- 3) A report of the outcome of resolution of the complaint with an action plan if applicable.

A permanent written record of all complaints and subsequent resolutions will be kept on file in the Program Director's office. Any complaints and/or resolution of complaints of noncompliance with the Standards will be conveyed in the Annual Assessment Outcomes Report.

## Student Complaint Policy

Rice Memorial Hospital School of Radiologic Technology is committed to respecting all members of our campus community and providing a quality educational experience for all students.

The objective of the Student Complaint Policy and Procedure is to ensure that the concerns and complaints of students are addressed fairly and are resolved promptly. Complaints related to this policy are student complaints apart from those requiring invoking the grievance procedure.

Students may file complaints if they believe a problem is not governed by other complaint or appeal procedures.

Whenever possible, students are encouraged to seek an informal resolution of the matter directly with the faculty or individual(s) involved. Often a complaint can be resolved in this way. However, if an informal approach is neither successful nor advisable, the student should use the following procedure:

- 1) A student complaint form should be submitted to the RMH SORT Program Director (PD).
  - a) It should contain (at a minimum) the date and time of the alleged conflict or action, the reason(s) for the complaint, a summary of the complaint, a list of other persons who may provide information and any appropriate documentation. The student must also include the resolution or outcome he or she is seeking. The complaint should be submitted within ten (10) business days of the alleged conflict or action.
- 2) The PD will review the information provided, meet with you within 10 business days, and initiate an investigation if needed.
  - a) Every effort will be made to resolve your complaint; however, do understand that the resolution of all complaints may not be possible at the department level.
  - b) Serious complaints may need to be forwarded to the appropriate personnel or department.
- 3) The PD may attempt to resolve the complaint by encouraging discussion between the student(s) and the faculty member/student or by taking the appropriate action to resolve the complaint.
- 4) If, after your complaint has been reviewed and investigated by the PD, you are not satisfied with the outcome of the complaint, you may continue to pursue filing of a formal grievance.

## Grievance Policy

The Rice Memorial Hospital School of Radiologic Technology strives to maintain good student relations and assure equal treatment of all students. If a current student believes an action affecting them is unjust or inequitable, the student is able to bring forward the issue for review and consideration without fear of retaliation. This due process, as outlined below, must be followed as written.

### **PURPOSE:**

To provide an effective and acceptable means for current students to bring problems and complaints concerning their education (including grade appeals) to the attention of program officials.

### **PROCEDURES AND GUIDELINES:**

As a first step with any type of dissatisfaction, the student should discuss the matter with the person involved, faculty member, clinical instructor or program director.

- 1) If the issue cannot be resolved in the initial discussion, the student shall state the complaint in writing. The written grievance must be delivered to the Clinical Coordinator within five (5) days from the time of the occurrence of the problem. The Clinical Coordinator will investigate the allegations with the appropriate people involved. The Clinical Coordinator, then, shall reply in writing to the student within five (5) school days of the receipt of the document. If the grievance is resolved at this step, the documentation will be filed in the school files. If the complaint is directly related to the Clinical Coordinator, the student may follow the above process with the Program Director.
- 2) If the Clinical Coordinator's reply is not acceptable to the student, he/she may submit a written grievance to the Program Director student within five (5) school days. The Program Director shall reply in writing to the student within five (5) school days of the receipt of the document. If the grievance is resolved at this step, the documentation will be filed in the school files.
- 3) If the grievance is not resolved through the preceding steps, the student may request a meeting with an Appeals Committee. A written request for a meeting should be submitted, by the student, to the Program Director within five (5) school days.
  - a) The Appeals Committee shall consist of the Program Director and/or Clinical Coordinator, one clinical instructor, and a department supervisor chosen by the Program Director. The student may also select two employees to serve on the Appeals Committee.
  - b) The Program Director will schedule a meeting within five (5) school days.
  - c) At the scheduled meeting, the student will be given an opportunity to present relevant information concerning the issue/problem as well as call witnesses, if necessary.
  - d) The student will be informed by the program director, in writing, of the Committee's decision within five (5) school days.
- 4) The student may accept the decision of the Appeals Committee or request a final appeal to the Employee Relations Department from Human Resources of the hospital.
  - a) The student will forward a written request within five (5) school days after receiving the decision of the Appeals Committee.
  - b) A meeting will be scheduled with the Employee Relations Department within five (5) school days of receipt of the written request to hear the appeal.
  - c) After meeting with the Employee Relations Department, a final decision will be rendered within five (5) school days.
  - d) This Employee Relations decision will be final and binding. A copy of the decision will be given to the student and program director. No decision shall be made that conflicts with any laws or which is not in compliance with the organization's policies.
- 5) A permanent written record of all complaints and subsequent resolutions will be kept on file in the Program Director's office.

## Informal Grievance

Students are encouraged to speak up regarding their educational experience. If concerns arise regarding current school policies or procedures students may express themselves through a

written informal grievance. Students must send concerns/suggestions to all faculty via an email. Faculty will review and respond as deemed necessary and/or appropriate.

## Patient Medical Record Conduct

All students must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Intentional or involuntary violation of confidentiality will result in disciplinary action by the program including but not limited to suspension or dismissal.

All entries to the medical record of a patient while in any clinical site must be done in accordance with that clinical site's policy. Students are not permitted to make entries into the medical record of a patient without direct supervision of a registered technologist or registered nurse.

Students are permitted to share medical images for educational purposes only.

# FINANCIAL INFORMATION

## Tuition

The program is sponsored by the Rice Memorial Hospital, but all students enrolled in the program will pay tuition to Ridgewater College. The radiologic technology program has a total of 50 term credits through the hospital.

For current cost for the program, you may go to Tuition & Fees | Ridgewater College (<https://ridgewater.edu/admission-aid/tuition-and-fees/>).

Registration policies are to be followed in accordance with their schedules. All students must follow registration and tuition each term of the internship. Registration must be completed prior to the first day of the term's start date. It is up to you to determine if you are following the campus registration and fee payment. Non-compliance may cause the student's participation in the internship to cease.

## Acceptance Fee

Each student accepted is expected to pay a nonrefundable \$300 matriculation fee within 10 business days of notification of acceptance.

## Additional Fees

In addition to tuition, the student is responsible for a matriculation fee, textbooks, uniforms, markers and/or badges replacement fees, memberships and convention expenses, electronic educational programs, graduation expenses, and registry (ARRT) examination fee.

Textbooks will be purchased by the program for each student for each term and will be available on the first day of attendance.

These additional fees are the responsibility of the student and are non-refundable. Students will receive an Invoice at the beginning of each term with itemized expenses.

Students are responsible for these expenses directly to Rice Memorial Hospital School of Radiologic Technology. Invoices must be paid prior to a student beginning the next term. The approximate breakdown of these costs is as follows:

Term	Books	Activity Fee	Uniform	Total per Term
Term 1	\$350	\$80.00	\$300.00	\$730
Term 2	\$160	\$80.00		\$240
Term 3	\$160	\$80.00		\$240
Term 4		\$80.00		\$80.00
Term 5	\$300	\$80.00		\$380
Seminar	\$70			\$70
Total per Expense	\$1,040	\$400.00	\$300.00	
Grand Total				\$1,740

## Refund Policy

Students will follow the tuition refund policy according to Ridgewater College. Book and Activity fees are not refunded.

## Financial Aid

The Rice Memorial Hospital School of Radiologic Technology does not offer financial aid to students. It is available to those who qualify through the financial aid office at Ridgewater College. It is up to each student to complete the necessary forms required by the college. Summer term may not be eligible for financial aid it is recommended to review this with your campus advisor.

## Student Discounts

CentraCare Health System has negotiated discount rates for various activities and services throughout the central Minnesota area. CentraCare Health System is a member of MERSC (Minnesota Employee Recreation and Services Council). Discount listings can be obtained by accessing the website [www.mersc.org](http://www.mersc.org).

## YMCA -Willmar

Our local YMCA has agreed to offer each of you a 4-week membership for \$30.00. To receive your special membership, just stop by the front desk at the YMCA with your student ID and mention you are working at the Carris Health Clinic. If you have any questions, please contact the YMCA at 320-222-9622.





# SAFETY AND SECURITY

## Workplace Safety

CentraCare takes every reasonable precaution to assure that the facilities grounds are safe for employee, patients, visitors, students, and others. Your cooperation is essential in this effort. If you spot any action or any condition that appears unsafe, please report it to a supervisor immediately. If your supervisor does not take corrective action, call the situation to the attention of the Safety and Security personnel.

The Rice Memorial Hospital and Department of Imaging Services have a department manual that covers the proper procedures required to provide the safest possible environment to patients, visitors, employees, and students.

The student has the authority and responsibility to work safely, to report unsafe conditions or equipment to his/her clinical instructor, and to know the safety procedures such as fire and disaster for assigned clinical sites as required.

During your clinical practice, use safety devices and wear protective apparel such as goggles, gloves, or gowns when appropriate. Read operating manuals thoroughly before you use any equipment. Failure to do so could cause accidents, injury, or disaster. Students who disregard hospital safety regulations are subject to disciplinary measures.

If you are involved in a clinical related accident, injury, or illness; report it immediately to the Program Faculty and clinical site supervisor. An RL Solutions form found on the CentraNet must be completed within 48 hours.

## Emergency Contact Numbers

Rice Memorial Hospital:

- 3333 - to report codes, and immediate help.
- 1234 - Security personnel

## Infection Control Guidelines

Guidelines for reporting suspected contact with communicable disease.

All students working with high-risk patients must report exposure to blood, body fluid, or tissue specimen of a patient known or suspected of communicable diseases to Employee Health Services (EHS) no later than 48 hours after exposure. Follow-up health work and testing will be conducted by EHS.

- 1) NEEDLE PUNCTURE:
  - a) All needle punctures will be reported to Employee Health Services (EHS) by filing an incident report no later than 48 hours after the puncture.
- 2) EXPOSURE TO SUSPECTED AND ACTIVE TB:
  - a) In suspected & active cases: Students having direct contact with the patient initiate respiratory precautions (N95 mask) to protect himself/herself.
  - b) An RL Solutions report is initiated if a student is not properly informed of the patient's condition and precautions taken.
  - c) The EHS will continue the follow-up services that are necessary.
- 3) MANAGEMENT OF STUDENTS WITH INFECTIOUS DISEASES:
  - a) Students with infectious diseases shall not be permitted to attend class or clinical assignments until written approval is given from a physician. (Refer to EHS)
  - b) Hospital Policy found in PolicyStat under Infectious or Exposed

## Health Insurance

The student is required to have health insurance and is responsible for their own health insurance upon commencement and for the duration of the internship. Documentation of current policy should remain on file with the program director.

## Student Injury while at school

Students are responsible for their own medical care and health insurance.

A student that experiences an injury during scheduled school activities must immediately report the incident to a supervising faculty member.

Emergency medical care is available for students if it relates to injuries and exposures during the performance of assigned activities. However, all students receiving medical care shall be responsible for the cost, unless the law or hospital policies indicate otherwise.

Prior to and during program enrollment, the student is required to notify the program director of any illness or condition which may prevent him/her from performing the clinical objectives, duties, and assignments.

The student must receive immediate care at the site if necessary, and the student is responsible for follow-up care. The student is responsible for all expenses related to the incident.

An incident report must be filed which will then be reviewed by the Clinical Coordinators and Program Director. This report will be kept in the student's permanent record.

A note from a physician is required for any injury or condition that necessitates a student to miss class and/or clinical. Another note is required stating that the student is well enough to return and on what restrictions, if any.

Non-compliance may result in disciplinary action up to and including dismissal from the program.

## Contingency Plan

In a case of a pandemic or other catastrophic incident, the Rice Memorial Hospital School of Radiologic Technology will take their direction from CentraCare Incident Command.

In the case that students are not allowed to attend either clinical or class, classes will be held virtually via the Teams format that is supported by the organization's IS department.

Clinical scheduling will be altered to make certain that we are still following the JRCERT Standards and meeting student completion requirements.

This will be looked at weekly and plans adjusted as needed. Program length and new student enrollment may be affected by the event.

Communication to staff, faculty and students will include emails, Teams conferring and text messages.

## Radiation Protection Policy

It is the policy of the Rice Memorial Hospital School of Radiologic Technology to comply with all facility, state and federal radiation safety guidelines and policies. Student radiographers will be operating radiation-producing equipment only as part of their education program under the supervision of a qualified radiographer during regularly scheduled clinical rotation hours.

No patient shall be exposed to ionizing radiation except for those procedures authorized by a physician. Exposure of any individual to ionizing radiation solely for educational purposes will not be permitted and will result in immediate dismissal for unsafe radiation practices.

All students' complete computer-based training (CBT) modules on Radiation Safety created by the organization's Radiation Safety Officer during orientation and annually.

## **Student Considerations:**

Students are required to follow the radiation safety policy of their respective clinical sites as well as additional student considerations specified in this handbook.

### **1) Shielding**

- a) Students are required to stand behind a primary protective barrier during an exposure in stationary radiography rooms.
- b) Students shall wear a protective garment of at least 0.5 mm lead equivalent.
  - i) When making the exposure for portable examinations
  - ii) When participating in fluoroscopic examinations.
- c) If a student has a personal diabetic device, they are required to inform faculty.
  - i) Students will be required to review and comply with the Specialty Lead Usage Agreement. (See Trajecsys Documents)

### **2) Monitoring**

- a) Occupational dosimetry monitoring devices will be provided to students prior to starting clinical rotations.
- b) This monitor is to be worn at collar level, outside protective lead clothing.
- c) Personnel monitors cannot be exposed to extreme heat or cold or immersed in water.
  - i) Bring the monitor to the program faculty for evaluation and possible replacement if suspected of damage.
- d) The monitor cannot be worn while receiving medical or dental x-rays. The monitor is for monitoring dose received while performing student role only.

### **3) Holding**

- a) Students are not permitted to hold during an exposure.

## **General Considerations:**

### **1) Time**

- a) Reducing the amount of time spent near radiation is a cardinal rule to maintaining exposure ALARA. As necessary, efforts will be made to monitor an employee's time within radiography procedures and appropriate adjustments to the work schedule or job description may be considered.
- b) Whenever possible, pulsed mode will be used on fluoroscopy procedures.
- c) Fluoroscopy time will be noted in the patient's record.

### **2) Distance**

- a) Distance is one of the best devices to protect against radiation exposure; any individual required to be in the presence of radiation emitting devices or materials shall maintain an appropriate distance from the radiation source as feasible during the examination.
- b) Where applicable, the radiographic exposure cord will be utilized at maximum length during portable radiographic exams as appropriate to the current examination.

### **3) Shielding**

- a) Adequate gonadal shielding of patients shall be provided during examinations which may include the gonads in the radiographic beam or within 2" outside the beam unless such devices interfere with the objectives of the examination.

- b) Personal protective shielding will be offered to all patients whenever possible and when it does not interfere with the procedure being performed, sterile field, etc.
  - c) Staff, family members, or other personnel required to be in the radiographic room while the x-ray beam is on (fluoroscopy procedures, holding the patient, assisting, or monitoring the patient, etc.) will be provided appropriate protective shielding devices and instructed in their use as necessary.
- 4) **Monitoring Devices**
- a) Occupational dosimetry monitoring devices will be provided to applicable employees as defined in MDH chapter 4702. Refer to policy, OCCUPATIONAL RADIATION DOSE MONITORING
  - b) Always wear personnel monitoring devices where radiation is being emitted or radioactive materials are being used or stored.
  - c) These devices should be worn as instructed by the Radiation Safety Officer
  - d) When not being worn to monitor occupational exposures, personnel monitoring devices should be stored in the workplace in a designated low-background area.
- 5) **Technical Factors**
- a) Technical factors on general radiographic tubes will be set in accordance with ALARA principles.
  - b) Pediatric techniques will be available and routinely utilized.

## **Special Considerations within the Nuclear Medicine Department:**

- 1) **Safe Use of Radiopharmaceuticals**
- a) Wear laboratory coats or other protective clothing at all times in areas where radioactive materials are used.
  - b) Wear disposable gloves at all times when handling radioactive materials.
  - c) Either after each procedure, or before leaving the area, monitor your hands for contamination in a low-background area with a GM survey meter or gamma camera.
  - d) Use syringe shields for routine preparation of multi-dose vials and administration of radiopharmaceuticals to patients, except in those circumstances in which their use is contraindicated (e.g. recessed veins, infants). In these exceptional cases, consider the use of other protective methods such as remote delivery of the dose (e.g. through use of a butterfly valve).
  - e) Do not eat, drink, smoke, or apply cosmetics in any area where radioactive material is stored or used.
  - f) Do not store food, drink, or personal effects in areas where radioactive material is stored or used.
  - g) Dispose of radioactive waste only in designated, labeled, and properly shielded receptacles.
  - h) Never pipette by mouth.
  - i) Wipe-test byproduct material storage, preparation, and administration areas weekly for contamination. If necessary, decontaminate or secure the area for decay.
  - j) With a GM survey meter, survey kit preparation and injection areas daily for contamination. If necessary, decontaminate or secure the area for decay.
  - k) For prepared doses, assay each patient dosage in the dose calibrator (or instrument) before administering it. (10 CFR 35.63)
  - l) Do not use a dosage if it does not fall within the prescribed dosage range or if it varies more than  $\pm 20\%$  from the prescribed dosage, except as approved by an authorized user.
  - m) When measuring the dosage, you need not consider the radioactivity that adheres to the syringe wall or remains in the needle.
- 2) **Radioactive solutions storage and labeling**

- a) Confine radioactive solutions in shielded containers that are clearly labeled.
  - b) Radiopharmaceutical multidose vials and therapy vials should be labeled with:
    - i) the isotope
    - ii) the name of the compound
    - iii) the date and time of preparation
  - c) Syringes and unit dosages must be labeled in accordance with 10 CFR 35.69 and 10 CFR 20.1904. Mark the label to identify the radioactive drug. To avoid mistaking patient doses, label the syringe with the type of study and the patient's name.
  - d) Check the patient's name and identification number and the prescribed radionuclide, chemical form, and dosage before administering. If the prescribed dosage requires a written directive, the patient's identity must be verified, and the administration must be in accordance with the written directive (10 CFR 35.41).
  - e) Always keep flood sources, syringes, waste, and other radioactive material in shielded containers.
  - f) Because even sources with small amounts of radioactivity exhibit a high dose rate on contact, you should never use a cart or wheelchair to move flood sources, waste, and other radioactive material.
  - g) Secure all licensed material when not under the constant surveillance and immediate control of an individual authorized under the NRC license or such individual's designee.
- 3) **Wear a finger monitoring device during:**
- a) the elution of generators
  - b) during the preparation, assay, and injection of radiopharmaceuticals.
  - c) when holding patients during procedures

### **Special Considerations within the CT Department:**

Each CT examination will include the "patient protocol" page, reflecting dose information.

CT examinations should be performed with consideration of the American College of Radiology's appropriate use criteria.

- 1) **Protocols:**
- a) CT protocols should reflect dose reduction techniques as appropriate to the examination.
  - b) Whenever CT protocols are updated by the Radiologist, staff shall be notified in a timely manner.
  - c) Pediatric protocols will take the patient's age into consideration and technical adjustments will be made as appropriate to the examination.

### **Special Considerations within the OR:**

- 1) Operating room staff will be provided protective barriers or lead aprons, which shall be utilized during any operating room procedure requiring the use of fluoroscopy.
- 2) Patient shielding will be provided for all patients of childbearing age when it does not interfere with the sterile field or procedure being performed.

### **Special Considerations for pregnant staff and patients:**

- 1) Employees who have declared pregnancy will be offered special counseling and occupational dosimetry monitoring in accordance with the occupational radiation dose monitoring policy.
- 2) Screening patients for pregnancy:
  - a) Women of childbearing age will be verbally screened by the technologist for pregnancy prior to proceeding with an imaging procedure utilizing ionizing radiation.

- 3) Requests to perform imaging procedures utilizing ionizing radiation on pregnant patients:
  - a) General x-ray and diagnostic mammography exams will be performed at the discretion of the ordering provider. Whenever possible it is advised to review the order with the provider and ensure that the minimum number of views are taken to provide appropriate diagnosis. Technologists will follow ALARA practices and ensure adequate patient shielding.
  - b) CT and fluoroscopy exams may be performed if it is clinically indicated. Whenever possible, technologists will assist with having the ordering physician speak directly with a radiologist to discuss the request.
- 4) For requests to image pregnant patient in other modalities refer to:
  - a) Nuclear Medicine Pregnancy Policy
  - b) MRI Safety Policy

### **Responsibility:**

It is the responsibility of the x-ray operator, radiation safety officer, and/or authorized users (or such individual's designee) to see that appropriate safety precautions have been met.

Conflicts between these guides and proper patient care should be brought to the attention of the radiation safety officer.

## Pregnancy Policy

The following is a policy concerning pregnant students enrolled in the radiologic technology program.

During school orientation, each student is given instruction in the U.S. Nuclear Regulatory Commission, Regulatory guide 8.13. This guide describes the necessary instructions for the student concerning prenatal radiation exposure. (Form found in Appendix A)

A student enrolled in the program who is pregnant has two options.

- 1) **Not to Declare**
  - a) If the student chooses not to declare her pregnancy, no change in status shall occur.
- 2) **Declare**
  - a) Must be done in writing to the program director.
    - i) The student will be given two personnel monitors and instructions on how to use them to best monitor any exposure to radiation during the pregnancy.
  - b) The student may choose to continue with the program, if so, the student will be expected to participate in the same classroom, clinical, and demonstration activities as the other students.
    - i) Unless limitations are listed in writing by the student's physician.
  - c) The student may choose to withdraw from the program and apply for re-admission on a space available basis only.
  - d) They may also withdraw their declaration if they choose.
    - i) This, also, must be done in writing. Disclosure will not affect the student's continued participation in the program.

The student must have a written physician release to return to the classroom and clinical rotations.

Students will be allowed to take a maternity leave after delivery which will follow the Extended Absence policy under Attendance policies.

Failure on the part of a student to notify the program director or clinical coordinator of an existing pregnancy shall absolve the school of any responsibility from an assignment to a radiation area.

## Inclement Weather Policy

Student safety is our primary responsibility. A student must consider the weather conditions in their own location with their ability to drive and arrive at their destination safely. The ultimate decision concerning personal safety in the event of severe weather, or any emergency is the responsibility of the individual. Should a student not be able to get to school during inclement weather, there will be no penalty for this. You may be required to complete missed clinical time at the discretion of program faculty. A student not reporting to clinical must notify program faculty and the clinical site following student Attendance policy.

If Ridgewater College closes due to inclement weather the School of Radiologic Technology will also be closed. Ridgewater's emergency alert program will notify students and faculty.

Program faculty may decide to cancel classes and/or clinic separately from Ridgewater College. Students will be notified by faculty via text message. An email will be sent to all Clinical Instructors and supervisors regarding cancellation.

## MRI Screening

The purpose of this policy is to ensure the safety of the Radiologic Technology students before entering a Magnetic Resonance Imaging scanning room/field. It assures an appropriate MRI Safety screening has been completed on each student.

All students in the Radiologic Technology program will be instructed in MRI Safety basics in the first semester of the program prior to entering clinical rotations. In addition, all students will be screened in the first semester to ensure continued safety.

A copy of the MRI screening form can be found in Appendix D.

It is the MRI technologist's responsibility to control all access to the scan room. As a student, you too become part of this safety team adhering to all MRI safety policies and procedures. If at any point a student has doubt, an MRI Technologist or Radiologist should be consulted.

Students will be responsible for reporting any changes which impact on this screening and may thus compromise safety.



# STUDENT SERVICES

## Contact Information

It is the responsibility of the student to provide any change of address or telephone number from the one listed at the time of registration. All changes must be submitted in writing with the effective date.

## Counseling Program

An important objective of the school is to help the student to become more self-directed. The program director, clinical coordinator or clinical instructors are available for academic, behavioral, and clinical counseling.

For other personal matters, professional counseling is available through the Spiritual Care Department.

## Educational Facilities

- 1) The classroom is in the lower level of the CentraCare – Rice Memorial Hospital. Each student is provided with a desk and space for books and personal items. A/V equipment is available to instructors and students for classroom presentation.
- 2) Community Health Library on the first floor near the Gift Shop.
- 3) Computer Lab: Student may utilize the IS Classroom 1 or 2, down the hall from the classroom which contain computers with internet and EPIC access.
- 4) Additional educational resources are available in the RMH: SORT classroom or from the offices of the Program Director and Clinical Coordinator.
- 5) College Database: Students still have access to all the educational databases from Ridgewater College.

## Food Service

Food is available for purchase at the Garden Court Café on the lower level of the hospital.

There are vending machines located on all levels of the hospital.

Microwaves in the Garden Court Café and Imaging breakroom.

### Garden Court Café Hours:

Breakfast: 7:00am – 8:45am

Lunch: 10:45am – 1:00pm

Dinner: 4:30pm – 6:30pm

## Outside Hospital Educational Programs

The School of Radiologic Technology encourages participation in outside educational programs which are designed to enhance the knowledge and skills of the student.

Travel allowances and other expenses incurred for outside education programs are the responsibility of the student attending and are not reimbursed by the School.

Programs sponsored by professional affiliations in Radiologic Technology, attended by students may count as regular school attendance. This must be arranged prior to the student attending. No credit will be given retroactively. The student must provide evidence of attendance.

## Lockers

All students are provided a locker or designated space to store books and personal items while in the clinical setting. For purposes of security, students will have lockers available near the classroom. Students will have to bring their own locks.

## Student Identification Card

All students, upon beginning of the program will receive a picture name I.D. card. The ID must always be worn during assigned hours with the name and picture visible.

The picture ID also allows access to designated locked areas.

If the picture ID is lost or damaged, it must be replaced as soon as possible. Lost identification badge replacement charge is \$10.00. The fee is refundable upon the return of the lost ID badge.

There is no charge to replace a damaged badge when the old badge is turned into the Security/Safety Department.

## Employment Expectations

Employment outside the school is permitted, although school scheduling takes priority.

The school will not alter students' schedules to accommodate outside work schedules. Students are expected to regard their radiology internship as a top priority and to be present for assigned schedules regardless of outside employment.

Please note that any hours as an employee are not part of the program and cannot be used to satisfy required clinical courses.

## Student Conferences and Evaluations

Student conferences will be held each term (more often if the situation warrants). These may be at mid-term and/or at the end of the term. It is at this time that the students will receive feedback regarding their performance for each course. Areas of improvement as well as strengths will be identified. Students will also have an opportunity to identify goals or areas they would like additional support to achieve success.

Students are provided clinical counseling at the midterm and/or end of each term, and as needed throughout their time in the program.

Weekly evaluations are completed as an ongoing process as part of each clinical course. The student selects the Clinical Preceptor they have worked closely with throughout the week. These evaluations are accessible for the student to review through the Trajecsys Report System at any time.

## Parking

Free parking is provided for all authorized student cars. Students must park in designated areas. Failure to do so may result in a loss of Professionalism Point from the clinical grade.



# SCHEDULE POLICIES

## Program Length

The course of study consists of six terms total, one spring term, two summer terms, two fall terms, and one seminar review course. The school admits one cohort of eight students annually in May. The length of the program is approximately 21 calendar months.

## Scheduling of Class and Clinical

Students will be given a class schedule each semester/term prior to its commencement.

The Program has defined a week as being from Saturday through Friday. Students' schedules do not allow for students to be scheduled for more than 40 hours in a one-week period for both clinical and didactic classes and no more than 10 consecutive days.

Student clinical time will primarily be scheduled between the hours of 6:00am and 7:00pm, Monday through Friday, with six weekend rotations.

Students are scheduled in a variety of clinical rotations and shifts throughout the internship to include diagnostic radiology, surgical, computed tomography, magnetic resonance imaging, and interventional radiology to meet program and ARRT requirements.

Terms are divided as follows:

Term 1 (Summer) May – August: All Class

Term 2 (Fall) August – December: Alternating Class weeks and Clinical weeks

Term 3 (Spring) January – May: Alternating Class weeks and Clinical weeks

Term 4 (Summer) May – August: All Clinical

Term 5 (Fal) August – December: Alternating Class weeks and Clinical weeks

Term 6 January: Seminar/ARRT Exam preparation

## Academic Calendar

The Rice Memorial Hospital School of Radiologic Technology follows the academic calendar set by Ridgewater College Willmar with small changes. The academic calendar provides for two school years with Spring, Summer and Fall terms.

If illness or personal crisis requires a student to take additional time off than what is allowed in the calendar, the student and program director will make specific arrangements for program completion for that student. (see Appendix A)

## Holidays

The Rice Memorial Hospital School of Radiologic Technology observes the following holidays:

1. New Year's Day
2. Martin Luther King Jr Day
3. Presidents Day
4. Good Friday & Easter Sunday
5. Memorial Day
6. Juneteenth
7. Independence Day
8. Labor Day
9. Veterans Day
10. Thanksgiving
11. Christmas Eve & Christmas Day

## Attendance

Attendance at all scheduled classes is required unless the student is excused. Attendance and arrival on time are required for all clinical and didactic courses.

Failure to notify the Clinical Coordinator, Program Director, and the clinical site (if applicable) of an absence may affect the student's grade or necessitate further disciplinary action.

### **TIME TRACKING:**

Students MUST utilize the Trajecsys Report System to clock in and clock out each day for clinical.

1. 15 minutes of PTO will be deducted for each misuse of Trajecsys clocking system.
  - a) Misuses include but are not limited to:
    - i) Clocking in/out at the wrong site.
    - ii) Clocking in/out from anywhere not approved.
    - iii) Forgetting to clock in/out.
    - iv) Clocking out early without approval.
    - v) Tardiness

### **TARDINESS:**

1. Tardiness is defined as one (1) minute past the scheduled start time and is in increments of fifteen (15) minutes (i.e., 7:00 start time, arrives @ 7:18 = 2 tardies).
  - a) Each tardy in either class or clinical will result in a loss of 15 minutes of personal time per infraction.
  - b) 2 tardies in clinical will result in their grade being reduced in the Professionalism category by one (1) point for each infraction. And 1 point for each additional tardy.
  - c) More than three (3) tardies in one term or consecutive terms with tardies will result in additional disciplinary action.

### **CLASS DAYS:**

1. Students must notify the Clinical Coordinator and Program Director of their absence a minimum of 30 minutes before the start time, or this will be considered an Unexcused absence.
  - a) Text message is preferred but phone call is acceptable.
2. It is also the student's responsibility to obtain all class notes and assignments upon their return from their fellow students.
3. Missed tests will be made up the next class day and will be a different version of the test.
4. Any quizzes or in class assignments cannot be made up.
5. Elective time off should not be used during class days, but exceptions can be made at the discretion of the Program Director on a case-by-case basis.

### **CLINICAL DAYS:**

1. Students must notify the Clinical Coordinator and Program Director of their absence a minimum of 30 minutes before start time, or this will be considered an Unexcused absence.
2. If a staff member permits an early dismissal, this must be documented with the staff's initials in the comments field of Trajecsys Report System.

- a) If it is more than one (1) hour earlier than normal dismissal time, the student must get permission from the Clinical Coordinator or Program Director prior to leaving.

### **PERSONAL TIME OFF:**

1. Each student will be allowed six (6) days = 48 hours per year of personal time. These are intended to be used as sick days and not additional vacation days.
2. Students cannot take more than two (2) total days off during each term unless approved by the Program Director.
3. Requests must be submitted via email to the Clinical Coordinator for approval at least three (3) business days before the requested time off.
  - a) Requests must include:
    - i) Date(s) requested.
    - ii) Scheduled rotation.
    - iii) Amount of time requested.
  - b) PTO can only be taken in full days or half days.
4. If a student calls in sick, it will be for an entire day and not a portion of it.
5. Students will only be allowed two excused absences or one “unexcused” absence per term.
  - a) Excused absence occurs when a student has an illness or a pre-approved absence.
  - b) Unexcused absences occur when a student is absent without prior approval or fails to notify the school of an absence.
6. ATTENDANCE USEAGE EXAMPLE-SEE APPENDIX B

### **EXCESSIVE TIME:**

1. Extended illnesses and extenuating circumstances will be reviewed on an individual basis.
2. Excessive absence may lead to disciplinary action up to and including suspension or dismissal.
3. If a student misses more than 2 calendar days in a term, their clinical grade will be reduced in the Professionalism category by 1 point for each excessive day.
4. Any additional time used by the student over the allotted time will be made up in the clinical setting ONLY during School breaks (no holidays allowed). A student in excess of allotted time will require a physician/medical excuse for each absence.
5. Any student suspension MUST be made up after the student’s final day in the same rotation where suspension occurred.

### **MEDICAL LEAVE:**

1. If a student has an extended illness or injury, he/she must present a note from their physician.
  - a) physician documentation will be required and reviewed by the Employee Health Services for approval before the student will be allowed to return.
  - b) An extended illness absence is reviewed on an individual basis.
  - c) Student name and date must be present on documentation.
2. Banking clinical time may be deemed necessary and authorized by the Program Director for planned absences of a medical nature.
  - a) This allowance will be made on an individual basis for such things as maternity leave, surgery, etc. (only medically related reasons).



- b) Inform the Program Director of your request to bank time early enough before the event to allow adequate decision-making time.

### **BEREAVEMENT:**

1. Following a death of a family member, the student may request personal time off via the typical PTO process.
2. The student must complete all missed assignments upon return to class.
3. Bereavement days do not count against the excused absence limit of 2 days per term.
4. Extenuating circumstances will be handled on a case-by-case basis and are at the discretion of the program director.
5. Bereavement time-off follows CentraCare Health Bereavement policy.

### **LUNCH BREAKS:**

Students in attendance for an eight-hour day will receive a 30-minute break for lunch or as designated by the clinical site. There are no additional allotted breaks.

### **CLINICAL COUPONS:**

1. Only 1 coupon per calendar day may be used.
2. Must be documented in Trajecsys Report System during the Clock out.
3. All coupons need to have prior approval of Clinical Coordinator.
4. Coupon must be initialed and dated by staff when used.



# CURRICULUM

## Curriculum by Term

Term I Summer (10 weeks)		
Course Number	Course Title	Credit Hours
RADT 1100	Patient Care	2
RADT 1120	Radiographic Procedures I	3
RADT 1130	Introduction to Radiology	1
	TOTAL CREDITS:	6
Term II Fall (17 weeks)		
Course Number	Course Title	Credit Hours
RADT 1220	Radiographic Procedures II	3
RADT 1150	Radiologic Physics I	3
RADT 1200	Radiologic Imaging	2
RADT 1160	Pharmacology	1
RADT 1180	Clinical Practicum I	3
	TOTAL CREDITS:	12
Term III Spring (16 weeks)		
Course Number	Course Title	Credit Hours
RADT 1320	Radiographic Procedures III	3
RADT 1260	Image Analysis I	3
RADT 1250	Radiologic Physics II	1
RADT 2120	Advanced Modalities	2
RADT 1380	Clinical Practicum II	3
	TOTAL CREDITS:	12
Term IV Summer (10 weeks)		
Course Number	Course Title	Credit Hours
RADT 2180	Clinical Practicum III	6
	TOTAL CREDITS:	6
Term V Fall (21 weeks)		
Course Number	Course Title	Credit Hours
RADT 2140	Radiographic Pathology	3
RADT 2240	Quality Assurance	1
RADT 2260	Image Analysis II	2
RADT 2200	Radiation Biology/ Protection	3
RADT 2270	Advanced Radiographic Imaging	1
RADT 2280	Clinical Practicum IV	2
RADT 2320	Seminar	2
	TOTAL CREDITS:	14

Total Credit Hours: 50

1 contact hour class/week = 1 credit hour  
 2 contact hours lab/week = 1 credit hour  
 6 contact hours clinical/week = 1 credit hour

# Course Descriptions

## **Term 1, Summer- 6 Credits**

- RADT 1100 Patient Care (2 credits)  
Basic concepts of patient care, including communication skills, transfer and immobilization techniques, as well as the role of the radiographer in providing patient education. Infection control practices using standard precautions under both aseptic and non-aseptic techniques will also be addressed. Simulation activities and labs included to reinforce content. Course may not be repeated.
- RADT 1120 Radiographic Procedures I (3 credits) (Lab included)  
This course covers general radiology principles and safety, chest radiography, lower extremities and abdominal projections, including pediatric and geriatric applications. Radiographic image critique will be integrated throughout the course. Students will be introduced to the concepts of radiation protection prior to starting any clinical participation. Course may not be repeated.
- RADT 1130 Introduction to Radiology (1 credits)  
This course is designed to provide a fundamental background in ethics and an overview of the foundations in radiography including legal and professional standards. Principles, practices and policies of the health care organization and professional organizations are examined and discussed in addition to the professional responsibilities of the radiographer. Repeat Option available.

## **Term 2, Fall- 12 Credits**

- RADT 1220 Radiographic Procedures II (3 credits) (Lab included)  
Pre-requisite: RAD 1120  
This course is a continuation of Radiographic Procedures I. It is a study of upper extremities, shoulder, pelvis, spine, bony thorax, and skull radiography. Pediatric and geriatric applications will be included. Radiographic image critique will be integrated throughout the course. Course may not be repeated.
- RADT 1150 Radiologic Physics I (3 credits)  
This course explores the physical concepts of energy and the principles of electricity as it relates to x-ray circuits and production. Content is designed to establish a knowledge base in radiographic, fluoroscopic, mobile, and tomographic equipment requirements and design. Topics will include the nature and characteristics of radiation, x-ray production and fundamentals of photon interactions with matter. Course may not be repeated.
- RADT 1200 Radiographic Imaging (2 credits)  
This course will discuss factors affecting radiographic quality and the principles of image receptor characteristics. These factors include those that impact image acquisition, display, archiving and retrieval. Methods for maintaining good radiographic quality of digital imaging systems and quality assurance measures are presented. Repeat Option available.
- RADT 1160 Pharmacology (1 credit)  
Content is designed to provide basic concepts of pharmacology. Preparation, precautions, and administration of contrast media will be explored. The theory and practice of basic techniques of venipuncture and administration of diagnostic contrast agents and/or intravenous medications is included. Repeat Option available.

- RADT 1180 Clinical Practicum I (3 credits)  
The radiography student will be thoroughly oriented to the operation of the hospital and radiology department. Students will observe, assist, and gradually perform under direct supervision, exams learned in Radiographic Procedures I, meeting requirements and competencies for those areas. Course may not be repeated.

### **Term 3, Spring- 12 Credits**

- RADT 1320 Procedures III (3 credits) (Lab included)  
Pre-requisite: RAD 1120, RAD 1220  
This course covers radiographic exams of the urinary tract, gastrointestinal system, biliary system, trauma, advanced and surgical procedures including pediatric and geriatric applications. Radiographic image critique of these procedures will be integrated throughout the course. Informed consent as well as emergency patient care procedures and applications will be addressed. Course may not be repeated.
- RADT 1260 Image Analysis I (3 credits)  
Pre-requisite: RAD 1120  
This course emphasizes the principles of image evaluation as it relates to technique, collimation, positioning and radiographic quality. Radiographic images of the chest, abdomen, upper and lower extremities and shoulder are studied. Techniques to improve diagnostic quality are emphasized. Course may not be repeated.
- RADT 1250 Radiologic Physics II (1 credit)  
Pre-requisite: RAD 1150  
This is a continuation of Radiologic Physics I and explores digital imaging and processing. The basic principles including capturing, processing, exposure indicators, image display and imaging exposure techniques are covered. In addition, digital image management is covered. Repeat Option available.
- RADT 2120 Advanced Modalities (2 credits) (Lab included)  
Pre-requisite: RAD 1120, RAD 1220  
This course will explore more specialized radiographic procedures including angiography and interventional procedures. Students will evaluate image acquisition and application of other advanced imaging modalities. Principles of sectional anatomy will be covered on routine images of CT and MRI. Course may not be repeated.
- RADT 1380 Clinical Practicum II (3 credits)  
Pre-requisite: RAD 1180  
Students will continue to perform radiographic procedures with indirect supervision where competency has been achieved. Students will observe, assist, and gradually perform under direct supervision, exams learned in Radiographic Procedures II, meeting requirements and competencies for those areas. Course may not be repeated.

### **Term 4, Summer- 6 Credits**

- RADT 2180 Clinical Practicum III (6 credits)  
Pre-requisite: RAD 1380  
Students will continue to perform radiographic procedures with indirect supervision where competency has been achieved. Students will meet requirements and competencies for urologic, gastrointestinal, mobile, trauma and surgical procedures. Course may not be repeated.

## Term 5, Fall- 14 credits

- RADT 2140 Radiographic Pathology (3 credits)  
This course focuses on the common diseases and abnormalities of organs and systems as they relate to radiography including which modality demonstrates the pathology best. The anatomy and physiology of each system will be reviewed. Compensating for density differences produced by underlying pathologic conditions will be addressed. Course may not be repeated.
- RADT 2240 Quality Assurance (1 credit)  
This course explores the theory and practice of quality assurance in the diagnostic radiology department. The use of quality assurance test tools, interpretation of results and management of a quality assurance program through record keeping is investigated. Repeat Option available.
- RADT 2260 Image Analysis II (2 credits)  
Pre-requisite: RAD 1220 and RAD 1260  
This course emphasizes the principles of image evaluation as it relates to technique, collimation, positioning and radiographic quality. Radiographic images of the pelvis, spine, bony thorax, skull and fluoroscopic studies are studied. Techniques to improve diagnostic quality are emphasized. Course may not be repeated.
- RADT 2200 Radiation Biology/Protection (3 credits)  
This course considers the areas of radiation interactions, radio sensitivity and radiation dose/response relationships. The importance of radiation protection, systems of measurements, and National Council on Radiation Protection (NCRP) guidelines are discussed. The responsibilities of the radiographer for patient, personnel and public safety, as well as the early and late effects of radiation protection are thoroughly described. Course may not be repeated.
- RADT 2270 Advanced Radiographic Imaging (1 credit)  
Pre-requisite: RAD 1200  
This course will give the student a comprehensive study and correlation of the principles of prime exposure and technical factors. An in-depth study of the factors that influence image quality and how they influence this quality is investigated. Repeat Option available.
- RADT 2280 Clinical Practicum IV (2 credits)  
Pre-requisite: RAD 2180  
Students will continue to perform radiographic procedures with indirect supervision where competency has been achieved. Students will meet requirements and competencies for all mandatory exam as identified by American Registry of Radiologic Technology (ARRT). Students will review all phases of radiology previously learned and put them to practice during the clinical experience. Course may not be repeated.

## Term 6—2 credits (4-week course)

- RADT 2320 Seminar (2 credits)  
Pre-requisite: All didactic courses  
This course is a comprehensive review of the principles taught in preparation for the certification exam. Additionally, this course provides an overview of the professional responsibilities of radiographer including continuing education, certification, scope of practice, and licensure. Students are required to devise an individualized professional development plan. Course may not be repeated.

## Grading Scale

The Radiologic Technology professional courses require a higher level of minimum achievement than most other college courses. The standardized grading scale for all Radiologic Technology professional courses is as follows:

<u>Score</u>	<u>Grade</u>	<u>Honor Points</u>
94-100	A	4.00
92-93	A-	3.87
90-91	B+	3.50
86-89	B	3.00
85	B-	2.87
83-84	C+	2.50
80-82	C	2.00
Below 80	Failing	0.00
Incomplete	I*	

A grade of Incomplete (noted "I" on the transcript) may be assigned when a student has completed and passed most of the work required for a course but, for reasons beyond the student's control, cannot complete the entire course. Incomplete grades are contingent upon instructor approval, and instructors are under no obligation to grant them. In cases where an instructor agrees to assign an "I" grade, it is important to arrive at an agreement about exactly what is required to finish the course and within what time frame.

## Academic Standards

Courses and clinical experience have been carefully selected to assure a systematic progression by completing specific term objectives in an organized, cumulative fashion. Each term builds upon the knowledge and skills of the previous terms and is to be taken in sequence. Courses are offered only in the appropriate term, as listed on the Curriculum.

1. Any student failing a clinical course will be dismissed from the program.
2. Satisfactory completion of each of the didactic courses requires students to pass at least 50% of the unit tests in the course. A student not meeting this requirement will need to complete remedial work as determined by the instructor.
3. Students must also achieve a GPA each term of 2.25. Any term that the GPA falls below 2.25 will cause the student to be placed on academic probation. A student will be allowed only one (1) term of probation during their tenure.
4. Students that demonstrate a consistent lack of comprehension will require a mandated conference with the faculty to determine their status in the program.
  - a) Any grade below "C" will require a repeat of the course to successfully progress through the program.
5. Many courses are identified as pre-requisites and therefore may not qualify as a course that can be repeated.
  - a) Pre-requisite and Repeat Option courses are identified under course descriptions.
  - b) If a course may be repeated, the cost of repeating the course will be according to the current year's tuition and must be paid prior to the repeat of the course.
  - c) The time allocated to repeat the course must be done in the student's own time.



- d) A student will only be allowed to repeat a course once in their tenure.
- i) A student failing a second course will be dismissed from the program.

## Comprehensive Test

At the end of the first year, all students are required to pass a comprehensive test. This test will be administered on the last day of the semester of the first year. A student will be allowed three attempts to pass this exam. This test must be passed with an 80% or greater. If a student needs to retake the test, scheduled dates will be made available to them. This must be successfully completed prior to commencement of the second year of the program.



# CLINICAL EDUCATION

To ensure effective clinical education for students enrolled in Rice Memorial Hospital School of Radiologic Technology, each student must possess a full understanding of the competency-based system of evaluation that is employed. It is the intent of the competency-based system to provide an objective and uniform method of evaluation of the clinical performance of the students in the program.

## Clinical Site Assignments

1. Clinical assignments are scheduled between 6:30 am and 11:00 pm and include weekend schedules.
  - a. Less than 10% of the student’s total clinical hours are spent after 7:00 pm and on weekends.
2. Students are responsible for all transportation to and from their assigned clinical sites.
  - a. The cost of transportation will be the student’s responsibility.
3. Students do not receive compensation when on clinical rotations. Clinical assignments are a required component of the educational program.
  - a. Students cannot be scheduled as a paid employee of any CentraCare institution during the time they are completing clinical requirements.

CentraCare—Rice Memorial Hospital 301 Becker Ave SW Willmar, MN 56201	Main: 320-235-4543 x 46447 Portable: 320-235-4543 x 49610	Program Sponsor
CentraCare—Willmar Lakeland Clinic 502 2 <sup>nd</sup> St SW Willmar, MN 56201	320-235-7232 ext.:47286	0.1 miles from sponsor
CentraCare—Willmar Surgery Center 1310 1 <sup>st</sup> St S Willmar, MN 56201	320-231-5000 ext.:48338	0.7 miles from sponsor
CentraCare—Willmar Clinic 101 Willmar Ave SW Willmar, MN 56201	320-231-5000 ext.: 48338	0.7 miles from sponsor
CentraCare—Benson Hospital 1815 Wisconsin Ave Benson, MN 56215	320-843-4232 ext.:40010	40 miles from sponsor
CentraCare—Redwood Hospital 101 Caring Wy Redwood Falls, MN 56283	507-637-4619 or 507-637-4500 x 47360	45 miles from sponsor
Matt Gault: Program Director	Office: 320-235-4543 ext.: 49664	Rice Memorial Hospital: L226
Jody Leason Clinical Coordinator	Office: 320-235-4543 ext.: 49623	Rice Memorial Hospital: L106

Reference Clinical Education Record for a complete list of Modality Ext. for clinical sites.

To develop a sound clinical education program and to meet the criteria in the STANDARDS (Standards for an Accredited Educational Program in Radiologic Sciences), these policies have been developed. This information has been designed as a guide to provide students with the necessary information about clinical education and evaluations.

Rice Memorial Hospital School of Radiologic Technology provides adequate clinical experience to ensure that all students become candidates for certification by meeting the didactic and clinical competency requirements specified in ARRT Rules and Regulations.

## Mammography Policy

All students, male and female, will be offered the opportunity to participate in mammography clinical rotations. Male students are advised that participation in mammographic imaging procedures is not a guarantee and is subject to the policy of the clinical setting and discretion of the patient.

The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

## Competency

### TYPES:

1. Didactic Competency – Classroom education and passing the unit test.
2. Simulated Competency – Test exams that students perform (except for the actual exposure) on another student in the clinical area. The clinical instructor or clinical preceptor monitors these test exams.
3. Clinical Competency – Exams performed by the student with direct supervision of the registered technologist with minimal assistance.
4. Recheck Competency – Test exams monitored by the clinical instructor or clinical preceptor and performed by the student on an actual patient on areas that competency has previously been mastered.
5. Final Competency – Test exams monitored by the clinical instructor or clinical preceptor and performed by the student on an actual patient during the student's final term.

### PROCESS:

Students will learn the information in the classroom, demonstrate their understanding in a laboratory setting, and successfully pass the procedures unit test before they are eligible to simulate an exam in that unit.

Following the laboratory demonstration, students will observe and participate in patient exams under direct supervision of a registered radiographer.

Students may attempt a competency exam only after a successful simulated examination, score at least 80%,

Successful completion is defined as a passing score of 80% or higher on any clinical competency.

The student is expected to successfully complete the competency evaluation with a maximum of two attempts. Failure to obtain a passing score within two attempts will result in counseling and disciplinary action if needed.

The minimum required competency exams needed are outlined in the ARRT Clinical Competency Requirements.

# Supervision and Repeat Policy

The following policies for direct and indirect supervision and their relation to image repeats have been implemented in accordance with the Joint Review Commission on Education in Radiologic Technology Standards for an Accredited Educational Program in Radiography.

Staff technologists must evaluate and approve all images prior to dismissing the patient and sending the images. Failure to follow this policy will result in disciplinary action.

## **DIRECT SUPERVISOR:**

When a technologist is with a student in the radiographic room or is observing the student perform a radiographic exam from the control panel area. A qualified radiographer is present during the performance of the procedure, reviews, and approves the procedure.

Direct supervision is utilized whenever:

1. The student has not yet successfully passed the competency testing on that exam.
2. The student is repeating the radiograph.
3. The student is in the operating room or performing portable procedures.

## **INDIRECT SUPERVISION:**

When a staff technologist is in the general vicinity of the room where a radiographic exam is being performed and available to assist if necessary. (Not with another patient or student.)

Students may perform examinations under indirect supervision only after successfully completing clinical competency testing on that exam.

## **REPEAT RADIOGRAPHS:**

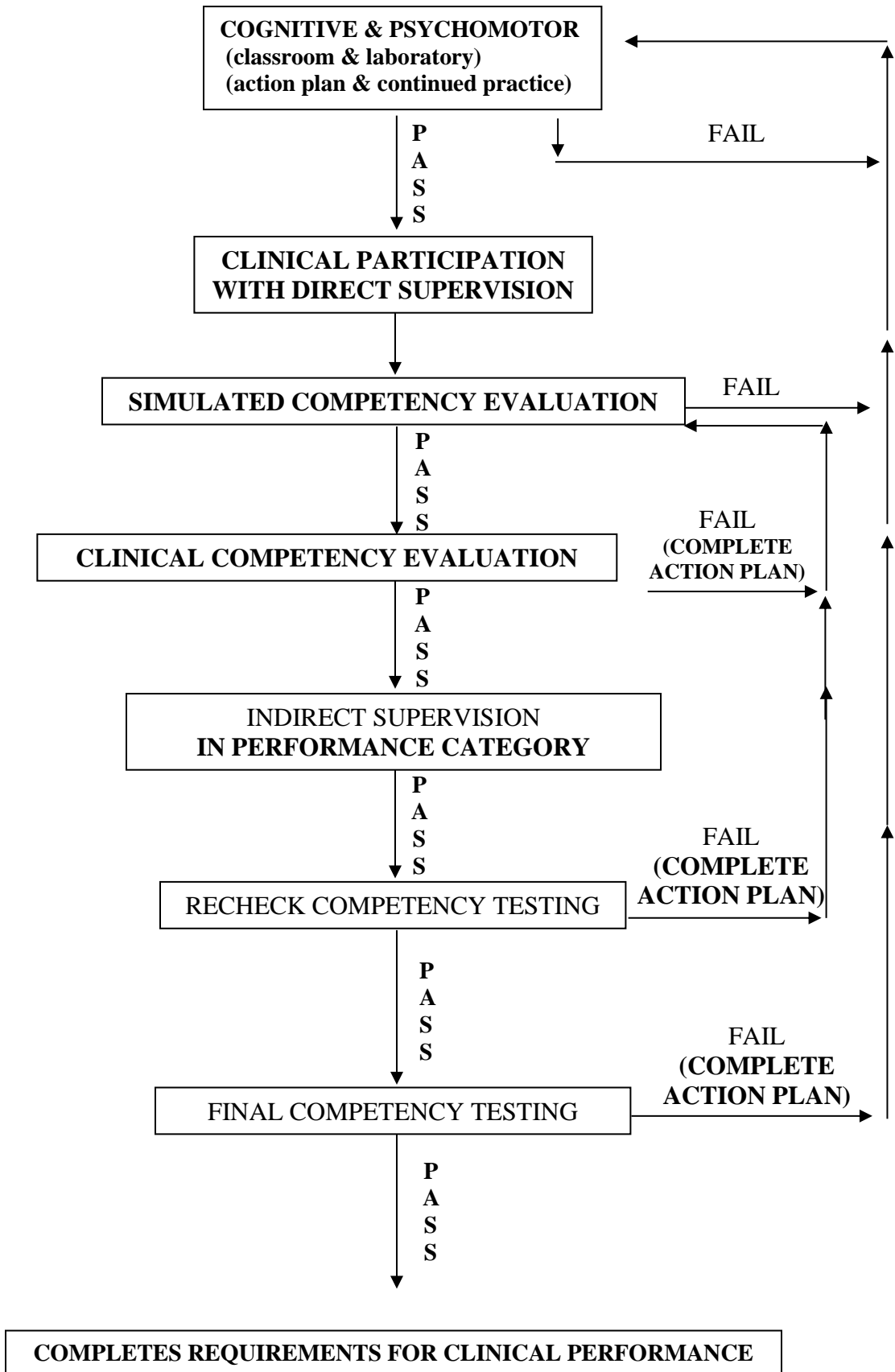
If the images are unsatisfactory the radiographer and student will discuss the reason causing the unsatisfactory radiograph and the corrective measures that will be taken to obtain good image quality.

Repeats of unsatisfactory images will only be performed in the Direct Supervision of a registered staff radiographer to assure the corrective measures are performed accurately.

# Student Labs

Labs are associated with most Procedures courses and are correlated with the didactic material covered in each course. Labs are held in a diagnostic x-ray room and are part of the didactic schedule. On some occasions, the lab may need to be delayed due to patient flow but will be completed on the same day as it was originally scheduled.

CLINICAL COMPETENCY PROGRAM FLOW CHART



# Simulated Competency Testing

Simulated competency tests are a method of verification of accuracy in positioning skills routinely performed during radiologic exams for all parts of the human anatomy. These tests are performed by students on a non-patient volunteer in a diagnostic room. The method of verification is the simulated competency form. This form can be found on the online student documentation program, Trajecsys Report System.

These exams are performed just like any department routine exam. The exposure WILL NOT be taken. Simulations will be scheduled as assignments during each clinical course.

The student will be given a Master Simulation Completion Record which has a complete list of all simulations required. Each semester, simulation assignments will be made. The student is expected to acquire the number of simulations required each semester.

It is the student's responsibility to ensure that all simulations have been passed and completed.

## **INSTRUCTIONS:**

Prior to a student attempting a simulated competency test, the following must be met:

1. Passed the didactic portion of the procedure.
2. Received laboratory instruction and practiced the procedure.
3. Generate the simulated competency form from Trajecsys Report System when the supervising technologist feels the student has passed the procedure.

This must be passed prior to a student advancing in the clinical competency program.

If the above are met, the supervising technologist will complete the competency test form following the grading guidelines for competency examinations.

Any positioning errors that would result in repeat exposure being taken in a real exam situation will result in an automatic failure. Improperly marking the images or failure to appropriately shield the patient will result in automatic failure. The supervising technologist's discretion will be the deciding factor. These errors will be discussed with the student at the time of the attempted simulation. Further practice will be required before attempting an additional simulation on a future date.

## **GRADING GUIDELINES:**

The evaluator will rate the student's competency based on the following scale:

- 3 = Acceptable, no correction needed
- 2 = Acceptable, minor correction needed
- 1 = Unacceptable, had to be repeated or corrected to complete study

# Clinical Competency Testing

Check-off Competency tests are a method of verification of accuracy in positioning skills routinely performed during radiologic exams for all parts of the human anatomy. These tests are performed on patients in the radiology department. The method of verification is the competency form. This form can be found on the online student documentation program, Trajecsys Report System.

## **INSTRUCTIONS:**

Prior to a student attempting a check-off competency test, the following must be met:

1. Passed the didactic portion of the procedure.
2. Received laboratory instruction and practiced the procedure.
3. Passed the simulated examination.
4. Have observed and progressively participated in performing the procedure during their clinical rotations.



This must be passed prior to a student advancing in the clinical competency program.

If all the above is met, the student may perform the procedure on a patient. The supervising technologist will monitor the entire procedure and complete the competency test form through Trajecsys Report System. The supervising technologist will follow the grading guidelines for competency examinations. The student will record the grade on their Clinical Master Competency Record.

A student who needs to repeat any images due to his/her error will result in an automatic failure. Any time that the supervising technologist feels that the positioning or technical factors are incorrect and would result in a repeat image, the procedure should be stopped and immediately corrected by the technologist prior to an exposure being made. This will result in a failure of the check off competency exam. Radiographs that are improperly marked or failure to appropriately shield will also result in an automatic failure.

A student must obtain an 80% or higher to achieve a passing score on a check off competency form. A student failing a check-off competency would need to review the procedure and complete an Action Plan via Trajecsys Report System before attempting a repeat of the check-off competency on a future date.

### **GRADING GUIDELINES:**

The evaluator will rate the student's competency based on the following scale:

3 = Acceptable, no correction needed

2 = Acceptable, minor correction needed

1 = Unacceptable, had to be repeated or corrected to complete study

## **Recheck Competency Testing**

Recheck competency tests are a method of verification of continued accuracy in positioning skills routinely performed during radiologic exams for all parts of the human anatomy. These tests include the regular Recheck Competency Tests that are performed on patients in the radiology department and the Random Rechecks which are performed on a non-patient model in a diagnostic room by the clinical coordinator or clinical instructor. The method of verification is the Recheck competency form. This form can be found on the online student documentation program, Trajecsys Report System.

Recheck Competency Tests are performed on areas where competency has already been achieved.

Recheck competency tests will be scheduled as assignments during the clinical courses.

### **INSTRUCTIONS:**

Prior to a student attempting these tests, the following conditions must be met:

1. Passed the didactic portion of the procedure.
2. Received laboratory instruction and practiced the procedure.
3. Passed the simulated examination.
4. Passed the competency examination.

This must be passed prior to a student advancing in the clinical competency program.

If all the above is met, the student may perform the procedure on the actual patient. The supervising technologist will monitor the entire procedure and complete the recheck competency testing form. The supervising technologist will follow the grading guidelines for competency examinations. The student will record the grade for the recheck competency on the student's clinical syllabus.

A student who needs to repeat any images due to his/her error will result in an automatic failure. Any time that the supervising technologist feels that the positioning or technical factors are incorrect and would result in a repeat image, the procedure should be stopped and immediately corrected by the technologist prior to an exposure being made. This will result in a failure of the recheck competency exam. Radiographs that are improperly marked or failure to shield will also result in an automatic failure.

A student must obtain 80% or higher to achieve a passing score on a Recheck Competency and 90% or higher to achieve a passing score on a Random Recheck competency form. A student failing any type of recheck competency would need to review the procedure and complete an Action Plan via Trajecsyst Report System before attempting a repeat of the random recheck competency.

### **GRADING GUIDELINES:**

The evaluator will rate the student's competency based on the following scale:

3 = Acceptable, no correction needed

2 = Acceptable, minor correction needed

1 = Unacceptable, had to be repeated or corrected to complete study

## **Final Competency Testing**

Final competency tests are a method of verification of continued accuracy and competence in positioning skills routinely performed during radiologic exams for all parts of the human anatomy. These tests are performed in the radiology department. The method of verification is the competency form. This form can be found on the online student documentation program, Trajecsyst Report System.

### **INSTRUCTIONS:**

Prior to a student attempting a final competency in a particular category, the following conditions must be met:

1. Completed all the mandatory competency exams in that category.
2. Be enrolled in Clinical 228

If all the above is met, the student may perform the procedure on the actual patient. The supervising technologist will monitor the entire procedure and complete the recheck competency test form. The supervising technologist will follow the grading guidelines for final competency examinations.

The student will record the grade for the final competency on the student's clinical syllabus.

A student who needs to repeat any images due to his/her error will result in an automatic failure. Any time that the supervising technologist feels that the positioning or technical factors are incorrect and would result in a repeat image, the procedure should be stopped and immediately corrected by the supervising technologist prior to an exposure being made. This will result in a failure of the final competency exam. Radiographs that are improperly marked or failure to shield will also result in an automatic failure.

A student failing a final competency would need to review the procedure with the clinical coordinator and complete an assignment on that area. They would also need to complete an additional final competency on that same exam.

A student must obtain a 80% or higher to achieve a passing score on a recheck competency form for their final competency.

### **GRADING GUIDELINES:**

The evaluator will rate the student's competency based on the following scale:

3 = Acceptable, no correction needed

2 = Acceptable, minor correction needed

1 = Unacceptable, had to be repeated or corrected to complete study

## Clinical Competencies Required

The student will be given a Master Competency Completion Record which has a complete list of all exams required. Each semester, competency assignments will be made. The assignments will emphasize the current procedure's units covered in the classroom. The student is expected to acquire the number of competencies required each semester.

It is the student's responsibility to ensure that all competency and elective requirements have been passed and completed. (Reference Master Simulation and Master Competency Forms)

### **TERM II**                      **RADT 1180 Clinical Practicum I**

**Competency:** Chest Routine  
Abdomen, supine and upright  
Lower extremities—minimum 4

**Simulations:** Routine and Non-routine Chests  
Abdomen, supine, upright, & decubitus  
Lower Extremity

**Rechecks:** None

### **TERM III**                      **RADT 1380 Clinical Practicum II**

**Competency:** Non-Routine Chest  
Lower extremities—minimum 4  
Upper extremities – minimum 4  
Pelvis

**Simulations:** Upper extremities  
Pelvis, routine & cross table hip, femur  
Spine  
Bony Thorax

**Rechecks:** Chest Routine  
Abdomen

### **TERM IV**                      **RADT 2180, CLINICAL PRACTICUM III**

**Competency:** Upper extremities—minimum 4  
Remaining Lower extremities  
Bony Thorax  
Spine (Mandatory)  
Headwork (minimum 1)

**Simulations:** Headwork  
Fluoroscopy Exams

**Rechecks:** Upper extremity  
Lower extremity  
Spine

## **TERM V                      RADT 2280, CLINICAL PRACTICUM IV**

**Competency:** Trauma radiography  
Geriatrics  
GI tract  
Urological  
Surgical Studies  
Mobile Exams  
Pediatric  
Final competencies (5 total)  
Elective studies (minimum of 15)

**Simulations:**            None

**Rechecks:**              Randomized from any of the categories (2) with CC.

## **Final Competencies Required**

To ensure students maintain proficiency final competency exams are a program requirement. Students may perform these competency level exams in the fourth or fifth term only after successful completion of initial and recheck category competency. A minimum of 5 competency exams must be completed: one from each category. Final competency exams are required to be completed prior to the last clinical day from the following competency categories:

1. Thorax- One routine OR one non-routine
2. Abdomen – Supine & upright
3. Extremities - One upper OR one lower
4. Spine OR Hip & Pelvis
5. Cranium - One

Students are only allowed one simulated final competency.

## **Clinical Skills**

Students must demonstrate competency in general patient care.

Students are required to complete the Age-Specific Competency Checklist by Term V.

CPR must be completed prior to commencement of the clinical component of the program.

During RADT 1100, patient transfer, care of sterile and aseptic technique, vital signs (BP, pulse, respiration, temperature) and O2 administration will be demonstrated to students in the skills lab. In addition, care of patient medical equipment will be covered. Students will demonstrate these competency skills as part of their assigned objectives and clinical assignments.

During RADT 2280, students will again demonstrate competency in vital signs assessment.

Students must also complete two successful venipunctures prior to graduation.

## **Student Markers**

All students are provided with one set of radiographic identification markers at the beginning of the program. Each student is required to keep these markers on their person.

Failure to have the markers in your possession will result in a loss of professionalism points. If lost, they must be replaced immediately by the Program Director, Clinical Coordinator or Diagnostic Imaging Supervisor. The student will be responsible for any replacement marker costs.

# Grading Clinical Practicum

At the beginning of each clinical practicum, the students will be given a course syllabus. Each syllabus will outline the assignments for the course. An assignment completion record will be given to each student. The student will record scores on the assignment completion record.

The following is a description of the methods used to determine clinical grades:

## Method for Evaluating Clinical Education

The Clinical Practicum grade will be based on four parts:

I.	<b>Clinical competency tests</b> (affective, psychomotor, and cognitive domains)	25%
II.	<b>Performance appraisal</b> (affective domain)	30%
III.	<b>Professionalism</b> (affective domain)	30%
IV.	<b>Quizzes, written assignments, and lab assignments</b> (affective, psychomotor, and cognitive domains)	<u>15%</u> 100%

Grade of "F" in any one of the above five categories will lead to clinical probation status for the student for the rest of the program. (While on probation an "F" grade in any of the categories will be cause for disciplinary action).

A Clinical Practicum grade will be determined for each student at the end of each term. (Total of 5 clinical practicum grades for the program.) These grades will be recorded on the student's permanent grade transcript.

The grading scale for the clinical practicum grade is as follows:

96 – 100	=	A
95 -	=	A-
94 -	=	B+
91 – 93	=	B
90 -	=	B-
89 -	=	C+
85 – 88	=	C
Below 85	=	F

## I. Determining the grade for **CLINICAL COMPETENCY**

- a. Check-off, recheck and final competency examinations are graded on performance. Scores are determined by the student's performance of each specific task according to the following scale:

3= Acceptable, no correction needed

2= Acceptable, minor correction needed

1= Unacceptable, had to be repeated or corrected to complete study

- Percentage is determined by points scored divided by the number of points possible.
  - Any student that receives a grade less than 80% would need to repeat the competency.
  - The grade given for any failed competency will be 60%.
  - The grade from the second attempt will be averaged with the first attempt to determine the grade for the competency.
- b. A student needed to repeat any images due to his/her error will result in an automatic failure.

- c. Any time that the supervising technologist feels that the positioning or technical factors are incorrect and would result in a repeat image, the procedure should be stopped and immediately corrected by the supervising technologist prior to an exposure being made.
- d. This will result in a failure of the final competency exam. Radiographs that are improperly marked or failure to shield will also result in an automatic failure.
- e. The Clinical Competency score is weighted as 25% of the clinical grade.
- f. All incomplete exams will receive a score of zero (0).
- g. A student will not graduate until 100% of the required program competencies are completed.

## II. Determining grade for evaluation of **PERFORMANCE APPRAISAL**

- a. The student will select a staff technologist to complete the Clinical Evaluation & Performance Appraisal at the end of each clinical rotation. Additionally, the student will complete:
  - Clinical Preceptor Evaluations
  - Clinical Education Evaluation (Site)
  - Reminder Email to Staff.
- b. Students must submit all the required clinical rotation forms on or before the due date. Failure to do so will result in five (5) points being deducted from the average score of each late assignment.
- c. The Performance Appraisal score is weighted as 30% of the clinical grade.

## III. Determining the grade for **PROFESSIONALISM:**

- a. At the beginning of each clinical course, the student will be given 20 points for professionalism.
  - Disregard for clinical regulations or negative evaluation comments may result in the student losing one (1) point for each incident. Each will be discussed with the student at the time of occurrence.
- b. Any student losing the required Clinical Education Record will be deducted 5 points from the Professionalism score and must redo the documentation.
- c. The Professionalism score is weighted as 30% of the clinical grade.

## IV. Determining the grade for **QUIZZES, WRITTEN and LAB ASSIGNMENTS:**

- a. During clinical practicum, the students will be given two (2) written quizzes. Quizzes may not be made up if a student misses because of an absence.
- b. During each clinical practicum, students will be given written and lab assignments to be completed by the assigned dates. Each late assignment will result in a grade of zero (0), but still must be completed in a designated timeframe.
- c. All objectives must be completed prior to graduation.
- d. This score is weighted as 15% of the clinical grade.

# Evaluation of Clinical Performance

To guide the student as well as the clinical evaluators, we have compiled the following list. Listed under each category are points that may be considered when the

evaluation is completed. This list should guide the student in establishing good clinical skills and help you to understand how you are being evaluated.

This list will help the staff radiographers categorize student behaviors (both positive and negative) they wish to comment on.

**1. Technical Skills Positioning, Technique, and Speed:**

- a. estimate own abilities.
- b. seek assistance appropriately.
- c. manipulate equipment correctly.
- d. set exposure factors.
- e. properly position patient.
- f. critique radiographs correctly.
- g. increase speed with practice.
- h. maintain skills over time.

**2. Organization and Adaptability**

- a. apply knowledge to clinical setting.
- b. transfer knowledge from one area to the next.
- c. anticipate the next step.
- d. strive to organize various complexity-level exams.
- e. adjust exam for patient variations and conditions.
- f. know and perform correct exam protocol.

**3. Maintenance of Work Area.**

- a. keep work area neat, clean, and orderly.
- b. maintain supplies.
- c. perform weekly and daily aseptic cleaning.
- d. clean image receptors as necessary.

**4. Patient Care**

- a. exhibit patience, empathy, and compassion in working with patients.
- b. refer to patient using last name.
- c. introduce self to patient.
- d. carefully explain procedure using language the patient can understand to put patient at ease.
- e. provide for patient comfort and safety while waiting and during exams.
- f. maintain patient modesty.
- g. inform the patient of each step of the process.
- h. recognize and meet patient needs.
- i. demonstrate correct hand washing technique.
- j. assist patients to designated area and/or clinic.
- k. handle the patient gently while manipulating a position.

**5. Communication and Appropriateness of Conversation**

- a. discuss appropriate topics with and in front of patients using appropriate language.
- b. initiate therapeutic communication.
- c. maintain confidentiality.
- d. give clear directions to move the patient.
- e. allow opportunity for questions.
- f. explain the length of time of procedure.

**2. Communication & Work Relationships with Staff and Fellow Students**

- a. interact in a courteous and tactful manner.
- b. show respect for others.
- c. seek constructive methods of handling work relationship dilemmas.
- d. maintain confidentiality of communication as needed.

- e. talk and ask questions when needed.
- 3. Flexibility and Response to Faculty Suggestions**
  - a. listen to suggestions.
  - b. respond positively to constructive suggestions.
  - c. follow directions.
  - d. retain and integrate suggestions/instructions.
  - e. communicate questions or concerns of interactions to those involved.
- 4. Attitude and Self-confidence**
  - a. show interest and enthusiasm in the profession.
  - b. show interest in continuing to learn and improve in didactic and clinical areas.
  - c. be positive and teach others when appropriate.
  - d. accept responsibility for mistakes and take immediate steps to correct them.
  - e. accept new challenges.
  - f. confront inappropriate behaviors in a tactful and constructive way.
  - g. maintain a positive work environment.
  - h. possess confidence appropriate for ability level.
- 5. Motivation and Initiative**
  - a. seek and recognize work to be done.
  - b. use free time constructively.
  - c. show enthusiasm for learning.
  - d. assume responsibility for self.
  - e. demonstrate self-direction in utilizing opportunities to increase knowledge.
  - f. come prepared every day to demonstrate and acquire new competencies.
- 6. Accountability & Adherence to Hospital and Program Policy & Procedures**
  - a. show economy of supplies
  - b. maintain confidentiality of patient information
  - c. report absences to faculty before time specified.
  - d. arrive at assigned area, ready to participate at the specified time.
  - e. show concern for safety by utilizing standard precautions for each patient.
  - f. use proper lifting techniques.
  - g. correctly use gonadal shielding when appropriate.
  - h. collimate accurately.
  - i. stay in assigned area.
  - j. follows the direct and indirect supervision policy.
  - k. always have a registered radiographer in the room when repeating a radiograph.
- 7. Personal Appearance**
  - a. wear clean and wrinkle free uniforms.
  - b. Wear clean leather shoes.
  - c. refrain from chewing gum and tobacco.
  - d. wear nametags and monitoring badges.
  - e. keep hair tied back if long (below shoulders).
  - f. demonstrate personal hygiene.
  - g. wear no more jewelry than allowed by program policy.
- 8. Teamwork**
  - a. promote an atmosphere of teamwork within the department.
  - b. accept others' opinions and actions in a non-judgmental way.
  - c. take an active role in the delivery of patient care.
  - d. motivate team members to work toward common goals.
  - e. understand the strengths and weaknesses of team members.
  - f. have a good working relationship with staff and peers.



# APPENDIX A

## Academic Calendar

# 2024-2026 ACADEMIC CALENDAR DATES

## Summer Term 2024

May	13	Summer Orientation Day New Students
	27	Memorial Day
	28	Start of Summer Term
June	19	Juneteenth
July	4	Independence Day
August	2	End of Summer Term

## Summer Semester 2025

May	12	Summer Orientation Day New Students
	26	Memorial Day
	27	Start of Summer Term
June	19	Juneteenth
July	4	Independence Day
August	1	End of Summer Term

## Fall Term 2024

August	26	Start of Fall Term
September	2	Labor Day Observed
	27-29	MSRT Conference
October	17-18	Teacher Conventions
November	11	Veterans Day
	28-29	Thanksgiving Break
December	20	Last day of Semester
	23-Jan10	Semester Break

## Fall Term 2025

August	25	Start of Fall Term
September	1	Labor Day Observed
	TBD	MSRT Conference
October	16-17	Teacher Conventions
November	11	Veterans Day
	27-28	Thanksgiving Break
December	19	Last day of Semester
	22-Jan11	Semester Break

## Spring Term 2024

January	13	First Day of Spring Term
	20	MLK Day
February	17	Presidents Day
March	10-14	Spring Break
April	11	Teacher Conventions
May	16	Last day of Semester

## Spring Term 2025

January	12	First Day of Spring Term
	19	MLK Day
February	16	Presidents Day
March	9-13	Spring Break
April	10	Teacher Conventions
May	15	Last day of Semester

# APPENDIX B

## Attendance Example

ATTENDANCE-ALLOWABLE PERSONAL TIME

Students will only be allowed two "excused" or one "unexcused" absence per term.

**EXAMPLE**

<b>Junior Year</b>			<b>Senior Year</b>		
48 hours per year (6 days)			48 hours per year (6 days)		
<b>Semester 1</b>		48 hrs.	<b>Semester 4</b>		63 hrs.
Day 1	9/1/23 PTO -8 hrs.	40 hrs.	Day 1	9/1/24 PTO -8 hrs.	55 hrs.
Day 2	10/1/23 PTO -4 hrs.	36 hrs.	Day 2	9/22/24 PTO -8 hrs.	47 hrs.
			<b>Day 3</b>	<b>10/1/24 PTO SICK -8 hrs.</b>	39 hrs. -1 professionalism point
<b>Semester 2</b>		36 hrs.	<b>Semester 5</b>		39 hrs.
Day 1	3/16/24 PTO -8 hrs.	28 hrs.	Day 1	4/1/25 PTO SICK -8 hrs.	31 hrs.
Day 2			Day 2		
Tardy	8:20 Clock in for 8:00 shift (-30 min PTO)	27.5 hrs.	Tardy	8:10 clock in for 8:00 shift (-15 min PTO)	30.75 hrs.
<b>Semester 3</b>		27.5 hrs.	<b>Semester 6</b>		30.75 hrs.
Day 1	6/22/24 PTO -4 hrs.	23.5 hrs.	Day 1	4/5/25 PTO -4 hrs.	26.75 hrs.
Day 2	7/3/24 PTO -8 hrs.	15.5 hrs.	Day 2	4/10/25, PTO -8 hrs.	18.75 hrs.
Forgot to clock-out	Misuse of Trajecsyst (-15 min of PTO)	15.25 hrs.	<b>Day 3</b>	<b>5/12/25 PTO SICK -8 hrs.</b>	10.75 hrs. -1 professionalism point
Clocked out early without approval	Misuse of Trajecsyst (-15 min of PTO)	15 hrs.	<b>Day 4</b>	<b>5/15/25 PTO -4 hrs.</b>	6.75 hrs. -1 professionalism point

ANY ADDITIONAL TIME UTILIZED BEYOND 48 HOURS IS REQUIRED TO MAKE UP.  
(During School Breaks-NO Holidays Allowed OR After Graduation)

EXTENDED ILLNESS-REQUIREMENTS TO RETURN

PHYSICIAN NOTE  
EHS CLEARANCE

REVIEWED ON AN INDIVIDUAL BASIS

# APPENDIX C

## ARRT STANDARDS OF ETHICS



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THE AMERICAN REGISTRY  
OF RADIOLOGIC  
TECHNOLOGISTS®

## **PREAMBLE**

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

## **STATEMENT OF PURPOSE**

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

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

## **A. CODE OF ETHICS**

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

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

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

## **B. RULES OF ETHICS**

the second part of the Standards of Ethics. They are mandatory standards of minimally acceptable professional conduct for all Certificate Holders and Candidates. Certification and registration are methods of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients.

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

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

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

### **Fraud or Deceptive Practices**

#### **Fraud Involving Certification and Registration**

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.

#### **Fraudulent Communication Regarding Credentials**

2. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding any individual's education, training, credentials, experience, or qualifications, or the status of any individual's state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

#### **Fraudulent Billing Practices**

3. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

### **Subversion**

## **Examination / CQR Subversion**

4. Subverting or attempting to subvert ARRT's examination process, and/or the Structured Self-Assessments (SSA) that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR SSA process includes, but is not limited to:
  - i. disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or
  - ii. soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA from an examinee, or a CQR participant, whether requested or not; and/or
  - iii. copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR SSA materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or
  - iv. using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; and/or
  - v. selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR SSA materials without authorization; and/or
  - vi. removing or attempting to remove examination and/or CQR SSA materials from an examination or SSA room; and/or
  - vii. having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or
  - viii. disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination or CQR SSA of ARRT; and/or
  - ix. communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA questions, copying another Candidate's or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing or otherwise having access to unauthorized materials including, but not limited to, notes, books, mobile devices, computers and/or tablets during administration of the examination or CQR SSA; and/or
  - x. impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR SSA on one's own behalf; and/or
  - xi. using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

## **Education Subversion**

5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's education requirements, including but not limited to, Continuing Education Requirements (CE), clinical experience and competency requirements, structured education activities, and/or ARRT's Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's education or CQR Requirements includes, but is not limited to:
  - i. providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
  - ii. assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or



- iii. conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or
- iv. conduct that in any way compromises the integrity of ARRT's education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned or clinical procedures that were not performed.

#### **Failure to Cooperate with ARRT Investigation**

- 6. Subverting or attempting to subvert ARRT's certification and registration processes by:
  - i. making a false statement or knowingly providing false information to ARRT; or
  - ii. failing to cooperate with any investigation by ARRT.

#### **Unprofessional Conduct**

Failure to Conform to Minimal Acceptable Standards

- 7. Engaging in unprofessional conduct, including, but not limited to:
  - i. a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;
  - ii. any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety. Actual injury to a patient or the public need not be established under this clause.

#### **Sexual Misconduct**

- 8. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

#### **Unethical Conduct**

- 9. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

#### **Scope of Practice**

#### **Technical Incompetence**

- 10. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

#### **Improper Supervision in Practice**

- 11. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or an ARRT registered certificate to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

#### **Improper Delegation or Acceptance of a Function**

- 12. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

#### **Fitness to Practice**

#### **Actual or Potential Inability to Practice**

- 13. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.

### **Inability to Practice by Judicial Determination**

14. Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.

### **Improper Management of Patient Records**

#### **False or Deceptive Entries**

15. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record.

#### **Failure to Protect Confidential Patient Information**

16. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.

#### **Knowingly Providing False Information**

17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

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

#### **Narcotics or Controlled Substances Law**

18. Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law.

#### **Regulatory Authority or Certification Board Rule**

19. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.

#### **Criminal Proceedings**

20. Convictions, criminal proceedings, or military courts-martial as described below:

- i. conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor. All alcohol and/or drug related violations must be reported; and/or
- ii. criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; and/or
- iii. military courts-martial related to any offense identified in these Rules of Ethics; and/or (iv) required sex offender registration.

### **Duty to Report**

#### **Failure to Report Violation**

21. Knowing of a violation or a probable violation of any Rule of Ethics by any Certificate Holder or Candidate and failing to promptly report in writing the same to ARRT.

#### **Failure to Report Error**

22. Failing to immediately report to the Certificate Holder's or Candidate's supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient's care, but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.

## **C. ADMINISTRATIVE PROCEDURES**

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

### **1. Ethics Committee**

#### **(a) Membership and Responsibilities of the Ethics Committee**

The President, with the approval of the Board of Trustees, appoints at least three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause. The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. The alternate member will participate on the Committee in the event that one of the members of the Ethics Committee is unable to participate. The Ethics Committee is responsible for: (1) investigating each alleged breach of the Rules of Ethics and determining whether a Certificate Holder or Candidate has failed to observe the Rules of Ethics and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures and recommending any amendments to the Board of Trustees.

#### **(b) The Chair of the Ethics Committee**

The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee's Chair to serve for a term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the Standards of Ethics. The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the Standards of Ethics.

#### **(c) Preliminary Screening of Potential Violations of the Rules of Ethics**

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

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

### **2. Hearings**

Whenever ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of

the Rules and Regulations of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in connection with the revocation or suspension of certification and registration, or the censure of a Certificate Holder or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Certificate Holder or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in the amount of \$100. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by ARRT) within such period or submission of a properly executed Hearing Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Certificate Holder or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of the intention to appear at the hearing. A Certificate Holder or Candidate who requests a hearing may elect to appear in person, via teleconference, or by a written submission which shall be verified or acknowledged under oath.

A Certificate Holder or Candidate may waive the 30 day timeframe to request a hearing. To request a waiver of the 30 day timeframe, the Certificate Holder or Candidate must complete a Hearing Waiver form that is available on the ARRT website at [www.rrt.org](http://www.rrt.org). The Hearing Waiver form must be signed by the Certificate Holder or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Hearing Waiver form and may be assisted by staff members and/or legal counsel of ARRT.

Failure to appear at the hearing in person or via teleconference, or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Chief Executive Officer. The Certificate Holder or Candidate shall be given at least 30 days notice of the date, time, and place of the hearing. The hearing is conducted by the Ethics Committee with any three or more of its members participating, other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the Certificate Holder or Candidate in question. In the event of such disqualification, the President may appoint a Trustee to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Certificate Holder or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Certificate Holder or Candidate in question, by legal counsel or other representative (at the sole expense of the Certificate Holder or Candidate in question), shall have the right to call witnesses, present testimony, and be heard in the Certificate Holder's or Candidate's own defense; to hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. The Certificate Holder or Candidate in question shall have the right to submit a written statement at the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in person and teleconference hearings only. Ethics Committee deliberations are not recorded.

In the case where ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification and registration or renewal or reinstatement of certification and registration, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question.

In the case of alleged violations of the Rules of Ethics by a Certificate Holder or Candidate, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether there has been a violation of the Rules of

Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question. Potential sanctions include denial of renewal or reinstatement of certification and registration with ARRT, revocation or suspension of certification and registration with ARRT, or the public or private reprimand of a Certificate Holder or Candidate. Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Certificate Holder or Candidate in question.

### **3. Appeals**

Except as otherwise noted in these Administrative Procedures, the Certificate Holder or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed. The written request for an appeal must be accompanied by a nonrefundable appeal fee in the amount of \$250. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for an appeal and to remit the appeal fee (unless the appeal fee is waived in writing by ARRT) within such period or submission of a properly executed Appeal Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or Board of Trustees pursuant to such notice.

A Certificate Holder or Candidate may waive the 30 day timeframe to request an appeal. To request a waiver of the 30 day timeframe, the Certificate Holder or Candidate must complete an Appeal Waiver form that is available on the ARRT website at [www.arrt.org](http://www.arrt.org). The Appeal Waiver form must be signed by the Certificate Holder or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Appeal Waiver form and may be assisted by staff members and/or legal counsel of ARRT.

In the event of an appeal, those Trustees who participated in the hearing of the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Certificate Holder or Candidate in question, and shall determine whether to affirm or to modify the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further consideration. In making such determination to affirm or to modify, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence. The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Certificate Holder or Candidate in question provide additional information in such manner, on such issues, and within such time as it may prescribe. All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Certificate Holder or Candidate to make an unauthorized publication or revelation of the same, except to the Certificate Holder's or Candidate's attorney or other representative, immediate superior, or employer.

### **4. Adverse Decisions**

#### **(a) Private Reprimands**

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

#### **(b) Public Reprimands**

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

#### **(c) Conditional**

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

#### **(d) Suspensions**

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

**(e) Summary Suspensions**

Summary suspension is an immediate suspension of an individual's certification and registration in all categories. If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Certificate Holder, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Certificate Holder and without a prior hearing, summarily suspend the certification and registration of the Certificate Holder pending a final determination under these

Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of a Certificate Holder in accordance with this provision, the Ethics Committee shall, by certified mail, return receipt requested, give to the Certificate Holder written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the Certificate Holder to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the Certificate Holder. If the Certificate Holder requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than three members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the Certificate Holder's request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30 day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the participation of the individual. The applicable provisions of Section 2 (Hearings) of these Administrative Procedures shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected Certificate Holder, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

**(f) Ineligible**

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

**(g) Revocation**

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

**(h) Alternative Dispositions**

An Alternative Disposition ("AD") is a contract between an individual and the ARRT Ethics Committee that allows for continued certification and registration in lieu of revocation, provided the individual performs certain requirements, including, but not limited to, providing documentation, attending counseling and/or submitting to random drug and/or alcohol screening. A Certificate Holder or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

**(i) Civil or Criminal Penalties**

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

**5. Publication of Adverse Decisions**

Summary suspensions and final decisions (other than private reprimands) that are adverse to the Certificate Holder or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to written inquiries into an individual's certification and

registration status. The ARRT shall also have the right to publish any final adverse decisions and summary suspensions and the reasons therefore. For purposes of this paragraph, a “final decision” means and includes: a determination of the Ethics Committee relating to an adverse decision if the affected Certificate Holder or Candidate does not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, the decision of the Board of Trustees in a case involving an appeal of an appealable decision of the Ethics Committee.

## **6. Procedure to Request Removal of a Sanction**

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the time frame has elapsed. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request (“Request”) to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in the amount of \$250. A Request that is not accompanied by the fee will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a Request to remove a sanction or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that the Certificate Holder’s or Candidate’s behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person’s sanction imposed; and current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

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

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

## **7. Amendments to the Standards of Ethics**

The ARRT reserves the right to amend the Standards of Ethics following the procedures under Article XI, Section 11.02 of the ARRT Rules and Regulations.





# APPENDIX D

## SELECT SCHOOL FORMS

Additional Forms can be found on Trajecsys under documents.

RICE MEMORIAL HOSPITAL /CENTRACARE HEALTH  
Imaging Services  
Declaration of Pregnancy

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

Date of Conception: \_\_\_\_\_

Social Security #: XXX-XX-\_\_\_\_\_

By providing this information to the Radiation Safety Officer, in writing, I am declaring myself to be pregnant as of the date shown above. I understand that my exposure will not be allowed to exceed 5.0 mSv (500mrem) during my entire pregnancy, from occupational exposure to radiation. I understand that this limit includes exposure I have already received. If my estimated exposure since the above date of conception has already exceeded 4.5mSv (450mrem) I understand that I will be limited to no more than 0.5mSv (50 mrem) for the remainder of my pregnancy. If I find out that I am not pregnant, or if my pregnancy is terminated, I will inform my immediate supervisor as soon as practical.

\_\_\_\_\_  
Employee signature Date: \_\_\_\_\_

\_\_\_\_\_  
Department Immediate Supervisor

Receipt of Declaration of Pregnancy

(To be completed by Radiation Safety Officer)

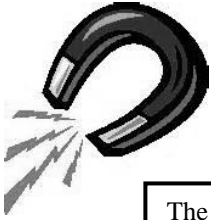
The dose to the embryo/fetus during the entire pregnancy is limited to: 500 \_\_\_ mrem

Estimated dose from time of conception to date of declaration: \_\_\_\_\_ mrem

Remaining dose to embryo/fetus for the remainder of pregnancy: \_\_\_\_\_ mrem

\_\_\_\_\_  
Signature of Radiation Safety officer Date

Radiation Safety Officer Recommendations:



MRI Screening Form for Students

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices or objects. Therefore, ALL students are required to fill out this form BEFORE beginning their clinical rotations. Be advised, the MR system magnet is ALWAYS on.

(PRINT CLEARLY)

\_\_\_\_\_  
Last Name First Name Middle Initial Date  
\_\_\_\_\_  
Address City, State Zip Phone  
Number

- 1. Have you had prior surgery or an operation (arthroscopy, endoscopy, etc) of any kind? No  Yes   
a. If yes, please indicate date and type of surgery: Date: \_\_\_/\_\_\_/\_\_\_ Type of surgery \_\_\_\_\_
- 2. Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)? No  Yes   
a. If yes, please describe: \_\_\_\_\_
- 3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc)? No  Yes   
a. If yes, please describe: \_\_\_\_\_



**WARNING:** Certain implants, devices or objects may be hazardous to you in the MR environment or MR system room. Do NOT enter the MR environment or MR system room if you have any question or concern regarding an implant, device or object.

Please indicate if you have any of the following:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Aneurysm clip(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any type of prosthesis or implant
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cardiac pacemaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Artificial or prosthetic limb
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Implanted cardioverter defibrillator (ICD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any metallic fragment or foreign body
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Electronic implant or device	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Welder/Grinder or metal in eye
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Magnetically – activated implant or device	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shunt (spinal or intraventricular)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neuro/bone stimulation system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any internal or external metallic object
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cochlear implant or implanted hearing aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	IUD
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insulin or infusion pump	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing Aid
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Implanted drug infusion device	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other implant or device _____

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Form Information Reviewed by: \_\_\_\_\_  
MRI Specialist (Print Name)

\_\_\_\_\_  
MRI Specialist Signature





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