

## SECTION III – PROGRAM POLICIES

### MMC-NI SCHOOL OF RADIOLOGIC TECHNOLOGY August 2011 – August 2012

Students are expected to present themselves in a manner reflecting the Code of Ethics as set forth by the American Society of Radiologic Technologists and to follow Hospital and School policies.

These policies include many different situations, however, not all situations can be foreseen and the School reserves the right to make those decisions as they occur. If a situation arises that is not covered by School policies, our sponsoring institution's policy (MMC-NI) will be referred to.

All applicants and enrolled students of the school will be considered and treated without regard to race, color, religion, sex, sexual orientation, gender identity, age, disability, national origin, marital status, or veteran status. If you feel that you are being discriminated against by any other person you should immediately contact the Human Resources Department or you may call the toll-free, 24-hour Integrity ALERTLINE at 1-866-477-4661.

#### **Certification Eligibility:**

The American Registry of Radiologic Technologists (ARRT) requires all examinees to disclose any prior felony or misdemeanor conviction. If this situation applies, it is suggested that the student contact the ARRT directly at 651-687-0048 to discuss the particular situation. This process is to prevent the student from having completed the two-year program and then being ineligible to take the ARRT certification exam. Information is also available at their website [www.arrt.org](http://www.arrt.org).

**Classroom Dress Code:** Students are representatives of Mercy while on campus; therefore appropriate dress is required. Students may either wear business casual attire or scrubs. All shirts/tops must cover both cleavage and midriff. No hats of any type are allowed. Shoes with open toes or with holes on top, sides, or around the front of the foot are not appropriate. Bare legs are not appropriate, therefore no shorts or Capri's are allowed. Skirts and dresses worn with hose are appropriate. If scrubs are worn, they can be of any color and do not need a school patch. Body piercings are limited to the ears (this also applies during school functions: meetings, graduation, etc).

Name badges must be worn and visible above the waist. Students not wearing their name badge will be sent home to get it and time missed will be considered an absence.

**Laptops:** Cannot be used for note taking. Laptops cannot be on during class time unless being used during presentations.

**Classroom attendance:** Classes typically meet 2 days per week during Spring and Fall Terms, and the first portion of the Third Term. Refer to course schedules for specific times. Attendance and timeliness is expected in order for the student to be successful, and will be monitored each class period. Missed class time cannot be made up. An absence is defined as not being present at the beginning or end of the class period. Absences allowed without penalty will be based on total number of hours required for that course (see below). For each additional absence, 5% will be deducted from the final course grade for the class in which the absence occurred. This penalty will be waived in the case of an approved leave of absence (following the leave of absence policy),

inclement weather, jury duty selection process, or compassionate leave (see compassionate leave policy).

Classes (and clinical) will automatically be canceled if NIACC cancels classes. We maintain the ability to dismiss early or cancel without NIACC making any such announcement.

Tardiness is considered an absence. One tardy, up to 5 minutes, per term (not course) will be allowed without penalty.

Classes that meet:

1 hour per week (full term) or 2 hours per week (one-half term) allowed 1 one-hour absence (or 2 ½-hour absences if the course meets twice a week for ½ hr)

Full-term classes that meet:

2 hours per week allowed 2 one-hour absences

3 hrs per week (1.5 hrs/day) allowed 3 one-hour absences; used in full hour increments unless missing an entire class period or it is the last remaining ½ hour available

4 hours per week allowed 4 one-hour absences

**Clinical Updates and Classroom Huddles:** Fifteen-minute huddles will be scheduled each class day to discuss clinical concerns, safety and customer service. Once per week an additional 15 minutes for clinical updates will be scheduled to review clinical topics such as the recent rotations or upcoming assignments. Students and faculty will each have time to bring forth discussion topics. Students are expected to attend. Any student who has perfect attendance for these updates/huddles during:

- Fall and spring terms awarded an additional two hours of personal time for the following clinical term
- 3rd academic term awarded one hour of personal time to be used during 3<sup>rd</sup> clinical term

**Books:** The school will supply a list of required editions of textbooks. The student may use any vendor/source of their choosing to secure the needed books. The School estimates the cost of books at approximately \$800.00. Booklist is provided in Section 2 of Handbook. New editions will be used as they become available, therefore only order textbooks for the term listed.

**Late Tests & Assignments:** Tests or assignments that are completed late and NOT excused will be discounted using the following: 20% reduction up until 1 p.m. the following day at which time no credit will be given. If the student is not on-site, the assignment can be dropped off, emailed, or faxed to 428-5301.

Assignments or tests that are not completed at the appointed time because of illness or excused absence will be allowed to complete the assignment or test on the first day back to School with no penalty.

**Grading System:** Grades will be given to the student for each completed academic and clinical course. The student must attain a minimum 75% score in each academic and clinical course, with the exception of Radiographic Anatomy & Positioning Lab courses – minimum 85% must be attained.

A student may be placed on probation for unsatisfactory progression in a course. Failure to achieve the stated grades will result in dismissal from the School.

In addition, Radiographic Anatomy and Positioning courses and the associated lab courses have specific criteria outlining successful progression:

#### Radiographic Anatomy and Positioning I-IV Courses:

All chapter tests must be passed with 75% or better. If a test is failed, that score will be recorded, but the student is required to retest and pass with 75% or better. If the student does not achieve at least 75% on the second attempt, they will be put on probation with a performance plan, to include possible dismissal from the program if the third attempt is failed.

#### Radiographic Anatomy and Positioning I-IV Lab Courses:

It is expected that students will achieve a minimum score of 85% on all lab comps during their first attempt. If a score of 85% or better is not achieved on the first attempt, this score is recorded and the student will be required to repeat the simulation with a minimum of 85% accuracy. If this second attempt is still below 85%, the initial comp score will be changed to a zero and the student will be put on probation with a performance plan. Please refer to "Probation" portion of the policies in the student handbook. The performance plan will include demonstrating the lab comp in question successfully on the 3<sup>rd</sup> attempt or it may be grounds for dismissal from the program due to inadequate progression in positioning lab. Students will not be allowed to progress on to the next lab comp until the failed one has been successfully demonstrated. Another faculty member or assigned technologist will be involved with observation of a repeat lab competency, in addition to the instructor for the course. Successful progression and consistency in psychomotor skills is also demonstrated by having no more than 4 failures of lab comps per term whether it is a combination of the same exams repeated or 4 different exams being failed on the first attempt. After a total of 3 lab competency failures in a term, the student will be placed on probation/performance plan. A pattern of failed comps is considered unsatisfactory performance and retention of skills.

#### GRADE SCALE:

4.00	96 – 100%	A
3.67	93 – 95%	A-
3.33	91 - 92%	B+
3.00	87 – 90%	B
2.67	85 – 86%	B-
2.33	82 - 84%	C+
2.00	78 – 81%	C
1.67	75 – 77%	C-
0	< 75%	F

**Clinical Attendance & Timeliness:** Is expected and used as a measurement for reliability and dependability. Students must be present in the clinical area to be evaluated and develop their skills. Students will be placed on probation for the following attendance reasons:

- a. Excessive tardiness per term as defined by the handbook & clinical syllabus.
- b. More than the allowed personal days used per term

The student will not be scheduled for more than 40 hours in one week. This includes both clinical and academic time. In the rare event that a student stays more than their scheduled time (15 minutes or more) due to an extenuating circumstance, the student should contact faculty the next day; faculty will evaluate the situation for compensatory time.

Students may volunteer to put in additional time over their scheduled hours if they feel it is necessary for proper progression within the program. The student will not be compensated for this time. The student needs to authorize this with faculty.

To document clinical attendance and timeliness each student uses the hospital MERTA system. The phone or badge system is used to record arrival and departure times. The school will periodically send time and attendance updates via email to the students. Each student is responsible for reviewing this document. The student needs to notify faculty within two weeks of the email if there are any questions about the amount of personal time used/remaining or any other deductions; otherwise the record will be considered correct. The student may choose to print or save this copy in order to also keep track of the remaining personal time.

**Tardiness:** Students will be considered tardy if the clock-in is any later than their scheduled start time (i.e. scheduled 7:00 - 7:01 is tardy). Failure to clock in OR out on the MERTA system will also be counted as a tardy. Penalties will be assessed per term as follows:

Each tardy – time deducted in 1-hour increments from personal time

One tardy of less than 15 minutes will be allowed with no penalty assessed

4<sup>th</sup> tardy – In addition to the deductions from personal time - probation and performance plan

In the event of a late arrival, the student will call their clinical site and School faculty with their approximate arrival time.

**Personal Time Off (PTO):** This time includes sick time, any unexpected events, college campus visits and job interviews. Personal time may be used in 1-hour increments.

PTO hours are allocated for clinical absences as follows:

First term – 24 hours

Fourth term – 32 hours

Second term – 32 hours

Fifth term – 40 hours \* 8 from interview hrs dispersed

Third term – 40 hours

Sixth term – 24 hours \* 8 from interview hrs dispersed

Unused personal hours cannot be carried over into the next term.

An electronic absence form is submitted via email to faculty and pertinent clinical site for all scheduled time off. This must be done by 4 pm the day prior to the requested time off, or by 9 pm when scheduled for evening rotations. If unexpected events occur after these time frames and a student needs a late start, the student must use a minimum of 4 hours of personal time. Anything over 4 hours will be charged in additional hour increments.

If a need arises during scheduled clinical hours the student may request time off *by communicating with school faculty* and it may be granted on a case-by-case basis. If faculty is not available and the need is emergent, the student must talk to a Clinical Supervisor/Liaison at the site and either leave a voicemail for faculty or submit an absence form electronically. If a voicemail was left, the student is

expected to submit the absence form upon their return. The penalty for failing to communicate with site and faculty prior to leaving will be an unexcused absence.

If faculty, clinical supervisor, clinical liaison or their designee requests the student leave clinical due to illness (for staff and/or patient safety) or inappropriate behavior, the student must comply. The time missed will be deducted from the allotted hours for the term.

If a student exceeds the allowed absences in a term, the student will be allowed up to 8 hours without penalty of probation. The student will schedule and make up the excessive time prior to the end of the term to be allowed to continue in the program. In addition, the time will be made up in the full increment owed and not broken down into smaller time frames (for example 4 hours over the limit = 4 hours to be made up at one time). This excessive time should be made up as soon as possible after the occurrence to minimize clinical rotation conflicts if there are other students already scheduled or also having time to make up. For absences beyond 8 hours, the student will be placed on probation and it may be grounds for dismissal following the probation policy.

**Unscheduled Absence:** Students must notify the School and their scheduled clinical site of the absence prior to their scheduled start time. If School faculty does not answer, a message must be left for the School faculty (428-6289). A voice mail to faculty alone is NOT sufficient; make sure someone at your site knows that you will not be there (you may leave a voice mail if it is available). Failure to call both places will result in an unexcused absence.

If you become ill during the night, you can call and leave voicemails at that time. Once the student has called in sick, they will be marked absent for the entire day.

If an illness lasts more than one day, the student must call daily or it will be considered an unexcused absence. If the student is absent more than 3 consecutive days, the student must have a physician's approval to return to School.

If the illness is of long duration (post surgery, etc.), the student may request a leave of absence following that policy.

**Clinical Hours of Attendance:** The quantity of clinical rotations scheduled on weekends and after the hours of 7 pm is evaluated to ensure consistency with the JRCERT requirement that no more than 25% of the total clinical hours are spent during these times. Compensatory time is scheduled during the week when weekends are assigned. Clinical schedules are handed out approximately six weeks in advance with specific times.

The student will normally be assigned three clinical days per week during the fall and spring terms. Typical clinical hours fluctuate between 6 a.m. and 6:00 p.m. For typical hours of rotations, see Section 2 'Descriptions of Clinical Experience Areas'.

During the second portion of the 3<sup>rd</sup> Term and the entire 6<sup>th</sup> Term, the student will typically be scheduled for five clinical days each week.

**Lunches:** If the clinical schedule shows 8½ hours, a ½ hour lunch break is allowed – if 9 hours, one-hour lunch break is allowed.

**Unexcused Absence Policy:** Definition – failure to call in prior to scheduled start time when you will be absent for the day or being absent from clinical without proper approval.

- 1<sup>st</sup> offense during the program - written warning, time missed charged to personal time
- 2<sup>nd</sup> offense during the program – probation, disciplinary action, and time missed charged to personal time
- 3<sup>rd</sup> offense during the program – disciplinary action up to and including dismissal from program, time missed charged to personal time

An unexplained absence of three consecutive days or failure to report back after a leave of absence is considered a voluntary withdrawal from the program.

### **School Scheduled Breaks:**

First year:

Labor Day

Thanksgiving Day and Thanksgiving Friday

Christmas Day, plus either the day before or the day after

All of New Year's week (Holiday Break)

3-day Spring Break in mid-March (days to be chosen by each student; no classes this week)

Memorial Day, plus the Friday before

4 days surrounding Independence Day

Second year:

Labor Day, plus the Friday before

Thanksgiving Day and Thanksgiving Friday

All of Christmas week (Holiday Break)

New Year's Day, plus either the day before or the day after

5-day Spring Break in mid-March

Memorial Day, plus the Friday before

Independence Day

The student is not required to use personal time for these breaks.

**Inclement Weather:** Class and clinical delays/cancellations will follow NIACC's decisions. The school reserves the right to make independent decisions if it is necessary for safety reasons.

In the absence of cancellation or postponement (clinical rotations could start prior to NIACC's announcement), each student must make the decision whether or not to attend based on their own assessment of the weather conditions, road conditions, and other factors at the place where they live or must travel to for clinical obligation. The student is required to call the School and their clinical site before the scheduled start time if they will not attend or will not be on time. It is also expected if bad weather should occur during scheduled rotations that each student makes their own decisions to stay or to leave.

In the event the student arrives and NIACC delays, if the student chooses to remain in clinical during the delay, the school will review the situation for possible compensation to the student's personal time. In the event that NIACC campus closes shortly after the students' arrival, the students are released from clinical obligations. School will review circumstances for possible compensation to student's personal time.

No tardies due to weather will be assessed on bad weather days. The School will allow up to 1-hour leeway for students arriving late for clinical on bad weather days (the student will not have to make up time). The School reserves the right to deny use of this leeway if there is questionable abuse of this policy. For students arriving late, any clinical time missed over 1 hour may be made up (may be done on that day) or personal time will be deducted in hour increments. Students opting not to come in due to bad weather will need to use personal time or make up the full amount of hours scheduled. Make up time due to inclement weather needs to be made up prior to the end of the term in which it occurs.

*Inclement Weather – switching clinical sites:*

To keep rotations equitable during bad weather students may not switch clinical sites. Switching sites could create unfairness to others and create confusion with various calls to various sites. Students are reminded they can use their personal time or make up the missed time.

*Inclement weather – sites closing:*

In the event a student is scheduled at a clinic or hospital that either closes or reduces to minimum staffing during bad weather, that student will not be responsible for making up the missed hours as this situation is out of the control of the student.

**Leave of Absence:** A leave of absence, up to a maximum of 10 days (clinical and/or class days), may be granted for serious health conditions, family medical needs (spouse, parents, children), military duty, jury duty (see jury duty section for specifics), and pregnancy. Due to the intensive nature of the material and orientation activities during the first 30 calendar days of the program, a leave of absence will not be allowed.

Personal time will not be charged for any portion of the leave. At the end of the term, if the student still has remaining personal time, they can choose to apply that towards any leave of absence make-up time.

Students must request a leave of absence in writing from the Program Director, if they expect to be absent more than the allowed time in a term. This may only be requested twice during the program.

Extended absences, those over 10 school days (clinical and/or class) in a term, will be assessed and a decision made by the Faculty as to the status of the student. Students who are no longer able to continue in the program and are in good standing at the time of withdrawal will be given priority consideration for re-admittance, but must re-apply and interview.

Reasonable clinical requirement accommodations will be provided as deemed necessary and a decision made by the Faculty, as to the status of the student.

Students anticipating a leave due to health conditions MUST submit an excuse from their physician before the leave is taken. Information to be included in the excuse will include the following:

1. Amount of time needed
2. If illness is continuous or intermittent
3. Clinical activities that the student cannot participate in, e.g. lifting
4. If the condition is chronic: if present now, the time needed now, or the expected frequency of the episodes that may occur in the future

If the leave is due to family medical needs, the excuse MUST contain all of the above with exception of #3.

Students missing class time may be allowed to use e-mail or other sources provided by the instructors to keep up with didactic work.

Clinical time missed due to leave of absence can be made up either:

1. Prior to the expected leave of absence:

For any leave of absence, the school may allow make up to be done in a limited amount (up to 40 hours), during the school term of the expected leave. Availability of make up rotations will depend on several factors such as amount of time requested to make up prior, proximity to the leave, rotations that will be missed, and impact to regularly scheduled rotations of other students.

If a student should happen to not take/need their leave of absence by the end of the program, any time made up in advance is forfeited; therefore, students are cautioned to use this option with discretion.

2. After the leave of absence:

Students may start making up hours after the leave of absence by scheduling with faculty. Students may elect to do this make up in any hour increments. If the make up time has not been completed by the next scheduled break, the student will be assigned hours during that break (not on the holiday) and subsequent scheduled breaks if needed until the make up time has been completed.

Make-Up time policy will apply.

**Pregnancy:** A female student has the option of declaring her pregnancy. If she chooses to declare the pregnancy, it must be done in writing with either the Program Director or the Department Director. The written declaration must include the estimated date of conception so that embryo/fetal dose can be calculated. If the student does not declare the pregnancy, the student will NOT be considered pregnant. The student may un-declare the pregnancy if she chooses. This must be done in writing also.

The Imaging Department will provide declared pregnancies a third monitoring device. The dose to the embryo/fetus from occupational exposure must NOT exceed 0.5 rem for the entire gestational period. The student will continue to participate in all rotations, but will not assist with brachytherapy/tandem ovoid cases in the Operating Room or Cancer Center.

The pregnant student is reminded that the embryo/fetus is more sensitive to radiation, especially during the first trimester, and that the proper methods of protecting the embryo/fetus are the same as protecting oneself. This includes: standing completely behind the control booth wall (not near the open doorway) during radiographic exposures, using as much distance as possible and wearing a full-wrap lead apron during fluoroscopy and mobile exams.

Any time missed because of the pregnancy or delivery will be made up according to the Leave of Absence/Make-up time policies of this handbook.

All students will be required to sign the pregnancy policy acknowledgment form.

**Jury Duty:** Students called to Jury Duty may request the school to write a letter to the courts requesting a delay until after the program as to not affect the students standing within the program. If the courts deny the request or the student fails to have the school write the request, the student may choose to use personal time or request a leave of absence.

Jury selection process – If hours are minimal, students may choose to provide documentation of their time, so that no deductions are made for class absences and they can either make up missed clinical time by the end of the term in which it occurs or use personal time. If the hours become extensive, the student may request a Leave of Absence retroactively.

**Injury during clinical time:** Students are not covered by Workers Compensation or MMC-NI medical insurance. Students seen in the Emergency Department or by any physician are responsible for any cost their insurance carrier does not cover. Any time missed may be made up or PTO may be used.

**Make up time:** Only allowed in cases of Leave of Absence, Jury Duty/Selection Process, Inclement Weather, Suspension, or if a student misses time due to an injury sustained during clinical time. To request make up time, students use the Missed Clinical Time Make Up form. All school policies are in effect during make up time. Make up time is allowed when it does not affect regularly scheduled rotations of other students. In addition, it may also be done in an equitable rotation if it does not affect the completion of clinical assignments/objectives. Equitability in rotations is based on the primary scope of experiences; example: Mercy room 4 is primarily a diagnostic x-ray rotation; therefore sites that are primarily diagnostic rotations can be used for make up hours. Acceptable requests for make up include hours: before/after scheduled clinical or class day, on weekends, during scheduled days off, or during scheduled breaks. Make up hours CANNOT include holidays, or after 10 PM or before 6 AM.

Students who miss non-diagnostic x-ray rotations that are not operating during evenings or weekends will be rescheduled out of future diagnostic x-ray rotations to complete the missed objectives. They will then make up the missed diagnostic x-ray rotation, unless they have previously chosen to use personal time.

Suspension – to continue in the program, the student will be scheduled and make up the suspension(s) in 8-hour rotations during the next scheduled break. This time cannot be broken down into smaller time increments.

**Job or School Interview Time Off:** This has been converted to PTO and allocated in the last two terms.

**Compassionate Leave:** Students will be given time off (School faculty must be notified in advance) without having to use personal time, for the following:

5 days for death of spouse, fiancé, sibling, child or parent

2 days for death of a parent in-law or grandparent

1 day for death of a great grandparent

The student must use PTO for any time that exceeds this allotted amount.

**Disciplinary Action:** Students are expected to observe all rules, policies, procedures, guidelines, practices and standards of performance. Failure to adhere to these expectations will be grounds for

disciplinary action including, but not limited to: warning, warning with clinical grade reduction, suspension, EAP referral, or dismissal. The School retains the right to skip any or all of the steps of disciplinary action and proceed to dismissal as deemed appropriate. The Imaging Department Director, Administration, Human Resources and/or NIACC may be consulted in this case.

**Probation/Performance Plan:** Probationary status is a warning to students that their status in the program is in jeopardy. The student will be notified in writing of the probationary status by faculty.

Probation requires the student to meet with faculty to identify and discuss the reason for probation, formulate a performance plan to correct the reason for probation, and establish a timeframe in which improvement is expected. These actions must be taken prior to the student being allowed to progress in the program. Subsequent meetings as outlined in the performance plan will reflect student progress in correcting the identified problem. Failure to demonstrate implementation of a plan and correction of identified problem areas within the established time frame may result in disciplinary action up to and including dismissal from the program.

Continuation of probation after the initial time frame may occur if good effort has been demonstrated, but without resolution of the problem. Probationary status may carry over to the next term, but must be resolved by the end of that next term in order for the student to remain in the program.

Students may be dismissed from the program if placed on probation twice for any reason at any time during the program.

Listed are of some of the reasons why a student may be placed on probation:

- a. Inconsistent / unsatisfactory clinical performance.
- b. Lack of preparation for clinical experience. (If this occurs the faculty reserves the right to send the student home and charge personal time accordingly)
- c. Unsafe clinical performance.
- d. Exceeding the allowed absences and/or tardies per term.
- e. Lack of Professionalism at any clinical site during the course of training, School or Hospital-sponsored functions (e.g. seminars, educational meetings, graduation) or any other school related function. Some examples may include:
  1. Failure to cooperate and comply with program policies.
  2. Use of profane and vulgar language.
  3. Use of mood-altering chemicals.
  4. Failure to demonstrate maturity, self-control and courtesy.
  5. Failure to respond to feedback with openness, personal consideration and appropriate/recommended change(s).
  6. Failure to abide by Mercy's Guiding Behaviors and the ARRT's Code of Ethics.
  7. Dishonesty.
- f. Failure to maintain acceptable academic standards according to policy.
- g. Lack of confidentiality.
- h. Arrest or conviction related to the roles/responsibilities of the career/schooling.
- i. Insubordination.
- j. Failing to abide by MMC-NI Tobacco Free Environment policy.

While several reasons are listed, this list may not include every situation. The School reserves the right to make decisions according to the severity of any other infraction. Depending on the severity or number of occurrences of the above, the School retains the rights to skip any or all of the steps of probation/performance planning and proceed to dismissal. The Imaging Department Director, Administration, Human Resources and/or NIACC may be consulted in this case.

**Dismissal from the School:** There are behaviors that warrant immediate dismissal. These behaviors include:

Stealing from the hospital or any person working or visiting, or a patient at the hospital

Cheating on an academic or clinical exam (i.e., falsifying or destroying clinical forms)

Possession of drugs other than legally prescribed or over the counter

(All medications must be in their original container)

Possession of alcohol on hospital property

Possession of weapons on hospital property

Perpetrating bodily harm or threats of bodily harm to anyone during educational time or while on Mercy property

Extreme Insubordination

While these reasons are listed, they may not include every situation - the School reserves the right to make decisions according to the severity of any other infraction. The Imaging Department Director, Administration, Human Resources and/or NIACC may be consulted in this case.

**Voluntary Withdrawal from the School:** The school asks that a student put the withdrawal in writing for Program Director or sign a withdrawal form provided by the School. The Program Director may visit with the student about the reasons for the withdrawal in an effort to improve future attrition rates of the School. If the student does not provide a written withdrawal, no tuition refund will be issued.

**Program re-entry:** For students voluntarily withdrawing or dismissed from the program there is no automatic re-entry. Students seeking readmission into the program must complete the entire application process; past files will be reviewed as part of the application. Acceptance will be on a space-available and case-by-case basis. To ensure patient safety and continuity of the educational process, re-entry placement will rest with the discretion of the faculty. Factors to be considered in re-entry placement include: length of time from leaving the program to re-entry, course and clinical availability, reason for withdrawing or dismissal. If greater than one year has occurred from the time of leaving the program, placement may be at the beginning of the program. When appropriate, placement may be determined through avenues such as required course auditing, didactic exams, and test-out performance assessments.

**Fair Treatment:** The student should make every effort to resolve complaints with the party involved before using this policy.

Objectives of the Fair Treatment Policy include:

1. To provide the student with a method to be recognized and heard
2. To outline an informal and a formal mechanism to handle student complaints
3. To resolve student complaints in a sound and fair manner, investigating and considering all relevant facts
4. To ensure consistency in the application of the policies of the School

5. To promote student rights and morale by resolving complaints, misunderstandings, or conflicts in a timely and just manner

Informal and Formal Fair treatment procedures are to be used for resolution of school related problems when initial attempts to solve the problem are unsuccessful. The Informal Fair Treatment procedures and discussions are to be oral with no written statements being prepared. The Formal Fair Treatment Procedure requires the submission of a written statement. A written response is then provided.

Step 1: Student communicates complaint, within 30 days of the incident, to Program Director.

Step 2: If the student is not satisfied with the response of the previous communication, the student communicates complaint to the Director of Medical Imaging.

Step 3: If the student is not satisfied with the response of the previous communication, student communicates complaint to the Senior Vice President in charge of the Imaging Department and makes an appointment to meet with the Senior Vice President.

Step 4: If the student is not satisfied with the response of the previous communication, the student communicates the complaint to the President/CEO of Mercy and makes an appointment to meet with the President/CEO of Mercy. The decision of the President will be considered final and binding.

The Human Resources Department is available to assist either the student or the School faculty or anyone involved in this process.

Documentation relating to fair treatment will be maintained in the student's file until graduation. The student may be assured that the use of this policy will NOT affect their treatment or grades in any way.

Behavior that is objectionable or considered sexual harassment will be assessed using the hospital's Administrative Policy concerning these topics.

The Advisory Board will be kept informed of the status of the complaint and the outcome of the fair treatment inquiry.

**Transfer Policy:** The School does NOT routinely accept transfer students, advance placement or part-time students. However if the request is due to a closure of a program, each request will be evaluated for possible acceptance.

**Disabilities:** The School will work with HR to review reasonable accommodations for those persons with disabilities if the disabilities have been made known to the School.

**Records:** Those maintained by the School after graduation:

1. Grade transcripts
2. Radiation dosimeter report
3. Authorization for release of information
4. Competencies completed
5. Attendance records

The student has the right to inspect his/her records. This also includes any graduate of the School. Original records may NOT be removed from the School.

The following entities that have the right to inspect student records without student consent.

1. National and state accrediting/approving agencies
2. Veterans Affairs
3. Auditors if the School is involved in Title IV funds

An agreement with NIACC (North Iowa Area Community College) allows our students, who complete the necessary general education credits through NIACC, to obtain an AAS degree in Radiologic Technology. All students should be aware that this agreement allows the x-ray program and NIACC to share records as necessary for the administration of the program. This includes transcripts from each of the institutions. By signing the handbook acknowledgement page, you are agreeing to our exchange of information.

Students may write to the following address if they have questions about the records policy:

U.S. Department of Education  
400 Maryland Ave. SW  
Washington, DC 20202

**Confidentiality of Records:** All records are confidential. Student records are kept in a secure place. The persons authorized to review records are School faculty, and others as identified above. A student or graduate may authorize the release of transcripts by signing the appropriate form.

Confidentiality would only be breached if it appears the safety of the student or others would be in jeopardy if the confidentiality were kept.

**Communication:** Communication with the student is maintained through the following channels:

1. Advisory Committee meetings, a first and second-year student are included on this committee
2. School faculty advise the students of pertinent information from the monthly Imaging Services Department meetings
3. Information bulletins/Process Change Alerts posted in classroom and control room
4. Information sent in emails via the hospital's GroupWise system
5. Daily classroom huddles; daily Mercy Diagnostic Department clinical huddles
6. Quarterly reviews

In addition, the faculty maintains an open door policy. Students are encouraged to talk with the faculty for advisement whenever they feel the need to discuss classes, clinical or personal issues that they feel impact their performance in the School. All confidences shared by the student will be kept confidential. The only exception would be if the faculty felt that the student was a threat to themselves or to others.

**Liability Insurance:** While acting within the scope of typical duties as students, students are eligible for available coverage in the event of a lawsuit, on Trinity Health's Hospital Professional Liability and General Liability program. [\(Verified by M. Nash 8-3-10\)](#)

**Incident Reports - VOICE (Voice Organization Incidents Concerns Events):** These reports are filed for any injury, unusual occurrence, or near miss that may have had a detrimental effect to the patient/family member that the student witnesses at Mercy sites. If event occurs at other clinical

sites, student checks with the clinical supervisor as to acceptable reporting mechanism. VOICE reports are used to improve processes and eliminate errors, NOT to penalize. This can be an anonymous report.

VOICE reports are also to be filed when the student incurs any injury while performing their duties at any clinical site or in the classroom. This report is to be filed within 24 hours of the injury, unless it is a blood or body fluid exposure, which needs to be reported immediately. Students are not covered under Worker's Compensation Laws. It is in the student's best interest to ensure they have health insurance coverage to help offset necessary treatments/follow up care.

**Graduation Requirements:** The following requirements must be met prior to the student receiving a signed certificate of successful completion from the School:

1. Successful completion of all academic and clinical courses
2. Successful completion of all clinical competency requirements, including terminal comps in the final term.
3. Completion of minimum 15 hours general education credits and a Medical Terminology course from an accredited post-secondary institution
4. Completion of all requirements of any disciplinary actions/probations/performance plans
5. Payment in full of tuition and fees

**Program Evaluation:** To ensure that the student receives the best education possible, faculty uses several methods throughout and after the program to gather ideas and suggestions. These methods include (but not limited to): Monthly learning experience evaluations, daily huddles, course/instructor evaluations, exit interviews during last quarterly meeting, graduate and employer surveys.

The school also uses an assessment plan to evaluate student learning. As data is collected, faculty reviews, monitors for trends, and identifies factors that may have impacted the scores. The goals, outcomes, and benchmarks on the assessment plan itself are annually evaluated and updated. In addition to student learning, the assessment plan also monitors program effectiveness items: ARRT certification pass rate, job placement within 6 months of graduation, graduate and employer satisfaction, and program completion rate.

The School faculty will meet yearly to evaluate the curriculum and policies.

The Advisory Committee is also involved with discussions on significant changes impacting the program.

**Program Closure:** Should the Medical Center decide to close the School, every effort will be made to complete the program for the students that are currently enrolled. If completion is impossible, the student will be furnished with a list of all other programs available in the state of Iowa.

**Loss of Faculty:** In the event that faculty is lost due to unforeseen circumstances, the remaining faculty will assume the workload until further accommodations can be made.

**Telephone use:** The telephones are for medical center use. The School recognizes that there are times when calls must be made, either by or to the student. These calls are to be kept to a minimum. We suggest that the student tell friends and family to only call if it is an emergency.

**Cell phones:** Cell phones need to remain off during clinical and academic time. In addition, cell phones cannot be taken into the clinical environment. You may use them outside on breaks and lunch. Cell phones may not be used as calculators. The school supplies basic four-function calculators for use in class.

**Tobacco Use:** The use of tobacco products on Mercy properties is prohibited. The use of tobacco products is not allowed from the beginning to end of the shift regardless of the location (ex: being out or home for lunch). Students must not have the smell of tobacco on clothing, body or breath during school hours. Individuals in violation of this policy are subject to disciplinary action up to and including dismissal from school or immediate removal from Mercy property.

**Gum:** Chewing gum is permitted if done discretely.

**Community Service:** Students will participate in cleaning ditches along Eisenhower Avenue (outside of West Campus) once during each spring and fall term. These will typically be held on a class day. If a student is unable to participate with their class, they will be required to show proof of two hours of service at the Community Kitchen prior to the end of the term. Community Kitchen is in operation Mon - Sat 9 am – 1:30 pm. Student is responsible for calling (424-2316) and setting up their time and bringing back documentation of their service.

**Parking:** Students will follow MMC-NI parking regulations. The hospital issues citations for failure to follow this policy.

**Library:** The medical center library is available to students for study purposes, computer access, or for reference material. The library is available 24 hours a day. If outside the hours of 8-4:30, a key may be checked out from the Emergency Room or Security by showing your photo ID badge.

The offices of School faculty also have many books that the student may use with permission.

**Counseling Services:** Students may access Kailo for One or Mercy EAP (Employee Assistance Program) by contacting the appropriate department. These services are provided at no charge.

**Student Advisement:** Formative feedback on clinical progress will be given via technologist's comments on the student weekly evaluations and through periodic audits done by faculty. Summative feedback on clinical & academics will be given during quarterly session with the program director and as needed throughout the term by faculty. The student will also do a self-assessment for the quarterly session.

**Tuition:** Tuition is subject to change, please refer to program web site for current costs:  
[www.mercynorthiowa.com/RadiologicTechnologyProgram](http://www.mercynorthiowa.com/RadiologicTechnologyProgram)

Tuition/activity fee is due in the 1<sup>st</sup> year on the first day of class and January 2. Tuition/activity fee for the 2<sup>nd</sup> year is due September 1 and again January 2. Appropriate costs for the two conferences attended during the second year will be covered from the activity fund. A non-refundable \$200.00 deposit is due upon acceptance into the program; this will be deducted from the tuition payment due the first day of the School. If the student does not enroll in August the deposit is forfeited.

If a student needs other payment options – arrangements can be requested with the Program Director. Non-payment of tuition/fees may be grounds for dismissal.

**Tuition Refund:** A refund will be mailed to students who have paid their tuition in full by the due date and are dismissed or voluntarily withdraw as follows: 1-2 weeks after the listed tuition due dates - 75%, 3 weeks after the listed tuition due dates - 50%, 4 weeks after the listed tuition due dates - 25%. No refunds will be given after these dates. If the student does not provide a written withdrawal, no tuition refund will be issued.

**Financial Aid:** The School does NOT participate in the federally funded financial aid program. We do NOT offer financial aid of any kind.

**Loans:** Mercy-City-Lehigh Family Credit Union has offered low-interest rate loans to our students in the past. Students must inquire with the credit union for current availability and terms.

**Scholarships:** There are two scholarships given out to first year students during the second-year graduation ceremony. One is from the Radiologists of North Iowa and is based on clinical achievement. The second is given by MMC-NI and is based on scholastic achievement. Both scholarships currently are remission of \$500 of the total tuition (both subject to change). If there is more than one recipient named for a scholarship, the monies will be divided equally.

In the past, MMC-NI Ambassador's has offered scholarships each summer - applications are sent via email to Program Director. There may be other scholarships available through the MMC-NI Foundation, check their website <http://www.mercynorthiowa.com/mercy-foundation>.

The ISRT (Iowa Society of Radiologic Technologists) also offers a scholarship to student members – awarded during their Fall meeting. Information will be sent to the Program Director in the late spring.

**Housing:** Students are responsible for their own housing. The school does NOT have dormitories or any special housing available. NIACC may have dorm space available, please check with the School for information.

**JRCERT Standards:** The standards as set forth by the JRCERT are lengthy and will not be copied for each student. Students may examine this document at their convenience online at [www.jrcert.org](http://www.jrcert.org). Updated standards went into effect January 1, 2011.

In the near future, the JRCERT website will also list all accredited x-ray programs' effectiveness data (ex: ARRT pass rate, program completion rate).

Students who have a complaint concerning one of the standards that they feel has not been resolved with the program, may contact the JRCERT at any time to voice this complaint.

JRCERT  
20 N. Wacker Drive Suite 2850  
Chicago, IL 60606-3182  
Phone: 312-704-5300

**Clinical Rotations:** All students will rotate through the Imaging Departments of MMC-NI East Campus, West Campus, Forest Park, Ellsworth Community Hospital in Iowa Falls, Mitchell County Regional Hospital in Osage, Mercy Family Clinic-Forest City and Hancock County Hospital in Britt. School faculty provides the rotation schedules approximately six weeks in advance. Schedules are made in accordance to the JRCERT standard, maintaining a tech to student ratio of 1:1. Only in unforeseen situations (e.g. a room is down or a tech calls in sick), the student may be reassigned or paired with another team for a brief period of time.

Students are responsible for their own transportation to the sites.

These various rotations allow students to experience/participate in how other departments operate, different persons interact, and different technologies/equipment are used to acquire images.

The School has arrangements with most sites should the student have the need to stay overnight due to weather or distance from home. Please check with faculty or the site prior to the rotation.

**Radiation Protection:** During fluoroscopy students are expected to wear full-wrap lead aprons anytime they are available.

During mobile examinations, students are expected to wear lead aprons in addition to using distance.

The school follows MMC-NI policy #1164 Radiation Monitoring of Personnel. Anywhere "employees/associates" are referenced in the policies also pertains to students. Students may access this policy anytime via the Mercy Intranet.

Radiation dosimeters are to be worn while in any clinical setting where ionizing radiation is present. One badge is to be worn at the collar outside the apron. A second badge will be worn at the waist level under the apron. Students not wearing their radiation dosimeters will be sent home to get them and will be charged for time used in hour increments. Badges will be replaced monthly. Badge reports are sent to the Imaging Director (co-chair Radiation Safety Officer) for review, who then posts in the diagnostic control room (these do not contain SS# or birth dates). Students will be notified by the RSO if their readings exceed the stated level in Mercy policies; additional paperwork may be required for further investigation according to MMC-NI policy.

Utilization of energized labs (practicing exams in x-ray rooms) must be under the supervision of a qualified radiographer who is readily available.

**Holding Patients:** Students are not allowed to remain in the radiographic room or hold a patient/image receptor during a radiographic exposure. Exception: fluoroscopic examinations when the student is present in the room, wearing a lead apron, and helping hold/turn patients who need assistance.

**Clinical Dress Code:** If any clinical site deems your appearance in any way to be offensive or potentially offensive to their patient populations, they have the right to refuse your participation at their clinical site. If this occurs you will not be able to fulfill the objectives for that site and our program and therefore unable to continue in the program. Some things that could be deemed offensive would be visible tattoos, body piercings, body odor, perfume/cologne, hair and fingernail coloring. While several reasons are listed, this list may not include every situation and the School reserves the right to address other situations as necessary.

All students are required to wear solid navy colored uniforms or scrubs (minimal thin line of coloring is permissible). Exception: Students may wear printed or theme scrubs on payday Fridays or for holiday celebrations.

School ID patches must be worn on all scrub tops on the left sleeve, approximately 1" from the top of the shoulder. If a lab coat is worn, it must be navy or white and include a school patch.

If a student wears a tee shirt under the scrub top, it is to be without visible printing or pictures. It may be a long sleeve tee, but if the student is scheduled in a rotation where they must wear surgery scrubs, a surgery lab coat will be worn to cover the arms. T-shirt must be tucked in if it hangs below the scrub top.

Scrubs and/or t-shirts underneath must cover cleavage and midriff. Pants will not drag on the floor, nor shall they reveal any undergarments.

Shoes may be either athletic, nursing or clog (cros). Shoes must cover front, sides and at least half of the top of the foot. Open heels must have heel straps for safety. Inappropriate footwear includes: open toed shoes, shoes with holes on top, sides, or around the front of the foot. To minimize risk of exposure to hazards and the occurrence of injury, shoes must be resistant to absorption of blood borne pathogen fluids (**minimal mesh**) and durable to protect from falling sharp objects. Shoes must be predominantly white or predominantly the color of the uniform worn. Socks, either white or coordinating with the uniform, are to be worn at all times in the clinical area. Shoes are to be kept clean, polished and in good condition, therefore should be used for hospital wear only.

If a female student becomes pregnant, in addition to larger-sized navy scrub tops they may wear appropriate non-scrub maternity tops without screen printing/writing.

Surgical scrubs are to be worn ONLY when scheduled for surgery or IR rotations. If the student's own scrubs become soiled with any kind of body fluid or barium, the student may then put on surgery scrubs so that they will not be a hazard to themselves or others.

Nametags (badges) are a required part of the uniform and must be visible above the waist. If there is a reason for not wearing the name badge, you will be informed, i.e., MRI. Students without their name badge are not allowed to participate in clinical. Temporary badges may be checked out from Mercy HR or the student may leave to get theirs, but will be charged personal time. Nametags must be clear of any stickers, pins or other accessories attached to them. Lanyards are not permissible in direct patient care rotations. If badge is lost, replacement badges are purchased by the student through HR.

Students may not wear any jewelry that will interfere with patient care. Earrings may be worn, maximum two per ear, but they must be small and not dangle. Piercings are limited to the ears. Necklaces, if worn, must be breakaway. For infection control purposes, the student may wear no more than one ring per hand. A wedding ring and engagement ring are considered one ring for this policy.

Fingernails are to be clean and short – less than ¼ inch long. No artificial nails will be allowed in the clinical area due to the chance of infection. If nail polish is worn, it needs to be freshly applied with no chips or cracks.

Makeup is allowed if used in moderation.

No perfume, cologne or scented body lotions, sprays or powders are allowed. Patients are often very sensitive to odors.

Out of respect for our patients and co-workers, personal hygiene should never be neglected. This would include body odor, foot odor, bad breath or odor from tobacco.

Hair must be kept groomed, clean and dry. If the hair is long enough that it falls into the student's face, it is recommended that it be kept pulled back for both patient and student hygiene reasons. This applies to both male and female students. Extreme hair colors are discouraged (i.e., pink, blue, green). Males will be clean-shaven unless a beard and/or mustache are worn, which must be groomed and clean.

**Identification of Patients:** Patient identification is a critical function of the healthcare professional. Mercy Imaging Services uses two patient identifiers prior to performing any exam (patient room number cannot be used as an identification source). Staff and students will view the patient ID band and ask the patient to state their name and birth date. This should coincide with the order/request of the exam being performed. If a name band is found to have incorrect information, refer to the technologist in charge or the hospital policy (# 335) for further guidance.

**Confidentiality of Patient Information:** Patient privacy is not only critical - it is mandated by law (HIPAA). Information about the patient may only be shared with those who need to know in order to properly care for the patient. This topic will be covered in Hospital Orientation. Information relating to HIPAA can be referenced on the hospital intranet. For further clarification, the Mercy Integrity Officer is a resource. Disciplinary actions will be commensurate with the degree of seriousness and/or circumstances surrounding any student violation, and may include but are not limited to probation or dismissal from the school.

Students may view medical images as part of the learning experience (e.g. critiquing radiographic images). Performing a general search of exams on PACS is permissible, but to search based on family, friends, situations in the news etc. is not acceptable and violates that patient's privacy. When sharing examples in clinical or the classroom to foster classmates' learning, one is cautioned that it should never include names or specifics that would identify the patient. As part of the learning environment, you are privileged to viewing certain PHI (Protected Health Information) and are reminded it is not to be shared with anyone unless it impacts the care of the patient.

No photos may ever be taken of a patient (even if it doesn't include their face), their medical images, or other protected health information.

It is Mercy/Trinity Health's policy that staff/students are not to access their own records, including Radiology images, without authorization. Proper channels must be followed to access your records, please see Imaging Records Department and/or Hospital Health Information Management Department for the proper release forms.

## Supervision of Students:

Students, when performing an exam, must be directly supervised by a qualified radiographer until competency is achieved.

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

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

Qualified radiographer is defined as possessing ARRT certification and active registration in the pertinent discipline.

Indirect supervision is allowed once a student has achieved competency. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

Additionally a technologist will approve the final images prior to the patient being released.

If any student or radiographer becomes aware of a violation of this policy, they will immediately inform School faculty.

**Repeat Policy:** Students may NOT perform a repeat without direct supervision. It does not matter what the reason for the repeat is (i.e., motion, artifacts, etc). A qualified practitioner must be present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure. Disciplinary action will be taken on students who repeat exams without direct supervision. The student's final clinical grade will be reduced by 3% for each offense. This will be recorded in the miscellaneous deductions category on the clinical grade worksheet.

**Indirect/Direct Supervision Policy:** If a student fails to abide by the JRCERT policy listed above regarding the appropriate supervision, their clinical grade will be reduced by 3% for each offense. This will be recorded in the miscellaneous deductions category on the clinical grade worksheet.

**Staffing Plan:** The School of Radiologic Technology of MMC-NI is staffed as follows:

Program Director	Mercy Medical Center – North Iowa	Mindy Mutschler	641-428-6079
Clinical Instructor	Mercy Medical Center – North Iowa	Mark Sime	641-428-6289/5781
Clinical Liaison	MMC-NI - East Campus	Amy Edwards	641-428-7595
Clinical Liaison	MMC-NI - West Campus	Kathy VanDeBerg	641-428-5635
Clinical Liaison	Mitchell Co. Regional Health Center	Gina Solberg	641-732-6036
Clinical Liaison	Ellsworth Community Hospital	Roberta Katschke	641-648-7025
Clinical Liaison	Hancock Co. Hospital	Cathy Ruhnke	641-843-5190
Clinical Liaison	Mercy Family Clinic – Forest City	Beth Hagen	641-585-2904

**Clinical Grade:**

Term 1 grade calculated as follows:

- 55% completion of required technical exam check-offs
- 25% clinical quiz scores
- 10% rotation objective completion
- 10% weekly student rotation evaluation (by technologists) scores

Terms 2-5 grades calculated as follows:

- 55% clinical final competency scores
- 25% clinical quiz scores
- 10% rotation objective completion
- 10% weekly student rotation evaluation (by technologists) scores

Term 6 grade calculated as follows:

- 55% terminal competency scores
- 25% clinical final competency scores
- 10% rotation objective completion
- 10% weekly student rotation evaluation (by technologists) scores

**Customer Service:** Customer experiences are a top priority at MMC-NI. A portion of the first term will be spent acclimating students to the level of expectations. The following will be used: Customer Service class, Legendary Impressions, Customer Service guides and comps. Each of our clinical sites may have a slightly different customer service focus, initiatives and programs – students will need to remain open minded and flexible in each environment. Final clinical grade will be docked 3% for each customer service comp that is not completed by the due date.

**Technical Exam Check-offs:** Done in first term only on patients (not simulated). Student indicates they would like to be evaluated prior to the start of an exam and will demonstrate the following to the technologist: The student will adequately (for each projection) -

- |                              |                                    |
|------------------------------|------------------------------------|
| 1. Set control panel         | 4. Position the patient            |
| 2. Manipulate equipment      | 5. Include the correct lead marker |
| 3. Center and angle the beam | 6. Shield the patient              |

These technical check-offs will be scored either 'yes' they did it, or 'no' they did not. Each student will turn in a total of 5 successful technical check-off sheets. Successful means all categories are checked 'yes'. The 5 successful exams turned in must include: 1 DR 2-view chest x-ray, 1 CR 2-view chest x-ray, 1 2-view abdomen, and 2 other exams of their choice (all 5 must be different exams). A student will not be docked for a 'no' score, but that form will still be turned in to faculty. A student's clinical grade will be docked at the end of the term (Dec. 31) if there are less than 5 successful technical check-offs turned in - grade is docked for each one missing.

Since the check-off is 'technical' in nature, if a student is struggling to effectively position because of poor communication for that exam, 'no' should be marked on the form under 'Positioning', and a note should be made that communication needs improvement to aid in correct positioning or patient understanding of the exam.

**Clinical Final Competencies:** The ARRT requires competency to be demonstrated for exams in order to be eligible to take the ARRT registry examination. The School follows the mandatory and elective competencies as outlined by the ARRT as our minimum requirements – a master form will be

provided to each student. The student must prove competency in all procedures on the School's master list. Mandatory comps (M) need to be performed on patients; however, up to eight (what is allowed by ARRT) may be simulated during the **last term** of the program if demonstration on a patient has not been feasible. The rest of the competencies are deemed electives (E). These should be performed on patients, but may be simulated if demonstration has not been feasible.

Final comps will be performed in terms 2-6. Prior to attempting a final comp in clinical, the student must first have classroom instruction and pass a lab comp on that exam, and have completed the necessary customer service objectives/comps. A student performs a final comp following all safety precautions and using good patient care skills. Final competencies may be completed with one of the named staff technologists or School Faculty. Each evaluator will use the Final Competency Evaluation form to grade the student.

The School reviews images (if available) and resulting scores from all Final Competencies and reserves the right to adjust scores as appropriate. In this event, faculty will talk with the student and testing technologist. The School reserves the right to retest if the grade seems unduly inflated or deflated. If a student is not satisfied with a score and can't resolve the issue with the testing technologist, they should talk with faculty.

Once a student has received notification of a passing score from school faculty on a final comp, they will be allowed to perform under indirect supervision on those exams. The School may also remove a competency if the student does not retain their skills on an exam. In this scenario the score on the re-comp will be recorded in the term which it occurs as one-half (1/2) of the score earned.

The student will complete the following minimum number of passing competencies in terms 2-5; Term 6 may be less than the stated amount if the student has worked ahead in previous terms:

Class of 2012 (using ARRT list effective 2005)

Comps:	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6	Total
Mandatory	0	8	8	8	8	8	40
Elective	0	2	5	6	7	6	26

ARRT has published new Clinical competency requirements that must be used for class graduating in 2013.

Class of 2013 (using ARRT list effective 2012)

Comps:	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6	Total
Mandatory	0	7	7	7	7	8	36
Elective	0	2	5	7	8	8	30

Those students not completing the required number per term will receive a zero for each competency not successfully completed. If this reduces the overall clinical grade to failing status, the student will be dismissed from the program due to failing a clinical course. Otherwise, the student has an additional 5 school days to turn in the required missing competencies. After 5 days, if the comp(s) have not been completed successfully, the overall clinical grade will be reduced to 74% (failing) which results in dismissal from the program from failing a clinical course.

*Elective comps* – many of these examinations are not done routinely, and may need to be simulated. To encourage students to attempt these exams on patients, the student may accept or reject elective

comps done on patients based on the final score. Rejected scores will not be recorded as part of the clinical grade. If student may/does want to reject the comp, indication is to be made on the form before it is turned in to faculty. Once CI calculates the final grade, notification is sent to the student and the student must indicate their final decision to the CI. There is no limit to the # of times a student can reject a score. Rejected elective comps will be monitored in case patterns emerge of students rejecting comps because of failed scores. To further encourage the electives to be attempted on patients, the top score achievable on all simulated exams will be 92% (B+).

*Simulated comps* - The student may simulate electives beginning mid-term (of terms 2-5) in order to meet the required number per term. The top score achievable on all simulated exams will be 92% (B+). Students may simulate both elective and mandatory exams any time during the final term. Since most exams left during the 6<sup>th</sup> term are typically very low volume exams, the top score achievable on all simulations in the 6<sup>th</sup> term will be 96%. Simulations of exams that contain any of the same projections may not be performed on the same day (e.g. orbits/facial bones). Once the minimum number of electives has been reached in that term, no more simulations will be accepted. Simulations must be done using CR (exception: Panorex) and images on PACs will be used to complete the evaluation portion. If a student simulates successfully (including Mandatories in the 6<sup>th</sup> term) and later has the opportunity to perform the exam on a patient, the student is allowed to re-attempt the comp for a higher score if it is within the same term. If the student fails this attempt (scores below 75%), the original simulated competency and score will be removed from the grade sheet since the student did not retain their skills on the exam. When the student re-comps on this exam, the score will be recorded in the term which it occurs as one-half (1/2) of the score earned.

*Automatic repeats* – Certain situations on the final competency form signal an automatic repeat. In this case a maximum 74% will be given, but feedback still needs to be given over the entire exam. The student must wait at least one week before retrying that final comp to allow time for practice. Once the student passes the exam, the score will be recorded as an average of the attempts. If the student hasn't passed the comp on the third attempt, a zero will be recorded in the grade book for that comp and the student will be placed on probation/performance plan. The student is still accountable for completing the comp successfully according to the performance plan or it may be grounds for dismissal from the program. A pattern of failed comps is considered unsatisfactory performance and retention of skills.

*Fluoro comps* - due to changes with digital fluoroscopy and Radiologists taking their own follow-ups, students will complete comps during fluoro studies for "set-up, performing fluoro/running the room". Additionally, the follow-up images will be a separate comp.

**Recheck Final Comps:** During the third, fourth and fifth term each student must perform 6recheck comps on exams that they already have a final comp on. No simulations are accepted. At least 2 of the 6 per term must be done CR. Students may not work ahead on recheck comps – 6 per term only. These are done to ensure retention of proper skills and are to be done periodically throughout the term. None of the rechecks can be duplicated. The form, rules, and grade scale will be the same as for Final Competencies. See certain exam exclusions on the Competency Requirements form. Recheck final comp scores will be averaged with the Mandatory and Elective final competencies in determining clinical grades. For failed recheck finals, that grade is recorded and the final comp on that exam may be taken away depending on the reason for failure.

**Terminal Competencies:** In the sixth term, terminal competencies are done to recheck the students' ability to perform selected exams that were completed earlier in the program. These will be completed with faculty members or their designee. Students may not graduate until all these competencies have been satisfactorily completed. The form and grade scale will be the same as for Final Competencies. These will be averaged and count as 55% of the sixth term grade. If a terminal comp is failed, the grade is recorded and depending on the reason for failure, the final comp on that exam may be taken away. If the student must prove final competency again, the score will be recorded as one-half (1/2) of the score earned. The student will also be required to redo and pass the terminal comp for the same exam on another patient (there is no score recorded, student is accountable for showing they can achieve a passing score).

**Patient Transportation Comps:** Students will learn proper methods of patient transporting in the first weeks of Patient Care class. Students must then demonstrate competency on a patient in clinical using the appropriate Patient Transport competency form. Students will not transport patients without direct supervision until the appropriate transport comps have been completed and turned in to school faculty. Students may not work together to transport a patient, unless the clinical leader or the faculty has made an exception.

Each student will complete the following minimum number of transport competencies:

Comps:	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6	Total
Transport	6*	1	1	1	1	0	10

\* Must include the wheelchair competency

Students are encouraged to work ahead of the minimums when the situation arises because certain transportation scenarios seldom occur (ex: chest tubes, isolation).

Failure to turn in the minimum requirements will result in a 3% clinical grade reduction in the 'miscellaneous deduction' section of the clinical grade worksheet for each one not completed. The clinical grade will continue to be reduced by an additional 3% for each one still not completed every 5 clinical days until the required transport comp has been turned in.

**Clinical Quizzes:** Clinical quizzes will be done periodically throughout the program. Faculty members or their designee can give a clinical quiz on any exam that has been previously learned in the classroom. This is done to encourage students to be continually practicing and reviewing low-volume exams. The student will be graded using the Clinical Quiz Form. Minimum passing score is 85%. For clinical quizzes below 85% the grade is recorded and your final comp on that exam may be taken away depending on the reason for failure. If the student must prove final competency again, the score will be recorded as one-half (1/2) of the score earned in the term it is performed.

**Clinical objectives:** Each student must complete objectives for each clinical rotation. These will count as 10% of the term clinical course grade. The student will be docked for the percentage of objective sheets not completed/not turned in to faculty each term. Incomplete objective sheets will be further penalized if not completed by the end of the following term. The technologists assigned to that rotation are responsible for checking off the clinical objectives as the student completes them. These documents are available in soft-copy format on the school computer drive. These forms will be handed out prior to each new clinical rotation.

**Student weekly rotation evaluation:** Students are required to email this form weekly to a technologist that they work with in diagnostic x-ray on the 2<sup>nd</sup> day of that rotation. The tech will reply via email to the student and the CI. If the student has a question or does not agree with the evaluation, they should first try to talk with the technologist. If this is not feasible, the student should talk with school faculty, do not reply to the technologist via email. It is the student's responsibility to remind the tech to fill it out. If it has not been returned and a 2<sup>nd</sup> reminder has been given to the tech with no results, forward a copy as an attachment to the CI. A zero may be recorded if the student does not document attempts to have the form completed by a technologist. Points for each category are based on a scale from 0-4 in several categories. If there is a pattern of unsatisfactory marks, the School faculty will counsel the student and the student may be placed on probation and performance plan. The evaluations will be averaged at the end of the term and used as 10% of the student's clinical grade. Since this is small portion of the total clinical grade, to show more differentiation the grading scale for this form will be as follows: 4 = 100%, 3 = 80%, 2 = 60%, 1 = 40%, 0 = 0%

For an observation rotation, or a modality other than Diagnostic, no evaluation is required; the student will email the form documenting the date and rotation to the CI. When a student misses a rotation due to time off, email the form to the CI stating date and "on vacation". A zero may be recorded if the student does not comply.

**Evaluation of the Clinical Educational Experience:** During the first term, each student is required to fill out a monthly evaluation form via e-mail identifying an experience that helped them to learn, grow or progress in their education and one that hindered, slowed or prevented them from learning. Forms and reminders will be sent out near the end of each month. Failure to turn this in by the end of the month will result in a reduction of the clinical grade by 3% (1/3-letter grade) for each one not completed. In addition, these evaluations will be done in the summer terms when classes and class huddles are not routinely in session. Huddles provide time to bring up issues and celebrations.

**Exam Diversity and Quantity:** School does not require students to keep a log of experiences; school faculty can track diversity and quantity of student exams electronically.

**Communicable Diseases:** The School will follow the policies as set forth by MMC-NI General Infection Control Policies. Three specific infection control policies are covered at Hospital general orientation: Standard Blood and Body Fluid Precautions (Index 1311), Handwashing (Index 1340), and Isolation Precautions (Index 1360). There are other various policies under the General Infection Control policies that may be referenced via the hospital intranet. If students have questions or need clarification, they may ask faculty or the Infection Prevention nurse.

**Harassment And Violence-Free Workplace:** The School will follow the policies as used by MMC-NI. Harassment/Offensive Behavior (Index 760) will be reviewed soft-copy from hospital intranet and Violence-Free Work Place (Index 1188) will be covered at Hospital orientation. If the student has a question that the faculty cannot answer, they will be referred to the HR department or other appropriate department.

**Substance Abuse:** The School will follow the policy of MMC-NI (Index 875). This policy will be reviewed soft-copy form the hospital intranet. If students have questions that the faculty cannot answer, they will be referred to the HR department or other appropriate department.

**Workplace Hazards/Emergency Preparedness:** The School will follow the Safety/Security policies as set forth by MMC-NI. The hospital's Emergency Management Plan (Index 005) outlines the Emergency Codes, ongoing evaluation and education (may be accessed via the hospital intranet). Students will receive a general overview during Hospital General Orientation. Students can also review the classroom's Emergency Code poster for the following:

Emergency Plans

- a. Internal and external disaster – **CODE GRAY**
- b. Severe Weather – **CODE BLACK**
- c. Infant Abduction – **CODE PINK**
- d. Missing Patient – **CODE PURPLE**
- e. Hazardous Material Spill – **CODE ORANGE**
- f. Bomb Threat – **CODE YELLOW**
- g. Crisis Team – **CODE WHITE**
- h. Fire Emergency – **CODE RED**

In addition, Hospital orientation will cover Waste Handling Disposal Guidelines as provided by MMC-NI Policy #440 (Hazardous Material/Waste Response Plan).

If students have questions that faculty cannot answer, they will be referred to the HR department or other appropriate department.

Mercy Medical Center – North Iowa  
 School of Radiologic Technology  
 Acknowledgement of Policies Received

I, \_\_\_\_\_, have received a copy of the School policies. I have been made aware of how to access the full handbook: Classroom copy, Faculty copy or online access.

School policies have been discussed by either School Faculty or Hospital General orientation; including those listed below:

Emergency Preparedness/Workplace Hazardous  
 Waste Handling Disposal, hospital policy #440 attachment  
 Emergency Codes

Communicable diseases, hospital policies:  
 Standard Blood and Body Fluid Precautions #1311  
 Handwashing #1340  
 Isolation Precautions #1360

Substance Abuse, hospital policy #875

Harassment, hospital policies:  
 Harassment/ Offensive Behavior #760  
 Violence Free Workplace #1188

Patient Identification policy #335

Radiation Monitoring of Personnel policy #1164

I also acknowledge that the program and NIACC will be exchanging information; including transcripts for the administration of the program.

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

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

Faculty Signature: \_\_\_\_\_

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

Kept in Student's file.

Mercy Medical Center – North Iowa  
School of Radiologic Technology  
Pregnancy Policy Acknowledgment

I, \_\_\_\_\_, have read and understand the pregnancy policy as set forth by the School of Radiologic Technology. I understand that radiation can be hazardous, but that if proper procedures are followed, there should be little or no dose to the child I may carry or may father.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

I understand that radiation can be hazardous, but that if proper procedures are followed, there should be little or no dose to the child I may carry or may father.

\_\_\_\_\_  
Signature of spouse or partner

\_\_\_\_\_  
Date

Kept in Student's file.