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## **Welcome to the Rapid City Regional Hospital Medical Radiography Program!**

### **INTRODUCTION**

This handbook is designed to facilitate your education and to assist you in understanding the roles and responsibilities of those involved in the Medical Radiography Program (MRP) at Rapid City Regional Hospital (RCRH). This manual shall be reviewed when questions dealing with issues that relate to the MRP arise. A comprehensive understanding of this document will aid in the achievement of your educational goal and the MRP mission, goals, and objectives.

*The Program Administration in its sole discretion reserves the right to change any part and/or all of this document at any time as becomes necessary.*

Reasonable effort will be made to provide sufficient and timely notice to the student regarding changes to this document.

All content in this handbook is reviewed for accuracy on an annual basis and revised as necessary.

Last Reviewed: June 2011

The MRP website will be updated regarding policy changes on an annual basis or as needed.

## **REGIONAL HEALTH (RH) ORGANIZATION**

Rapid City Regional Hospital is an entity of Regional Health (RH). Rapid City Regional Hospital is the sponsoring institution of the Medical Radiography Program. Therefore, MRP students will respect and recognize policies and procedures as designated by Regional Health, Rapid City Regional Hospital, and the Medical Radiography Program.

## **ACCREDITATION**

The RCRH MRP is currently fully accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). A certificate of accreditation is posted in the MRP Office. For additional information regarding the MRP's accreditation or the Standards for an Accredited Educational Program in Radiography, the JRCERT may be contacted at:

20 N. Wacker Dr., Suite 2850  
Chicago, IL 60606-3182  
Tel: 312-704-5300  
Fax: 312-704-5304  
Email: [mail@jrcert.org](mailto:mail@jrcert.org)  
Website: [www.jrcert.org](http://www.jrcert.org)

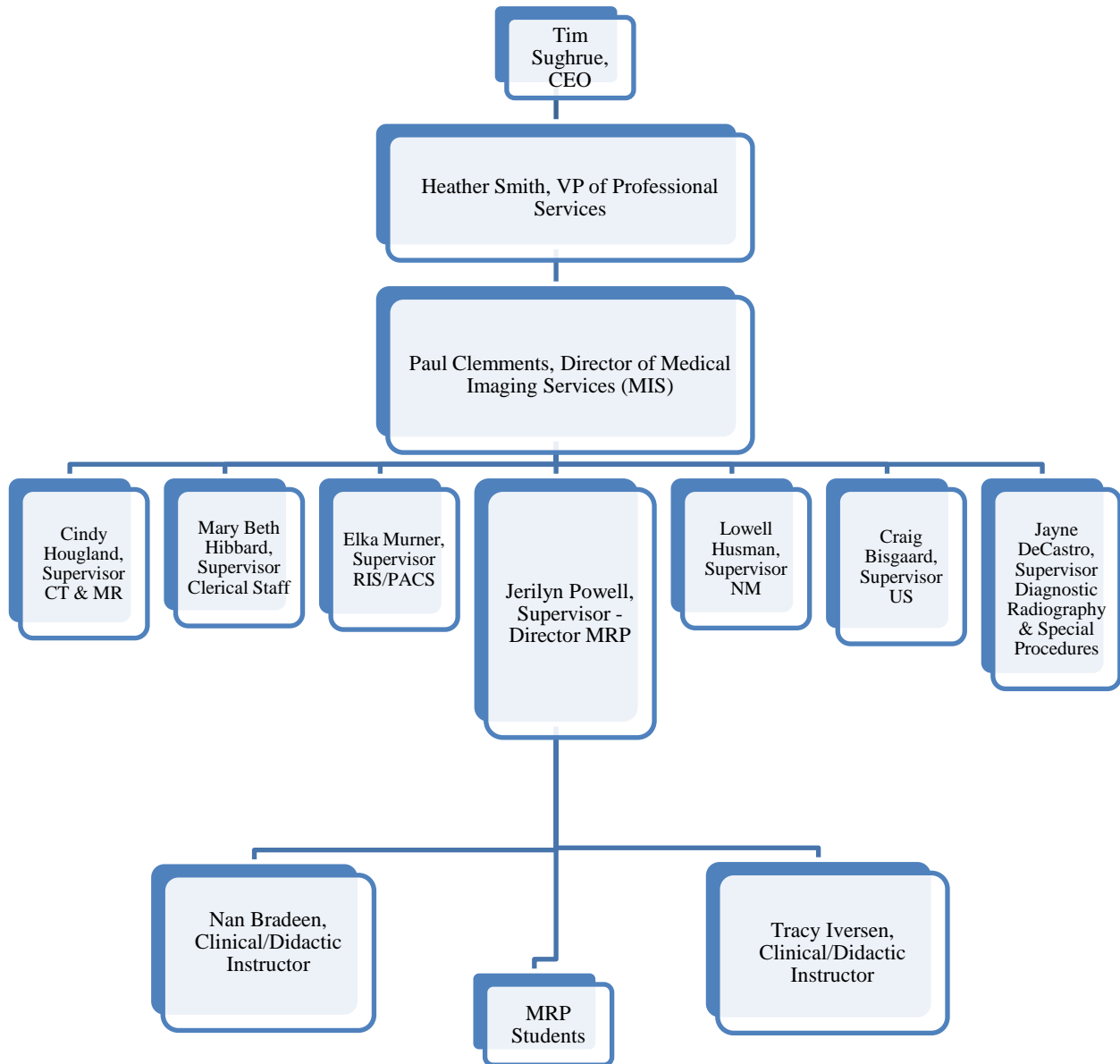
## **CODE OF ETHICS**

All MRP faculty and students are required to conduct themselves in a manner that complies with the professional *Standards of Ethics* as defined by the American Registry of Radiologic Technologists (ARRT). For additional information regarding ethical conduct the ARRT may be contacted at:

1255 Northland Drive  
St. Paul, MN 55120-1155  
Tel: 651-687-0048  
Website: [www.arrt.org](http://www.arrt.org)

*A current copy of the Standards of Ethics will be provided to each student during the MRP Orientation.*

## RCRH – MRP ADMINISTRATIVE FLOW CHART



*Necessary contact information for reference personnel utilized by MRP students will be provided at the beginning of each academic year and updated as needed throughout the program.*

## **PROGRAM MISSION**

The RCRH MRP is designed to produce competent, entry-level medical radiographers who, upon subsequent ARRT (American Registry of Radiologic Technologists) certification, are eligible for employment and related educational programs. Therefore:

The mission of the RCRH-MRP aims to provide and support excellence in diagnostic medical radiography education and to develop skilled, compassionate, and caring professionals who will benefit and serve our communities.

## **PROGRAM GOALS & STUDENT LEARNING OUTCOMES**

The MRP mission will be accomplished by meeting the following goals and student learning outcomes:

1. Develop and supply clinically competent diagnostic medical radiographers.
  - a. Students/Graduates will apply the principles of radiation protection to patient, self, and others.
  - b. Students/Graduates will provide age appropriate patient care, safety, and comfort.
  - c. Students/Graduates will apply knowledge of anatomy, physiology, and positioning to accurately demonstrate anatomical structures.
  - d. Students/Graduates will evaluate images for appropriate positioning and image quality.
2. Prepare diagnostic medical radiographers who demonstrate appropriate skills in communication.
  - a. Students/Graduates will be able to adapt to non-routine patient conditions.
  - b. Students/Graduates will be able to adjust technical factor selection to compensate for pathologic processes.
  - c. Students/Graduates will be able to organize the sequence of exam(s) in a logical order.
3. Foster the progression of diagnostic medical radiographers who demonstrate professionalism and who recognize the value of life-long learning.
  - a. Students will be able to present an oral presentation.
  - b. Students will be able to develop an electronic presentation.
  - c. Students will be able to author a research project.
  - d. Students/Graduates will demonstrate effective communication skills with patients and co-workers.
4. Develop diagnostic medical radiographers who exhibit critical thinking skills that are used in problem-solving situations.
  - a. Students/Graduates will demonstrate the ability to function as team players.
  - b. Students/Graduates will develop a career plan.
  - c. Students will demonstrate professional growth through participation.
  - d. Students/Graduates will demonstrate self-confidence in the clinical area.
  - e. Students/Graduates will demonstrate accountability.

\*Program effectiveness is measured in the following areas:

1. Students passing the ARRT national certification exam for radiology on first attempt.
2. Students pursuing employment being gainfully employed within 6 months of graduation.
3. Number of students successfully completing the program within 24 months.

4. Students overall satisfaction with their education
5. Students overall satisfaction with student services offered by RCRH.
6. Graduate employers overall satisfaction with graduate's performance.

## **MRP INTENTIONS**

- ❖ Select applicants who demonstrate maturity, motivation, academic aptitude/ability, and the professional aspiration to successfully meet the challenges of the 2-year MRP
- ❖ Provide a safe, secure learning environment in an accredited facility that meets all applicable local, state, and federal standards
- ❖ Provide an optimum quality education experience that exceeds minimum accreditation requirements of the Joint Review Committee on Education in Radiologic Technology (JRCERT)
- ❖ Provide didactic education based on sound teaching and learning principles, which allows students to master radiographic theory
- ❖ Provide simulation and lab experiences designed to bridge didactic and clinical education components of the curriculum
- ❖ Provide a clinical environment, rich with radiological patient imaging learning opportunities, using state-of-the-art equipment. These will allow for the mastery of radiographic/imaging procedures.
- ❖ Upon successful completion of the program, provide documentation of completion as becomes necessary for subsequent credentialing, employment, or continuing education purposes.

## **PROGRAM OBJECTIVES**

To provide an education that ensures graduation of those who have acquired an entry-level radiographer's skills and competency, and who are able to:

- ❖ Apply knowledge of anatomy, physiology, positioning and radiographic techniques to accurately demonstrate anatomical structures in an image
- ❖ Select exposure factors to achieve optimum radiographic techniques with minimum radiation exposure to the patient
- ❖ Evaluate radiographic images for appropriate positioning and image quality
- ❖ Apply the principles of radiation protection for the patient, self, and others
- ❖ Provide care and comfort for patients of all ages
- ❖ Recognize emergency patient conditions and initiate life-saving procedures
- ❖ Evaluate the performance of radiographic systems, identify the safe limits of equipment operation, and report malfunctions to the proper authority
- ❖ Exercise independent judgment, critical thinking, problem-solving and discretion in the performance of medical imaging procedures
- ❖ Participate in continuous quality improvement, quality assurance, and quality control programs
- ❖ Communicate effectively in the medical environment and function as a team member of a medical imaging department

- ❖ Utilize strong customer service skills that will aid in improvement and maintenance of high-level patient satisfaction
- ❖ Participation in professional activities and continuing education, demonstrate an understanding of advanced imaging modalities, and use insights gained in various courses to promote continued professional and personal growth leading to life-long learning.

## **PROGRAM POLICIES AND PROCEDURES**

### **POLICY AND PROCEDURE AGREEMENT & COMPLIANCE**

Students shall read the Rapid City Regional Hospital Radiography Program Student Policy and Procedure Handbook (referred to as Student Handbook from this point forward) and they shall have the opportunity to ask questions.

Students are required to comply with all of the policies, rules, and regulations of the Radiography Program, the Medical Imaging Services Department, and Rapid City Regional Hospital.

Upon completion of the Student Handbook review, the student will read and sign the “Handbook Acceptance and Agreement Form.” This form will become part of the student’s file kept in the MRP Office.

### **STUDENT CODE OF CONDUCT**

Students are members of the RCRH team, and as such represent the facility through their interactions with patients, visitors, and the community. Every effort shall be made by students to exhibit a positive, professional image. Students should refrain from wearing their uniform outside the hospital.

Students shall comply with the RCRH Confidentiality policy. Patient data may be communicated to other health-service providers who have a direct, medically related, “Need to know.” Students shall not participate in any activity that compromises the confidentiality of patients’ data.

The MRP subscribes to and promotes the ARRT Code of Ethics. Students shall comply with this code at all times.

### **Social Networking Site Philosophy and Guidelines**

Social networking sites have great potential to connect people across the globe and enhance communication; however, they are also more informal, less structured, and ever-changing. Social networking sites (such as Facebook, MySpace, etc.) often include a range of communication platforms including, but not limited to, creation of profiles, blogs, discussion boards, instant messaging and file sharing (text, photos, video, etc). Utilization of this type of technology by MRP students should be performed in a responsible and professional manner.

Following are the MRP ethical guidelines for social networking sites:

1. MRP students shall conduct themselves in the “virtual” or online world of social networking sites just as they would in all face-to-face human interactions, namely treating others with dignity and respect and observing all other established standards of professional conduct.
2. MRP students acknowledge and agree that when they create or post material on a social networking site they are in effect “content publishers” and as such are subject to a host of ethical and legal obligations including, but not limited to, progressive discipline or termination from the MRP.

## PROFESSIONAL ASSOCIATIONS

Students are **STRONGLY ENCOURAGED** to become a student member of these professional associations; they provide a number of benefits to their members.

1. South Dakota Society of Radiologic Technologists (Annual Student Fee \$15)
2. American Society of Radiologic Technologists (ASRT) (Annual Student Fee \$30)

Second-year students have the opportunity to attend the SDSRT Annual Educational Meeting, and while in attendance, shall conduct themselves in a professional manner as is consistent with MRP policies. A second-year student may be absent from clinical and classroom assignments with official authorization in order to attend this meeting, provided that:

1. The second-year student attends all classes, presentations and business meetings, and provides documentation of attendance thereof.
2. The second-year student presents his/her paper (if it is selected); AND the 2<sup>nd</sup>-year student creates a scientific exhibit for the student competition. **NOTE: The student must be a member of the SDSRT in order to enter the competition.**
3. The second-year student participates in the Student Bowl.

If the items specified above are not completed, the documentation the student does have will be reviewed and the hours not accounted for will be deducted from the student’s personal absence leave time and the violation will result in implementation of the Progressive Disciplinary Policy.

Final approval of educational leave is the sole decision of MRP faculty.

Second-year students who choose not to attend the conference will be expected to complete clinical hours as they are scheduled.

## STUDENT REPRESENTATION

There shall be two representatives, one (1) representative for each student group, as elected by a plurality vote of that group. These individuals represent all students from their own class. At the close of QTR I, the 1<sup>st</sup> year students will select their student representative by a plurality vote. Term of service is voluntary and is for the remainder of the MRP. The student may elect to step down, in which case a replacement shall be selected. The class may choose to replace a sitting representative by a unanimous vote only.

### RCRH - MRP

**SAMPLE**

#### Student Representative Agreement/Responsibilities

The (JR/SR) student representative shall be the student selected by a plurality vote of his/her student body. The student agrees to serve to the best of his/her ability, to represent the entire student body, as indicated by his/her signature below.

Objectives - The student shall:

1. serve as a liaison between the student body and the program faculty.
2. serve as an active member of the Advisory Committee, attending all regular meetings.
3. report to the student body as necessary, the proceedings of the Advisory Committee.
4. lead student body meetings.
5. in the event of an unsatisfactory result subsequent to meeting/discussion with the PD/faculty, contact the MIS Department Manager.
6. act as a liaison between the student body and the diagnostic imaging staff as necessary.
7. oversee the student body fund-raising activities; reporting to the PD as necessary.

I accept the position of student representative for the student body.

---

Student representative

Date

## **ABSENCE LEAVE POLICY**

There are various types of absence leave such as: holiday, personal absence leave, compassionate, major/catastrophic, and vacation. Students are responsible for ALL academic assignments missed during any type of leave, and missed clinical leave shall be made up according to the type of leave. The types of leave are outlined below.

### **Personal Absence Leave (PAL)**

Will be granted in two separate blocks of time; each student will start each MRP curriculum year with a bank of sixty-four hours of PAL time. This means that each student will have sixty-four hours to utilize as needed for sick time, personal time, dependant or child care, interviews, college graduation, etc... for each year in the program. A maximum of sixteen hours can be carried over from the first-year bank of time to the second-year bank of time, and use of scheduled PAL will NOT be allowed the last two weeks of the MRP.

1. Scheduled PAL - Requests for scheduled PAL shall be submitted at least twenty-four hours in advance, and are subject to approval/denial at the sole discretion of the MRP faculty.
2. Illness - The student is personally responsible for reporting his/ her illness/absence to the supervising technologist at their scheduled clinical site and MRP faculty (phone #: 719-7147) at least **one hour prior** to the scheduled shift. The student must call in EACH day of their illness absence (at least one hour prior to his/her scheduled shift, unless other arrangements have been made with faculty). Failure to properly report medical absence leave (illness leave) will result in the application of progressive discipline.  
\*When a student calls in sick or leaves a shift early due to illness, they are not allowed to come in later or return to work that day.
3. PAL days and hours shall be documented in the Spectrum Time System, as well as the electronic time tracking files. Students will receive a balance summary of their time quarterly and upon request by the student.

### **Extended Sick Leave**

There is a bank of twenty hours. This bank can be accessed if a student misses a minimum of three consecutive PAL days; then the student can utilize time from this bank if additional sick time is needed.

1. A student must bring a doctor's note to return to school after three consecutive scheduled days have been missed.
2. All time from this bank must be made-up.

### **Major/Catastrophic Leave**

This leave is for self, dependent child, spouse; pregnancy/maternity/paternity, major surgery, disease, condition or treatment requiring forty or more consecutive hours of medical leave. This type of leave may be used once only during the two years of the MRP, regardless of the number of hours used. This is not a "bank" of time to be used for more than one "withdrawal"; this leave will allow the student to take up to, but not more than 240 hours of clinical leave. Also the student can miss up to, but not more than

two consecutive weeks of academic instruction. **Exceeding the maximum leave time WILL result in immediate termination from the MRP.** Consideration of re-admittance to the MRP may be made.

1. All leave time missed utilizing this type of leave must be made up.
2. All academic instruction assignments must be made up.

### **Holiday Absence Leave**

This leave is granted for up to six holidays each year and is included in the total allotted absence leave time. The scheduled holidays are New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. These holidays correlate with holidays recognized by RCRH.

### **Compassionate Leave**

This is leave time granted in the event of a death in the student's immediate family. Immediate family is defined to include the student's spouse, parent, child, grandparent, parent-in-law, brother, sister, guardian, or legal dependent. The student is responsible for notifying MRP faculty.

1. Up to four days will be granted for bereavement leave; the student will not be required to use PAL time for these days.
2. Missed assignments must be made up.
3. An additional three days may be used upon request and these hours will be made up.

### **Vacation Absence Leave**

This is leave time during scheduled didactic breaks. Faculty will be responsible for coordinating the schedule during these instructional break periods. Students will be responsible for emailing their schedule requests by the designated deadline to the appointed faculty member. (This will provide the student with documentation the faculty was notified of the student's vacation schedule preferences.)

1. The faculty schedules vacation absence leave in advance.
2. Once the schedule has been officially posted and distributed to the students it is final.
3. Any further changes to the schedule requested by students will require the use of schedule switches and approval by the MRP Director.
4. The student is also responsible for completing, signing, and turning in a Personal Absence Leave (PAL) Request Form for additional time above and beyond the vacation time scheduled by faculty. The request is not considered approved until the form has been initialed by a faculty member or signed by the MRP Director.

**\*Any additional time off is solely up to the discretion of the MRP Director**

## SUMMARY OF ABSENCE LEAVE TIME

TYPE OF LEAVE	MAXIMUM ALLOWABLE TIME- FIRST YEAR	MAXIMUM ALLOWABLE TIME- SECOND YEAR	MAXIMUM ALLOWABLE TIME – TWO YEARS COMBINED
Personal Absence Leave	64 hours	80 hours	***
Extended Sick Leave	***	***	20 hours
Major/Catastrophic	***	***	6 weeks clinical 2 weeks academic
Holiday Absence Leave	</=6 days	</= 6 days	***
Vacation Absence Leave	A minimum of 80 hours	A minimum of 80 hours	***
Compassionate Leave	***	***	No stated maximum number of occasions

***STUDENTS MUST COMPLETE A MINIMUM OF 3276 HOURS FOR THE TWO YEARS OF THE PROGRAM IN ORDER TO MEET GRADUATION REQUIREMENTS—NO EXCEPTIONS.***

### Make-up Time

When a student is required to make-up hours they will coordinate the completion of these hours with program faculty.

- ❖ When completing make-up time the student must contact the Program Director by email, stating the time frame that will be make-up time.
  - If the make-up time results in the student completing more than 10 hours per shift OR results in the student completing more than 40 hours in a scheduled week, the student must state in the email notification that they are voluntarily exceeding these limits.
  - When students arrive to make-up time at a clinical site they are responsible for doing the following:
    - Clock in/out utilizing the Spectrum Time Clock System.
    - Notify the technologist in charge they are making up hours.
    - If applicable at clinical site, put name on scheduling board to notify all technologists working that the student is completing make-up time and the hours they will be present.
    - Ask the technologist in charge for a room assignment.
    - Ensure that staff is aware of the student’s location; if the student is in an exam room practicing they should periodically check with staff to determine if their help is needed.



SAMPLE

PO Box 6000 Rapid City, SD 57709

### Medical Radiography Program

STUDENT: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

I understand that personal leave requests are subject to administrative and instructor approval, and are considered on a first come/first serve basis.

I request \_\_\_\_\_ hours of unscheduled vacation leave. (*Minimum request of 1 hour*)

Date and time of requested personal absence leave:

\_\_\_\_\_

#### INSTRUCTOR APPROVAL FOR REQUESTED LEAVE

COURSE

INSTRUCTOR'S SIGNATURE

CLINICAL HOURS

\*Clinical hour requests may be approved by any faculty member

Academic Course:

Academic Course:

Academic Course:

I understand that I must receive approval and a signature from the instructor for each course I will miss before the request will be considered for final approval.

As stated in the handbook all tests must be completed before the scheduled absence and all homework/assignments must be turned in before the absence begins.

I further acknowledge, accept and understand that I am responsible for all missed assignments, and that any make-up assignments, tests, etc., may be scheduled for completion on my OWN time.

---

Student Signature

MRP Director Signature

## **PUNCTUALITY AND ATTENDANCE POLICY**

- Students are expected to report for all clinical and classroom assignments in a timely manner. This requires the student to be clocked in, in their uniform, and at their assigned rotation prior to the start of their shift. Students will clock in and out, utilizing the Spectrum Time Clock System on RH computers.
- There is a time window of 12 minutes, that each student is allowed to clock in or out that encompasses the shift start and stop times.

### **Start time**

- The student may clock in up to 10 minutes before their schedule start time.
- Clocking in more than 10 minutes in advance requires the approval of a program official and the student sending an email to the Program Director of why they clocked in prior to the allotted time.
- The student may clock in up to 2 minutes after their scheduled start time without being in violation of the attendance policy.
- If the student clocks in more than 2 minutes after their scheduled start time, it will be considered an infraction of the attendance policy and result in the implementation of the Progressive Discipline Policy.

### **Stop time**

- The student may clock out 2 minutes in advance of the scheduled ending of their shift without being in violation of the attendance policies. Leaving more than 2 minutes in advance requires authorization from a faculty member.
  - The student may clock out up to 10 minutes after the scheduled ending of their shift without being in violation of the attendance policies. *(If the student is completing an exam and unable to leave at the scheduled time the Program Director must be notified by email to provide documentation of why the student did not leave by their scheduled time.)*
- Failure to clock in/out and/or clocking in/out outside of the allowed time frames will be tracked. Every three infractions in or out, will result in the implementation of the Progressive Discipline Policy. (Example: A combination of 1 missed clocking in, 1 late clocking in, and one leaving a scheduled shift early will result in the First Offense of the Progressive Discipline Policy; 4 – 6 combined infractions will result in the Second Offense of the Progressive Discipline Policy.)
  - Classroom: Students shall report on time or earlier than the appointed class meeting time.

- *Classroom and clinical assignments and activities shall not exceed a maximum of forty hours per week. The clinical instructors organize and closely monitor the schedules so as to maintain compliance with this policy. The students are expected to comply with the schedules.*
- *If students voluntarily come into a clinical setting to practice during non-scheduled hours they must notify staff working of their presence; but they should not clock in/out utilizing the Spectrum Time Clock. (If the student is making up time missed previously, please refer to Make-up Time policy.)*

## **REST PERIODS AND MEAL BREAKS**

Students are scheduled for a 30 minute meal break and two 15 minutes rest periods each day. Students are required to take their assigned meal break when scheduled for a shift of six hours or greater and may not request to skip breaks of any kind in order to leave their scheduled shift early. If due to circumstances beyond the staff's control, a student does not get their meal break, the faculty will be sure the student's time is accurately adjusted. Staff will make every effort possible to assure the students receive two 15-minute rest periods per day; however these breaks are not compensated for in the event they do not occur.

*\*If a student is scheduled for a shift of six hours or less, they will not be scheduled for a meal break.*

## **WEATHER CONDITIONS POLICY**

The MRP is scheduled in-session, Monday – Friday; regular business hours for the faculty office are from 0700 – 1630.

- ❖ In the event of severe weather/travel conditions, RCRH alerts employees, staff, and students with announcements such as “Condition Snow” or “Condition T.” The MRP Director monitors the weather/travel conditions during these situations and with sole discretion, is responsible to close or to keep open the MRP. In the absence of the MRP Director, the decision will be made by a full time program faculty member and approved by the Director of Medical Imaging Services.
- ❖ During severe weather/travel alerts, students and faculty are expected to report for on-site assignments as scheduled except for the following situations:
  1. The Rapid City Police Department has issued a “NO TRAVEL” restriction. In this case the MRP will be closed. All students must make up all missed assignments as rescheduled by the MRP faculty. In some cases, the student can opt to use personal absence leave time rather than reschedule a clinical assignment.
  2. The MRP is open and the student determines that personal travel to/from RCRH is not safely possible. The student must either use personal absence leave time if available, or make up the clinical assignment as rescheduled by the clinical instructor. Didactic assignments must be made up as rescheduled by faculty.
  3. Family Medicine Residency Clinic – Clinical Site  
If a student is scheduled at the clinic on a day of inclement weather they should contact a program faculty member at RCRH to determine what their clinical assignment will be for the day.
  4. Regional Health Clinic (Aspen Building) – Clinical Site  
Regional Health Clinic has a weather line with a recorded message for inclement weather. If a student is scheduled at the clinic on a day of inclement weather they should first call the weather

line at 718-3448. After calling the weather line, contact a program faculty member at RCRH to determine what their clinical assignment will be for the day.

- ❖ Those students who ARE able to report for scheduled on-site assignments during severe weather/travel conditions will NOT be penalized for reasonable tardiness, as determined by the MRP Director.
- ❖ MRP students should monitor severe weather/travel advisory information that is easily available through local TV and radio stations, in addition to internet sites. The MRP rarely closes due to weather/travel conditions even though public schools and local colleges may close.
- ❖ Students should contact the MRP faculty with questions about the possibility of MRP closure at least ONE hour in advance of a scheduled assignment.
- ❖ Students who are on site when a travel/weather advisory is implemented are subject to RCRH policy and procedure. Students are not subject to extension of a clinical assignment. However, some conditions such as “Condition T” may require persons in the facility to remain on site until imminent danger has passed. For example, if the student has completed the day’s assignment and RCRH security has implemented a safety alert and is restricting egress from the building, the student must comply with security procedures and remain on site. Competency time is NOT authorized under these circumstances.

## **STUDENT-FACULTY MEETINGS**

Attendance of student/faculty meetings is MANDATORY for all students scheduled in clinical rotations at RCRH. Students scheduled at off-site clinic facilities will have the option to attend the meetings or review and sign-off on the meeting minutes. Meetings are scheduled in advance.

## **STUDENT RIGHTS & RESPONSIBILITIES**

Students have the right to:

- ❖ Institutional policies and procedures safeguarding the freedom to learn. Students are responsible for knowledge of and application of the policies and procedures.
- ❖ Admission without discrimination on the basis of race, age, creed, religion, sex, color, or disability. Students have the responsibility to accept others without discrimination on the same basis.
- ❖ Take reasonable exception to the data or view offered in any course of study and to reserve judgment. Students are responsible for knowing material offered in all courses of study.
- ❖ Orderly procedures of academic evaluation without prejudice. Students are responsible for maintaining standards of academic performance for all courses.
- ❖ Confidentiality from all employees of the RCRH MRP. Students are responsible for respective confidentiality.
- ❖ A carefully considered policy regarding the information, which is part of the student’s permanent educational and financial record and the conditions of records disclosure. Students are responsible for maintaining confidentiality of their records.
- ❖ Discuss appropriate issues and to express opinions. Students are responsible for maintaining positive public relations for RCRH.

- ❖ Printed institution clarification of standards of behavior, which are considered essential in appropriate situations. Students are responsible to know these policies and may be disciplined for violations of these policies.
- ❖ Adequate safety precautions within the hospital and its facilities. Students are responsible for practicing safety measures within the hospital.
- ❖ Participate with faculty in periodic review of various elements of the program. Students are responsible for seeking clarification or assistance from faculty.

## **NON-DISCRIMINATION POLICY**

RCRH employees and representatives shall not engage in any practice, behavior or action that is discriminatory in nature as it relates to others' in regard to race, creed, color, national origin, sex, age, or disability.

The RCRH – MRP maintains the same policy for staff, students, and/or applicants.

## **STUDENT HARRASSMENT POLICY**

Harassment of any type is not tolerated within the Regional Health (RH) system of facilities and programs. Students who engage in harassment will be disciplined according to MRP policy and may ultimately be dismissed from the MRP for such conduct.

Students who are harassed by others while engaged in academic and/or clinical assignments on site should report the offender to the MRP faculty and/or to the Human Resources Department. The MRP Director will follow up on every reported case of harassment of students and shall notify the Advisory Committee of reports and their outcomes.

## **STUDENT SAFETY AND HEALTH**

### **Personal Health Insurance**

Personal health insurance coverage for the duration of the program is highly recommended. Students are SOLEY responsible for the entire cost of and provision of their own policy(s) for health insurance coverage for the duration of the program. It is the students' choice as to which type of plan they participate in, whether individual, college-sponsored, or their parents'. Choosing not to purchase health insurance may negatively impact students and their financial future.

*\*Students entering the program in 2012 (graduating Class of 2014) will be required to provide documentation proving they have health insurance coverage.*

## **Health Care Services**

It is in the best interest of patients, fellow students, and other employees for a student who is ill to remain at home. Students are allotted leave time and are expected to use it when necessary.

When students become ill and/or injured while on duty, they must notify an MRP faculty member IMMEDIATELY, if a faculty member is not available, notify the lead diagnostic technologist in general radiography (or clinical staff at off-site clinical rotations).

If students require medical attention as a result of an injury while on duty they will be directed to either the Emergency Department or Occupational Health as is appropriate. Students MAY be responsible for all or portion(s) of the cost of services rendered by RCRH, as determined by RCRH on an individual basis.

Students shall have the HepVax Hepatitis B series of immunizations available to them at no cost. The school strongly recommends that students participate in this immunization program for their own protection. Those who decline to receive the injections shall sign a waiver indicating their choice to do so. A student may opt at any time during the MRP to participate. Students who choose to participate and FAIL to complete the series in the requisite time frame, AND who later wish to participate in the series may do so at their own expense.

## **Communicable Disease/Patient Contact**

A student who contracts/acquires a communicable/contagious disease and/or condition shall use leave time as appropriate. A physician release following leave for medical reasons is required for absence of 3 or more consecutive scheduled days. Should the student require more than 40 consecutive hours of absence leave for medical reasons and/or potentially put others at risk from exposure to the student, the student shall be required to use Major/Catastrophic Leave as appropriate. (See the Absent Leave Policy regarding Major/Catastrophic Leave.)

Students may be in a health-risk situation should exposure to a patient with a communicable disease occur. Therefore, students shall treat EVERY patient as if s/he has a communicable disease, i.e. using Standard Precautions, including the use of gloves, gowns, and other personal protection equipment/attire/methods as is appropriate for a given examination/procedure.

During clinical education, students WILL have patient contact that could result in possible exposure to potentially communicable disease(s). The students shall follow these guidelines to reduce the probability of contracting a communicable disease.

- ❖ Always wash their hands or use alcohol foam, when appropriate, prior to and after each patient contact.
- ❖ Check at the nurses' stations for specific instructions relative to patients who require any type of body substance isolation.
- ❖ Utilize personal protection equipment for Standard Precaution patients.

- ❖ Report to any event that is a breach of appropriate infection control techniques/policy to the proper authority or utilize the Communication Hotline. Incident and variance report shall be completed as indicated.

## **DRUG-FREE WORKPLACE/LEARNING ENVIRONMENT**

It is the policy of RCRH – MRP to provide a drug-free learning environment. Violations include, but are not limited to, possessing substances or narcotics that are illegal or controlled under federal, state, or local laws or alcoholic beverages in the learning environment; being under the influence of those substances or using them while participating in educational assignments; or dispensing, diverting, distributing or selling while on the premises of an assigned MRP location.

A student of the RCRH – MRP who is convicted of violating a criminal drug law statute, or who admits in a court of law to the commission of such a criminal drug law violation (whether or not such an admission results in a conviction), will be subject to appropriate disciplinary action per the MRP Progressive Discipline policy.

For purposes of this policy, the learning environment shall include any approved location where a student performs an assignment from the appointing authority. Conviction means finding of guilt including a plea of *nolo contendere* or imposition of sentence. Criminal drug statutes include federal or state criminal statute that prohibits the manufacture, dispensation, possession or use of any controlled substance.

### **Procedure**

1. Each student will, as a condition of acceptance and matriculation, agree to abide by the terms of this policy and to notify the MRP of any criminal drug conviction occurring within the learning environment no later than five (5) days after such conviction.
2. Each student shall be given a copy of RCRH – MRP's drug-free workplace/environment policy. Whenever the MRP receives notice that a student has been convicted of a criminal drug violation in the learning environment, the MRP shall notify the Human Resources Department within five (5) days after receipt of such notice.
3. Within thirty (30) days of receiving notice that a student has been convicted of a criminal drug violation in the learning environment, the MRP shall take appropriate disciplinary action against the student per MRP Progressive Discipline policy.
4. RCRH – MRP will, to the extent feasible, provide a continuing awareness program for students, about the harmful effects of drug and alcohol abuse. Students are eligible for assistance by the Employee Assistance Program provided by Regional Health.

### **Drug Testing Guidelines**

1. Drug testing of students will apply in the following circumstances:
  - a. Probable Cause: Should the Department Manager, Supervisor, Clinical Instructor, or MRP Director observe student behavior/performance suggesting impairment, the manager or designee shall request that the student be tested.

- b. A student who is unable to adequately perform clinical/didactic assignments, and for whom potential substance abuse is a suspicion, and/or for any other good cause, shall be required to submit to a urinalysis and/or blood test.
  - c. A student who is involved in a variance/incident may be required to submit to drug and alcohol tests.
  - d. A student who participates in action/behavior that results in damage to hospital equipment/property may be required to submit to drug or alcohol tests.
  - e. A student who has indicated his/her inability to perform clinical/didactic assignments, or who has given the hospital probable cause to suspect substance usage which leads/has led to the resultant inability to meet minimum performance standards and/or which results in a negative effect on the student's ability to perform assignments, may be required to submit to drug or alcohol tests.
  - f. Excessive or unusual absenteeism may be probable cause for drug or alcohol tests.
2. Should a student refuse a blood or urine test, refusal will constitute admission that the student is impaired and will be grounds for IMMEDIATE dismissal from the program.
  3. In all instances, the MRP Director or designee shall escort a student to the hospital laboratory for collection of blood and/or urine samples. In the case of probable cause incidents, urine AND blood samples shall be tested. A chain of custody will be established and maintained. The chain of custody formed shall include maintaining established and proper documentation. The sample/s shall then be sent to an NIDA approved laboratory for analysis. When the report is returned to the laboratory, a copy is sent, "Confidentially", to the RCRH Director of Human Resources and RCRH Director of Medical Imaging. A copy of the results shall be placed in a sealed envelope in the student's personal file. The Employee Health Department shall be responsible for all charges for all drug/alcohol testing of students.
  4. A student who utilizes the Employee Assistance Program at any time PRIOR to drug testing and who opts to participate in a rehabilitation program, may be placed on Major Medical Absence Leave. Refer to the Absence Leave Policy in the Student Handbook for details of leave. Upon return to the MRP the student will be subject to random testing for the remainder of their time in the MRP and shall be subject to other conditions as may be recommended by the rehabilitation program officials responsible for the student's treatment plan.
  5. It is the responsibility of the student to notify the MRP Director within 48 hours, if the student is convicted of selling drugs, and/or convicted of illegal alcohol/drug usage, and/or illegal possession of illegal substances, and/or if the student is convicted of stealing drugs/substances from any appointed clinical site.
  6. To help maintain a drug-free environment, the Regional Health Education Department conducts drug-free awareness programs to inform students/employees about the dangers of drug abuse. The Employee Assistance program is also available to students to provide additional information.
  7. If a student is convicted of selling drugs, and/or convicted of illegal alcohol/drug usage, and/or illegal possession of illegal substances, and/or if the student is convicted of stealing drugs/substances from a clinical site, the student will be IMMEDIATELY dismissed from the program and Human Resources will be contacted to assist in all actions taken.

## **Tobacco, Smoking Device, and Smoke Free Campus**

Rapid City Regional Hospital under the direction of Regional Health promotes smoke-free environments. The use of any tobacco products including electronic cigarettes (e-cigarette), clove cigarettes, or other similar smoking devices are prohibited on or in any Regional Health campus. The MRP members will be held accountable for the maintaining an atmosphere conducive to physical and mental wellbeing as detailed in policy RHHR-9371-513. Any MRP member in violation of the policy will be subject to progressive disciplinary management/corrective action.

### **Substance Use Disclosure Policy**

A student who at any time uses a substance(s) that may adversely affect judgment or their ability to perform at minimum standard levels should USE Absence Leave time as necessary. The student is not required to disclose such information, however, should Major/Catastrophic Leave be necessary for the student themselves, the student will not return to the program without the written release from a qualified medical physician as outlined in the Absence Leave policy.

Examples of potentially adversely affective substances include but are not limited to:

- ❖ Some over the counter drugs, such as antihistamine preparations
- ❖ Allergy medications
- ❖ Cold and flu remedies, etc.
- ❖ Medications containing codeine, antitussives, or sleep-aids

If a student is in doubt about any substance, s/he should refer questions to a qualified medical physician.

### **DOSIMETRY**

Students are issued a radiation dosimeter. The dosimeter is to be worn at the neck level at all times while in attendance as a student radiographer. Dosimeters should remain in the student's locker when the student is not in attendance. Dosimetry reports are received quarterly; new dosimeters are issued quarterly. The faculty reviews the reports and a copy is available for student review and initialing in the MRP office. Each student will be responsible for initialing the reports provided throughout their time with the program indicating awareness of their cumulative radiation dose. The Radiation Safety Officer maintains permanent records. In the event of an incident that results in the student exceeding institution dose limits, the MRP follows the MIS department protocol and/or guidelines established by the Radiation Safety Committee and the Radiation Safety Officer.

## **PREGNANCY POLICY**

### **Voluntary Disclosure**

A student who becomes pregnant is NOT required to disclose her pregnancy. If she chooses to do so it must be disclosed in writing. The student is encouraged to notify the MRP Director upon suspicion and/or confirmation of her pregnancy. The following options are available to the pregnant student:

1. She may continue in the program without clinical modification.
  - a. Material that outlines the possible risks associated with continuation in the program as may be appropriate and specific to pregnancy, namely the NRC Regulatory Guide 8.13 would be provided. Review of the material with the student would be available.
  - b. Compliance with departmental radiation safety policy would be expected.
  - c. Clinical time and all assignments missed for maternity leave would be made up according to the leave policy, and as scheduled by the MRP Director.
  - d. Following complete recovery per written medical release from a qualified practitioner, the student would return to the MRP. A maximum Major/Catastrophic Leave of 240 clinical hours would be allowed should the practitioner deem it necessary.
2. She may continue in the program with clinical modification as based on individual need.
  - a. All elements outlined in option #1 would apply.
  - b. Clinical assignments would be adjusted, with reasonable accommodations, per written medical necessity from a qualified practitioner.
3. She may withdraw from the program.
  - a. Applicable academic/clinical credit upon withdrawal would be awarded on an individual basis; determination of the credit awarded would be based on the individual student's academic/clinical achievement. It would be possible for a student to withdraw and be awarded NO credit.

**RAPID CITY REGIONAL HOSPITAL - MEDICAL RADIOGRAPHY PROGRAM**

**VOLUNTARY PREGNANCY DISCLOSURE**

**SAMPLE**

I (print name) \_\_\_\_\_ hereby voluntarily choose to give notice of my condition of pregnancy. I have reviewed the pregnancy policies of the MRP and the MIS department. I have read the following:

*Appendix to Regulatory Guide 8.13: Possible Health Risks to Children of Women Who Are Exposed to Radiation During Pregnancy.*

I have been given ample opportunity to ask questions about radiation risks, my options as a student in the MRP, etc.

I personally accept full responsibility for my decision to remain in or withdraw from the MRP.

I understand that should I decide to remain enrolled in the MRP that I must comply with the MRP and MIS pregnancy policies in order to do so.

It is my intent to:     REMAIN IN THE MRP             WITHDRAW FROM THE MRP\*  
(Check one)

**\*Withdrawal policy is found within this Handbook. All conditions of the Withdrawal Policy will apply.**

Comments

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Student signature/date

MRP Director signature/date

## DRESS CODE POLICY

Students are required to wear the School uniform while in attendance and/or on duty in a clinical facility, classroom, or required School function as deemed appropriate by the Director - MRP. The students purchase uniforms at their own expense, and new students are directed as to where/when to make a purchase of the required uniform.

**Violation of the dress code will result in progressive disciplinary action.**

### All Students:

- MRP uniform: black scrub pants & white or black solid scrub tops
- hospital scrubs will be worn **only when specifically authorized** (see addendum)
- uniform must be worn when reporting for class/sim-lab only.
- solid white or black turtlenecks or T-shirts may be worn under the scrub tops for warmth (in surgery wear only solid white tops under scrubs)
- scrub attire may be purchased from scrub supply stores or catalogs; style must allow free range of motion without skin being exposed between shirt and pants.
- scrub pants must hemmed short enough to avoid dragging on the floor at all times regardless of shoes being worn.
- shoes will be nursing/athletic style with a closed-toe, preferably leather, and **95% WHITE or BLACK**. Laces must be plain white or black. If black shoes are worn they should have non-marking soles.
- duty shoes do NOT leave the hospital grounds. They remain in the student's locker when not worn on duty.
- white lab coats are required (no longer than knee length, no shorter than mid-thigh), lab coats may be long or short sleeve; white uniform vests may also be worn.
- uniforms and lab coats are to be kept neat, clean, pressed & in good repair.
- socks/nylons/tights are required and will be all white or all black
- nametags/dosimetry badges must be worn with uniform at all times
- bubble gum blowing and gum snapping will not be tolerated and is considered gross misconduct in the clinical setting.
- jewelry shall be kept to a minimum. A plain band (no prongs), watch, small earrings that are no larger than ½" in length or diameter are acceptable. Earrings will be limited to not more than two pair and worn in the ear lobe only. Visible body piercing (except for ear) jewelry is not acceptable (including tongue). Body piercing other than the acceptable ear piercings may be covered up so it is not visible or clear spacers may be utilized. No bracelets or loose watches, etc. are permitted.
- no visible tattoos are permitted.
- long hair will be **TIED BACK** and not allowed to fall loosely.
- men will keep facial hair neat and **EXTREMELY** trim.

- fingernails will be kept clean, very short; false nails/nail tips are not allowed; if nail polish is worn, it should be clear and maintained to avoid chipping.
- excellent personal/oral hygiene is an absolute requirement.
- perfume/after-shave is STRICTLY prohibited.
- hair ornaments, jewelry, nail polish and make-up of excessive style/color/size, and/or which may be a health or safety hazard for self or others are STRICTLY prohibited.

*Any style of apparel, jewelry, hair arrangement, etc., deemed inappropriate by, and with the sole discretion of program faculty, is STRICTLY prohibited.*

## **DRESS CODE ADDENDUM REGARDING SURGICAL SCRUBS**

Hospital scrubs will be worn **only when specifically authorized**.

- ❖ Only students on the **evening(starting Quarter 3) or surgery rotation** are allowed to wear scrubs.
- ❖ Students in the other rotations are to wear the school uniform. If a student needs to go to surgery, he or she may change into hospital scrubs but must immediately change back into the school uniform when the surgery case is completed.
- ❖ Hospital scrubs must **never** leave the hospital.
- ❖ The MRP faculty recommends that students keep a spare school uniform or change of clothes at the hospital. Students will be allowed to change into hospital scrubs should they become contaminated but the scrubs may not be worn home. If the student needs to go home and change, he or she must use PAL time.
- ❖ Failure to comply with the dress code will result in progressive disciplinary action.

## **PERSONAL COMPUTER, PRINTER, AND INTERNET ACCESS**

Each student is required to have 24 hour/7 days per week access to a personal computer with a printer, Windows Office applications (including Microsoft Word and PowerPoint), and a personal email account.

Each student will be given a hospital email account and is required to check their account at the beginning and end of each clinical shift. Each student is responsible for all information presented in email form from the MRP faculty, including but not limited to, assignment deadlines and changes in department protocols.

## **PARKING POLICY**

A map is provided during the orientation process that indicates those areas designated as appropriate for employee parking; students will be required to utilize the same areas designated for RCRH employees.

Students shall register personal vehicles with the appropriate department. A student who violates the hospital parking policy shall be subject to, in addition to RCRH policy/s and procedures, the MRP Progressive Discipline policy.

## **TUITION & FEES PAYMENT/REFUND POLICY**

### **Tuition**

- ❖ The current tuition rate is \$1250 per year. Tuition will be increasing to \$1500 per year for all students entering the program in June of 2011.
- ❖ A non-refundable tuition deposit (\$250) must accompany a letter of acceptance. This fee is applied to (deducted from) the first year's tuition.
- ❖ First Year Students: Annual tuition is due IN FULL on or before the first day of the academic year for first year students.
- ❖ Second Year Students: Annual tuition is due on or before the first day of the academic year. Second year students will be given the option of paying half of their tuition on or before the first day of the academic year with the remaining balance being due on the first day back to scheduled didactic classes in January of the second year.

### **Tuition Refunds**

A tuition refund may be made (based on eligibility) in accordance with the following policy:

1. BOTH the MRP and Finance offices shall first clear the student who withdraws from or is dismissed from the MRP of obligation in order to be eligible for a tuition refund.
2. A refund for the FIRST year tuition payment may be made, LESS the non-refundable tuition deposit.\*
3. No refund shall be made for tuition paid for a previous payment period.

<b>For Enrollment Of</b>	<b>Refund Amount (if applicable)*</b>
Two weeks or less	<b>100%</b>
Up to three weeks	<b>50%</b>
Onset fourth week and beyond	<b>No refund applicable</b>

### **Books**

Books cost approximately \$1500 for the TWO years of the program. Payment in FULL for books is due upon notification of the balance due. Students are required to purchase ALL of their books through RCRH – no “used” texts are permitted.

**Payment/purchase of books is FINAL.**  
**Therefore, NO refunds for books shall be made by RCRH under any circumstances.**

## **FINANCIAL INDEBTEDNESS POLICY**

Students who are in any way financially indebted to the MRP and/or who have failed to account for hospital or program property placed in their possession, and regardless of student status shall be:

1. denied release of any student information including transcripts.\*
2. suspended from official graduation\*, which includes the graduation ceremony AND registry eligibility. \*(until satisfactory settlement has been achieved)
3. subject to financial administration policies, regardless of student status. (i.e., dismissed, withdrawn, ...)

When a student has questions concerning his/her indebted status with the RCRH Finance Department, an appointment with the Finance Department designee and/or MRP director should be made.

Further information regarding financial aid and indebtedness is available to student utilizing the ePolicy system of Regional Health.

## **TRANSCRIPT RELEASE POLICY**

- ❖ A *final* transcript shall be released upon receipt of the graduate's written request AND payment of the required transcript fee. Transcript release forms may be downloaded from the MRP website or requested by mail.
- ❖ ONE unofficial copy of a final transcript will be provided at no charge for a student upon graduation from the program.
- ❖ Interim quarterly official transcripts may be provided, on behalf of and at no charge to a student enrolled in a college/university simultaneously with the MRP. The official transcripts will be mailed **DIRECTLY** to the college/university.
- ❖ Transcripts (other than those released to a college/university as described above) shall not be released without a student's express written request.
- ❖ Once a Transcript Release Request form is received (together with the required fee), and a release is obtained from the RCRH Finance Department the request will be processed. The RCRH Finance Department may suspend subsequent processing of the transcript request for various reasons including but not limited to the following: Financial Indebtedness - Loan Delinquency - Check Fraud
- ❖ Further information regarding financial aid and indebtedness is available to student utilizing the ePolicy system of Regional Health.
- ❖ Upon notification of clearance by the Finance Department, processing of the request will resume.

**NOTE: The current fee for an academic transcript release is: \$5.00 per copy.**

## **STUDENT RECORDS & INFORMATION RELEASE POLICY**

- ❖ Student records are maintained by program officials in a manner compliant with the *Family Educational Rights and Privacy (FERPA)*
- ❖ Students may view portions of their personal file **ONLY** in the presence of either a Clinical/Didactic Instructor or the MRP Director. Some records shall not be accessible to the student for viewing, i.e. confidential recommendation forms for which the student voluntarily waived rights.

Students' permanent records may include and are not limited to the following:

1. Initial application form and all attachments.
2. Health records.
3. Interim/Final academic transcript/s.
4. Clinical records.
5. Permanent mailing address.
6. Registry scores (if provided by the student).
7. Due process forms, notes, documentation, etc.

## **LIBRARY SERVICES**

- ❖ RCRH provides students with access to online library services. Students will be able to access multiple search engines and journals for research projects.
- ❖ All students affiliated with universities/colleges are encouraged to use the library access granted by those institutions for research projects.
- ❖ An independent imaging library is maintained in the radiologist office area. The collection includes reference texts, and current periodicals. The imaging library resources must be used on the RCRH – Medical Imaging Services premises only.
- ❖ There are a variety of libraries throughout the city, including that of the South Dakota School of Mining and Technology, Rapid City Public Library, and Western Dakota Technology which a student may be interested in investigating.

## **COMPUTER LABORATORY/ACCESS**

The Regional Health Education Department operates RCRH's computer laboratory. Students will have 24-hour access to the lab. The lab is unlocked during regular business hours; Monday – Friday, 8:00 a.m. to 4:30 p.m. Students will be able to access the computer lab during non-regular business hours by swiping their ID badge.

Students will be issued a “jump drive” that they may use to save information on while working on projects for the program. These drives are the property of the MRP and must be turned in prior to graduation. If the drive is lost or damaged the student will be required to pay replacement costs as determined by the Information Systems Department; payment must be received prior to participation in graduation.

In addition to using standard office software, the students may use the various program purchased specifically by the MRP. These include professional review materials as well as learning programs.

Students may not use the computer lab for purposes other than those related to the MRP or MIS departmental assignments.

### **PERSONAL PAGERS & CELL PHONES**

These items are strictly prohibited when in the clinic, (meaning they cannot be in the student’s possession.) These items are allowed in the classroom, but will remain off (vibrate mode is NOT acceptable) during classroom instruction. If a student’s cell phone rings/vibrates during class, the phone will be taken and the student will need to visit with the MRP Director to retrieve their phone. **Violation will also result in implementation of progressive discipline.**

### **CLASSROOM CONDUCT POLICY**

Classroom behavior must be conducted in an educational and professional manner. Students will be held accountable for all information presented in the classroom; this includes but is not limited to: required readings, lecture notes and presentations, classroom discussions, and other multimedia presentations.

Individual participation points will be tracked and earned for each course presented during classroom hours as described in the course syllabus. Failure to participate and acting disrespectful during lessons will result in a loss of points.

Sleeping during class and other forms of disrespect to instructors and fellow students will not be tolerated in the classroom or lab setting. If students are sleeping or acting in a disrespectful manner they will receive one warning for the day from the instructor. Any further infractions that day in that course or any other course will result in the student being dismissed for the day and all missed hours will be deducted from their remaining personal absence leave. If this violation results in the maximum allowable personal leave absences being exceeded, the student may be terminated from the program.

At the conclusion of each academic quarter, classroom participation points and overall attendance will be reviewed. If a student has perfect attendance and has received all classroom participation points for the course, 1% point will be added to the final course grade for that quarter.

### **TESTING & TESTS**

All testing is proctored.\* Tests are the property of the MRP, NOT THE STUDENT. Students will have access to their tests through the end of the quarter in which the tests were completed, after that point only

midterm and final tests will be kept for review. Students may review these past midterms and finals during office hours under faculty supervision. All other tests will be destroyed at the end of each quarter. Students are permitted to remove a current quarter test from the office with the expressed permission of the instructor.

\*EXCEPTION: Some courses will use a take home test format that will not be proctored.

Instructors have **5 business days** to complete grading of tests. Students may access their current grade reports via a secured website. Grades will be updated following each major exam.

Students who make arrangements to take a test before/after the regular scheduled test date are accommodated knowing (with signed memorandum of understanding) that sharing of information about a test is academically dishonest and grounds for termination from the MRP. Makeup tests in the case of *unplanned* absence are scheduled for the *day* the student returns. Makeup tests in the case of *planned absence/PAL* are scheduled prior to the absence.



**SAMPLE**

### Test Confidentiality Agreement

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

I understand that the information presented on tests or for testing purposes is confidential.

I agree not to divulge any information to anyone regarding the tests administered by MRP faculty.

I understand that the opportunity to take a test early, at my request, is offered as an act of good will by MRP faculty.

I agree to and accept that if I do not maintain the confidentiality of a test, my conduct will result in both a grade of zero for the test, and subsequent disciplinary action in accordance with the MRP Progressive Disciplinary Policy.

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Student signature

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Faculty witness

**CURRICULUM AND COURSE CONTINUUM  
CYCLE BEGINS WITH ORIENTATION IN JUNE OF EACH YEAR**

*The chart below represents a sample course continuum. Course schedules and continuums are subject to changes as necessary to meet curriculum revisions.*

<b>FIRST YEAR</b>	
<b>Program and facility orientation will be ongoing from June through September</b>	
<b>Quarter I (Summer)</b>	<b>Quarter II (Fall)</b>
Clinical Practicum I Radiographic Procedures/Lab I Radiographic Science I Patient Care	Clinical Practicum II Radiographic Procedures/Lab II Radiographic Science II Medical Terminology
<b>Quarter III ( Winter)</b>	<b>Quarter IV (Spring)</b>
Clinical Practicum III Radiographic Procedures/Lab III Radiographic Science III Special Imaging	Clinical Practicum IV Radiographic Procedures/Lab IV Radiographic Science IV Sectional Anatomy
<b>SECOND YEAR</b>	
<b>Quarter V (Summer)</b>	<b>Quarter VI (Fall)</b>
Clinical Practicum V Radiographic Procedures V Radiographic Pathology I Digital Imaging I	Clinical Practicum VI Radiographic Pathology II Digital Imaging II Independent Study
<b>Quarter VII ( Winter)</b>	<b>Quarter VIII (Spring)</b>
Clinical Practicum VII Radiographic Pathology III Advanced Radiographic Science I Image Evaluation Independent Study	Clinical Practicum VIII Medical Ethics and Law Advanced Radiographic Science II Radiographic Workshop

**GRADE SCALE POLICY**

Students are required to maintain the specified level of didactic and clinical education achievement throughout the duration of the program. Therefore it is the policy of the RCRH MRP to adopt a grading scale consistent with the high performance standards expected of graduates of the program. The minimum passing grade for all coursework is 80%. Final course grades are calculated at the close of each academic quarter, and/or upon completion of a course. Should a student's interim grade drop below 80% the student will be notified during a conference of their academic standing. Further clarification for specific courses follows this policy in an addendum.

<b>GRADING SCALE</b>
A = 95-100
B = 89-94
C = 80-88
F = 0-79
S = Satisfactory
I = In Progress/Incomplete
The minimum acceptable level for all coursework (didactic and clinical) is <b>80%</b>

**GPA Calculations:**

Determination of the cumulative GPA is made in accordance with the following:

A = 4 points            B = 3 points            C = 2 points

Individual courses vary in credit units as relates to determination of the final GPA.

No points are utilized for courses graded "S" - satisfactory completion.

*Method of determining credit-hour value for courses may be obtained by contacting the MRP Director.*

**Grading Policy Addendum – Clarification of specific course grading to be used in conjunction with course syllabi specifications.**

- ❖ **Radiographic Procedure Courses** - are graded as described in the course syllabus. Each test/exam must be passed in order for the student to continue in the course. If the student fails a

test/exam, a repeat test is administered. If the student passes the repeat test/exam, the student may continue with the course. The repeat grade is NOT averaged into the student's grade. Rather, the passing score of  $\geq 80\%$  is noted in the student's record as a comment. A repeat test score will not raise a student's grade average to better than 80%; the lowest score that pulls the student's average up to 80% is entered as the repeat score for purposes of final grade determination.

If the student fails the first repeated exam, there still exists an opportunity for remediation. One additional exam will be given, provided the student's grade is 80% or better with the inclusion of the first failed test grade.

If the final attempt is not completed with a score of 80% or better, the student will be immediately dismissed from the program for academic failure.

- ❖ **Non-Radiographic Procedures Didactic Courses** - are graded as described in a course syllabus. Upon course conclusion, a student who fails the course will have only one opportunity to retake the course the following year. If the failed course is a Junior Course (offered in first year of program), the student will be allowed to attend the course with the next class. (A fee may apply and a new textbook may have to be purchased, and all clinical hours missed, must be made up.) If the course failed is a Senior Course (offered during the second year of the program), the student may return when the class is offered during the next 12 consecutive months. A tuition fee will be applied; if new textbooks are required the student must purchase the book from the program.

Students making up non-radiographic procedure courses will not receive a signed diploma at graduation, and will not be considered registry eligible until the course has been successfully completed and all missed clinical hours have been completed.

If a student does not wish to take the failed course again, they may elect to withdraw from the program or be terminated from the program for academic failure.

- ❖ **Clinical Practicum** courses are graded as described in a course syllabus. Each quarter must be passed with a score of 80% or better in order for the student to continue in the course. If the course is not completed with a score of 80% or better, the student will be immediately dismissed from the program for clinical failure.

## **ACADEMIC INTEGRITY POLICY**

Cheating on exams and any degree of plagiarism will not be tolerated and will result in progressive discipline. "Plagiarism is the unauthorized use or close imitation of the language or thoughts of another author and representation of them as one's own original work." (*Dictionary.com Unabridged (v 1.1)*) Plagiarism includes but is not limited to: turning in someone else's work and claiming it as your own or copying (or downloading) printed or online materials without proper documentation.

## **ACADEMIC GUIDANCE AND STUDENT COUNSELING**

The student who desires academic guidance should speak with the Director - MRP. Counseling Service from the Employee Assistance Program at Regional Health is available to the student at no charge. Students are solely responsible for the cost of outside referrals.

### **WITHDRAWAL AND RE-ENTRY POLICY**

A student may voluntarily withdraw from the program at any time. The student must submit a statement of withdrawal to the Director - MRP in order for out-processing procedures to be initiated. Withdrawal from the MRP results in the student's forfeiture of his/her right to participation in an Appeals/Due Process procedure.

Upon receipt of a withdrawal statement, the Director - MRP shall have a minimum of two (2) weeks to complete out-processing for the student. Out-processing shall NOT be completed for a student who fails to submit a withdrawal statement.

It is the student's sole responsibility to contact the hospital financial aid office in order to make arrangements for all outstanding financial obligations to RCRH. Official grades/transcripts shall not be released until the MRP receives authorization from the finance department, AND the remainder of out-processing has been completed.

**A student in good standing\* who voluntarily withdraws from the Program and who then wishes to return to it must make official application by letter, for re-entry into the Program within 3 business days of the withdrawal date.**

If the JRCERT Standards will not be compromised and if sufficient Program resources are available, and if the application is accepted, and if the student continues to meet all MRP admission requirements, the student who requests re-entry shall be authorized to re-enter the Program at the onset of the subsequent academic year.

For example, if the student voluntarily withdraws from June - May of a given year and then applies for re-entry within 3 business days, if the remaining conditions for re-entry are met, then the student would re-enter the Program in June of the subsequent academic year.

No previous clinical credit for an incomplete year is awarded. Credit for completed academic course/s will be accepted. A student who voluntarily withdraws from the Program during the first year would receive NO credit for prior coursework upon re-entry into the Program. This means that a student who voluntarily withdraws from the Program during the *second* year would receive NO credit for any part of the senior year upon re-entry into the Program. Clinical and academic credit may be awarded upon re-entry for completion of a full year of the Program only. Credit will only be awarded if competency is proven through testing as designed by the MRP faculty.

\*Good standing: An enrolled student in good standing is one who currently maintains a minimum GPA of 2.0 for all individual courses and has maintained a minimum GPA of 2.0 for each completed course; a former student (non-graduate) in good standing is one who maintained a minimum GPA of 2.0 for each

individual course completed and/or in progress at the time of withdrawal. Furthermore, “good standing” status is not applicable to an enrolled/former student who at any time has/had been suspended or placed on probation for any reason.

## **PROGRESSIVE DISCIPLINE POLICY**

Students are subject to the following procedures for due process of disciplinary actions. When a disciplinary or commendatory action is taken, a faculty member completes a STUDENT CONFERENCE FORM; specific details of the action are documented, and the form becomes a part of the student’s permanent record. Some policy violations may require immediate higher-level disciplinary action: immediate suspension or immediate dismissal. These violations are treated in a different manner as described below. A student who has had a disciplinary action brought against him/her, who chooses to file a grievance, must do so in accordance with the DUE PROCESS policy.

### **Progressive Discipline Offense Levels**

#### **❖ FIRST OFFENSE**

The student will be notified as to the occurrence and nature of the violation. This is a **FIRST WARNING**. No penalty is imposed at this level. The student will be notified of the consequences for a second offense.

#### **❖ SECOND OFFENSE**

The student will be notified as to the 2<sup>nd</sup> occurrence of the violation. This is a **SECOND WARNING**. A 16-hour deduction from clinical leave time or a 3 percentage-point grade deduction Clinical Practicum will be applied. This could result in a failing grade for Clinical Practicum, in which case at the close of the quarter the student will be terminated from the MRP. The student will be notified of the consequences of a third offense.

#### **❖ THIRD OFFENSE**

The student will be notified as to the 3<sup>rd</sup> occurrence of the violation. This will result in a 5 percentage-point Clinical Practicum grade deduction. This could result in a failing grade for Clinical Practicum, in which case at the close of the quarter the student will be terminated from the MRP.

#### **❖ FOURTH OFFENSE**

Immediate termination.

#### **❖ IMMEDIATE DISCIPLINE**

The following conduct/behavior, policy breach, etc. may result in application of the Progressive Discipline section “Third Offense”, including the full penalty as described previously.

- Verbal abuse of a student, employee, or other

- Performing unauthorized imaging procedures
- Failure to report an incident (self-related)
- Fraudulent leave of absence
- Failure to report a variance (patient-related)
- Verbal abuse of a patient
- Harassment of another person
- Falsification of RCRH/MRP documents, papers, examinations, records
- Breach of the RCRH Confidentiality Policy
- Falsification of attendance

## ❖ IMMEDIATE TERMINATION

The following conduct/behavior, policy breach, etc. may result in **IMMEDIATE TERMINATION** from the Program.

- Academic dishonesty; cheating, plagiarism
- Possession of weaponry on RCRH/RH premises
- Reporting for class/clinical under the influence of alcohol or illegal drugs
- Intentional compromise of the safety/life/well-being of patients, self, others
- Theft of RCRH/RH property or others' personal property
- Exceeding the limits of the Leave Policy
- Assault, battery, or similar crime against another person
- Conviction of a felony
- Refusal of alcohol or drug test/screen
- A threat of violence against a patient, student, employee, instructor, physician or other person, while on duty/assignment
- A failed repeat of pre-clinical competency.
- Involvement in more than one progressive disciplinary process during the two years of the Program
- Refusals of an outside clinical facility to have a student return for future rotations due to unacceptable clinical performance.

## **DUE PROCESS POLICY**

Medical Radiography Program (MRP) students who wish to grieve any action by the MRP, including but not limited to termination, shall be allowed to do so pursuant to the following due process procedure:

1. To initiate the due process procedure, the student must submit a letter describing the grievance to the Director - MRP. This letter of grievance shall be submitted within three (3) regular school days (M-F) from the day of the incident prompting the grievance.
2. Upon receipt of a grievance letter, the Director - MRP shall promptly notify the MRP Advisory Committee of the need for a due process hearing. The Advisory Committee shall designate seven

(7) Advisory Committee members to act as the due process hearing panel. Any Advisory Committee member who was involved in the action being grieved should not be a member of the panel. Arrangements will be made for a representative from the RCRH Human Resources Department to serve as moderator for the Committee proceedings. The hearing panel members shall coordinate with the student, the Director – MRP, and the moderator to establish a hearing date within seven (7) days of the Director – MRP’s receipt of the grievance letter, if reasonably possible.

3. At the hearing, the student shall present the details of his/her grievance to the hearing panel. The student will have the opportunity to provide the hearing panel with any relevant documents and to select and invite two (2) other representatives to speak on the student’s behalf during the hearing. The student’s presentation shall not exceed one (1) hour. After the student’s presentation, the Director – MRP or other appropriate MRP representative shall defend the MRP action being grieved. The MRP representative shall have the opportunity to provide the hearing panel with any further relevant documents and to select and invite two (2) representatives to speak on the MRP’s behalf. The MRP’s presentation shall not exceed one (1) hour. Upon the conclusion of the MRP’s presentation, the student shall be allowed an additional 15 minutes for rebuttal. Upon conclusion of the presentation, the student, the MRP representative, and other student or MRP representatives will be dismissed from the hearing panel room. The hearing panel shall then render a decision to either uphold or reverse the action being grieved. A majority vote of the hearing panel’s members (i.e., a vote of at least 4-3) shall rule. The consideration/voting proceedings of the hearing panel will be limited to two (2) hours. The moderator shall notify the Director - MRP of the hearing panel decision within one (1) school day, and the Director – MRP will then notify the student of the decision within one (1) school day.
4. If the hearing panel upholds the action of the MRP, the student may, within five (5) school days of receipt of that decision, appeal the hearing panel decision, in the form of a written letter, to the RCRH CEO. The CEO shall have the right to request any further information needed from the student or the MRP. The CEO shall render his/her final decision, in writing, within ten (10) school days of receipt of the student’s appeal and shall notify the Director – MRP of the decision. The Director - MRP shall notify the student of the CEO’s decision in writing, to be postmarked within one (1) day of notification of the final decision.
5. If the MRP’s decision is reversed, either by the hearing panel or the RCRH CEO, the student, having followed the procedure for due process, may be re-instated in the program with the same academic and clinical status attained prior to the grievance/appeal proceedings. The student shall make up all missed course assignments and requirements, as scheduled at the sole discretion of the Program faculty.

## **STUDENT ADVOCACY**

A student may at any time contact his/her choice of one or more members of the MRP Advisory Committee to serve as the student's advocate.

The primary function of the Advocate/s is to meet with the student to hear the student's concerns regarding disciplinary action, academic performance issues, and clinical performance issues, all of which may jeopardize the student's status with the Program.

The Advocate role was established so that upon implementation of progressive disciplinary measures, a student would have a voice of a person or group with a vested interest in the Program and its students. The intent is that a student would receive guidance from the Advocate/s and thereby improve conduct/performance consistent with established Program minimum expectations. With an Advocate person or group guiding a student, perhaps it would be possible for a student to avoid further disciplinary action, and ultimately complete the MRP.

It is a student's responsibility to contact the selected Advisory Committee member/s. All Committee members are ready to assist students at any time.

It is imperative that students follow the Program communication chain of command for filing complaints, expressing concerns, etc. *prior to contacting Committee Members*. The **first** responsibility of the Advocate/s is to determine that a student has pursued resolution through regular, established MRP procedure.

The Advocate/s may choose to discuss issues with the Faculty.

Outcomes of Advocate/s' activity shall be reported at a subsequent Advisory Committee Meeting.

Committee members' names and their contact information are listed below.

<b>Name</b>	<b>Title</b>	<b>Area/Facility</b>	<b>Phone Number</b>
<b>Kelly Gilquist</b>	Lead Tech - Day	General Diagnostic	Ext. 8429
<b>Cindy Hougland</b>	Supervisor	CT & MR	Ext. 4857
<b>Jayne DeCastro</b>	Supervisor	General Diagnostic & Special Procedures	Ext. 8615
<b>Paul Clemments</b>	Director	MIS and CCI	Ext. 2314
<b>Robert Durst</b>	Radiologist	Dakota Radiology	Ext. 8439
<b>Nan Bradeen</b>	Clinical/Didactic Instructor	MRP	Ext. 7147
<b>Tracy Iversen</b>	Clinical/Didactic Instructor	MRP	Ext. 7144
<b>Pam Kieffer</b>	MLS Clinical Coordinator	Laboratory	Ext. 8092
<b>Jerilyn Powell</b>	Program Director	MRP	Ext. 8433
<b>Jay Dahl</b>	Lead Tech - Evening	General Diagnostic	Ext. 8429
<b>Emily Vlietstra</b>	Clinical Instructor	Family Medicine Residency	719-4053
<b>Cristy Olson</b>	Clinical Instructor	Aspen Regional Medical Clinic	718-3370

<b>Dr. Sue Shirley</b>	Consumer Advocate	SDSM&T	394-2482
<b>Heather Smith</b>	VP of Professional Services	RCRH	Ext. 8103

Individuals, who accept an invitation from the Director of the MRP for the Advisory Committee, may be excused as a Committee member at any time, at the sole discretion of the Director of the MRP.

Individuals, who serve on the Advisory Committee, may request to be removed from the committee by notifying the Program Director.

## **JRCERT COMPLAINT RESOLUTION**

Upon notification of a complaint to the Joint Review Committee on Education in Radiologic Technology (JRCERT) about the Rapid City Regional Hospital (RCRH) Medical Radiography Program (MRP), the Director - MRP (PD), or in some cases an RCRH administrative official, will respond to the JRCERT within a timely manner. Appropriate response **will** include a minimum of four of the following elements:

- ❖ Notify the Advisory Committee of said complaint.
- ❖ Acknowledge in writing the JRCERT of the MRP response to the complaint and provide an action plan within 30 days of receipt of the complaint. *This is required in all cases.*
- ❖ Immediately call for a meeting of the Advisory Committee to review/resolve the complaint.
- ❖ Investigate specific issues related to the complaint. For example, if a student alleged that he was performing unauthorized exams as directed by a staff technologist, the PD may question the student, technologist, or others about the alleged situation.
- ❖ Meet with the student to discuss the complaint if the student has been identified and agrees to the meeting.
- ❖ Adjust student, faculty, and staff program-related responsibilities, functions, and duties as necessary until the issue is resolved.
- ❖ Provide to the JRCERT a report of final outcome of resolution of the complaint. *This is required in all cases.*
- ❖ Maintain a permanent written/electronic record of all complaints and subsequent proceedings. *This is required in all cases.*
- ❖ JRCERT may be contacted at:
  - 20 N. Wacker Dr., Suite 2850
  - Chicago, IL 60606-3182
  - Tel: 312-704-5300
  - Fax: 312-704-5304
  - Email: [mail@jrcert.org](mailto:mail@jrcert.org)
  - Website: [www.jrcert.org](http://www.jrcert.org)

The sponsoring institution could potentially take other steps in the event the complaint is about the Program Director or the Advisory Committee for example.

## **GRADUATION POLICY**

The RCRH MRP shall award a certificate of completion to a student who has met all final competencies and MRP requirements as determined by the faculty.

RCRH may present the graduate with a token of merit representative of the academic honor and level of individual achievement relative to completion of all graduation requirements of the MRP.

RCRH may also sponsor an event for purposes of presentation of the above items for which the graduate may wish to invite additional attendees as authorized by RCRH.

Any OFFICIAL graduation event is essentially approved, scheduled, planned, coordinated, and sponsored by RCRH in its sole authority.

A graduate need not be present for a graduation event in order to be awarded an earned certificate of completion.

Official acknowledgement and subsequent substantiation of program completion by a Program Official, for purposes of a graduate's needs pursuant to the ARRT Registry Examination eligibility requirements, shall be provided for the graduate ONLY upon receipt of the graduate's written request and/or official notification from the ARRT of a graduate's application for registration for the medical radiography certification examination.

## **TERMINAL OBJECTIVES**

In order to meet the graduation requirements of the RCRH MRP, the student shall, meet the following minimum terminal objectives:

1. Satisfactory completion of all required clinical and didactic courses with a minimum passing grade level of 80% for each course.
2. Satisfactory completion of all required clinical competency evaluations with a minimum passing grade level of 80% for each competency.
3. Satisfactory completion of the program attendance requirements.
4. Satisfactory completion of the required graduate final evaluation process.
5. Satisfactory completion of additional required competencies
6. Provide basic patient care/comfort; anticipate patient needs for patients of all age groups.
7. Provide appropriate patient education.
8. Apply knowledge of radiation protection theory and practices.
9. Understand and apply the principles of basic x-ray production and interactions.

10. Safely operate medical imaging equipment and accessory devices.
11. Position patients and utilize medical imaging systems to perform radiographic examinations and procedures.
13. Exercise independent judgment and discretion in the technical performance of medical imaging procedures.
14. Apply knowledge of human structure, function and pathology.
15. Demonstrate knowledge of and skills relating to quality assurance.
16. Evaluate the performance of medical imaging systems.
17. Evaluate medical images for technical quality.
18. Apply knowledge and demonstrate skills relating to medical image processing.
19. Apply appropriate procedures relative to safe limits for equipment operation.
20. Recognize equipment malfunctions and report them in a timely manner to the appropriate authority.
21. Demonstrate knowledge of and skills relating to verbal, nonverbal and written medical communication in patient service intervention and professional relationships.
22. Exhibit behaviors, attitudes and values that are supportive of the professional code of ethics and comply with the professional scope of practice.
23. Competently perform a full range of radiographic procedures on patients of all ages in the following general categories:

Head/neck	Trauma	Bedside
Surgical	Musculoskeletal	Chest/Thorax
Abdominal	Gastrointestinal	Genitourinary

Upon successful completion of the RCRH MRP, the graduate is eligible to sit for the national certification examination as administered by the American Registry of Radiologic Technologists (ARRT) following successful application to the ARRT.

## **FINAL EVALUATION PROCESS**

In order to successfully complete the MRP and to meet graduation requirements, the Radiography Student shall complete the final evaluation process, which may include but not be limited to the following:

- ❖ Final quarter evaluation and conference
- ❖ Return of all items such as may have been entrusted to the student's possession for use in the performance/completion of student assignments, to the appropriate facility official. (i.e. personal dosimetry badge, computer jump drive, library materials, Program books & materials, surgical scrubs, etc.)
- ❖ Appropriate documentation relative to the student's financial status with an obligation to RCRH. (i.e. payment of library fees, financial aid loan arrangements, etc.) A statement of financial

release for the student shall be required from the Finance office, pursuant to the student's graduation from the program.

### **EARLY RELEASE POLICY**

The RCRH MRP does not provide an early release option. All students must complete all attendance requirements of the MRP.

### **TRANSFER POLICY**

The RCRH MRP does not accept transfer students. Students who leave the MRP prior to completion may request a transcript of completed courses in accordance with the Transcript Policy.

## **CLINICAL POLICIES & PROCEDURES**

### **CLINICAL SUPERVISION POLICY**

- ❖ Students will be APPROPRIATELY supervised at all times while participating in clinical education.
- ❖ One clinical instructor per 10 FIRST YEAR STUDENTS is assigned.
- ❖ Supervision of students will be provided in one of two categories: Direct or Indirect Supervision.
  - Student schedules will be closely monitored to ensure there is a 1:1 radiographer/student ratio maintained for procedures.
  - Rare exams are the only exception and a list of rare exams is posted in the department.
    - Rare exams are the only time that a technologist may supervise 2 students at once.
    - The 2<sup>nd</sup> student may only observe. The 2<sup>nd</sup> student must remain in the control area while observing the rare exam and he/she may **not** make exposures.
    - A radiologist may supervise the observing student in the exam room. The student must leave the room or be in the control area when the radiologist is finished.

#### **Direct Supervision**

Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of a qualified radiographer. The parameters of direct supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student's achievement.

2. A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
3. A qualified radiographer is present during the conduct of the entire examination.
4. A qualified radiographer reviews, approves the images or determines which images require a repeat exposure.
5. All unsatisfactory images are repeated in the PRESENCE of a qualified radiographer.
6. In the event of ONE unsuccessful attempt at repeating an image, the student will IMMEDIATELY YIELD the exam to the QUALIFIED RADIOGRAPHER.

Therefore, Direct Supervision is required in the following situations:

- ❖ Any exam for which a student HAS NOT demonstrated clinical competency.
- ❖ ALL Portable radiologic examinations on ALL patient floors, ICN, ED, & PACU.
- ❖ First-year students in surgery, no matter the level of competency.
- ❖ Second-year students in surgery that HAS NOT demonstrated clinical competency.

### **Indirect Supervision**

For Indirect Supervision the parameters are:

1. A qualified radiographer reviews, approves the images or determines which images require a repeat exposure.
2. All unsatisfactory images are repeated in the PRESENCE of a qualified radiographer.
3. In the event of ONE unsuccessful attempt to repeat an image, the student will IMMEDIATELY YIELD the exam to the QUALIFIED RADIOGRAPHER.

Therefore, Indirect Supervision is allowable for students who have demonstrated competency in a given examination who will perform the examination with a qualified radiographer within close proximity. ("Close proximity" is defined as: student may verbally request radiographer's help without the use of an electronic device.)

### **Clinical Supervision in Surgery**

- ❖ First-year students in surgery must have direct supervision no matter the level of competency.
- ❖ Second-year students that have not documented competency of the examination in the Medical Imaging Services department (includes mobile radiography) must have direct supervision.
- ❖ Second-year students that have documented competency for the examination in both the Medical Imaging Services Department (includes mobile radiography) AND surgery may perform the examination under indirect supervision outlined by the following parameters.
  - 1) A qualified radiographer may alternate between two ADJACENT or two OPPOSITE surgical rooms in order to appropriately provide indirect supervision of the competent student.
  - 2) The qualified radiographer SHALL NOT leave to supervise another student in ANY room (ONLY 1 student per qualified radiographer).

## **Qualified Technologists**

A qualified technologist is defined as one who currently maintains ARRT registration in Medical Radiography and who has been “released” to perform assigned responsibilities independently and is therefore fully competent as an entry-level radiographer. A technologist must be registered by the ARRT to supervise students, and out of the 90-day probation period to complete weekly evaluations. A technologist that has not been registered for 1 year cannot comp students, however the technologist may solo the student on exams. After 1 year of experience, the registered technologist may supervise, evaluate, solo, and comp students. When students are rotating through additional modalities the supervising technologists must be registered in their respective modality.

## **New Technologist Orientation Policy**

Technologists play an important role in the clinical component of the MRP. Qualified technologists are responsible for appropriate supervision, weekly evaluations, soloing, and competency grading of the students. Newly hired technologists will meet with a program faculty member to review the policies, procedures, and goals of the MRP. After the new hire has completed their 90 day probationary period they will be meet the guidelines listed above under Qualified Technologists.

## **Student Competency Level**

The MRP is a progressive learning process, which involves didactic and pre-clinical simulations before clinical practice can occur. Once a student passes the didactic and pre-clinical simulation testing, a student may begin to perform the necessary solo examinations to earn competency. Each student’s competency is dependent on individual performance and the point in the program. Appropriate supervision is dependent on the student’s level of competency and the area the exam is being performed. The supervision policy outlines this information.

### **Competency and Supervision Guidelines:**

- Computed Tomography - Comp must be completed
- Magnetic Resonance Imaging – Checklist completed
- Ultrasound – Checklist completed
- Special Procedures/Cath Lab – Checklist completed
- Radiation Therapy – Checklist completed
- Nuclear Medicine – Checklist completed
- Mammography – Checklist completed
- Patient Transport Services – Checklist completed



## **COMPETENCY-BASED CLINICAL EDUCATION GENERAL PLAN**

The clinical portion of the program follows the Competency-Based Clinical Education model used in many allied health and nursing programs. The plan requires the student to progress through sequential steps in the learning process, with each step leading to a higher level of achievement and ultimately to clinical competence. The RCRH Program plan, however, does not end at that point. The completion of all final clinical competencies marks the terminal point for the clinical education process.

The competencies identified as “required” are consistent with the minimum required competencies that must be achieved in order to meet certain eligibility requirements for the American Registry of Radiologic Technologists (ARRT).

The student who achieves clinical competence is provided, for the remainder of the program, the opportunity to perfect acquired clinical skills.

The following pages show the progressive steps that are taken in sequence by each student for EACH radiologic procedure for which clinical competency must be achieved.

### **CLINICAL PROCEDURES**

Students will participate in a full range of clinical diagnostic radiographic procedures. Participation shall include observation of, assistance with, and performance of radiographic procedures. Clinical Competency shall be achieved and documented prior to graduation from the MRP. Clinical competency shall be achieved at a level consistent with individual clinical experiences. This is consistent with the MRP mission, goals, and objectives.

### **STUDENTS’ GENERAL DUTIES**

1. The student will observe all aspects of professional ethics and confidentiality with regard to all patients, visitors and staff.
2. With appropriate supervision, the student is expected to perform radiographic examinations for which clinical competency has been demonstrated.
3. The student is expected to perform ancillary duties as required of a staff medical radiographer.
4. The student is responsible for personal observation of official notices, bulletins, memos, etc., for information contained therein as posted in designated areas of the department, and via electronic media.
5. The student will, in the event of an incident/accident, report such an event immediately to the appropriate supervisor. In addition, the student will complete the required documentation, etc. as required. The student will provide prompt notification to an MRP faculty member.
6. Students shall not accept verbal physician orders; they shall refer the requesting party to a registered radiographer.
7. Students shall not place nor receive personal phone calls while on duty or in class. Students shall not receive visitors while scheduled for clinical or class. An emergency situation is the only

exception. Students shall check the staffing board in General Radiography, and may make personal phone calls during break periods.

8. Students will perform their tasks quietly and as efficiently as possible. Gross misconduct such as horseplay, raucous laughter and/or other inappropriate behaviors are prohibited and furthermore, will be cause for progressive disciplinary action.
9. The student will communicate with others in person, by phone, etc., with pleasant tone of voice. The student will address others using an appropriate greeting, and when answering the telephone will state “Radiology, this is...(state name)... How may I help you?”
10. The student will comply with ALL hospital, department, and program policies and regulations, and will follow all procedures as described in the appropriate Procedures Manual(s).
11. The student shall not leave an assigned area without first notifying the area supervisor.
12. The student shall NEVER discuss the potential findings of a radiologic examination with the patient, family, or friends.
13. The student shall refer patient questions regarding interpretation of an examination to the patient’s physician and/or the radiologist.
14. The student shall not offer medical advice, nor prescribe treatment or medication.
15. The student shall comply with all hospital and departmental safety policies and procedures.
16. The students shall routinely review and initial each of their dosimetry reports.
17. The students shall comply with all MIS radiation safety and radiation protection policies and procedures.
18. The students shall attend and/or complete all of the RCRH mandatory safety in-services and compliance courses.

## **GENERAL CLINICAL OBJECTIVES**

### Cognitive, Psychomotor, and Affective Domains

- ❖ The student will observe all aspects of professional ethics and confidentiality with regard to all patients, visitors and staff.
- ❖ With appropriate supervision, the student will perform radiologic examinations for which s/he has demonstrated didactic achievement and subsequent progressive levels of clinical competency, leading to completion of all terminal competencies.
- ❖ The student will comply with the Program’s Student Dress Code at all times while on site for clinical and/or classroom assignments.
- ❖ The student will practice appropriate procedure(s) as needed for self and/or others for the following:

Standard Precautions  
Lifting and Back Safety  
Life Safety

Aseptic Technique  
Radiation Protection  
Isolation Technique

CPR - Basic Life Support  
Sterile Technique

- ❖ The student will comply with clinical and other procedures/policies for participation in the following:
 

Quality Assurance Measures/Studies	Patient Diagnostic Imaging Services
Ancillary Radiologic Procedures	General Communication
Corporate Compliance	Other RCRH Activities
Annual Safety Reviews	

## **CLINICAL COMPETENCY PROCEDURES**

Upon successful completion of the written examination which follows the didactic presentation, the student progresses to the next level in the sequence leading to clinical competency.

### **Pre-Clinical Competency Checklist**

The Pre-Clinical Competency Checklist is utilized in the simulation laboratory environment. Each student is “pre-tested” by the clinical instructor in order to document the level of preparedness of the student to perform a specific procedure in the first stage of clinical application. Use of the Pre-Clinical Competency Form will identify any major problem areas that require remediation prior to allowing the student to perform the examination on a patient. A student must pass the pre-clinical competency with 80% or better. Failure requires remedial steps in either or both the didactic sense or for the simulation experience. A “pass” of the pre-clinical indicates that the student is prepared to, under direct supervision, apply newly learned skills in the clinical setting on patients. A specified number of “Solo” exams shall be completed in order for the student to be eligible to test for clinical competency for the specific procedure, i.e. progress to the next step.

**Pre-Clinical Competency Scoring:** If the student passes the pre-clinical competency they will receive a score of 100%. If the student fails the original pre-clinical competency and then passes the repeat pre-clinical competency they will receive a score of 80%. A student is allowed a maximum of 1 repeat attempt at passing the pre-clinical competency. The student who fails the repeat attempt will be immediately dismissed from the program.

### **Clinical Competency Testing**

The student who has accumulated the required number of clinical “solo” exams for a specific procedure is eligible to test for clinical competency in that procedure. The eligible student will notify an instructor or qualified radiographer of intent to “comp” test for a given procedure prior to the start of the procedure. The instructor or qualified radiographer reserves the sole right to deny the student that opportunity to comp, for example, upon review of patient-related criteria.

For example, if the student declares to the radiographer the intent to comp on the “next KUB” patient, and whereupon following review of the patient’s status the radiographer deems the case inappropriate for competency testing, then the student shall proceed as in the case of a “solo” exam situation.

Following is example terminology students may use for declaring the desire to comp on an exam. The student may state, “I would like to comp on the next KUB patient if you agree that patient condition will allow me to do so.”

Once the comp testing procedure has begun, the student is committed to completing the examination in the “test” mode. If a student later decides that s/he does NOT wish to test for competency, for whatever reason/s, (once the testing has begun) the student shall either accept a “zero” grade immediately OR complete the exam and accept the earned grade.

Students’ comping on exams will have 3 weeks after the exam date to complete and turn in the required paperwork. Failure to meet the 3 week deadline will result in the student failing the competency exam.

Each quarter the students are required to meet a minimum number of comps, only the comp paperwork that is graded by a faculty member and then reviewed with the student are counted toward this minimum. Comps that meet this requirement after the Friday in week 11 are credited toward the next quarter’s minimum.

If a student initially FAILS a clinical competency test, s/he must REPEAT the designated number of “solo” exams for that procedure. This will allow the student adequate opportunity to review the procedure and to perform the procedure under the DIRECT supervision of a qualified radiographer for the extended time period required to re-accumulate the required number of exams.

Once the student has repeated the “solo” exams required for the initially failed competency test, s/he would have only ONE opportunity for a successful competency retest. After successfully completing the repeat competency, the student will earn a grade of 80%. Should the student fail the competency retest, s/he will be immediately dismissed from the program.

Upon successful completion of competency testing for a given procedure, the student may perform the procedure in the clinical setting in accordance with program policies relative to clinical supervision of students.

Clinical competency testing for most examinations shall be performed on actual patients in the clinical setting with appropriate supervision. For a few select examinations, SIMULATION for competency testing shall be allowed ONLY in the event of a lack of patients. If the instructor deems simulated competency testing necessary, it shall take place ONLY during the 8<sup>th</sup> quarter and may be performed on utilizing the phantom or role play methods. Documentation of the level of competency achieved shall be recorded on the official Clinical Competency Form.

## **Extra Credit Clinical Competency Opportunity**

Prior to the starting date for each new class of students the clinical competency requirements of the MRP will be reviewed and compared to the current competency requirements of the ARRT. In addition current student competency records will be reviewed to determine examinations that have become infrequent. Faculty may identify specific examinations that are infrequent and not labeled “Mandatory” by the ARRT as extra credit competency testing opportunities. The classification as extra credit exams will remain in effect throughout the entire program for class of students in which it was developed. This may result in extra credit exams varying from class to class.

Extra credit competency testing will require the student to complete the specified number of “solo” examinations prior to attempting clinical competency on patient. The competency examination must be successfully completed to receive extra credit for that quarter’s clinical practicum grade. The student will be responsible for completing all necessary paperwork regarding the extra credit exam using the same process as described above under Clinical Competency Testing. **Extra credit examinations may not be simulated.**

Successful completion of the extra credit competency will result in the following:

- ❖ 1% increase of the current quarter’s final clinical practicum grade.
- ❖ The documented grade earned on the extra credit competency examination will be recorded for record purposes but will not be included in the clinical competency overall grade for the quarter.
- ❖ Successful completion of the extra credit competency examination will count toward the total number of required competencies that must be achieved per quarter.

Failure of the extra credit competency will result in the following:

- ❖ There will be no adjustment made to the current quarter’s final clinical practicum grade reflecting the attempt of the extra credit examination.
- ❖ If the student wishes to attempt the same extra credit competency examination again in the future they will need to first complete the specified number of “solo” examinations.
- ❖ Students will NOT be terminated from the program if they fail to successfully complete a repeated attempt of an extra credit examination.

## **Skills Maintenance and Improvement Competency Testing**

During quarters II-VII, the instructors will “recheck” the clinical skill level of students for a given exam which the student has previously demonstrated pre-clinical competency. There will be no prior notification of the timing of a particular recheck comp.

The purpose and intent of these competency exams is for the student to demonstrate a minimum of continued clinical competency of 80% or better as well as an increase in the level of performance consistent with the length of time spent in the MRP. Skills Maintenance and Improvement Competency Scoring: If the student passes the skills maintenance and improvement competency they will receive a score of 100%. If the student fails the original skills maintenance and improvement competency and then passes the repeat skills maintenance and improvement competency they will receive a score of 80%. A

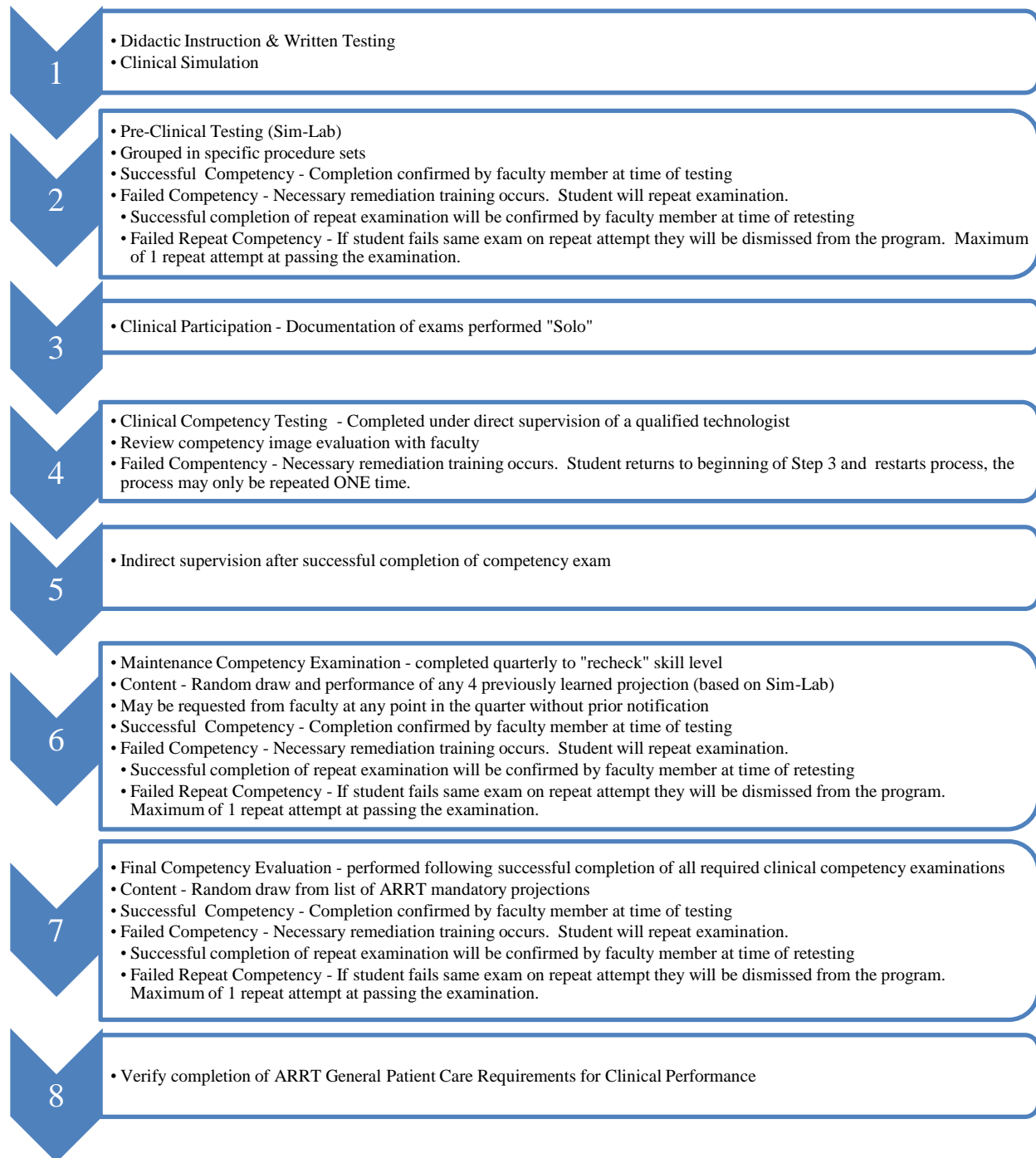
student is allowed a maximum of 1 repeat attempt at passing the skills maintenance and improvement competency. The student who fails the repeat attempt will be dismissed from the program.

Recheck competency scores shall be included in the determination of the Clinical Practicum grade, as do the other comps.

### **Final Clinical Competency Testing**

Upon successful completion of ALL other REQUIRED clinical competency tests, the second-year student is eligible to participate in FINAL clinical competency testing. Final clinical testing will take place during the final quarter of the program. The student shall at that time, be prepared to perform a simulation exam from a list comprised of mandatory projections identified by the ARRT. (The list will be distributed to all senior students at the beginning of the final quarter of the program.) The student will randomly draw the projections to be performed and ALL images will be exposed using the phantom. The student must successfully complete ALL final clinical competencies in order to meet eligibility requirements for graduation from the program. If a student fails any one or more final clinical competencies, s/he shall participate in remedial assignments as assigned by the instructor prior to repeating the examination in the “Finals” mode. Should a student fail one or more clinical final competency RETESTS, s/he will NOT meet eligibility requirements and will be dismissed from the program.

## CLINICAL COMPETENCY PROGRESSION CHART



Pass comp – progression from one level to the next from top to bottom

Fail comp – repeat process as directed in appropriate level

## PATIENT HOLDING POLICY

Holding patients during radiation exposure is not a practice the MRP authorizes. It is understandable that extremely RARE instances of an emergent nature, for which student assistance with patient holding is required, may occur. Therefore, the following parameters have been set:

- ❖ Appropriate techniques shall always be utilized as the primary method of patient immobilization, thereby making it possible to forego the need for anyone to hold a patient.
- ❖ The student should not be exposed by the primary beam.
- ❖ The student should always be positioned farther from the primary beam than the supervising, qualified radiographer.

## EVALUATION METHOD FOR CLINICAL PRACTICUM

This course is competency-based; a student will progress as competency is achieved. Each procedure has a corresponding evaluation instrument for procedural and image evaluation. As a student achieves competency through the didactic and clinical phases, a separate evaluation instrument is utilized. The affective domain is assessed during quarterly evaluations. A quarterly Clinical Practicum Grade is computed as follows:

	<b>Pre-Clinical Comps</b>	<b>Comps</b>	<b>Tech Evaluations</b>	<b>Instructor Evaluations</b>	<b>Midterm Exam</b>	<b>Log Book Completion</b>
<b>Quarter 1</b>	5%	10%	10%	70%		5%
<b>Quarter 2</b>	5%	10%	15%	50%	15%	5%
<b>Quarter 3</b>	5%	10%	15%	50%	15%	5%
<b>Quarter 4</b>	5%	10%	15%	55%	15%	5%
<b>Quarter 5</b>		10%	15%	55%	15%	5%
<b>Quarter 6</b>		10%	15%	55%	15%	5%
<b>Quarter 7</b>		10%	15%	55%	20%	5%
<b>Quarter 8</b>		10%	15%	55%	20%*	5%

\* Final Registry Review Test Score

**Minimum passing final course grade is 80% (C)**

## DAILY LOG GRADING POLICY

A Daily Log grade will constitute 5% of your clinical grade.

Grading Scale:

Full book with all pages full	100%
1 incomplete page	95%
2 incomplete pages	90%
3 incomplete pages	85%
4 incomplete pages	80%
5 or more incomplete pages	0%

A complete page consists of 20 lines correctly and fully completed. If not accurately completed the incorrect lines will be subtracted from 20 and graded accordingly.

Books will be checked for accuracy and content as well as level of completeness.

Each logbook must be turned in for credit on or before due date printed on your logbook. If the book is not received on or before the due date the student will receive a "0" for the Daily Log grade.

## MINIMUM QUARTERLY CLINICAL COMPETENCY COMPLETION

QUARTER	MINIMUM CUMULATIVE TOTAL
I	1
II	6
III	12
IV	18
V	30
VI	40
VII	50
VIII	Completion of all required comps

All clinical competencies must be completed in order to satisfy graduation eligibility requirements.

Failure to meet cumulative totals by Friday of Week 11 of any quarter will result in a third offense of the Progressive Discipline Policy.

## LIMITED X-RAY MACHINE OPERATOR

Senior radiography students in the final six months of their education may be hired by the Rapid City Regional Hospital Medical Imaging Department as Limited X-ray Machine Operators (LXMO) to work as imaging staff. While working in LXMO capacity, the LXMO is forbidden from supervising an MRP student's work.

SAMPLE – Provided by MIS

### Limited X-ray Machine Operator

Following are the guidelines for senior radiography students that are hired by the Medical Imaging Department to work as imaging staff.

1. While working in the capacity of a Limited X-ray Machine Operator, I understand that I am never allowed to supervise a radiography program student. A student may assist me with an exam, however I will be responsible for all exposures taken during the procedure and take full responsibility for images produced.
2. While working in the capacity of a Limited X-ray Machine Operator, I understand that I am never allowed to approve a radiography program student's images for any procedure, complete a student evaluation or complete a student competency evaluation.
3. I understand that during scheduled radiography program hours I must abide by all radiology program rules. I will not perform any exams without the appropriate level of supervision as outlined by the program handbook and the Joint Review Committee on Education in Radiologic Technology (JRCERT) standards.

- Failure to abide by these restrictions will place the student in direct violation of the program rules and will result in the immediate implementation of the progressive discipline policy and may result in **immediate termination from the program.**

I fully understand the above restrictions of the Limited X-ray Machine Operator position. I agree to follow these restrictions in addition too all responsibilities designated by the Limited X-ray Machine Operator job description.

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Employee Signature

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Date

---

Print Name

---

Witness Signature

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**\*\* FINAL NOTE: Students NEVER supervise each other under any circumstances.\*\***

## **CLINICAL OBJECTIVES**

### **Diagnostic Support Area Rotation Objectives**

Upon completion of the following clinical assignments, with a minimum of 80% accuracy the student will be able to:

#### **All Areas**

1. Locate the nearest fire alarm pull box and fire extinguisher.
2. Locate the nearest fire exit and fire doors.
3. Locate the nearest telephone.
4. Locate the nearest code cart.
5. Locate the nearest standard precaution/PPE items.
6. Locate shut-off valves for Medical Gases that are used in radiographic rooms.

#### **MRI & Radiology Reception & PACS Office - All Quarters**

\*\*These objectives will be completed during a guided tour during the first week of the quarter before students are scheduled to rotate through the clinic. All other objectives listed will be completed during a scheduled clinical rotation during the first quarter.

1. Use the telephone; use special telephone operations (transfer, etc.)\*\*
2. Check out images &/or CD's to various locations in and out of hospital.
3. Fax and photocopy documents.\*\*
4. Process patients.\*\*
5. Enter patients' exams into the computer.\*\*
6. Check in/out outside and return films.\*\*
7. Burn CDs.
8. Copy images.
9. Load the dry laser printer.
10. Print and format images correctly.
11. Transmit images to other facilities.
12. Import CD's.
13. Identify the teleradiology sites for RCRH.
14. Process teleradiology studies.
15. Assist PACS staff with computer duties.

## **Patient Transport - All Quarters**

1. Perform a patient transfer to include:
  - a. asking the patient his or her name.
  - b. confirm patients date of birth.
  - c. checking the patient identification band.
  - d. transferring the chart to the department.
  - e. ensuring patient confidentiality.
2. Operate wheelchairs, carts, and other accessory transport aids.
3. Change oxygen tank regulators.
4. Dismantle and assemble wheelchairs (armrests etc).
5. Dispense oxygen and correctly set portable tanks and wall mount units.
6. Notify nursing personnel of patient's return.
7. Push stretchers and wheelchairs correctly:
  - a. transport feet first down hallway and facing elevator doors.
  - b. exercise care at corners and hallways with carts and wheelchairs.
  - c. back wheelchairs into elevators.
8. Operate the Maxi Lift.
9. Arrange chest tubes, N-Gs, IV bags, and other items correctly.
10. Transport with IV poles.
11. Use correct body mechanics when transferring patients.
12. Maintain strict patient confidentiality and privacy.
13. Relocation of clean beds to storage or room assignments.
14. Delivery of broken beds for repair.
15. Transfer IV poles to appropriate locations.
16. Transfer of isolation patients.

## **Diagnostic Clinical Room Objectives**

It is the responsibility of the student to keep a clean, well-stocked room, practice good patient-technologist relationships as well as proper radiation hygiene at all times. It is also the responsibility of the student to identify and explain the functions of the equipment to include, but not limited to, grid ratio, type of imaging system, the capabilities and accessories of each room. Students are also responsible for performing **warm-up techniques** for each room according to room protocol; this should be documented on the appropriate log for each room.

## **Basic Radiographer Skills - All Quarters**

1. Perform exam related tasks; flow of paperwork, cancel exams, edit exams, etc.
2. Use proper procedure for processing in-house and ED patients.
3. Use proper procedure for preparing images for viewing.
4. Use the computer to provide patient information.
5. State the procedure for calling code blue/rapid response.
6. Operate portable radiography equipment.
7. Practice radiation protection precautions for self, patient, and hospital staff.
8. Provide optimum patient care including radiation protection and safety.
9. Use Standard Precaution/isolation techniques.
10. Stock the rooms.
11. Chart and use proper forms for exams.
12. Operate the phones and pagers.
13. Maintain the cleanliness of each room.
14. Scan documents.
15. ID CR cassettes.
16. Digitize images.
17. Use department specific software - QDoc and PACS.
18. Locate the protocol books.
19. Locate accessory equipment.
20. Put away supplies
21. Use portable oxygen and suction equipment.
22. Locate generator and demonstrate proper start up and shut down procedures.
23. Dispose soiled linen.
24. Demonstrate minimum proficiency manipulating and operating overhead tubes and tables.
25. Dispose needles/sharps into the appropriate receptacle using proper procedure.
26. Proper cleaning of equipment and know which cleaners can be utilized on specific equipment.
27. Utilize appropriate safety precautions when performing examinations on isolation patients.

## **Rooms 3 & 4 - Rooms**

### **Quarter I**

1. Turn equipment on/off.
2. Locate generator and demonstrate proper shut down procedure.
3. Demonstrate proper Standard Precautions/ isolation techniques.
4. Demonstrate proper use of wall oxygen, suction and call lights.
5. Demonstrate proper use of immobilization devices.
6. Demonstrate proper use of radiation protection devices.
7. Demonstrate minimum proficiency in operation of overhead tubes, tables, and buckys.
8. Demonstrate proficiency performing examinations depending on competency.
9. Locate technique charts.
10. Demonstrate the basic set up for and processing of CR images.

11. Locate procedure book.
12. Dispose soiled linen.
13. Dispose needles/sharps into an appropriate receptacle using proper procedure.
14. Perform the basic equipment set up for digital imaging and computed radiography procedures.

#### Quarter II, III, & IV

1. Demonstrate increased proficiency in performing examinations according to competency.
2. Demonstrate increased proficiency setting up manual and AEC techniques.
3. Use proper film sizes, grids, and positioning aides for various exams.
4. Use pediatric immobilization devices as necessary
5. Demonstrate proper general care of trauma patients.

#### Quarter V, VI, VIII & VIII

1. Demonstrate increased proficiency in performing examinations according to competency.
2. Demonstrate increased proficiency in changing routines to accommodate trauma patients.
3. Demonstrate increased proficiency in adjusting technical factors to accommodate trauma patients.

#### **Room Specific Objectives - Room 4**

##### Quarter I - VIII

1. Prepare patient data for exams.
2. Send information to the PACS.
3. Annotate, manipulate, and processing electronic images.
4. Demonstrate removal and replacement of proper grid for exams.
5. Manipulate the wall Bucky and table.

#### **Room Specific Objectives - Room 3 & Panorex Unit**

##### Quarter II, III, IV, V, VI, VII & VIII

1. List the types of examinations performed with this equipment.
2. Demonstrate an increased level of proficiency in setting manual techniques.
3. Demonstrate an increased level of proficiency in manipulating and operating the Panorex unit.
4. Set correct techniques on the Panorex unit.
5. Use radiation protection devices correctly.

6. Locate and identify contents of storage cabinets.
7. Locate generator and demonstrate proper shut down procedure.
8. Demonstrate ability to turn equipment on/off.
9. Demonstrate an increased level of proficiency operating portable oxygen & suction equipment.
10. Demonstrate an increased level of proficiency operating the scoliosis and long-length equipment.
11. Demonstrate an increased level of proficiency utilizing the Volume Sweep/tomosynthesis technology.
12. Demonstrate correct use of the removable detector and its grid.
13. Demonstrate correct use of the scoliosis and long leg length barrier.
14. Demonstrate setup and execution of tomosynthesis.

## **Emergency Department**

### **Quarter I-IV**

1. Locate the ED and the Expedited Care area.
2. Locate accessory equipment such as wheel chairs, oxygen tanks, and emesis basins, warm blankets, etc.
3. Process ED patients.
4. Use procedure for image reading.
5. Transport patients.
6. Connect/disconnect patients' to/from monitors, wall oxygen, etc.
7. Image routine ED patients.
8. Check orders in the ED chart.

### **Quarter V-VIII**

1. Adapt routine procedures to trauma situations.
2. Image trauma patients with a minimum of supervision (based on competence).
3. Demonstrate increasing proficiency in imaging patients in diagnostic rooms and with portable equipment.
4. Demonstrate increasing proficiency in the ED environment in setting exposure factors and in using positioning skills during trauma situations.

## **Rooms 7& 9 - Fluoroscopy / Radiographic rooms**

For ALL rotation areas, the following objectives apply:

1. Locate the nearest fire exit.
2. Locate the nearest fire pull box.
3. Locate the nearest telephone.
4. Locate the nearest crash/code cart.
5. Locate Standard Precaution and PPE storage unit.

6. Locate the nearest suction machine or wall suction.
7. Locate the nearest oxygen administration equipment.
8. Locate the contrast storage.
9. Properly clean equipment following the completion of each exam.
10. Assist technologists in obtaining a complete patient history.
11. Proper disposal of contrast containers.

### **Room Specific Objectives - Room 7**

#### **Quarter I**

1. Identify the contents of all the cabinets located in each room.
2. Locate and properly use radiation protection devices.
3. Practice proper Standard Precautions/ isolation techniques on every patient.
4. Locate and properly use needle boxes and soiled linen receptacles.
5. Locate physician's protocol manual.
6. Demonstrate proper use of accessory equipment including footrest, filters, shoulder rest, etc...
7. Locate patient waiting areas and dressing rooms.
8. Demonstrate proper dressing of patient for exam.
9. Manipulate and use radiographic tables and overhead tubes.
10. Use wall oxygen, suction, and call lights.
11. Demonstrate ability to turn equipment on/off.

#### **Quarter II**

1. Locate and shut down the generator.
2. Organize and use appropriate forms for each exam.
3. Demonstrate minimum proficiency in proper set-up of fluoroscopy, wall bucky & table bucky.
4. Properly stock barium supplies.
5. Properly place lead skirt on fluoro tower, attach foot-stand and shoulder support to table.

#### **Quarter III & IV**

1. Correctly perform a room set-up for barium and urinary studies (equipment needed also).
2. Explain protocols for all exams done in rooms.
3. Demonstrate an increased level of proficiency performing imaging procedures (based on competency).
4. Demonstrate an increased level of proficiency in completion of ancillary procedures (checking chart, charging exam, charting, etc...)
5. Prepare barium for appropriate exams.
6. Select correct IR sizes and grids for specific procedures.

7. Demonstrate increased level of proficiency in proper set-up of manual and photo-timing techniques.
8. Perform patient preparation for barium and urinary examinations.
9. Demonstrate increasing proficiency in operating video swallow equipment.
10. Select the proper contrast/barium used for swallow studies.
11. Properly fill out forms for specific exams. (Example: Ancillary Sheet)
12. Set-up equipment for a swallowing study.
13. Operate video/DVD equipment.
14. Identify the proper contrast media to be utilized for swallowing studies.

#### Quarter V, VI, VII, & VIII

1. Demonstrate an increased level of proficiency of room set-up for all procedures in all rooms.
2. Demonstrate an increased level of proficiency for every aspect of equipment manipulation and operation.

#### **Room Specific Objectives - Room 9**

##### Quarter I

1. Locate and identify the portable suction machine.

##### Quarter II

1. Properly select patient from digital work-list and work DICOM box.

##### Quarter III-VIII

1. Manipulate digital tower and remote, control panel.
2. Annotate, send, and print images.
3. Attach accessory equipment for the table.

#### **Room Specific Objectives Room 5 – IVP/Tomographic room**

##### Quarter I & II

1. List exams performed in room 5.

### Quarter III & IV

1. Demonstrate increased level of proficiency setting up manual and AEC techniques.
2. Identify patient preparation for each procedure.
3. Set up compression equipment for an IVP.
4. Identify equipment needed for venipuncture.
5. Measure patient part thickness for correct tomography fulcrum adjustments.

### Quarter IV

1. Set up tomographic equipment.

### Quarter V, VI, VIII, & VIII

1. Demonstrate increased proficiency in setting up and operating tomography equipment.
2. Demonstrate increased proficiency setting tomography techniques for all procedures.
3. Demonstrate increased proficiency in performing examinations (based on competency).

### **Room Specific Objectives Room 6 - Chest Room - All Quarters**

1. Demonstrate ability to take out of standby.
2. Locate generator and demonstrate appropriate shut down procedure.
3. Use proper Standard Precaution/ isolation techniques.
4. Demonstrate increasing level of proficiency using the portable oxygen and suction equipment.
5. Demonstrate increasing proficiency operating tube and wall unit.
6. Demonstrate increasing proficiency using accessory equipment.
7. Demonstrate increasing proficiency changing field sizes to fit appropriate exam.
8. Demonstrate increasing proficiency setting up exams on the viewing monitor.
9. Demonstrate increasing proficiency adjusting images on screens/monitors.
10. Demonstrate increasing proficiency post-processing of images.
11. Send images to PACS.
12. Set room up for exams.

### **Evenings**

\* Students are not scheduled for evening rotations during the first quarter.

### Quarter II

1. Transport patients from the ED & Expedited Care.
2. Check orders in the ED chart.
3. Assist performing routine exams.
4. Observe trauma exams.
5. Take appropriate patient history for Radiologist.

### Quarter III

1. Observe evening OR cases.
2. Assist performing complex exams.
3. Observe & assist trauma exams.
4. Ensure paperwork is correct for the exam performed.
5. Perform routine exams with appropriate level of supervision.

### Quarter IV

1. Become increasingly proficient with equipment manipulation.
2. Assist performing trauma exams.
3. Perform exams with appropriate level of supervision.
4. Perform emergency OR exams with appropriate level of supervision.

### Quarter V-VIII

1. Perform trauma exams with appropriate level of supervision.
2. Increased proficiency utilizing immobilization devices.
3. Appropriately monitor trauma patients.
4. Perform emergency OR exams with appropriate level of supervision.
5. Demonstrate increasing proficiency in imaging patients with mobile equipment.
6. Demonstrate increasing proficiency in ED environment, mobile & in room, setting exposure factors.

## Surgery

### Quarter III

1. Locate the surgery department.
2. Locate the surgery reader.
3. Locate Post Anesthetic Recovery and Pre-Op rooms.
4. Locate surgery portables and c-arms.
5. Locate radiation protection devices and use them.
6. Use sterile technique procedures.
7. Observe various procedures in the operating room.
8. Assist with cleaning of equipment.
9. Operate ancillary equipment (film holder, etc.).

### Quarters IV-VIII

1. Perform routine imaging procedures, with direct supervision.
2. Chart exams for surgery.
3. Demonstrate increasing proficiency manipulating c-arms and portables.
4. Demonstrate proficiency at using cassette reader in surgery.
5. Identify physician-specific protocols.
6. Enter imaging procedures into the computer.
7. Use the procedure for images "to be read."
8. Pull up patient work-list on C-arms.
9. Pull up patient from work-list.
10. Pull up images on the mobile viewing stations for physician.
11. Send images from the C-Arm.

### **Mobile Radiography - All Areas**

#### Quarter I – III

1. Locate and identify all portable radiographic units.
2. Use proper Standard Precaution/ isolation technique.
3. Identify and use all switches and locks.
4. Operate and care of standard mobile radiographic/ fluoroscopic equipment.
  - a. mobile x-ray units
  - b. mobile c-arm units
  - c. charge mobile units.
5. Perform basic CR imaging procedures.
6. Scrub down a unit for use in isolation situations.
7. Use radiation protection equipment.

#### Quarters IV-VIII

1. Align tube/film/patient for imaging procedures.
2. Discuss the advantages and limitations of mobile radiography.
3. Perform routine procedures with direct supervision.

### **Area Specific Objectives - Pain Management**

#### Quarter I – III

1. Pull up patient worklist on C-arm.
2. Identify exams performed.
3. Properly send images to PACS.
4. Practice proper radiation hygiene.

### Quarters IV-VIII

1. Perform fluoroscopy with increased proficiency.
2. Perform exams around a sterile field.

### **Area Specific Objectives - Bronchoscopy**

#### Quarter I – III

1. Pull up patient worklist on C-arm.
2. Practice proper radiation hygiene.
3. Identify exams performed.
4. Properly send images to PACS.
5. Assist performing mobile images post procedure.

#### Quarters IV-VIII

1. Perform fluoroscopy with increased proficiency.
2. Perform mobile images as needed under direct supervision.

### **Area Specific Objectives - Brachytherapy**

#### Quarter I – III

1. Pull up patient worklist on C-arm.
2. Practice proper radiation hygiene.
3. Identify exams performed.
4. Properly send images to PACS.
5. Assist performing mobile images when necessary.

#### Quarters IV-VIII

1. Perform fluoroscopy with increase proficiency.
2. Perform mobile images to specifications as needed under direct supervision.

### **Area Specific Objectives - Ultrasound**

Upon completion of clinical participation in this rotation, the student will be able to:

1. Explain basic sonographic principles.
2. Assist the sonographer with the patient as needed.
3. Identify basic anatomical structures as seen on ultrasound images/screens.
4. List the patient preparation for the most common exams.
5. Identify the transducers used in sonography.

### **Area Specific Objectives - Computed Tomography**

Upon completion of clinical participation in this rotation, the student will be able to:

1. Perform a warm up sequence for the scanner if necessary.
2. Assist the CT technologist with various CT procedures.
3. Practice radiation safety techniques regarding self and patients.
4. Locate emergency equipment, including the code cart.
5. Assist with formatting of CT images and reformatting sagittal and coronal slices.
6. Assist with actual scanning of patients for various CT exams.
7. Identify patient preparation for various examinations.
8. Assist preparation and clean up of contrast materials.
9. Practice sterile technique.
10. Observe the technologist preparing exams on the specialized workstations.
11. Observe various CT fluoroscopic procedures.

### **Area Specific Objectives - Nuclear Medicine**

Upon completion of clinical participation in this rotation, the student will be able to:

1. Position the patient for a given examination.
2. Explain radiation spill procedures; locate the Haz-Mat procedure manual.
3. Identify various pieces of imaging equipment.
4. Identify the various types of radioisotopes used.
5. Identify patient preparation for the most common procedures.
6. Explain how data is acquired from patient and transformed into an image.
7. Explain related special procedures such as PET and therapies.

### **Area Specific Objectives - Magnetic Resonance Imaging**

Upon completion of clinical participation in this rotation, the student will be able to:

1. Assist in patient screening.
2. Identify patient preparation for most common exams.
3. Explain basic MRI principles.
4. Identify the contrast material used.
5. Assist MRI technologist with image processing.
6. Assist the MRI technologist with patient care.
7. Use specific safety precautions for the MRI environment.
8. Identify coils used for common exams
9. Locate emergency equipment safe for MRI use.

### Area Specific Objectives - Cardiovascular/ Interventional

Upon completion of clinical participation in this rotation, the student will be able to:

1. Fill and operate the power injector with assistance.
2. Set up a sterile tray.
3. Identify various types of catheters used for vascular and interventional procedures.
4. List and explain the risks that patients must consider prior to interventional and cardiac procedures.
5. Assist the technologist with DSA and image processing.
6. Assist the technologist with CD image processing in the cardiovascular lab.
7. Identify patient preparation for the most common exams.
8. List therapeutic/interventional procedures.
9. Identify pertinent anatomy.
10. Describe interventional techniques (stents, angioplasty, etc).

### Area Specific Objectives - Mammography

Upon completion of clinical participation in this rotation, the student will be able to:

1. Explain the routine projections.
2. Identify basic anatomy.
3. Locate emergency equipment: fire pull boxes, fire extinguishers, & code cart.
4. Practice good radiation hygiene.
5. Provide basic patient care and comfort.
6. Identify patient preparation for each examination.
7. Select appropriate exposure factors such as breast implant technique.
8. Utilize accessory equipment (lg and sm paddles, magnification stand and fast bar).
9. Digitize, correctly display images and priors in R2 Image Checker.
10. Identify basic QA processes.
11. Demonstrate the ability to query, on Selenia, prior images for current exam.
12. Add on a session in secure view.

\* **IMPORTANT NOTE:** Prior to every exam the student or technologist must obtain informed consent from the patient. All student participation in the rotation will be under the direct supervision of a qualified mammographer.

### **Area Specific Objectives - Cancer Care Institute**

Subsequent to a tour of the facility and an overview of patient flow, treatment protocols, and patient assessment procedures, the student will observe procedures in the following areas:

1. All treatment rooms in CCI.
2. The mold room area.
3. Dosimetry –The student will see dose levels and tables utilized.
4. Special procedures (brachytherapy and tomotherapy).
5. The student will observe CT planning.

### **Area Specific Objectives - Family Medicine Residency Clinic**

Upon completion of clinical participation in this rotation the student will be able to:

1. Locate the protocol and policy book.
2. Correctly identify the patient and the correct exam before starting a procedure.
3. Accurately enter the order and other information into the computer system under the direct supervision a registered technologist.
4. Perform exams that he/she has completed with a minimum of 80% at RCRH under direct supervision.
5. Solo and comp on certain exams under direct supervision. (The comping technologist must be registered technologist by the ARRT for a minimum of one year.)
6. Locate all fire exits and follow the fire safety protocol.
7. Locate and utilize wheelchairs.
8. Locate stairwells.
9. Stock and clean rooms.
10. Describe the procedure in case of a patient emergency.
11. Operate CR equipment correctly.
12. Access and utilize QDOC and Impax.
13. Locate patient history and previous images.
14. Correctly utilize immobilization devices.
15. Operate all aspects of the radiographic room.
16. Demonstrate correct usage of post-processing techniques.

### **Area Specific Objectives - Regional Medical Clinic (Aspen Building)**

Upon completion of clinical participation in this rotation the student will be able to:

1. Locate the protocol and policy book.
2. The student will correctly identify the patient and the correct exam before starting a procedure.
3. The student will be able to perform exams that he/she has completed with a minimum of 80% at RCRH under direct supervision.
4. The student will be able to solo and comp on exams under direct supervision. (The comping technologist must be registered by the ARRT for a minimum of 1 year.)
5. The student will observe and assist for DEXA scans.
6. The student will assist/perform QC on the diagnostic, , and DEXA equipment.
7. The student will assist/perform processor QC.
8. The student will assist/ perform shut down the radiology department.
9. The student will correctly enter and prepare the paperwork for an exam for diagnostic. .
10. The student will be able to open the department.
11. The student will locate all fire exits and the fire safety protocol.
12. The student will locate the crash cart.
13. The student will locate and utilize wheelchairs.
14. The student will locate stairwells.
15. The student will stock and clean the rooms.
16. Appropriately utilize CR equipment.
17. Demonstrate and utilize QDOC, Impax and other appropriate office software.
18. Utilize immobilization devices correctly.
19. Operate all aspects of the radiographic room correctly.
20. Locate and file patient's information and images correctly.
21. Observe pre and post ultrasound scanning of bladders.