
**ThedaCare School of
Radiologic Technology
Program Handbook**

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PROGRAM GOALS AND OBJECTIVES

The program begins each year in September and is 21 consecutive months in length.

The program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), and graduates are eligible to apply for admission to the certification exam administered by the American Registry of Radiologic Technologists (ARRT). Program must be completed within 150% of program length. The learning outcomes that form the base for the curriculum coincide with the competencies of an entry-level radiographer. The goals and objectives are in accordance with the expectations of those adopted by the American Society of Radiologic Technologists. They may be cast into four broad but related categories:

- (a) Knowledge and clinical skills
- (b) Professional roles and responsibilities within the healthcare team
- (c) Personal characteristics needed for effective professional functioning, and
- (d) Skills of self-directed learning for personal growth.

A wide variety of instructional methods are used throughout the program - lectures, one-on-one teaching, discussion groups, directed reading, supervised clinical labs, clinical rotations, and self-instructional study programs. Academic excellence is demonstrated in our student's performance on the American Registry of Radiologic Technologists (ARRT) certification examination (100% pass rate). Graduate follow-up studies demonstrate a great deal of satisfaction from employers with the patient care and technical skills of our graduates. A number of graduates hold positions in advanced areas of technology, including supervision and administration.

Goals for the ThedaCare School of Radiologic Technology

ThedaCare School of Radiologic Technology has goals that are related back to our mission statement. Goals are measured using specific tools, having benchmarks, evaluating the results, and having an action plan after evaluating the results. The tools we use to evaluate our goals can be found in the Qualitative and Quantitative Outcomes, which is in section A of our JRCERT report if requested.

1. Students will prove clinical competence needed to function as an entry-level radiographer.
2. Provide students with opportunities to promote effective critical thinking and problem-solving skills.
3. To promote development of professional attitudes, behaviors, ethics and growth.
4. Graduate clinically competent entry-level radiographers.
5. Students and graduates will demonstrate effective communication skills.

Program effectiveness includes evaluation of *credentialing exam pass rate, job placement rate, and program completion rate* on an annual basis. This data can be found on program's webpage:

<https://www.ThedaCare.org/ThedaCare-school-of-radiologic-technology.aspx> or through the [JRCERT](#) website.

MISSION STATEMENT

Our mission statement defines our purpose and scope and describes what we strive for everyday. The mission statement is evaluated annually at advisory meetings.

The primary mission of the educational program in Radiologic Technology is the development of competent Radiologic Technologists to meet the healthcare needs of our communities and others. The school seeks to provide the environment, equipment, instructional materials, and staff to offer a balanced practical and academic education in order to provide the individual with the skills, abilities, knowledge, and personality needed to meet the challenge of evolution towards responsible, high quality, cost conscious health care.

PURPOSE

The guidelines established in this manual are for the purpose of providing uniformity, reducing oral instructions, identifying accountability, and providing for better communication and clarification between the Student, School, and Diagnostic Radiology Services.

It is the intention that all policies and procedures will comply with the general guidelines and policies of ThedaCare as well as other applicable regulatory and accrediting agencies, and appropriate laws and guidelines.

This manual is not to be considered in any way a contractual document between the school and student.

The school reserves the right to change curriculum, hours of assignment, regulations, policies, course offerings, as included in this manual during the period of any student's attendance.

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION / ADA

ThedaCare does not discriminate against any Qualified Individual based on disability. Decisions relating to selection into its educational programs including but not limited to recruitment, selection, training, assignment, will be determined by the applicant's or student's ability to perform the essential functions of the program with or without a reasonable accommodation. ThedaCare will provide a reasonable accommodation unless such accommodation would pose an undue hardship on ThedaCare.

ThedaCare considers requests for reasonable accommodations in compliance with (ADA), (WFEA) and other applicable Federal and State laws. The Reasonable Accommodation Request Process is used to explore possible educational accommodations for applicants or current students who request accommodations. The purpose of the process is to assist applicants/students in requesting reasonable accommodation, and to provide a means of reviewing such requests.

[Applicant/Student Request for Reasonable Accommodation](#)

A prospective student (applicant) or current student may make a request for reasonable accommodation directly to the Program Director School of Radiology.

ADMISSION REQUIREMENTS AND PROCEDURES

Minimum requirements: Graduation from a recognized high school or equivalent. An applicant will not be considered if student has a college GPA below 2.5. Each applicant must have an Associate's degree or higher to apply to program.

Required Courses for Admission:

- College English (Written or Oral Communications)
- College Mathematics-should have a minimum of algebra (minimum of 3 credits).
- Medical Terminology
- Human Anatomy and Physiology

These are **NOT** required for admission to program but **STRONGLY** encouraged:

- CNA
- Volunteer work in or outside hospital setting

Physical Requirements: The profession of Radiologic Technology requires that applicants be of sound physical health. All applicants selected for admission into the School must have a pre-admission health physical. The results for this health examination must be forwarded to the School prior to the student's enrollment date. The cost of the examination is the responsibility of the student. The School provides the required form. Also, under Wisconsin State Law, each student accepted into the program must complete a Wisconsin State Background check form.

Technical Standards required for admission of Student Radiographers: all are essential functions and each student must be able to:

- Reach up to six (6) feet off the floor
- Communicate in a clear and concise manner to patients and staff
- Read and apply appropriate instructions in notes and orders
- Move immobile patients from stretcher to radiographic table with assistance from departmental personnel
- Push standard wheel chair from waiting area to room and assist patients on and off of radiographic tables
- Understand and apply clinical instructions given from departmental personnel
- Utilize keyboard for obtaining and documenting clinical data into EMR
- Visually monitor patients in low light (fluoroscopy), and from the control console during examination
- Hear various equipment and background sounds during equipment operations, as well as pagers and codes announced over the PA system

- Lift 50 pounds frequently throughout any 8-hour period
- Push and pull (minimum of 100 pounds) frequently throughout any 8-hour period
- Bend and stoop frequently throughout any 8-hour period
- Kneel or squat frequently throughout any 8-hour period
- Work standing on his/her feet 80 percent of the time
- Must be able to wear infection prevention mask (tightly sealed around mouth and nose) for extended period of time
- Must be able to maintain close proximity to patients and palpate patients for medical imaging procedures

CLINICAL OBLIGATIONS

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

Background Check: Is provided by program prior to the start of program. Information is provided upon acceptance to program. There is no cost associated with this.

Drug Screening: Certain tests, including a screening to detect the use of drugs and/or controlled substances are required. The hospital will perform these tests at no cost to the student prior to start of program. Program Director will assist the student with the scheduling of this test. Anyone testing positive to the drug screen will be denied entrance into the school.

Required Immunizations: Certain immunizations/vaccinations are required by ThedaCare, including a completed COVID-19 series, which are outlined in job shadow application policy.

Required Travel to Clinical Sites: Students are scheduled to complete clinical rotations at various locations throughout the Fox Valley. From sponsoring institution location in Neenah WI, the greatest distance to travel is approximately 60 min away.

Evening and Weekend Clinical Assignments: Are required but do not begin until Spring 1 semester. These rotations are equally assigned to each enrolled student.

Professional Liability: Sponsoring institution will provide the required professional liability insurance.

APPLICATION PROCEDURE

Applications received between June 1st and December 1st for the following September semester cohort will be given first consideration.

If there are any openings after the initial application period, program will accept applications sent in from Dec 2nd-Aug 1st.

For applications to be accepted, they must have the following: the application, application fee (not refundable), transcripts from high school and all college(s), and 3 letters of recommendations (from employers or academic/instructors).

The application and its supporting documents must be placed in a single envelope and mailed at the same time. The letters of recommendation need to be sealed and signed by the writer prior to your sending in the application. It is recommended that you complete this well ahead of the deadline.

Upon receipt of the above items, the application and transcript(s) are reviewed by the Program Faculty. If an applicant does not qualify for admission, student is notified immediately of that decision.

Those applicants who qualify for admission are notified that their application is under consideration and advised of an approximate interview date.

INTERVIEW PROCEDURE

An application merit system is used and the interview candidates are determined. Each applicant is notified of a specific date and time to appear for a personal interview which is mandatory for acceptance into the program.

During the interview, the panel is evaluating the following:

- a. Scholastic ability, GPA scores
- b. Recommendations
- c. Communication, well spoken, open dialog and ability to project professional demeanor
- d. Researched profession and program, understands profession
- e. Motivation level, is the candidate enthusiastic about career choice
- f. Would the candidate work well with patients and fellow team-members
- g. Customer service skills
- h. Would the candidate handle the stress, or trauma situations
- i. Did the candidate have pertinent questions for the interviewer
- j. Ability to meet ThedaCare' s mission and values

At the completion of the interview the applicant is advised that selection will be made by approximately the 1st of April. All applicants will be notified in writing as to whether they have or have not been selected. All are advised that admission to the school is contingent upon their successful passing of a drug screen and background check.

ACCEPTANCE

Once offers are made to program, student must sign “Student Agreement” form and submit the required commitment fee to guarantee a position.

TUITION

(See website for current tuition rates)

Upon notification of selection for the program, a commitment fee is due and should be enclosed in the student’s letter acknowledging his or her acceptance of selection to the school.

The available options for tuition include (subject to change):

- Pay entire tuition the first day of class
- Pay half of tuition first day and the remaining balance the first day of second year
- Monthly Payment Plan. The student could pay monthly installments toward tuition over 21 months. No interest will be charged to the student and must be approved by Program Director.
- UW-Oshkosh students can continue their financial aid assistance from the university.
- [Meritize](#)- merit-based lending company that offers student loans (must go through their loan approval process)

All tuition fees must be completely paid before the program will allow you to sit for the registry.

The total tuition fee includes: textbooks, personal radiation dosimeter, first set of image identification markers, hospital identification badge and access to special uniforms as required in the surgical department.

Other costs that the students are responsible for:

- 2-3 sets of uniforms
- 1 pair of shoes (must meet hospital policy)
- School supplies
- Housing
- Transportation to and from clinical sites
- Fees for ARRT certification exam and state licensure
- Student Symposium Lodging

REFUND POLICY

If a student withdraws or is dismissed from the program, they can submit a written request for a refund for fees paid to the school.

If the student makes application for a refund before the first instructional day of the program, the refund is 100% of the tuition fees paid, minus the commitment fee.

After the first instructional day of the program the refund policy for the course is as follows:

1. Month of course and refund of total fees paid:

Month 1	80%	Month 6	30%
Month 2	70%	Month 7	20%
Month 3	60%	Month 8	10%
Month 4	50%	Month 9	5%
Month 5	40%	Month 10	None

2. Month of course and refund of partial (installment) fee paid:

Month 1	60%
Month 2	40%
Month 3	20%
Month 4	10%
Month 5	None

CRITERIA FOR PROFESSIONAL DEVELOPMENT

The ThedaCare School of Radiologic Technology program is comprised of two critical components: didactic education and clinical education. The program uses the established educational outlines as set by the ASRT (American Society of Radiologic Technologists) and the established clinical outlines as set by the ARRT (American Registry of Radiologic Technologists). The clinical portion of the program can further be broken down into technical skills and affective behaviors. The technical component of the program is discussed in detail throughout this handbook. It is the development of acceptable professional habits that is subjective and difficult to assign a timeline to since each student develops at a different rate.

The program uses the [ASRT](#) code of ethics as the backbone to clinical behaviors and will discuss those in the course introduction to radiology technology.

The following objectives will be used by the clinical faculty to assess the professional development of the student. Students will be carefully observed throughout the program to ensure that adherence to the professional code of conduct and ethics is being practiced. Program faculty will document and advise students as needed.

As a part of clinical experience, the student will:

1. Subscribe to the basic concepts of the practice of Radiologic Technology.
2. Comply with the standards of accuracy and thoroughness.
3. Organize time constructively and productively.
4. Assist in completing appropriate amount of work in time expected.
5. Respond to the needs of patients.
6. Evaluate pressure/crisis situations and respond rationally and objectively.
7. Display the appropriate interpersonal relationships with supervisors, peers, patients, and other employees.
8. Display motivation, interest, and responsibility in completing tasks.
9. Pursue the ability to reason, interpret, and use discretion in carrying out assignments.
10. Conform to attendance/punctuality standards.
11. Adhere to the guidelines regarding personal appearance.
12. Adhere to professional standards of conduct.

REQUIRED PROFESSIONAL CONDUCT AND CHARACTERISTICS OF STUDENTS

(What does the Program and Diagnostic Radiology Services expect from its student's?)

The reputation and safety of the school is important to students who attend. If this school is to maintain these standards and if all who enroll want to get the most from the education offered, all students need to

observe the established rules of conduct. The Program has the right and authority to dismiss a student immediately for any of the following reasons:

- Theft of property belonging to a patient, visitor, student, hospital personnel
- Intoxication or under the influence of alcohol or drugs during assigned school hours
- Absence for one or more days without notifying the program director
- Indecent or immoral conduct in the hospital
- Falsifying student application or records
- Conviction for violation of a criminal or civil law
- Soliciting gratuities from patients or patient families
- Disclosing confidential information to unauthorized sources, breaching patient confidentiality, HIPAA
- Cheating, falsifying clinical evaluations/records/attendance cards
- All other equally serious offenses

The following actions can result in dismissal following oral and written warnings:

- Failure to follow safe practices - fire safety, infection prevention, smoking restrictions, any action endangering the welfare of a patient, student, visitor and hospital personnel (hospital policies)
- Failure to report an accident, injury, or incident
- Excessive absenteeism or tardiness
- Failure to follow established PPE/Standard Precaution guidelines, dress code or practice good personal hygiene
- Overstaying rest or lunch periods, leaving without permission
- Failure to follow policy for telephone usage
- Using abusive or improper language
- Allowing friends, family, acquaintances to call or visit you during assigned school hours, except in cases of emergency
- Failure to show proper respect and courtesy to physicians, staff and hospital personnel
- Attempting to diagnose images
- Failure to complete assignments or turn in for grading within established time table
- Failure to park in the designated area at each campus and at the school
- Failure to notify faculty and/or appropriate clinical personnel when using personal time off

The former situations are all examples of what “**NOT**” to do so here are some suggested characteristics that you **CAN** do in the clinical setting and are what “good” students exhibit on a daily basis.

- **Be dependable and accountable.** Try to get in the habit of doing what polished professionals do: Arriving to clinicals on time, communicating with faculty and staff regarding your whereabouts, and giving your best effort in classes and clinicals. Follow these guidelines and respect will come easy.
- **Be on time.** In healthcare, promptness is critical for quality patient care. Please contact the school faculty if you are going to be late or if you are sick along with your clinical rotation site.
- **Finish any assignment you’re given.** Didactic or Clinical. Also, meet your deadlines for these assignments and talk to your clinical instructor or program director if you are having difficulty.

- **Look presentable every day.** Dress codes have changed. They give more latitude to style, allow for more color and variety. But they can still be abused. Hair that is straggly, unkempt and even dirty is not presentable. For your schooling hours, dress within the confines of good grooming in school uniform. Modesty is a good policy.
- **Be cooperative.** Buy into the teamwork philosophy. Work with your fellow students, technologists, and instructors in order to accomplish the main objective - quality patient care.
- **Be courteous.** Courtesy is such a small thing - and yet, courtesy can make the busy work-a-day world so much more bearable. A kind word, a smile, a little concern for the other person is sincerely appreciated and greatly encouraged.
- **Be honest.** Honesty always remains the best policy.
- **Accept advice/Constructive criticism.** The faculty and technologists give suggestions in order to help you learn and grow as students. Tuning out these suggestions will hurt your progress.
- **Believe half of what you see and nothing that you hear.** Always call your clinical instructor or program director if you see or hear something that concerns you.

DISCIPLINARY ACTION

When a student's action is considered cause for discipline, the Program Director and/or designee will give the student an oral warning for violation of the rules of conduct. The oral warning will be documented and retained in the student's file. A second violation for any of the rules of conduct will necessitate, that within one calendar week of the action causing the complaint, the Program Director and/or designee will so inform the student by using a written disciplinary notice. The nature of the complaint and finding fact as well as methods for correction will be discussed with the student. The student, along with the Program Director and/or designee will sign the notice and the notice will be retained in the student's records. If the student receives two written notices pertaining to any rule of conduct, student will be dismissed from the program. Students who have been dismissed from the program may apply for reinstatement at the beginning of the next school term, unless otherwise specified in the dismissal. Depending on seriousness of disciplinary action, Director may suspend student until a decision is made of an action plan which will be made within a reasonable period of time.

GRIEVANCE PROCEDURES

Grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The grievance policy/procedure provides individuals an avenue to pursue grievances. Program has institutional policy/procedures to be followed. Policy/procedure is clearly identified and provided to students in this grievance procedure and outlines the steps for formal resolution of any grievance. Programs final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, faculty, or administrator). Program will maintain a record of all formal grievances and their resolution. Records are to be retained in accordance with program's retention policies/procedures (10 years).

Students can also file a formal written complaint to program director, to address any concerns apart from those that require invoking the grievance procedure (e.g., cleanliness of classroom). Program will determine if a pattern of any complaint exists, that could negatively affect the quality of the educational program.

- If a student would like to initiate the grievance procedure, the student may request a review of the documented concern. The request must be made in writing to the program director within seven (7) school (business, working) days following receipt of the issue/grievance.
- A response from the program director to the involved student must occur within a timely manner.
- If the student is not satisfied with the program director's decision, he/she can proceed to the medical advisor within 5 school (business, working) days.
- The medical advisor must render a decision within a timely manner.
- If the student is not satisfied with the medical advisor's decision, he/she can request a Grievance Committee to hold a formal hearing. This committee must involve two (2) persons total from human resources, hospital administration or an outside consult. This hearing must be held within 14 school (business, working) days.
- A final decision will be ruled by the committee on the day of the hearing.
- If the dispute is overturned, the document shall be destroyed and any reference to it deleted from the student's file.
- If the student feels JRCERT standards were violated during the due process, the student may direct complaints to the JRCERT.

THE JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY ACCREDITATION (JRCERT)

The Joint Review Committee on Education in Radiologic Technology (JRCERT) accredits our program, which allows our school to maintain very high standards in academic and clinical performance. To maintain accreditation, our program has qualitative and quantitative data, which we use to measure quality to enhance our program.

JRCERT has specific standards in which our school must follow. These standards are posted on the internet at www.jrcert.org or may be contacted at:

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

At any time, if a student feels the program is not performing up to the expectations of the JRCERT standards, a complaint can be filed according to the due process policy. The student can direct the complaint to the Program Director or directly to JRCERT. All formal complaints will have records kept by Program Director and will also include how the complaint was resolved. Site visitors in accordance to the program's compliance with the standards, will have open access to these records to assure there is not a pattern of complaints.

STUDENT RECORDS

Pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), students are entitled to review those records, files, documents, and other materials containing information directly related to them, which are maintained by the school. Students may challenge information considered inaccurate or misleading and if the custodian of the record refuses a request for modification or removal of the information, they may file an appeal with the Advisory Committee, or place a written explanation of their challenge in their record. All records are secured and retained. School records are secured in the office of the Program Director.

No information about the student will be released without specific written permission except as provided by law. An applicant's social security number will not be used for purposes other than routine record keeping and institutional statistics without written permission. Transcripts will be maintained for a minimum of 3 years and furnished to the student free of charge.

Program will maintain student records for a period of 10 year upon completion of the program. Transcripts will be maintained indefinitely.

ACADEMIC POLICY

A student must achieve a "C" or higher in all Radiologic Technology course work, clinical evaluations, proficiency simulations/re-checks and all final examinations.

If the student remains in the program, student is placed on probation. The probationary period allows the student time in the succeeding semester to bring grade up to the minimum, 80%. If the grade is not brought up to that minimum, the student can be dismissed from the program. This probationary period will last one semester. A violation of probation includes: scoring lower than 80% on a semester final, a clinical grade below 80%, or not meeting the targeted goals, student may be dismissed from the program. If the failing grade occurs in the spring 1 semester, students will have to successfully pass a repeat final by end of summer 1 semester. If a student fails the resulting course, student must repeat the course in an independent study manner after working with course instructor to form an outline of course objectives. Student will earn course grade and be included in transcript but not go toward cumulative GPA.

The grading scale is as follows:

A - 93 - 100%

B - 86 - 92%

C - 80 - 85%

Below 80% - Unsatisfactory

Any student needing additional instruction is encouraged to seek out and ask the program faculty for help.

TRANSFER POLICIES

Due to the complexity of our program, we do not accept transfer students. If you started at program and wanted to change to our program, the candidate would need to apply and start as a new student.

WITHDRAWAL FROM COURSE:

If a student decides to withdraw from the program, a grade of NC (non-credit) will be recorded in the student's record. These records are kept with the other student files.

LEAVE OF ABSENCE

No leave of absence may be granted to a student during the educational program, except under the conditions stated below.

Medical Leave: Personal critical illness, temporary disabling illness or temporary disability. Leaves of absence will not go into effect until student uses all personal time off for that semester. All requests for leaves of absence shall be made in writing to the Program Director, the maximum request shall not exceed 1 semester or student will be dismissed. Due to the demands of the program, reasonable accommodations for clinical and academic benchmarks will be made however, all clinical competencies required and program objectives must be completed. A physician shall certify a medical LOA. All missed time must be made up as arranged by Clinical Coordinator's/ Program Director's discretion.

Family Leave: Family leave can also be defined as leave taken for: compelling personal circumstances, such as critical illness or death in the immediate family. This type of leave will be handled on an individual basis and shall not exceed 1 semester period. Prior to the granting of a family leave all personal days of that semester must be used.

Under the terms of the school's refund policy, a student who does not return from an approved leave of absence may be due a refund. In calculating the amount of the refund due, the school will use the date on the first day of the approved leave. The school's refund will then be made - to the student within 30 days after the last day of the leave of absence.

Funeral Leave: Students receive a maximum of **five** days for travel, funeral arrangements, and to attend the funeral of an immediate family member. Immediate family is defined as the student's: spouse, domestic

partner, child, stepchild, child-in-law, parent, stepparent, parent-in-law, step-parent-in-law, brother or sister, grandparent or grandchild. Students are allowed **one** day to attend the funeral of a grand-parent-in law or brother/sister-in-law, Aunt/Uncle or any close friend. Any additional time needed will need to be approved by Program Director and PTO to be used.

Military Training Leave: Any student or spouse who is a member of the Federal or State Reserve Military Organization and who attends annual or mandatory training will be allowed a leave of absence for such training. The student must present verification of dates of military duty/training.

Jury Duty: Students summoned to jury duty on a scheduled school day, will receive the time off to fulfill this responsibility. Students must provide verification of the dates of jury duty. Students are to notify the Program Director as soon as they know they will have jury duty. If you are released to go home early during jury duty, you are expected to report to the school for assignments that are available to you on that day.

CLINICAL GRADING SYSTEM

Students will receive academic grades along with a clinical grade each semester. Students are required to maintain a minimum clinical grade of “C” (80%) each semester. The following categories will determine the student’s clinical grade.

	<u>Weight</u>
1. Competency Evaluations	35%
2. Clinical Performance Activities	25%
3. Competency Assessments	20%
4. Clinical Assignments (including badge reports)	15%
5. Professional Ethics, Attendance and Punctuality	5%
	100% Total

Competency Evaluations are weighted 35% (or 35 points) of your clinical grade. The student is graded each semester on the competencies that are completed. A student will earn a percent based on a standardized scale. A minimum of 80% must be earned in order to prove competency. Example: Twelve competencies are due by the end of spring 1 semester. **One (1)** percentage point is deducted from the final competency grade for each unsuccessful competency evaluation over **one (1)**.

Example: Spring 1 semester has 12 competencies required and the student submits a total of 16 competencies with a total average of 95% but failed 2 competencies. First the competency average is calculated and then one point would be deducted. The student’s final grade in the competency category is 94% and would be used to determine the students overall clinical grade.

$$94\% \times 0.35 (35\%) = \mathbf{32.9 \text{ points for this category}}$$

Incomplete (I) grade for the semester results if competency requirements are not fulfilled until the necessary competencies are obtained. The student has **2 weeks** into the next semester to complete requirements or dismissal could result. The penalty for not meeting this benchmark is severe with a **2 percentage point** deduction from **EACH** comp that is not completed. This deduction will be on the overall comp average as stated above.

Clinical Performance Activities are based on the student’s performance in certain clinical settings. Fall and Spring 1, and Fall 2 will use the students overall test-out/lab percentage earned in positioning class. Summer 1 will use the proficiency re-check percent grade. Spring 2 Semester will use the re-comps assigned on the comp record. These re-comps scores will **NOT** be included in the overall competency average.

Example: If a student earns a comp average of 80%- a total of **20 points will be earned in this category**
 $80\% \times .25 = 20 \text{ points}$

Competency Assessments are weighted 20% (or 20 points) of your clinical grade. These assessments are completed after a student receives their competency evaluation form from the grading technologist. School

faculty will assess the students' understanding of the radiographic procedure and assess image quality. A standardized percent scale is used. All scores are averaged for the semester.

Example: If a student earns a 95% comp assessment average the student will earn **19 points in this category since this is weighted 20%**.

Professional Ethics, Attendance and Punctuality are weighted 5% or 5 points. Any student who is documented for unethical behavior as described in the student handbook will have **5 percentage points** deducted from the final clinical grade for each occurrence over and above the allowance from each semester. Any student who is over the number of allowed days missed or late occurrences will have **5 points deducted for each episode**. When following contingency plan, missed clinical days will be exempt from deductions unless failure to make up clinical time.

Clinical Assignments are weighted 15% (or 15 points). Students are required to complete certain assignments each semester and will require consistent organization and time-management skills in order to be successful. These skills are very helpful in the workplace so we are helping build these skills you with all of these processes.

10% (or 10 points) of this section will be tied to how well you manage your online-record keeping. School faculty will provide in-depth training and support until you feel comfortable but it is an expectation for each student to be able to keep his/her records up-to-date. Students are expected to create the PDF from the notification they receive and to enter dates. Faculty will track this information and if at the end of the semester, faculty has to enter 5% or more of this data, students will lose 10 points in this category.

5% or 5 points of the remaining will be tied to other assignments, like handing in signed badge reports, checklists, log sheets that are required each semester. This must be turned in by the publish deadlines and will be found on the clinical syllabus.

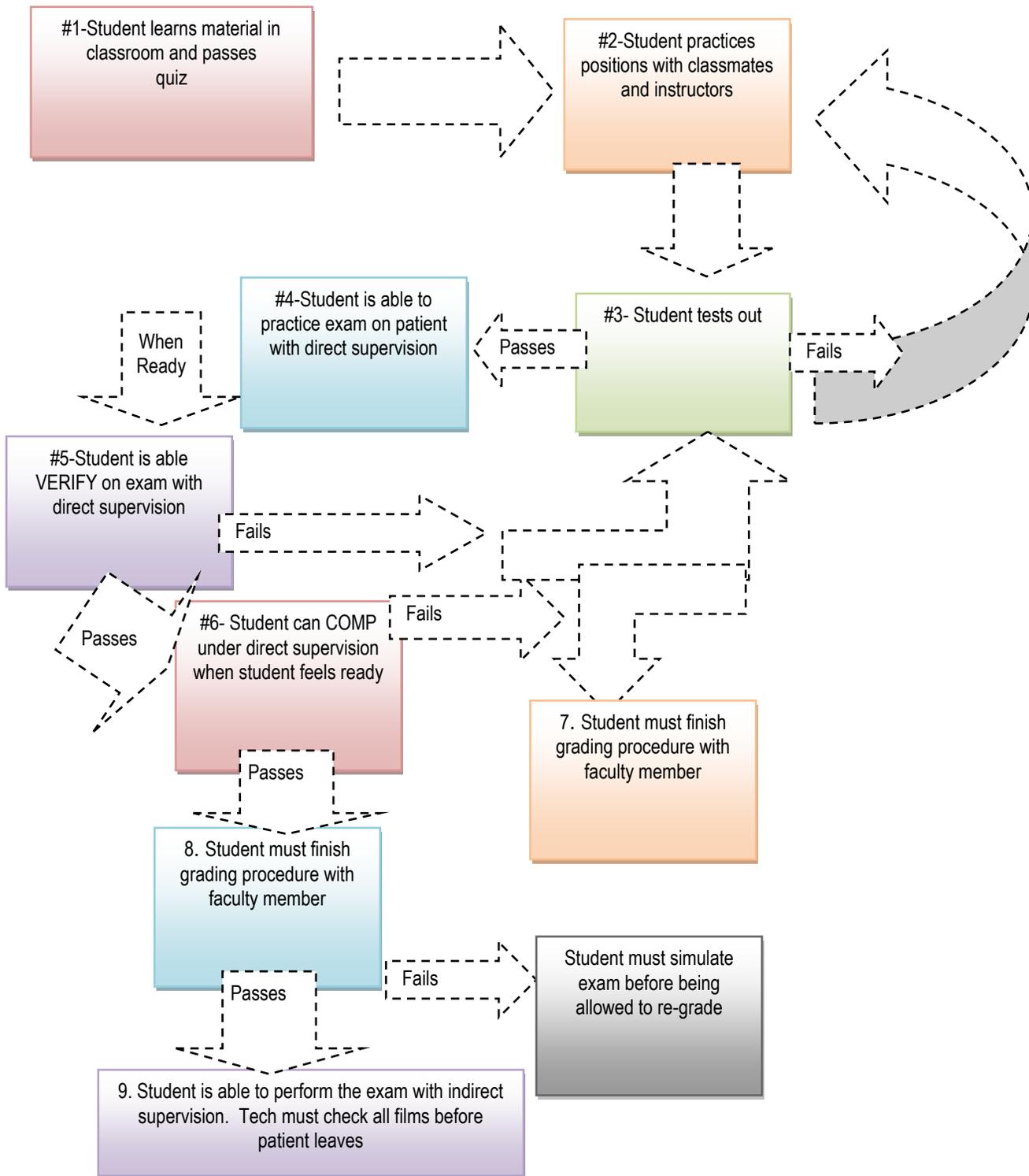
See maintenance of school records for more information.

PROCESS TO ACHIEVE CLINICAL COMPETENCY

Clinical education is a **COMPETENCY-BASED** and progressive course throughout the program. Clinical assignments are designed to coincide with didactic sessions in radiographic anatomy, radiographic procedures and radiographic evaluation of images. The integration of the didactic portion of program with the clinical component provides the student with the necessary knowledge and experience to qualify for an entry level position as a radiologic technologist. The information below is a brief look at the steps taken to become competent in all radiographic procedures.

1. Learn anatomy and positioning in classroom.
2. Practice the positions on classmates during clinical time.
 - Lab competency on fellow classmate: Successful go to next; unsuccessful go to #2. When students have a re-do on testing out- it must be completed within a week's timeframe or the student will earn a "0" on that chapter.
3. Observation and practice in clinical setting with patients under direct supervision of a technologist.
4. When student is confident performing the procedure student will "verify" on that exam while being directly observed by a registered radiologic technologist.
5. Verify completed. Successful go to next; unsuccessful go to #3. If a student is unsuccessful in verifying a second time on the same exam student must go back to step 2 and complete another test-out with a faculty member within 2 weeks of that 2nd verify attempt.
6. Do another exam with Direct Supervision for grade or "comp". **There is a 24-hour waiting period between a verify and comp.** This is to ensure that student is able to retain proficiency and review procedures.
7. A comp that is deemed unsuccessful will still need to be graded by a clinical instructor and handed in and **there is a 24-hour waiting period before attempting the competency again.**
8. After the exam has been completed in the presence of a registered radiologic technologist, faculty must ensure that student has the required knowledge in order to work under indirect supervision. This assessment will occur in the final radiographic competency assessment. **This must be done within 14 business days of the date from the technologist signature and report must be available.**
9. If exam was completed accurately, student can then perform exam from that point on with indirect supervision. Any time an image needs to be repeated, student must be under direct Supervision (bladder shot for abdominal work always requires direct supervision).

PROCESS TO ACHIEVE CLINICAL COMPETENCY FLOWCHART



CRITERIA FOR LAB COMPETENCY

During the clinical education portion of the program, students must dedicate time to practice imaging procedures after didactic instruction. School faculty will work with each student to gain mastery of the positions. Before verifying or comping on any radiographic exams, students must demonstrate his/her understanding of radiographic procedures by testing-out out on each chapter supervised by school faculty.

The following form is used to grade the student's performance. Students must complete the starred tasks accurately or the position will result in an unsuccessful test out which will require the student to have to repeat that position. The student will receive a -0- for that position. All other missed tasks result in at least a 5-point deduction unless it would cause a repeat. Note that any error that would cause a repeat image to be taken on a real patient will result in a "0". The scores received are applied to the students positioning class grade. Program has the right to enforce other point penalties.

CRITERIA FOR VERIFICATION EVALUATION

In order to prove competency, a student must have a verification completed under the direct supervision of a registered radiologic technologist after a successful test-out.

Student has the right to assess the status of the patient before stating his/her intent to verify on the procedure. Once stated, a student cannot revoke his/her intent to verify on the procedure.

Student will hand the technologist the PPF with Verify written on it **PRIOR** to taking history from the patient.

It is the expectation of the program that the student performs the exam and successfully completes the tasks listed. If the technologist feels that the student is not meeting the expectations required of verification, the technologist should choose to not pass the verification process. If student is clearly performing procedure incorrectly, then the technologist is justified to step in and perform rest of exam. This also would be an unsuccessful exam. The verification form should still be filled out and submitted to faculty via website.

If the verification attempt is unsuccessful on the first attempt, student should seek out faculty for remedial positioning help.

Student is able to repeat the verification after discussing it with faculty (no sooner than 24 hours).

- If the second attempt at verifying on the same exam is unsuccessful, the student must pass another test-out with faculty before being allowed to verify again. This test-out must take place within 2 weeks of the second unsuccessful attempt. Student should spend time practicing the positions required for that exam. When ready the student should make an appointment with program faculty to complete test-out. Faculty member will use the test-out form and grade the student accordingly. If student passes the test-out the student will be able to verify on that exam at the next earliest opportunity. If student is unsuccessful, their performance will be addressed in the clinical evaluation and an improvement plan will be developed

with the student. (Some items to consider in the plan for success would be to use the phantom to make and assess images, simulations on classmates).

- This process will continue until student passes the simulation with faculty **OR** student passes verification on patient.
- If technologist feels that the student performed exam but needs to improve their performance before attempting to prove competency, and suggests on the verification that the student practice or complete a certain number of patients, program faculty will work with the student to ensure that this occurs whether repeat simulations or patient experiences are documented.
- Student must wait 24 hrs between verifying and comping in order to allow students time to review their performance and position requirements and make necessary adjustments.

CRITERIA FOR COMPETENCY EVALUATION (“COMP”)

Upon satisfactory completion of didactic course work, laboratory practice and successful completion of a verification attempt, the student is eligible to perform a competency evaluation. The following criteria will be utilized by the program to assess the student’s competency and must be done in the presence of the grading registered radiologic technologist. In all cases, the student has the right to assess the patient before stating that student will grade on the exam. Once the student assesses the patient and chooses to grade, the student must inform the technologist of his or her intent to grade on the exam **by handing the technologist the PPF form with “COMP” written on it before taking history when applicable**. If the student feels they are not meeting the requirements once competency has begun, the student cannot change their intent to grade.

If the technologist feels that the student is not meeting the expectations required of a competency, the technologist should choose to not pass the competency. If student is clearly performing procedure incorrectly, then the technologist is justified to step in and perform rest of exam. This also would be an unsuccessful exam. The competency form will still be filled out in all cases. A passing grade of 80% is required to earn competency. A grading scale is used to calculate the percentage of each competency performed. A student will then have 14 days to complete the process by having a faculty member assess the comp. See Competency Assessment section immediately following.

Additional Notes for Faculty:

- If doing a comp in surgery, which ever technologist did the comp with you, should go over the comp with you and it is not necessary to have study further graded by program faculty. Students will earn only one score for these exams.
- Exams done on patients **0-17** years old require **direct supervision** even if comped on the exam.
- Exams done on patients **7 years and older** can count as a comp on regular list
- Pediatric exams are considered **6 years old or younger**
- **Geriatric patients are 65 years or older**
- Two students can comp on same patient with multiple exams but it cannot be the same body part; one student will ask the history and the other student will record it and do the patient dismissal.

- Report must be available in order to grade out back of competency
- Students must place technologist initials in the performing role in EPIC while his/her initials should be placed in the support/assist role.

CRITERIA FOR COMPETENCY ASSESSMENT

Proving competency is a two-step process, with the first step having the student physically perform the exam directly supervised by a registered radiologic technologist. The second step in the process is to have a faculty member assess the student's performance based on image quality and the ability to answer questions about the procedure, radiographic anatomy, radiographic principles and equipment operation. This should occur within 14 days of exam completion or when form is available. If you are unable to complete within that timeframe you can ask for an extension where a new deadline will be set. Any comps that exceed this 14-workday period will be considered expired and will need to be repeated. A five-point deduction will be assessed in your clinical grade for each exam that is allowed to expire.

A percent score is given using a standardized grading scale (see grading scale for competency evaluations and assessments in this handbook). The scores are averaged every semester and recorded as part of the student's overall clinical grade (see clinical grading system in this handbook).

Notes for Faculty:

- After completing a competency exam the student should review the images, anatomy, position requirements.
- A scale is used to give a % grade which is then applied to the student's clinical grade each semester.
- Before starting, each instructor must give the student an opportunity to properly display the images since this skill is graded.
- If a student passes the exam portion of the comp but does not pass the faculty assessment, the student must repeat the entire exam. A score of zero will be recorded for both grades and the student must repeat. A student will earn a passing score of 80% on the second attempt.

GRADING SCALES FOR COMPETENCY EVALUATIONS AND ASSESSMENTS

A standardized scale is used to score grading attempts done by each student. A passing grade of 80% needed for each scoring attempt.

Competency Evaluation		Fluoroscopy Competency		CT Competency	
Points:	Percent Earned:	Points:	Percent Earned:	Points:	Percent Earned:
33	100	30	100	18	100
32	97	29	97	17	94
31	94	28	93	16	89
30	91	27	90	15	83
29	88	26	87	14	78
28	85	25	83	Score below 5 points is unsuccessful	
27	82	24	80		
26	80	23	77		
25	76	Score below 24 points is unsuccessful			
Score below 26 points is unsuccessful					
Competency Assessment (Faculty grading exam)		Surgical Competency		CT competency Assessment (Faculty grading exam)	
Points:	Percent Earned:	Points:	Percent Earned:	Points:	Percent Earned:
10	100	24	100	10	100
9	90	23	96	9	90
8	80	22	92	8	80
7	70	21	88	7	70
Score below 8 points is unsuccessful		20	83	Score below 8 points is unsuccessful	
		19	80		
		18	75		
		Score below 19 points is unsuccessful			

GRADING POLICY FOR MARKERS AND ALARA

The following policies are set by the program to ensure that the grading process remains fair and consistent for each student throughout the clinical sites.

MANDATORY MARKER POLICY: It is the policy of the program that every image must be marked with a right or left side indicator as well as other specialty markers that pertain to that exam.

- **Actual right or left side indicator markers must be clearly seen within all images** (student initials are not required but helpful to verify which student performed procedure). Specialty markers include but are not limited to: Upright arrows, time markers (either min or hour), cm, post-void, post-evac, decub, crosstable (either marker or arrow), angle or arrow for axial clavicle, and scout markers need to be included on the necessary images. If these markers are not completely visible within the image, the comp is deemed unsuccessful. See Marker Protocol on proceeding pages for specific details.
- Fluoro time must be annotated on one fluoroscopic image or be contained in a dose report and also recorded in patient medical record in accordance with department protocol.
- The program will provide students a set of right and left markers and an arrow or markers that indicate upright. It is the student's responsibility to replace them when lost. Students must inform faculty that markers are lost and will tell students where to locate the spare markers that are in place at each clinical location. Those markers are to REMAIN at that location. Students may order replacement markers from [Techno-aide®](#). The product number is WTS-1 and the cost is \$32.00 at the time of this revision. Two initials are required and the "R" must be red and "L" blue. The [arrow](#) is WTW-A3 for \$10.00 at the time of this revision.

ALARA POLICY: In order to develop good ALARA habits, the program has established the following practices.

- **Appropriate collimation to the body part:** Students will learn how to provide adequate collimation based on the body part and the anatomy to be included.
- **Personal protective shielding:** Students will learn how to reduce occupational dose during fluoroscopy procedures.
- **Post-processing cropping:** Students must submit entire exposed area for reading by the radiologist. Students should not crop off any exposed area but areas of unexposed brightness can be shuttered off according to our professional scope of practice. If a student collimates to the size of the part, a visible collimated border should be sent to PACS (meaning a white border should be seen).
- **15 % Rule:** students are encouraged to try to decrease patient dose by following the 15 % rule. Images should be assessed at the workstation and modifications can be taken when quantum mottle is not an issue.
- **Technical factors:** for every exposure, every student is encouraged to record the exposure information within the study notes or log sheet. This should include the kVp, mAs and exposure index or "S" value. (Example for AEC: 90 kV AEC, mAs used, REX or S number) (Example for manual technique: 6.4 @ 70, REX or S number).

MARKER PROTOCOL

The following is meant to be a resource for student and faculty regarding program expectations for correctly marking exams. The exams are arranged according to the semester in which the exams are taught. While this list is meant to be inclusive, unforeseen circumstances can arise and will be dealt with as they occur. The program reserves the right to amend the following criteria at any time. Written notice will be given to students when a change occurs. A right or left side marker is required for all exams even though not stated below. Only the accessory markers are listed below.

Chest Radiography: For chest decubs, an arrow or decub marker must also be included and be marking the side up. For cart, w/c, & portable exams, image needs to be annotated with AP and upright, semi up, or supine/down and SID used.

Abdominal radiography: An arrow or upright marker must be clearly seen on the erect view or a decub marker or arrow for the left lateral decub view.

Fluoro exams: If any overhead images are taken, those must have markers and shielding! If those are not done due to the new digital fluoro towers and the size of the detectors, students are required to attempt to mark the fluoro tower when the patient is in a stationary position (AP/PA) like the following exams: Joint Injections, Arthrograms, MGM's, Spinal Puncture, HSG's, VCUG's, Cystogram's, ERCP's, fluoro for Ureters for an IVU, Sniff Test, T-tube Cholangiogram. Remember that you mark the patient position to the IR for the video NOT the table. For shoulder injections, you can place your marker on the table, under the sterile drapes and you will not contaminate the field. If radiologist removes or collimates off the marker-technologist can just note this on the grading form. Be aware that some units will not allow for any annotation and you cannot add annotation to a cine run but you can save a single image from the cine run and then add annotation to it.

Fluoro time is also something that needs to be recorded and if you are sending a dose report you will not have to annotate the fluoro time on an image. If your unit does not generate this report, you will have to annotate this information on an image as well. EPIC does not satisfy this condition of grading. We are helping rad's meet and ACR accreditation with this.

Esophagram & UGI Radiography: One fluoro image must have an annotated marker.

Video Swallow Radiography: Video swallows need to be marked on image intensifier. If Radiologist removes marker, then image must be annotated to the patient's reference to the I.I.

Small Bowel: A scout marker is required. If positions are done PA, that marker needs to also be included. A minute marker is also required for every exposure after the scout.

Colons: A scout marker is required if taken. PA positions must have PA marker included. Decubs require an arrow or decub marker. (Note for faculty: CR can burn out markers so annotation is acceptable if tech documents on comp form that markers were placed correctly. If no annotation- no comp.

IVU's: A scout marker is required for the KUB and tomo scout. A cut level marker should be annotation in centimeters i for all tomo images. A time marker is required for all images until the patient voids. An arrow is

required for upright and a PA marker is required for all prone positions. Post-void marker is necessary for that view. (Note for faculty: no marker no comp)

For Extremities and their General rules: Markers should always be placed on lateral (for AP and oblique views) or anterior (for lateral views) aspect of part and be parallel with the long axis of part (not upside down either). No points off if this is not done, but correct side marker must be included.

When a PA Hand view is done as part of a digit routine an arrow should be used to indicate affected digit. If not used, 10 points will be taken off of comp.

AP Axial clavicle: requires either an arrow or angle marker. Computer annotation does not replace arrow or angle marker.

AC joints: either with weight or the without weight needs to be marked. If the markers are not available, then use arrow to indicate which image has weights and then computer annotate both images as well.

Axillary Shoulder: requires the use of arrow or crosstable marker

When an AP Foot view is done as part of a toe routine an arrow should be used to indicate affected digit. If not used, 10 points will be taken off of comp.

Weight-bearing feet: requires an arrow or upright marker.

Knee views: Erect knee view requires an arrow or upright marker. Crosstable view requires use of arrow or crosstable marker.

Post-reduction exam which can require adaptations from normal positioning (Considered a trauma extremity): since there is no post-reduction marker available currently, computer annotation is required to pass comp. (Note for faculty: No annotation-no comp).

** Trauma patients: If at any time a crosstable view is done, an arrow or a crosstable marker needs to be included.

Hip/Pelvis Radiography: Trauma lateral for either femur or hip: requires the use of arrow or crosstable marker.

Spine Radiography: Any cross table lateral spine images including a swimmers, flexion/extension views: must have arrow or crosstable marker.

Flexion/Extension views of CSP or LSP: require a flexion/extension marker. These should be placed anteriorly for best results of markers being visible. (Note for faculty: if window level/width can be manipulated at workstation to be visible comp is successful).

Swimmer's view for either CSP or TSP: must have C1 included to pass comp.

Scoliosis: a right or left marker should be seen within each section of the IP for all views taken. An erect arrow or marker must be visible. No arrow or erect marker or side indicators on all IP's then comp is unsuccessful.

Bony Thorax: Ribs: use a BB or use arrow to point to area of concern when possible

Skull Radiography: no special accessories markers are required unless a lateral skull/facial bone is done with a horizontal beam- then a crosstable or arrow marker needs to be included.

MAINTENANCE OF STUDENT RECORDS

The program has transitioned to an almost “paperless” student record system. This system includes intranet and internet access points. On the secure radiology school intranet site, students will have access to their student folder. Inside this folder you will find the student educational record and an electronic copy of all grading forms (verify’s and comp’s). Students are **expected** to help maintain the accuracy and management of these records along with program staff. Students will be given instruction on the management of all forms during orientation week and then on a one-to-one basis as needed. This intranet site can only be accessed from inside a ThedaCare location in order to ensure that the punch in and out times are accurate. Students will also have 24-hour access to an internet account in order to view the Outlook email site. With this website and with the correct organization, each student will be able to honor all grading deadlines and be able to use these computer functions correctly. The link is: [Http://webmail.thedacare.org](http://webmail.thedacare.org)

1. First step to organize each student’s records is to add the following folders to his/her email account.
Left click on student name at left margin of screen and right click to select “add new folder” (will do this a total of three times)
 - Name first folder “Verify”
 - Next “Comps”
 - Next “Comp Assessments”
2. When a student performs an exam for a grade the system will generate an email notification which will show up in your inbox. Please click on the hyperlink in the email and open the form and review it. Make sure that information is accurate and that you have passed. When you are done, click the blue “create PDF button” (black arrow), this will prove that you have reviewed the form and allow faculty to move it to your online folder. Once the PDF is created you will see some writing in the white box (purple arrow) so you will know when you can close out of form. All grading forms will work this way!

The screenshot shows a web form for grading a student's exam. The form is titled "Theda Clark Medical Center School of Radiologic Technology". It contains several sections: "General Info" with fields for "Form ID" and "Exam Title"; "Submitted by Name" and "Submitted Date"; "Verification Form" with fields for "Student Name", "Date", "E Number", "Exam Performed", "Technologist Name", and "Grading". The "Grading" section has three radio buttons: "Student passes verification and is ready to comp on exam", "Student passes verification but needs to improve on", and "Student does not pass verification because". There are also text boxes for "Comment on student's patient care" and "Additional comments on student performance". A black arrow points to a blue "Create PDF" button, and a purple arrow points to a white box containing text.

3. Once you are done reviewing and creating all of your PDF's of your forms, you can swipe the verifies into the folder you created. The comp form you can flag as a task to do or use the calendar to set a due date to keep you on task, or keep it in your inbox as a way to remind you to grade out with faculty. Once you

grade it with someone, swipe it into the appropriate folder. Once you reviewed and created your comp assessment PDF, you can swipe into your folder right away since that is the last step of the process. If you find an error in your form, please seek out faculty right away as mistakes are easier to take care of in a timely manner.

4. You might want to create additional folders for your classes as this will be the only email address that we will send class and clinical information to. The only items to remain in your inbox are those that have a deadline attached.
 - For those who feel comfortable you can make an appointment in outlook to remind when an exam or other assignments is/are due
 - Be aware that some of the power-point presentations we send are quite large so you might want to store them long term on flash drive as your outlook account does have a storage limit
5. Creating PDF's are the first step in the record-keeping process. Students must also enter the date that exam was done when performing every verify and comp. This should be done at the end of each clinical day. At the end of the clinical week, students should enter the totals from his/her log sheet, including grading totals. Once faculty moves the PDF into your online folder we will double check that date is correct and enter percent grades. When you ask off for PTO, students are expected to enter the date and hour amount in the proper location. Faculty will double check each entry and the balance should be verified once a month.
6. At certain times, faculty will meet with students one-to-one to go thru all records for accuracy and completion. Any errors will be rectified. If a student "forgets" about a comp and is past the 14 day deadline, the comp is considered "Expired" and will need to be repeated but still assessed by faculty. There is a 5-point deduction from clinical grade when this happens but the student will however, receive full point value when grading occurs.
7. Students can bring any question or error to faculty anytime to seek clarification.
8. Any paper forms will be stored in a secure location within the classroom. A binder is provided. A student can choose to be in charge of this binder, but has to bring each week. If lost, student will have to repeat all events in order for the proper documentation to exist.
9. Please get in the habit of checking ThedaCare email account daily. It is your responsibility to honor deadlines that are communicated by email.
10. It is suggested to forward any university emails to your cellphone or Outlook account as to not miss important information if student is dual enrolled.

RECOMMENDED COMPETENCIES PER SEMESTER

Year 1

Due end of Fall 1 Semester:	4
Due end of Spring 1 Semester:	16
Due end of Summer 1 Semester:	30

Total: 50 required for total at end of Year 1 and following these recommendations to get there

Year 2

Due end of Fall 2 Semester:	24
Due end of Spring 2 Semester:	24

Total: 48 total for Year 2

98 Total Competencies required for graduation

Additional competencies required for graduation (but do not apply toward graduation totals):

Summer Semester Year 1 - Proficiency Rechecks (10)

Spring Semester Year 2- Proficiency Re-Competencies (5)

CLINICAL BENCHMARKS

Students who are able to set reasonable and achievable goals each semester find themselves completing the program with all of the skills of a competent entry-level technologist. The program has established the following benchmarks to help those students set achievable goals and help students be successful in the program. Each semester of clinical education requires that every student complete a certain number of competencies. The recommended competencies totals are found on the preceding page in this handbook. The following benchmarks must be completed by the end of the appropriate semester. If, due to patient volume or other circumstances, a student is unable to satisfy the benchmarks, that student will have to simulate the exam(s) before the end of the academic semester. The failure to satisfy these benchmarks will be reflected in the student's clinical evaluation/grade.

Year 1

Fall 1 Semester - Student must comp on a 2-view chest and 1V abdomen/KUB with 2 of your choice

Spring 1 Semester- Student must comp on a 2-view abdomen and a mobile chest

Summer 1 Semester- Student must comp on a surgical case along with Steroid Injection Year 1 (2 projections), skull/facial exam, and any fluoro exam

Year 2

Fall 2 Semester- Student must comp on a pediatric case and one of the mandatory spine fusions

Spring 2 Semester- Students will be assigned a certain number of re-comps to complete this semester. Each student will work towards five specific exams that have already been successfully completed. Please see section for proficiency re-comps found in this handbook.

* If a student simulates any of the above exams, the simulation does not replace the verification process. All students are still required to verify and comp on the above exams.

General Competency List - Mandatory (83 Total)
(Grand Total of 98 Competencies Needed for Graduation (Revised 7/2022))

PA and Lat Chest	Mobile Chest- 1V	W/C or Cart Chest- 2V	Flat and Erect Abd-2V
KUB- 1V	Mobile Abdomen- 1V	Ribs- 3V	Any Finger- 3V
Hand- 3V	Wrist- 3V	Forearm- 2V	Elbow- 4V
Humerus- 2V	Axillary Shoulder- 1V (Any Method)	Shoulder Trauma (w/Y or transthoracic view)- 3V	Orthopedic Shoulder –outlet (Neer) view- 1V
Clavicle- 2V	Any Toe- 3V	Foot- 3V	Ankle- 3V
Lower Leg- 2V	Knee with Obliques- 4V	Orthopedic Knee –Rosenberg method- 1V	AP (Uni or Bilateral) Erect Knees- 1V
Axial Patella- 1V	Femur- 2V	AP Pelvis- 1V (Not Ortho Modification)	Routine Frog Lateral Hip -1V
Trauma Hip (X-table)- 1V	CSP- 3V	TSP- 3V	LSP- 3V
Scoliosis- 1 or 2V	CSP- Flex/Extend 2V (ambulatory pt)	LSP-Flex and Extend 2V	Sacrum/Coccyx
Nasal Bones- 3V	Skull Routine- 2V	Facial Bones- 3V	MRI Screening of Orbits (Mod. Waters)- 1V
Panorex- 1V	Barium Study-Upper GI Tract- Esophagram or UGI (No overheads needed)	Barium Study Lower GI Tract- Single or Double Contrast Colon min 3 images needed for double study	Water Soluble GI Tract Study (Could be Upper or Lower GI)
Video Swallow	Cysto or VCUG or RUG	Joint Injection/Arthrogram	MGM (C, T, or L) or LSP Puncture (With or Without Chemo)
Trauma Pt. 3 exams^	Trauma Upper Extremity^ (not shoulder)	Trauma Lower Extremity^	Geriatric 2V CXR * (Any Method but Must Be Comped on That Method)
Geriatric Upper or Lower Extremity*	Geriatric 2V Hip or 3V Spine*	~Pediatric Upper Extremity	~Pediatric Lower Extremity

~Pediatric CXR -must be upright	~Mobile Infant Chest and/or Abdomen-1V and must be recumbent and use portable, 12 months or younger	~Pig-O-Stat (age 2 or younger)- 2V	
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^ Trauma patients must meet certain conditions and have modifications due to pain or injury. See list of conditions on comp record.

***Geriatric patients must be at least 65 years of age and have physical or cognitive impairments that are due to aging.**

It is helpful for Technologists to record what impairments or modifications that are made in the comp form.

~Pediatric patients must be 6 or younger (unless otherwise noted) in order for student to grade.

Students cannot grade on these pediatric exams until Fall 2 semester. Mobile Chest and/or Abdomen can be done in NICU or NBN but does NOT have to be

ORIF of Upper Extremity with Image (above pelvis)	ORIF of Lower Extremity C-Arm (Pelvis and Lower) (Must Have Minimum of 2 Projections)	Long Bone Rodding or Nailing with C-Arm (Femur, Humerus or Tibia)	Post-Op Ortho Exam in PACU- 2V
CSP Fluoro with C-Arm (But Not Pain Injection and Includes Maintaining Sterility of Field)	LSP Fluoro with C-Arm (But Not Pain Injection and Must Have 2 Projections Used and Maintain Sterility of Field)	Chest Fluoro (port placement or pacemaker/bronch)	Steroid/Pain Injection with C-Arm (Must Have 1-2 Views and Done in Year 1)
Steroid/Pain Injection with C-Arm (Must Have 3-4 Views and Done in Year 2)	Intra-op Spine		
Head With or Without CT*	Chest CT with IV contrast*	Abdomen/Pelvis CT with IV Contrast*	Helical Stone Study CT
Venipuncture	Sterile/Aseptic Technique	Patient Assessment Skills (BP/Temp/Pulse/Respiration/O2)	Patient Transfer Skills
Care of Equipment	CPR		

General Competency List- Electives- (15 are Required but have 33 to choose from)

Chest Decub- 1V	Decub Abdomen	Sternum-2V	Soft Tissue Neck-min1V
AC Joints- 2V	Scapula-2V	Scaphoid-min 1V	Calcaneus -2V
Weight Bearing Ankle- 3V	Weight Bearing Foot- 3V	CSP Obliques – 2V	LSP Obliques- 2V

SI joints	Inlet and Outlet Pelvis- 2V	Judet Pelvis- 2V	Sinus- 3V
Rhese for optic foramen	Mandible- 4V	SBS (Ba only)- 2 Images Needed	T-Tube/ERCP (in fluoro room only)
Sniff Test	IVU with Tomos (ENC only)	HSG	Trauma Lateral CSP/ Series^- Recumbent w/collar on
CSP Flex and Extend to clear^ (trauma patient recumbent or semi fowler)	Intra-op Pelvis	Cholangiogram	Surgical Angiogram-c-arm
Anterior Hip with c-arm (min 1 V)	GU Study	~Pediatric Abdomen- 6 or younger	~Leg Lengths
SC joints	Enema tip insertion (2)(not required by ARRT)		

CLINICAL EXPECTATIONS

Daily Expectations:

- Make a point to **learn** as much as you can each day!
- Ask** questions!!! A good question to ask a tech is what do you expect me to do today or for this exam?
- Participate in **every** exam and fill out your log sheet with exam information.
- Punch** in and out each day and record your grading dates on your comp record.
- Arrive to clinicals on time and be prompt when returning from breaks and lunches.
- Fill in any verify and/or comp dates and create the PDF of every grading form.

Weekly Expectations:

- Fill out room checklist for your scheduled area. Seniors may do the checklists with you.
- Fill out log sheet- think of it as a journal-the more info the better for you. Every Friday (or your last clinical day of the week) you need to enter your info in your student record and then place paper copy in Stephanie's mailbox by her office on your next class day.
- Become as familiar as you can with the equipment used in your scheduled room.
- Become familiar with the workflow at each campus.
- Become familiar with the computer technology at each campus.
- Turn in all your papers (log sheet and room checklists) each week to program faculty by using locked mailbox at the school.
- Enter any PTO time in your student record (if taking).
- Practice positioning when at the hospital when patient flow allows. Keep books out of exam rooms. Flashcards are ok to bring to clinicals because you can tuck them into your pocket.
- Get your comps graded within 14 days of e-mail notification.
- Be ready to test-out each week.
- Set a clinical goal for the week**. Some examples are: get a patient from the waiting room and change the patient by yourself, ask history, access patient from worklist, etc.

Monthly Expectations:

- Change your radiation badge each month and return to the Neenah campus by the 7th. You must make a copy of your badge report, initial your report and turn into faculty **EVERY** month.
- Check your PTO balance regularly and any errors should be rectified with faculty.

End of Semester Expectations:

- Review Semester Assignment outline provided at the beginning of each semester and verify that all requirements are met.
- All assignments are due the last day of the semester by 1700 (5:00pm)!! **NO EXCEPTIONS.**

CLINICAL EDUCATION YEAR 1 OBJECTIVES

Fall 1 Semester

FOLLOWING THE COMPLETION OF SEMESTER ONE THE STUDENT WILL BE ABLE TO PERFORM OR COMPLETE THE FOLLOWING:

Hospital and Radiology Department Orientation. The student will be oriented to the Radiology Department. Orientation should include:

- Description of the type of hospital.
- Introduction to technologist, radiologists, clerical personnel.
- Tour of the clinical sites
- Reading and becoming knowledgeable about the department policies and procedures.
- Expectations regarding professional appearance while in clinicals
- Introduction to ALARA

Basic Patient Handling and Patient Care Procedures. The student will develop the skills necessary to safely transport and care for patients. The student will demonstrate knowledge concerning professional ethics, courtesy, and empathy in handling patients. Students will have a short orientation to transporting of patients. A student is allowed to transport a patient but must be under the supervision of a registered technologist after the transport orientation. The student will:

- Transfer patients safely to and from stretchers and wheelchairs.
- Immobilize patients, when necessary, for patient safety or for obtaining a diagnostic image.
- Check patient's chart or EMR for pertinent information concerning radiographic procedures and patient preparation.
- Observe caution in maintaining integrity of IV unit or other patient care apparatuses.
- Provide maximum radiation protection for patient and personnel.
- Protect confidentiality of patient information and follow HIPPA regulations.
- Use correct isolation and/or antiseptic technique in handling patients with infectious or contagious diseases.
- Locate and describe contents and purpose of ER tray or drug box for contrast reactions to patients.
- Follow department protocols regarding fall risk.

Procedure for Handling Digital Image Receptors used in Digital Imaging. The student will be able to:

- Properly handle the imaging plates and receptors for DR.
- Correct procedure for cleaning both DR.

General Radiography Equipment. The student will locate and describe the design and operational characteristics of the following items of equipment and accessories in the diagnostic rooms.

- Radiographic tube and assembly (including detents).
- Radiographic table and controls (including detents).
- Wall bucky controls and detents.
- Control panel and exposure switch.
- Special accessories and attachments.

Fluoroscopic Equipment. The student will describe the components and operational characteristics of the fluoroscopic attachments.

- Fluoroscopic tube
- Fluoroscopic carriage with controls
- Image intensifying device or Digital Fluoroscopy
- Television monitors

Radiographic Technique. The student will learn and observe the correct technical factors employed for routine patient situations.

- Student will properly learn to set control panel to correct IR or bucky
- Technical factors; kVp, mAs, SID.
- Recognizes when using AEC vs. manual technique
- Small vs. large focal spot
- Recognize and use exposure button correctly

Spring 1 and Summer 1 Semesters

Students will have to be able to focus his/her attention on to the patient while learning how to complete very complex imaging procedures. It is important that each student develop their “professionalism” in a manner that is natural, sincere and empathetic. It is equally important that each student be able to blend those skills with the technical requirements of each procedure. Upon completion of the first clinical year, students should have a firm grasp on these skills and be working toward competency on them.

Patient Interactions. Students need time to develop his/her manner but there are critical components to each and every interaction. Regardless of the imaging procedure being done, the following skills need be present in each interaction:

- ∞ Correct patient identification (thru armband or date of birth)
- ∞ Introduce yourself and other staff to the patient
- ∞ Verify for correctness of procedure ordered-(correct patient, correct part, correct time)
- ∞ Confirm pregnancy status of patient
- ∞ Interview patient for clinical history and record accurately for physicians
- ∞ Explain the x-ray procedure to the patient. Technologists must ask patient for legal consent when applicable. Students must follow department policies for time-out procedures.
- ∞ Explain and answer questions from patient about physician’s instructions.
- ∞ Demonstrates proper affective listening skills and is aware of poor body language.
- ∞ Properly prepare patient for imaging procedure that reduces the chance of radiographic artifacts.
- ∞ Assist patient throughout the imaging procedure and ease patient discomfort whenever possible
- ∞ Correctly timed and paced breathing instructions.
- ∞ Be able to explain why a repeat image might be necessary in the exam
- ∞ Thank patient for their cooperation and dismiss patient from the department

This list is not meant to be inclusive, but serves as a guideline for students learning to become an effective communicator. For this level of education, we are relating these skills to the more “ambulatory” or “routine” type of imaging patient. Program measurement tools include assessment of these skills.

Fluoroscopic Procedures. With direct supervision, the student will be able to prepare the fluoroscopic unit/control panel, provide effective radiation protection measures, and perform the routine fluoroscopic procedures listed:

Esophagram / UGI series / Small Bowel / Barium Enema / Video Swallow

- ∞ Patient interaction skills (see above)
- ∞ Properly prepare the examination room for all anticipated supplies.
- ∞ Setting out proper contrast media and syringes if needed.
- ∞ Assist in positioning patient for the different anatomical projections if ordered.
- ∞ Work alongside radiologist for the benefit of the patient and apply proper patient care during the exam.
- ∞ Utilize appropriate imaging receptor or restrict collimation to the area of interest for each radiographic view.
- ∞ Apply proper radiation protection for the patient and personnel.
- ∞ Set appropriate technical factors employed for these exams with supervision.
- ∞ Properly identify and mark the image receptor with supervision.
- ∞ Complete any required competencies.

Biliary Procedures/ERCP

- ∞ Patient interaction skills (see above)
- ∞ Properly prepare the examination room for all anticipated supplies.
- ∞ Setting out the proper contrast media and syringes
- ∞ Assist in positioning patient for the different anatomic projections obtained for these exams.
- ∞ Utilize the appropriate imaging plate for each radiographic view.
- ∞ Apply proper radiation protection technique to the patient and personnel.
- ∞ Close collimation to the area of interest for each view
- ∞ Work alongside radiologist for the benefit of the patient and apply proper patient care during the exam.
- ∞ Show the bottle of contrast to the physician prior to injection.
- ∞ Recognize anaphylactic shock.
- ∞ Properly mark the image receptor
- ∞ Assist in handling T-Tube catheter and apply aseptic technique.
- ∞ Set appropriate technical factors employed for the exam.
- ∞ Complete any required competencies.

Urinary Procedures/ VCUg /Cystogram / RUG / Nephrostogram / Loopogram / IVU with tomograms

- ∞ Patient interaction skills (see above)
- ∞ Properly prepare the examination room for all anticipated supplies.
- ∞ Setting out the proper contrast media and syringes
- ∞ Assist in positioning patient for the different anatomic projections obtained for these exams.
- ∞ Utilize the appropriate imaging plate for each radiographic view.

- ∞ Apply proper radiation protection technique to the patient and personnel.
- ∞ Close collimation to the area of interest for each view
- ∞ Work alongside radiologist for the benefit of the patient and apply proper patient care during the exam.
- ∞ Show the bottle of contrast to the physician prior to injection.
- ∞ Recognize anaphylactic shock.
- ∞ Properly mark the image receptor
- ∞ Assist in handling assorted catheter(s) and apply aseptic technique.
- ∞ Set appropriate technical factors employed for the exam.
- ∞ **Program mandates that a technologist must perform the injection and remain with student/patient through 15 minutes post injection when doing an IVU exam.**
- ∞ Complete any required competencies.

General Radiologic Procedures. With direct or indirect supervision, the student will perform general diagnostic radiographic examinations and evaluate them according to radiographic quality, correct patient and part identification, positioning of anatomic part, appropriate imaging plate size, provide effective radiation protection measures, proper collimation, and marking of image. Students are also expected to be working on the accepted patient interaction skills.

Extremities / Pelvis / Vertebral Column

- ∞ Properly prepare the examination room for all anticipated supplies.
- ∞ Apply proper patient care using patient interaction skills during the exam.
- ∞ Assist in positioning for the different views.
- ∞ Able to adapt to portable imaging and technique adjustments.
- ∞ Identify the anatomic projection demonstrated in each view.
- ∞ Set appropriate technical factors that are employed for the exam.
- ∞ Properly mark the image receptor.
- ∞ Complete any required competencies.

Chest / Thoracic Cage / Abdomen

- ∞ Properly prepare the examination room for all anticipated supplies.
- ∞ Apply proper patient care using patient interaction skills during the exam.
- ∞ Assist in positioning for the different views.
- ∞ Able to adapt to portable imaging and technique adjustments.
- ∞ Identify the anatomic projection on the radiograph.
- ∞ Identify the appropriate imaging plate for each view.
- ∞ Set the appropriate technical factors that are employed for the exam.
- ∞ Properly mark the image receptor.
- ∞ Understand the value of decubitus views of the chest and abdomen.
- ∞ Complete required competencies.

Skull / Facial / Sinus

- ∞ Properly prepare the examination room for all anticipated supplies.
- ∞ Apply proper patient care using patient interaction skills during the exam.

- ∞ Removal of any artifacts in the field of view.
- ∞ Position patient for the different views.
- ∞ Able to adapt to portable imaging and technique adjustments.
- ∞ Select appropriate technical factors employed for the exam.
- ∞ Apply appropriate radiation protection to the patient and personnel.
- ∞ Become familiar with the Panorex unit
- ∞ Complete required competencies.

Skeletal Procedures (skeletal survey, bone age, leg lengths, scoliosis series).

- ∞ Properly prepare the examination room for all anticipated supplies.
- ∞ Apply proper patient care using patient interaction skills during the exam.
- ∞ Position for the different exams.
- ∞ Set appropriate technical factors that are employed for the exam.
- ∞ Accurately scan and process the scoliosis cassette or set parameters for digital units.
- ∞ Apply appropriate radiation protection to the patient and personnel.
- ∞ Complete any required competencies.

Body Section Radiography (Tomography). The student will:

- ∞ Assemble appropriate tomographic accessories in accordance with department instructions.
- ∞ Obtain diagnostic quality tomograms.
- ∞ Complete any required competencies.

Mobile Radiography (including surgical suite). The student will:

- ∞ Utilize rules of body mechanics for the safety of both the patient and technologist.
- ∞ Assist the radiographer in providing necessary radiation protection while performing bedside or surgical radiographic procedures to include the strict collimation of the x-ray beam
- ∞ Apply appropriate radiation protection to the patient and personnel.
- ∞ The use of proper distance needed for the exam.
- ∞ Under supervision, apply exposure factors specific to general radiography and surgical procedures.
- ∞ Follow proper safety techniques and precautions against electrical hazards.
- ∞ Follow proper aseptic technique and isolation technique.
- ∞ Complete any required competencies.

Mobile Surgical Fluoroscopy (C-arm). The student will:

- ∞ Utilize the rules of body mechanics for the safety of both patient and technologist.
- ∞ Become familiar with the equipment used in the surgical setting.
 - Image orientation
 - Cine
 - Pulsed fluoro
 - Subtraction
 - Road-mapping
- ∞ Applies critical thinking skills to the OR environment
- ∞ Apply appropriate radiation protection to the patient and personnel.
- ∞ Strict collimation of the x-ray beam.
- ∞ Understand how radiographic technique differs from a standard room.

- ∞ Follow proper safety techniques and precautions against electrical hazards.
- ∞ Follow proper aseptic technique and isolation technique.
- ∞ Complete any required competencies.

Image Analysis. The student will:

- ∞ Become familiar with properly displaying images on monitors.
- ∞ Become familiar with the assessment of image for positioning errors and how to correct patient position for repeat radiographs.
- ∞ Become familiar with identifying photographic and geometric deficiencies in radiographs.
- ∞ Recognize artifacts if present in the image.
- ∞ Evaluate for proper technique by referencing exposure index.
- ∞ Recognize basic pathologies on images and its influence on technique.

Contrast Media. The student will:

- ∞ Understand the proper use and contraindications of using contrast media.
- ∞ See Contrast Media Administration policy in this handbook.

Practicum. During summer semester of first year, each student will have to demonstrate continued proficiency in radiographic procedures by simulating a variety of radiographic positions.

- ∞ Each student will have to correctly position **ten (10)** views.
- ∞ A faculty member will grade this simulation using a rubric scoring method. Score earned will be used to determine clinical grade.

CLINICAL EDUCATION YEAR 2 OBJECTIVES

Fall 2 Semester-Graduation

As students complete the first clinical year, student should have a firm grasp on basic imaging procedures and a better sense of patient care. During the second clinical year, students continue to master clinical year one objectives and focus attention on those situations that are not “routine”, have “high-pressure”, “increased patient anxiety”, or be of an age that communication includes nervous or fearful parents and guardians. Student will continue to work on patient care skills and competency. Be aware that some radiographic examinations are **NOT** to be simulated for end of program goals.

Fluoroscopic Procedures. With direct supervision, the student will be able to prepare the fluoroscopic unit/control panel and perform the routine and non-routine fluoroscopic procedures listed:

Joint Injection / Hysterosalpingograms / Myelography / Lumbar Punctures

- ∞ Setting out the proper contrast media and syringes
- ∞ Recognize and respond to anaphylactic shock.
- ∞ Assist in positioning patient for the different anatomical projections.
- ∞ Utilize appropriate imaging plate/collimation field for each radiographic view.
- ∞ Maintain sterile field and supplies.
- ∞ Must follow department protocol regarding time out and legal consent.
- ∞ Apply proper radiation protection technique for the patient and personnel.
- ∞ Set appropriate technical factors employed for these exams with supervision.
- ∞ Properly identify and mark the image receptor.
- ∞ Proper handling of any specimens collected.
- ∞ Complete any required competencies.

Pediatric (Radiography and Fluoroscopy). The student will:

- ∞ Become familiar with the appropriate adjustments to make in positioning and centering for radiographic procedures.
- ∞ Learn appropriate methods to immobilize patients.
- ∞ Properly adjust exposure factors.
- ∞ Become familiar with pathologies afflicting pediatric patients.
- ∞ Develop patient care skills in pediatric situations.
- ∞ Apply appropriate radiation protection to the patient and personnel.
- ∞ Complete required competencies.

Trauma Radiography. The student will:

- ∞ Become familiar with positioning modifications of extremities, spines, head, bony thorax, and chest.
- ∞ Review fractures/pathology.
- ∞ Develop patient care skills in traumatic situations.
- ∞ Apply radiographic technique selection/adjustments in trauma radiography.
- ∞ Manipulate the trauma radiographic equipment efficiently and accurately.
- ∞ Apply appropriate radiation protection to the patient and personnel.

∞ Complete all required competencies.

CT Scan. The student will:

- ∞ Develop patient care skills needed for CT imaging.
- ∞ Understand basic operation of tube, detectors, and operator console.
- ∞ Understand the generation of scanners.
- ∞ Provide necessary radiation protection while performing scans.
- ∞ Understand basic cross-sectional and 3-D anatomy.
- ∞ Become familiar with different pathologies.
- ∞ Become familiar to scanning parameters.
- ∞ Become familiar with contrast protocols.
- ∞ Become competent with IV insertions.
- ∞ Complete all competency requirements **WITHOUT** simulation.

Proficiency Re-competencies. During Spring semester of second year, each student will have to demonstrate continued proficiency in radiographic procedures by obtaining proficiency re-competencies. Each student will be given a list of **5 exams** that must be done during that semester. These exams must be done under the supervision of a technologist. If a student is unable to complete a re-comp during this semester the exam must be simulated before the end of semester. Penalties will occur if a simulation is not done **before** the published end of the semester

Graduation Requirements. The student will:

- ∞ Complete all of the mandatory and elective requirements found on the clinical competency record in order to meet graduation requirements.
 - ✓ See the general competency record for the list of exams required.
 - ✓ Simulations will be scheduled with the program director the end of the program.

CONFIDENTIALITY AND HIPAA POLICY

Patients trust healthcare professionals with their life. Part of this relationship has to be built on trust which means respecting the patients need for privacy. It is the desire of ThedaCare to establish a culture that supports and holds as a core value the protection of all information and records. It is the firm belief of ThedaCare that the basic and essential requirement of protecting confidentiality is to respect and value the fundamental right of all employees and patients to have their personal and confidential information kept private. This information is shared only when there is clear necessity and need to know, and then only under the provisions of law and this policy. When need arises to enter a patients' chart, a break the glass warning will be seen, enter only if you have a need to know.

To help protect this information, students must log on and off the computer after each patient(s) is/are completed. It is the expectation of the program that students protect patient information when logged in. This means the computer should be locked or the information minimized so no visible information is present while with a patient. When using the mobile unit all paperwork should be placed upside down to prevent visitors or other healthcare members from viewing information. Students are able to access the patients' electronic chart if there is a clear need to know certain information contained within. The program will enforce all other aspects of ThedaCare's established policy (see HR 701).

If faculty finds an unsecured computer terminal and verifies that a student is logged in, an oral warning is given and documentation will be placed in the students' file. A second violation will result in a written warning and points deducted from semester clinical evaluation. A third offense could result in clinical probation and/or dismissal, depending on the discretion of the program director. All other breaches will be handled according to Thedacare's policy (HR 701). Serious violations could immediately result in dismissal. ThedaCare possess the technology to apprehend any kind of violation of HIPAA.

In order to protect the confidentiality of our patients, it is important that you **NOT** respond to questions by anyone as to patients, hospital operations, or your involvement with them. Confidential information to which you have access in the course of your schooling should not be discussed or made available to anyone unless the release of information is authorized by administration. Please refer inquires where confidentiality is involved to the appropriate person (vice presidents, managers, supervisors).

Students need to be especially careful to refrain from discussing patient and hospital matters where others may overhear these conversations. It is not appropriate to discuss such matters in hallways, elevators, the cafeteria, or even in open office areas. Students need to be highly sensitive to the importance of confidentiality at all times, which includes social media.

All patients at the hospital are entitled to freedom from the fear that their personal medical situation will become the "talk of the town". It is strictly required that all students refrain from discussing any patient's medical, personal, or financial status with anyone who does not have a legitimate need to know. Failure to adhere to this rule, both within the hospital and within the community, will result in disciplinary action.

THE PRESS

The hospital has a formal procedure for statements to the media regarding a patient's condition or other hospital issues. Press contacts must go through the Marketing/Communication Department. Never respond or agree to any press interview.

RADIATION PROTECTION GUIDELINES

PURPOSE: To ensure that student habits will be developed such that occupational dose will stay below MPD values and follow the ALARA concept as found in ThedaCare policy number 747. Policies can be found on the ThedaCare website under policies along with policy 747:

- Radiation Safety Program Policy 749
- Monitoring of Individuals working in Potential Radiation Areas Policy 408
- Ionizing Radiation Safety Program Policy 749
- Pregnant Personal Policy 751

RADIATION CONTROL PROCEDURES:

Rationale: Since scattered radiation is the primary source of occupational exposure, the use of any device or technique to reduce scattered radiation will reduce the occupational exposure.

A. Diagnostic:

1. Proper beam limitation.
2. Proper beam filtration.
3. Protective Barriers:
 - a. The Radiographer should always remain in the lead-lined control booth when making an exposure and observe the patient through the lead glass window.
 - b. To insure maximum safety, the exposure switch is affixed to the control console so that the switch can only be operated when the Radiographer is completely behind the control booth barrier.
 - c. Since the control booth is regarded as a secondary barrier - never direct the primary beam at control booth.
 - d. Always keep the doors to the x-ray room closed when making an exposure.
4. Control of Exposure - Higher KVP techniques increase the mean energy of the beam-decreasing backscatter.
5. Protective type tube housing - reduces off-focus radiation reducing leakage exposure to the operator.
6. Patient immobilization - **NEVER** stand in the primary beam to immobilize a patient. Mechanical immobilization devices should be utilized whenever possible. When non-occupational persons assist

in holding a patient be sure to provide protective garments and gloves to each person participating in the exam and instruct them to stand outside of the primary beam.

7. Protective Devices - Protective aprons and gloves should be worn whenever the hands are in the vicinity of the primary beam.
8. **Distance - The most effective means of protection** - apply the inverse square law whenever possible to reduce exposure.

NOTE: When the protective factors of shielding and distance have been accounted for; the Radiographer will receive the least amount of scatter by standing at a right angle to the scattering object.

11. Pregnant students exposed to ionizing radiation:
 - a. The guidelines for occupationally exposed pregnant students, identified in the NRC Regulatory Guide 8.13, will be followed: "During the entire gestation period, the MPD equivalent to the fetus from occupational exposure of the expectant mother should not exceed .5 rem. The department will make available to the student, the NRC guidelines (Policy 751), review the guidelines with the student, and request that the student sign a statement indicating that these guidelines are understood and student will observe the proper radiation safety practices as discussed. To better determine embryo/fetal exposure; the pregnant student will wear 2 radiation monitors (film badges); one at the neck level outside of any protective apron and one at the waist level under a protective apron. The "Pregnant Student Exposure Guideline" as recommended by the WI Radiation Protection Council will be followed.
 - b. The Radiation Safety Officer will review all exposure reports to look for workers or students whose exposure is unexpectedly high or low and report the results quarterly to the Radiation Safety Committee.
 - c. The Radiation Safety Officer will follow these guidelines once a declaration of pregnancy occurs
 - d. Most of the emphasis is given to the female worker, but there is possible reproductive risk to the male radiation worker as well, therefore all levels of exposure will be closely monitored. This guideline is consistent with the current guide of the US NRC and proposed Regulation US NRC 10 CFR 20.208 "Dose to an Embryo/Fetus." The recommendation provides for specific monthly levels of maternal exposure to be reviewed in order to determine if further protective actions are necessary.

B. Fluoroscopic (additional requirements to insure protection):

1. Protective Barriers:
 - a. A protective drape or sliding panel should be placed between the fluoroscopist and the patient to intercept scatter.
 - b. A Bucky slot shield should cover the Bucky slot opening during fluoroscopy to provide protection at gonadal level.

2. Proper source-to-tabletop distance - reduces entrance dose to patient thereby reducing dose to personnel.
3. Fluoroscopic Exposure Switch - Should be of the deadman type; terminating exposure if the operator becomes incapacitated.
4. Cumulative Timer - Sounds an audible alarm after the fluoroscope has been activated for five minutes - making the Radiologist aware of the length of fluoro-time. Shorter times decrease both patient and personnel dose.

C. Mobile (additional requirement to insure protection):

1. The full length of the exposure cord should be used when making an exposure to permit the radiographer to stand at least 6 feet from the patient, tube, and primary beam.

D. Radiation Victims - When dealing with radiation victims, the procedure(s) followed are those as recommended by the Radiation Protection Council of the State of Wisconsin.

1. State of Wisconsin Department of Health and Social Services: Radiation Protection Section.

a. Pregnant Student Exposure Guidelines:

- 1) If the monthly dose equivalent to the fetus is less than Investigational Level I, 20 mR to the fetus, no action is needed unless deemed appropriate by the person in control.
- 2) If the monthly dose equivalent to the fetus is equal to or greater than Investigational Level I but less than Investigation Level II (50 mR to the fetus), the person in control will review and evaluate the procedures in the work place to see if reasonable measure can be taken to reduce future exposure. Results of the review will be recorded and retained in the students file.
- 3) If the monthly dose equivalent to the fetus is equal to or greater than Investigational Level II, 50 mRem, the person in control will conduct a timely investigation into the cause(s) of the exposure and, if warranted, will take actions to reduce future exposure. The person in control should report the exposure to and consult the Radiation Safety Officer (RSO) and the Radiation Safety Committee (RSC) and should notify the Division of Health, Radiation Protection Section (608 273-5180). Results of the investigation will be discussed with the pregnant student.
- 4) In situations where the fetal dose cannot be calculated, the fetal dose may be estimated as a percentage of the whole-body dose to the pregnant student based on the shielding effectiveness of protective devices as listed in the accompanying table.

E. Students who exceed ALARA Level I. or II. Exposure.

- 1) Students who exceed Level I. or Level II. exposure to ionizing radiation will be counseled and investigated as to why levels are more than they should be. Policy 747 on ThedaCare intranet states the levels of exposure where an investigation will occur and are attached below:

Establishment of Investigational Levels in Order to Monitor Individual

Occupational External Radiation Exposure

This institution hereby establishes Investigational Levels for occupational external radiation exposure, which, when exceeded, will initiate review of investigation by the RSC and/or the RSO. The investigational levels that we have adopted are listed in Table 1 below. These levels apply to the exposure of individual workers.

TABLE 1			
ALARA INVESTIGATIONAL LEVELS (PER CALENDAR QUARTER)			
Monitoring Of Individuals Working In Potential Ionizing Radiation Areas			
Total Effective Dose Equivalent: Whole Body (DDE)	50 mSv (5,000 mrem)		
Any organ or tissue except the Lens of the Eye	500 mSv (50,000 mrem)		
Lens of the Eye, Skin of the Whole Body or Extremity Lens Dose Equivalent	150 mSv (15,000 mrem)		
Shallow Dose Equivalent to Skin (SDE)	500 mSv (50,000 mrem)		
INVESTIGATIONAL LEVELS (MSV PER CALENDAR QUARTER)			
	LEVEL I	LEVEL II	Dose Limit per Quarter
Whole body; head and trunk; active blood-forming organs; or gonads (DDE)	1.25 mSv	3.75 mSv	12.5 mSv
Upper and Lower Extremities; Skin (SDE)	12.5 mSv	37.5	125 mSv
Lens of Eyes (LDE)	3.75 mSv	11.25 mSv	37.5 mSv
Skin and Whole Body * Not normally applicable to Nuclear Medicine operations except those using significant quantities of beta emitting isotopes.	750	2250	
ALARA INVESTIGATIONAL LEVELS (PER MONTH)			
Fetal Dose (DDE)	.2 mSv	.5 mSv	

2. Radiation safety officer will advise Program Director and an action plan will follow to discuss how student can better protect themselves and or others to maintain ALARA.

RADIATION EXPOSURE POLICY

Every attempt is made to limit the amount of occupational dose a student receives while in the program. The program cannot promise that any student will not receive radiation exposure while in the program. ALARA is a concept that every technologist practices and students will also adhere to this very strict policy regarding radiation exposure.

- Students will **NOT**, under any circumstance, be expected to or asked to hold a patient or radiographic accessory during an exposure. If a student is asked, that student must report this to the Program Director immediately. Failure to follow this can result in dismissal from the program.
- Students will wear appropriate shielding devices when working with fluoroscopy in a radiographic/fluoroscopic suite or in the operating room. Thyroid collars, wrap around aprons, gloves, and leaded eye-ware are available for students to wear. The department will provide necessary shielding, and if an apron does not properly fit, a new apron will be provided at no cost to the student.
- Students are provided with radiation exposure monitoring. This involves the wearing of a badge monitor at collar level (**outside** of a lead apron during fluoroscopy). Students are expected to wear this badge monitor at all times in the clinical setting. If a badge is lost or damaged, prompt notification of the program faculty is required. Students must treat these monitors carefully since the monitors are sensitive to all energies (including microwave, solar). Please do not leave in car in direct sunlight or near microwave or convection ovens. This can cause false readings.
- Every month the radiation badge monitors are replaced and the old monitor must be returned to the TCN campus by the 7th of every month. This date is crucial in order to make the mail date and get the monthly badge report results back timely.
- Radiation badge information will be available to students within 30 school days following receipt of data from the monitoring company and each student will be given the report of radiation exposure from the monitoring company for the previous month. There is a unique four-digit number found on the back of each monitor for each student. Your radiation report will be found with that four-digit number. (This number is also used as your school ID code).
- Every month each student must make a copy of the official report and initial and date by his/her exposure total and submit to program faculty by using the lockbox in student resource center. This will ensure that each student is aware of his/her occupational dose levels. If exposure values are exceeding the minimum levels set, modifications are needed in work practices and will be addressed when needed. The program will work closely with the radiation safety officer when needed.
- The timely submission of badges and reports is a component of the clinical grade every semester. Failure to follow program policy concerning radiation exposure will occur in the clinical grade.
- In the event of declared pregnancy, please see the student handbook for policy regarding monitoring of radiation exposure.

STUDENT PREGNANCY POLICY

In the event of pregnancy, there is probable cause for the existence of a negligible risk in the exposure of the human embryo or fetus. However, the student is NOT required to disclose their pregnancy to the program director although it is recommended. A student who is pregnant has three choices available to them:

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

The decision to do so is voluntary. If you choose to disclose your pregnancy, you have the right to withdraw the declaration of pregnancy at any time. Both declaration and or withdrawing the declaration must be done in writing (form found in Appendix H). You will be supplied with a fetal monitor to assure you are maintaining proper ALARA dose levels.

A final option that a pregnant student technologist has available to them is to continue in the program without modification.

The *guidelines for occupationally exposed pregnant student, identified in the NCRP report #39, section (240), will be followed; "During the entire gestation period, the MPD equivalent to the fetus from occupational exposure of the expected mother should not exceed 0.5 Rem." The school will make available to the student ThedaCare policy 751, the NCRP guidelines, review the guidelines with the student, and request the student sign a statement indicating that these guidelines are understood and student will observe the proper radiation safety practices as discussed. It is the policy of the School to double monitor pregnant students. If delivery occurs prior to completion of training, the student will be granted a leave of absence for a period of six weeks. Leave of absence will not go into effect until all personal days of the semester are used. Upon reinstatement, the student will be informed, all clinical competencies and program objectives must be completed before the student is allowed to graduate. Students of either sex will be allowed to take leave for the birth of a child and time absent will be made up at the end of program or so the student does not exceed 40 hours/week unless they do so voluntarily.

- Disclosure of pregnancy is voluntary on the part of the student, but for the health and welfare of the baby and mother, it is advised to inform the Program Director. Students who declare their pregnancy will be provided with a review of the guidelines (Policy 751) for occupationally exposed pregnant workers/students, identified in the Nuclear Regulatory Guide 8.13. The following options for completion of the program will be discussed: continuation without modification or interruption; modification in clinical assignments, leave of absence from clinical assignments, or leave of absence from the program. Students who decide to continue in the program will wear 2 radiation monitors - one at the neck outside of a protective apron and one at the waist under a protective apron. The guidelines provide for specific monthly levels of maternal exposure to be reviewed in order to determine if further protective actions are necessary. Most of the emphasis is given to female students, but there is possible reproductive risk to the male as well, therefore all levels of exposure are closely monitored.

- A leave of absence from clinical assignments or from the program will not go into effect until all personal days of the semester are used. All course work must be completed in compliance with the academic, clinical, and professional policies of the program and may require the student to spend additional time in the program in order to be eligible for graduation.

ATTENDANCE RECORD POLICY

To assist the Program in the accurate recording of attendance, (student arrival and departure time on a daily basis) a computerized time clock is provided within the attendance form. It is the time of the email generated that is used to track attendance. Students should plan their arrival time to allow sufficient time to prepare for clinicals and punch in prior to their scheduled time. In order to earn your clinical credit, extreme diligence is required but sometimes there are extenuating circumstances that cause us to be late. This policy is enforced for not only tardy (1 minute after scheduled clinical rotation) sign-in's but missed sign-in or sign-out's as well. The number of occurrences allowed are as follows:

Fall Semester	3
Spring Semester	3
Summer Semester	3

Five (5) points shall be deducted from your final clinical grade for **every** incident over the allowed number of occurrences. Anyone who exceeds 6 occasions in a semester shall be subject to disciplinary action. Students are considered tardy **one** minute after their assigned rotation begins.

Students scheduled at any clinical rotation for more than 6 hours must receive one 30-minute lunch period. Students whose rotations are less than six hours are entitled to a 20-minute break. Students scheduled for 7.5 hours or more can also take a 20-minute break period. Students will be released for break at the discretion of the immediate supervisor or clinical instructor. Using break time to arrive late, to leave early or combining break periods with lunch periods is not allowed.

Students are expected to punch themselves in and out for each clinical rotation. Multiple student names are not recognized by the system.

When a student chooses to come in on their own time, punching in and out is an expectation. Students should type in "practice time" or "trauma room practice" so a notation can be made.

WHEN INTRANET SCHOOL SITE IS DOWN: In the unlikely event that heartbeat goes down and you are unable to sign in or out, please write your times on your log sheet in the comments section and have a technologist initial that entry. If you are arriving late or staying past your scheduled time due to patient care, you must

email Coordinator which will serve as the notification. When in doubt, you can always send an email to Coordinator to let them know of your arriving/leaving clinicals.

PRODUCTIVE TIME OFF GUIDELINES

Typical length of program is 21 months to complete all competencies which require full-time attendance by students (no greater than 40 hours per week). Reaching proficiency in radiography is accomplished by a combination of didactic instruction and the student's participation in the clinical areas each week.

A student has, upon entering the program a total of 29 days in which to take productive time off from clinical rotations. These are understood to include scheduled days off and unscheduled days off (sick days). A student can choose to use any period of time as needed based on clinical rotation. Each semester has a maximum amount of time to be used and penalties will occur if more time is used.

Fall 1 and 2 Semesters- 24 hours each with Labor Day, Thanksgiving and the Friday after Thanksgiving scheduled off

Spring 1 and 2 Semesters- 40 hours each

Summer 1 Semester- 80 hours with Memorial Day and July 4th off (If July 4th falls on Saturday, Friday will be the observed holiday and if the 4th falls on Sunday, Monday will be the observed holiday). If a student was supposed to be scheduled for a Saturday clinical rotation on a holiday, the student will be assigned to work the preceding Sunday in order to be off for the holiday.

NOTIFICATION OF CLINICAL SITES: Students are responsible for informing the proper clinical site of time off by indicating time off by using the shared calendar found in outlook. This time off needs to be placed on the calendar a **minimum** of 24 hrs prior to the time requesting off. This holds true for every clinical site including other modalities. Students will be given one written notice of when this is not done the first time. Failure to do this a second time will result in a penalty of 8 hours being subtracted from the student's PTO bank.

FACULTY NOTIFICATION: Students must also include faculty on each PTO entry. This must be done in writing by attaching program faculty to the outlook calendar entry. Students must take extra caution to ensure that this PTO entry is placed on the shared calendar not a personal one. Urgent sick requests should be given to the Program Director. You cannot call in and say you are using personal time to come in late.

UNSCHEDULED SICK TIME. If you are ill, prompt notification to the School (920-454-6296) **and** your clinical rotation is necessary. Program faculty may not get your phone call in time to notify the appropriate person so the student is responsible for making contact. You must call **before** your assigned school hours. If the faculty or scheduled department does not receive this contact from the student, they are subject to disciplinary action and 1 point is deducted from their final clinical grade. Excessive unscheduled time off may result in disciplinary action leading up to and including dismissal. This is defined as using 10% more than the allowed PTO each semester.

WHEN PTO IS DEPLETED AND MAKE-UP TIME: If a student exceeds the allotted number of personal days in one semester due to illness, the absence shall be made-up before the start of the next semester and is

subject to 5-point deduction. Students should contact faculty if a medical leave is necessary. Student will have to devise a plan and share with faculty. Students must have a separate punch in and out from the “normal scheduled time” and enter the term “make-up” in the appropriate area for both punches. A student can however volunteer to work over and above forty hours (student is not to be scheduled more than forty hours each week).

JURY DUTY OR ACTIVE DUTY: Jury duty or active duty from the National Guards is considered to be excused time off and no PTO time needs to be taken but faculty must be informed with as much notice as possible (minimum of 24 hours is preferred).

PTO RECOMMENDATIONS:

- It is advised that students ensure that semester requirements are met before taking time off
- A student can flip a scheduled Weekend rotation with the preceding weekend without taking any PTO. A minimum of 7 days is needed when making this schedule change.
- It is advised that students limit their PTO when assigned to the surgical rotation. Mastery of skills in this high-pressure environment comes slowly and missing significant time can slow progress there.
- PTO on class day has to be approved by Program Director and is discouraged.
- **If a student uses all of the assigned PTO, due to any circumstances, this time MUST be made up before any additional PTO is granted and approved.**

INCLEMENT WEATHER:

With student safety in mind, our program has an inclement weather policy that is specific for your county that you are scheduled at.

If this occurs on a class day, classes will be held remotely and at their scheduled (normal) times.

Clinical days will be cancelled in either of the following situations:

- Public schools cancel in the location you are scheduled at (this would include evening hours)
- Winter weather warning for the location where you are scheduled at (to include weekend hours)

Delay---If Public schools are delayed (due to weather) for your clinical location, please follow those delays.

If clinicals are not cancelled or delayed for your clinical site and safety is a concern, you are allowed to take PTO without the required 24-hour notice but you must notify Program Director and clinical site that you will not be there.

Use the list below to find your clinical site location to determine the county it is located in.

TCA -Outagamie	Encircle/Peds/OSP-Outagamie	Primary Care Associates-Outagamie
TCN-Winnebago	TCPN/TC-Ortho-Winnebago	TCW-Waupaca
TCB-Green Lake	TCNL- Outagamie	TCS-Shawano

PROGRAM HOURS AND LOCATIONS

Program requires full-time (40 hours per week) commitment between classes and clinical assignments. Class days are 8-4 pm with juniors in class Monday and Wednesday, and seniors class days on Tuesdays. Clinical hours will make-up the remaining 40 hours of your week. Clinical rotations can include am, pm, weekend and overnight hours.

The majority of clinical rotation (8-hour typical shift) times vary between 7AM (earliest) and 9 PM (latest) along with an occasional Saturday rotation. 3:00-9:00 PM, Saturday rotations and a limited overnight rotation will account for less than 20 percent of your clinical time. The options for overnight rotations include either two 10-hour rotations or three 8-hour rotations to gain overnight experience.

Students will spend a majority of their clinical education at ThedaCare Regional Medical Centers in Appleton and Neenah. Please see website for current listing of all of our JRCERT approved clinical sites.

Students will also spend approximately 2 weeks in the following imaging modalities: mammography (elective), cardiovascular and interventional laboratories, and MRI. Students will also spend approximately six (6) weeks in CT scan. All of the aforementioned areas are intended to be observational **EXCEPT** for CT scan. Please see the General Competency List for the exams needed for graduation.

If a student is interested in pursuing a career in ultrasound, radiation therapy, mammography, CVL, or MRI, the program will assist all interested students in completing additional job shadows in those areas.

The program is currently seeking additional clinical sites, so information will be shared as it becomes available.

PROGRAM EXPECTATIONS FOR CLINICAL ROTATIONS

The following objectives are in place to ensure that each student enrolled in the program is provided the same opportunities for clinical experience at each ThedaCare location. It also explains the expectations of the program so students can be successful in each area and provides page guidelines if other information is helpful.

General Radiography and Fluoroscopy Rotations

- Due to the wide variety of equipment manufacturers and options, specific room checklists are assigned to help students master the motor skills necessary to operate the equipment and accessories in an efficient manner. These are handed out when the required didactic information is discussed.
- Please see the clinical objectives section.
- The competency record outlines the mandatory and elective procedures needed for graduation requirements.

Mobile Rotations, including OR and C-Arm Procedures

- Due to the wide variety of equipment manufacturers and options, specific room checklists are assigned to help students master the motor skills necessary to operate the equipment and accessories in an efficient manner. These are handed out when the required didactic information is discussed.
- Please see clinical objections.
- The competency record outlines the mandatory and elective procedures needed for graduation requirements.

PM Rotation

- This rotation provides opportunities to focus on emergency patients who require modifications from standard positioning and technique selection.
- A checklist is used to help orientate students to the department flow.
- This rotation provides a dynamic atmosphere between student and technologist.
- This rotation also provides access to emergent surgical procedures where critical thinking skills are necessary.
- There are no “specific” PM competencies to acquire on the comp record, but the likelihood of special adaptation, pediatric, surgical exams are increased. Students are allowed to grade on any exam outlined on the comp record.

Mammography Rotation

 This is considered to be an **elective** rotation for all students which means that the student must inform the department if they will be joining the mammography department. This communication can take place via email but must be done NO later than 8:00 AM Friday before this rotation begins. School faculty should be copied on email sent as this is considered an assignment. Students will be given the contact information prior

to the rotation beginning. If the student chooses to remain in the radiology department, a secondary room assignment is given.

 In order to respect patient privacy, each technologist must gain permission from the patient in order to allow student in exam room. Students are not allowed to approach patient until this permission is granted. Student initials should be recorded in RIS as department protocol.

 Students will be allowed to watch all procedures that are scheduled as long as patient is in agreement. This includes screening, diagnostic and invasive procedures.

 Students must be directly supervised at all times by registered technologist. This is not an “observational only” rotation. If a student wants to position the part, the technologist must be immediately available. Patient consent must be gained before any positioning occurs.

 Technologists are required to help student complete a check list of tasks for the mammography department.

MRI Rotation and Safety

 This is considered to be a mandatory rotation for all students. There are potential dangers with modality and as a result every student is carefully screened and receives MRI safety information prior to the rotation. According to ThedaCare policy, each student will watch the MR safety video and discuss any questions that arise with program faculty. Students will fill out a screening form (see Appendix A for copy). The form will be scanned with the original kept in the students’ file. Students are mandated to notify program upon any status change and will be re-screened. If the questionnaire identifies something that needs clarification, MRI supervisor will be consulted. If a student has a clear exception to be within the magnetic field the student will be restricted to the control booth area. Once screening forms are scanned, a copy will be sent to all clinical areas. Each time a student enters an MRI zone, proper screening will take place. Signatures will be required at certain zones.

 Student initials should be recorded in RIS as department protocol.

 Students will be allowed to watch all procedures that are scheduled. If the contrast injector is to be used for the exam, students are only allowed to observe the registered technologist using the equipment.

 Students must be directly supervised at all times by registered technologist. This is not an “observational only” rotation. If a student wants to position the part or operate control console, the technologist must be immediately available.

 Technologists are expected to help student complete a check list of tasks for the MRI department if required.

Interventional and Cardiac Specialized Procedures

 This is considered to be a mandatory rotation for all students. Students are expected to follow the proper dress code and aseptic protocols when necessary.

 Student initials should be recorded in RIS as department protocol.

♥ Students will be allowed to watch all procedures that are scheduled. If the contrast injector is to be used for the exam, students are only allowed to observe the registered technologist or physician use the equipment.

♥ Students must be directly supervised at all times by registered technologist. This is not an “observational only” rotation. If a student wants to position the part or operate the equipment, the technologist must be immediately available.

♥ Technologists are required to help students complete a check list of tasks for the interventional or cardiac department.

♥ ALARA and radiation protection measures will be reviewed in the radiation protection course.

CT Scan

 This is considered to be a mandatory rotation for all students.

 Students must be directly supervised at all times by registered technologist.

 This is not an “observational only” rotation. If a student wants to position the part or operate the equipment, the technologist should allow this and observe the student. Any reconstructions or re-formats must also be checked by technologist before sending to PACS.

 Student initials should be recorded in RIS under “support staff” as per department protocol.

 If the contrast injector is to be used for the scan, students are only allowed to observe the registered technologist use the equipment (see attached policy for more information).

 Students will be required to perform ten venipunctures on patients under the direct supervision of an RT (R). The IV attempt does not need to be successful in order for technologist to sign student off as long as student used the proper technique. This process will then take the place of student needing to start IV on the patient exam they are comping on.

 It is highly encouraged for students to practice as many IV’s as possible, even though the requirement is ten.

 Students are required to complete specific competencies for this modality. The following exams are mandatory to grade on: enhanced chest, abdomen, pelvis; head without or with contrast; helical stone study. Program will accept an abdomen/pelvis scan on the same patient, but not a chest. The enhanced chest CT must be done alone due to scanning protocols and inclusion of the proper anatomy.

 If there are multiple exams ordered on the same patient, student can grade on all exams ordered.

 Electronic comp and verify forms are found on heartbeat under the school’s web site.

 Only the Program Director is approved for grading out CT scans as he is board certified in that modality. Please contact Director within the 14-day timeframe to schedule the grading of the exams.

 The first rotation will call for students to complete a checklist of tasks to help students become familiar with CT equipment, scanning protocols and other important information. Once students learn the anatomy/scan protocols in the class room they can move onto comping as they are ready.

Modality Exploration

During the Spring 2 semester students are offered the opportunity to explore the modalities that they have an interest in. Students will work with faculty to fulfill their requests. All students are given the same opportunity in all modalities to provide equity.

ACADEMIC CALENDAR FALL 2022-SPRING 2024

<u>Class of 2023</u>		<u>Class of 2024</u>	
Fall 1 Semester	Orientation Begins on Tuesday September 7 th , 2021 Class begins on 9/13/2021 for 15 Week Semester (Class Monday and Wednesday's)	Fall 1 Semester	Orientation Begins on Tuesday September 6 th , 2022 Class begins on 9/12/2022 for 15 Week Semester (Class Monday and Wednesday's)
1st Day of Class is Monday September 13, 2021		1st Day of Class is Monday September 12, 2022	
Mid Term Week Ends November 5, 2021		Mid Term Week Ends November 4, 2022	
Thursday November 25 and Friday November 26, 2021 Students Off Thanksgiving Holiday-		Thursday November 24 and Friday November 25, 2022 Students Off Thanksgiving Holiday-	
Friday December 17, 2021 Last day of Clinicals		Friday December 16, 2022 Last day of Clinicals	
Monday December 20 and Wednesday December 22, 2021 Finals		Monday December 19 and Wednesday December 21, 2022 Finals	
Wednesday December 22, 2021 End of Fall Semester		Wednesday December 21, 2022 End of Fall Semester	
Thursday December 23-Sunday January 2, 2022 Winter Break- No Class or Clinical's		Thursday December 22-Sunday January 1, 2023 Winter Break- No Class or Clinical's	
Spring 1 Semester	16 Week Semester Begins on Monday January 3, 2022 (Class Monday and Wednesday's)	Spring 1 Semester	16 Week Semester Begins on Monday January 2, 2023 (Class Monday and Wednesday's)
Spring Break Week of March 14-18 th (No Class or Clinical's)		Spring Break Week of March 13-17, 2023 (No Class or Clinical's)	
Monday April 25 and Wednesday April 27, 2022 Finals		Monday April 24 and Wednesday April 26, 2023 Finals	
Friday April 29, 2022 End of Semester		Friday April 28, 2023 End of Semester	
Monday May 2nd—May 6, 2022 Semester Break (No Class or Clinical's)		Monday May 1—May 7, 2022 Semester Break (No Class or Clinical's)	
Summer 1 Semester	Begins Monday May 9, 2022 for 16- week Semester (Wed Virtual Class Day and 1 Education day/Month In-Person)	Summer 1 Semester	Begins Monday May 8, 2023 for 16-week Semester (Wed Virtual Class Day and 1 Education day/Month In-Person)
Monday May 30, 2022 Memorial Day -Students Off		Monday May 29, 2023 Memorial Day -Students Off	
????? Graduation for Class of 2022		June 9 th Graduation for Class of 2023	
Mid-term Week Ends Friday July 1, 2022		Mid-term Week Ends Friday June 30, 2023	
Monday July 4, 2022 -Holiday Students Off		Tuesday July 4, 2023 -Holiday Students Off	
Friday August 26, 2022 is End of Semester		Friday August 25, 2023 is End of Semester	
Monday August 29-Friday September 9, 2022 is Summer Break-No Classes or Clinicial's		Monday August 28-Friday September 10, 2023 is Summer Break-No Classes or Clinicial's	

Fall 2 Semester	Class Begins on Monday September 12, 2022 for 15 Week Semester (Class Tuesdays)	Fall 2 Semester	Class Begins on Monday September 11, 2023 for 15 Week Semester (Class Tuesdays)
Mid Term Week Ends November 4 th , 2022		Mid Term Week Ends November 3, 2023	
Thursday November 24 and Friday November 25, 2022 Students Off Thanksgiving Holiday-		Thursday November 23 and Friday November 24, 2023 Students Off Thanksgiving Holiday-	
Friday December 16, 2022 Last day of Clinicals		Friday December 15, 2023 Last day of Clinicals	
Tuesday December 20, 2022 Finals		Tuesday December 19, 2023 Finals	
Wednesday December 21, 2022 End of Fall Semester		Wednesday December 20, 2023 End of Fall Semester	
Thursday December 22-Sunday Jan 1, 2023 Winter Break-No Class or Clinical's		Thursday December 21-Sunday Jan 7, 2024 Winter Break-No Class or Clinical's	
Spring 2 Semester	20 Week Semester Begins on Monday January 2, 2023 (Class Tuesdays) (2 10-week bi-semesters)	Spring 2 Semester	20 Week Semester Begins on Monday January 8, 2024 (Class Tuesdays) (2 10-week bi-semesters)
Spring Break Week of March 13-17, 2023 (Mid-Term final dates will be posted on syllabi when necessary)		Spring Break Week of March 18-22, 2023 ⁴ (Mid-Term final dates will be posted on syllabi when necessary)	
Student Spring Symposium Dates to be Determined		Student Spring Symposium Dates to be Determined	
Clinical Rotations End May 26 th		Clinical Rotations End May 24, 2024	
End of Program Day Tuesday May 30, 2023		End of Program Day Tuesday May 21, 2024	
Registry Dates May 31- June 2, 2023		Registry Date Starting May 28- 31, 2024	
Graduation June 1 st /2 nd or 8 th /9 th , 2023 June 9 th is graduation!		Graduation May 30/31 or June 6/7, 2024	
Revised 7/18/2022 SLD/JCH/TRA			

STUDENT DRESS - HYGIENE REQUIREMENTS

The school requires that students dress in a manner that is acceptable to that of a health professional. Hospital personnel and patients have made favorable comments in regard to the attire of the students in the program. This favorable impression is responsible for the establishment of the following dress code:

1. Shoes worn are to be kept clean and/or polished. Shoes must be solid material that prohibits blood or body fluids to seep through and reach the skin. Athletic shoes are allowed, but must be full leather (no canvas). Any Radiologic Technology student functioning in the surgical areas will wear covers over the above-described shoes. Shoes must be closed toe and have a back.
2. Uniform scrub requirements are as follows:
 - a. Elastic or draw string scrub bottoms
 - b. ThedaCare Apparel with School logo tops. Program will provide information about ordering. Be aware that the OR rotations have other restrictions which will be discussed when necessary.
5. During class days, dress should be business casual unless otherwise stated since we have laboratory classes held at the hospital.

The following are the only recommended jewelry articles to be worn:

1. All students are issued an (name) identification badge. It is mandatory the badge be worn at all times when in the hospital. It is a patient's right to know you are a student. Any attempt to disguise and/or misrepresent student status will result in disciplinary action. (Do not cover student ID).
2. Small studded earrings are allowed with no other piercings to be visible
3. Students are NOT expected to have a watch but if worn, must be tight-fitting.
4. Small rings are acceptable-but only one per hand. Medical alert bracelets are allowed but all other jewelry is not acceptable-this includes necklaces and bracelets. Fit-bit style bracelets are allowed as long as they are tight-fitting-no other bracelets.
5. If hair length reaches shoulders, it must be restrained. Hair must be maintained in a neat, clean manner of a natural color.

Good personal hygiene is mandatory and can be accomplished with frequent bathing and the use of a good deodorant daily. Heavy perfume should not be used. Lightly scented cologne is acceptable. Extreme make-up should not be used. Hands must be washed before and after every patient. Nail polish and artificial nails are **NOT** allowed.

Students assigned to surgical rotations will wear scrub suits or gowns as required and provided by the surgery department. Student technologists will wear surgery attire only when in surgery. At all other times appropriate student uniforms should be worn.

Beards, mustaches, sideburns, if worn, must be neat and trimmed. All other areas of the face must be clean-shaven.

Dress code rules and recommendations apply to female and male students equally. Uniform attire shall be clean and in good repair. If a student appears in such attire that it disrupts and prevents effective teaching or patient care, the student will be asked to leave and return when appropriately attired. In areas where there is a potential of accidental spill/injury, students will be required to wear safety and/or protective apparel.

DOCUMENTATION LOG SHEET EXPECTATIONS

Students are expected to document their activity in the clinical setting. This form is available at each clinical site. Students should fill out a documentation log for each week of clinical rotations. The form will ask for the following information: student name, rotation, performing, assisting or observing, date, technologist initials and a comments section. There are also areas to record your grading activity. Students are able to record any information that they deem important. Technologists are also encouraged to write comments on this sheet. If a technologist gives you constructive criticism feel free to record yourself. Think of this as a clinical journal-the more information you record the more you will take away from your clinical education. Once a month, you will be asked to reflect back on your performance and do some self- evaluation and goal setting for the next month.

In order for an exam to be considered as a “perform the student must: talk to patient, explain exam, record history, position patient, and set the control panel, and set the collimation. If a student fails to do one of the key tasks from above, the student should check the assists box. If the student is observing the exam consider it to be hands off. A technologist is able to help student decide which supervision is most accurate for any situation/exam.

The documentation log sheets will be reviewed by faculty and the information will be used to assess each student’s performance in the clinical setting. The performing vs. assisting ratio will be used to gauge initiative in later semesters while the observing to assisting ratio will be monitored in the early semesters. Be aware that the program has the right to set a specific level of performance for any given semester for each student. Students are expected to enter this information in his/her student record and then turn into faculty. This should be done on the last clinical day of the week. The log sheet is to be turned in as soon as possible.

PROFESSIONAL SKILLS DEVELOPMENT

Development of professional skills is a key component of the clinical portion of the program. Students are expected to learn and develop skills necessary for taking optimal radiographic images while giving quality patient care. This is a difficult process and many, many months are needed for students to adequately learn these skills.

Skill development and assessment is on-going. At the end of exams, students should ask the technologists about his/her performance. The technologists working beside you day in and day out have a good understanding of your strengths and weaknesses. It is vital that you get them to participate in your education. They are able to help you transition from the “book” world to the “working” world.

Students are also assessed by the program faculty at the end of the semester with a coaching and/or mentoring session. Each semester will include a semester conference between student and faculty. The conference will be a discussion that will consist of sharing quantitative data, direct observations and development of clinical goals. At the end of Fall 1 Semester, Summer 1 Semester, and Spring 2 Semester students will be asked to complete a self-audit that asks the student to reflect on their performance and

identify strengths and areas to improve. The program will help each student reach their full potential. Clinical Instructors can be asked to join in these coaching and mentoring sessions. Documentation of these meetings will occur and be kept in each student's file and student and faculty are required to sign this documentation.

At any time, a student may ask for time to meet with school faculty to discuss clinical performance. Clinical observations made by faculty are shared at the conference.

Every attempt is made to hold these conferences in a timely fashion so strict adherence to semester deadlines is enforced.

Below is just a small sampling of affective behaviors that will be evaluated as students move through the program:

- Positive body language
- Maintain professionalism at all times with patients, faculty, and other healthcare members
- Engagement in program and demonstrates enthusiasm for profession
- Makes efforts to maintain modesty of patient
- Demonstration of strong work ethic and participation
- Accepts constructive criticism and makes efforts to apply to suggestions
- Blending of communication and technical skills
- Smooth and polished patient care style
- Strong leadership abilities
- Assertive yet not aggressive
- Able to use communication skills to inform patients about the procedure and any risks
- Able to use communication to respond to patient needs and help put them at ease
- Keeps conversation flowing from beginning to end of exam
- Relates hx to Radiologist
- Shows confidence when dealing with physicians
- Able to multitask
- Recognizes the value of "real" patient experiences and saves "practicing" for down time in clinicals
- Own, accept, and move past mistakes
- Handles stress of program in an appropriate manner

Students will be given an opportunity to see all of the evaluation tools used during the program orientation. At any time, a student can ask for an explanation of any evaluation tool used by the program. Students must ensure that their signature and technologist signature and school faculty (when appropriate) is included on all forms handed in.

CONTRAST ADMINISTRATION POLICY

The following guidelines will ensure that students are acting within the scope of practice set by the ARRT and department policy to ensure patient safety.

- Students can identify, when appropriate, that there are no contraindications for performing procedures which use contrast media. Allergies need to be documented by technical staff **NOT** students in RIS (following department protocol). Technologist needs to be logged into HIS for these types of procedures.
- Students are **NOT** allowed to draw up or inject contrast according to program policy. Venipuncture is allowed once competency is proven, saline injection as flush by a student is allowed by program but IV must be capped.
- Student is able to explain procedure and go over risks vs. benefits with the patient. Informed consent for radiographic procedures must be witnessed and signed by a registered radiologic technologist.
- Students can mix contrast for both oral and/or rectal administration under direct supervision. Any injectable form of contrast media must be drawn up by a registered radiologic technologist. A student is able to pull the appropriate contrast media for an exam from the supply area. A technologist will verify that the correct contrast is being used for a given procedure.
- If a sterile tray is being used the student is **NOT** allowed to dispose of any needles found in a sterile tray. A technologist must dispose of all contents of a sterile tray.
- Students are educated about prepping patient's skin for an injection and will have a sterile competency to earn in Summer 1 semester.

INDIRECT/DIRECT SUPERVISION AGREEMENT

Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under **DIRECT** supervision of qualified radiographers. 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 examination.
4. A qualified radiographer reviews and approves the images.
5. A qualified radiographer is present during the repeat of an image.

After competency has been demonstrated, the student, may perform the procedure under **INDIRECT** supervision. The parameters of **INDIRECT** supervision are:

1. A qualified radiographer must be in the immediate area (within hearing distance) to offer assistance, if necessary.
2. All images must be approved by a qualified radiographer before patient is dismissed from radiology department or exam room.
3. All repeat images must be performed under **DIRECT** supervision (bladder shots require direct supervision).
4. Both the student and radiographer initials should be included within the electronic documentation.

Five (5) points shall be deducted from the student's clinical grade if they do **NOT** adhere to the above Direct/Indirect supervision policy and/or who does **NOT** have a repeat image performed under **DIRECT** supervision. The student will also be placed on probation for the remainder of the program. Any other occurrences, **Immediate dismal from program will occur.**

By signing this agreement form, the student agrees to adhere to the above policy and consequences.

Student Signature: _____

Date: _____

PERMISSION TO PUBLISH VIDEO/IMAGES

At times, the program might elect to videotape a positioning class, review exercise, or a set-up for a procedure. Once this happens, your image and or voice will be placed on you tube, but not available to the general public. The video is marked private and only those who need to see the video will have access to view it.

Please check the following choice and sign below.

By checking this box, I am allowing ThedaCare School of Radiologic Technology to use my image and or voice in the interest of learning. I will consent to allow others to view this video until I revoke my consent, in writing, to program director.

By checking this box, I refuse ThedaCare School of Radiologic Technology to use my image and or voice.

Student Name: _____

Date: _____

COMMUNICATION

Bulletin Boards

- a. It is the student's responsibility to read and initial all memos posted on the communication boards located in the Department of Radiology and the school on a regular basis. Items posted are important to the efficient operation of the School and Department of Radiology.
- b. Bulletin boards and display cases are located in the hallway inside the employee entrance at the hospital. These are provided for the purpose of passing on information to all hospital personnel.

2. Sharewell-intranet site.

The purpose of HeartBeat is to inform employees/students about what is happening within the hospital, and to feature topics of interest to all. Topics include employee/student events, benefits, educational opportunities, hospital policies, service awards, health and wellness, employee recognition for special achievements, new employees, physicians, students, features on hospital departments, and communications from Administration.

3. Electronic communication

Electronic messages are sent via e-mail so students should check ThedaCare email on a daily basis. Any changes in policies/protocols will be communicated in that manner.

PARKING

Certain parking areas have been made available at the hospital for faculty, employees, staff, and students. The student will be responsible to adhere to hospital policy regarding parking areas. Specific parking locations will be discussed during orientation week. If a student parks in an unauthorized parking area, they are subject to disciplinary action and also deducted **five** points from their final clinical grade.

CELL PHONE USAGE

Students are restricted from using their cell phone during clinical rotations in the patient care environment. Students are allowed to carry cell phone on their person during clinicals, but must be silenced. Students are able to use on break or lunch with no restrictions. If extenuating circumstances occur, student can ask Program Director for special permission. Cell phones are to be silenced during class but can be used during class breaks/lunches.

HEALTH INSURANCE

ThedaCare does not provide health insurance for students enrolled in its programs. All students are to provide their own health insurance while enrolled if not covered by their parents or spouse's policy.

ThedaCare will not be responsible for any medical bills incurred by students. Under emergency situations, students are covered for initial treatment regarding clinical related injuries.

HOUSING

ThedaCare does not provide housing facilities for students. Students will need to arrange for their own room and board, if from outside the immediate area. Such arrangements should be made early so that a problem does not arise when the program starts.

SOLICITATION

The responsibility of ThedaCare and its personnel is to provide a setting in which patients can and do receive required rest and recuperation. For this reason, it is necessary to restrict the soliciting of patients and employees for various causes, and the distribution of various types of literature. No solicitation of any kind is allowed during assigned hours. Employees/students are not permitted to solicit patients or visitors at any time. Employees/students are not permitted to solicit other employees/students at any time in immediate patient care areas. Employees/students are not permitted, at any time, to distribute advertising material, handbills, printed or written material of any kind in patient care areas or in any other work areas of the hospital. Unauthorized sales and solicitations of orders for any type of product or service to anyone on ThedaCare's property are prohibited.

SMOKING/VAPING

To ensure the good health of patients, visitors, and employees and to emphasize the dangers of cigarette smoke, ThedaCare is a smoke-free facility. No smoking or vaping is allowed in our buildings, vehicles, or leased space. Individuals who wish to smoke may do so only during designated break or meal times off campus. Vapor related products are also not allowed in clinicals or classroom.

SECURITY SERVICES

Each hospital is very concerned with the safety and security of patients, visitors, employees, and students; and with the protection of hospital and personal property. Security personnel are on duty from 24/7 for your protection. Security services also patrol the parking lots and provide traffic control. Please notify security immediately in the event of a disturbance, missing personal or hospital property, suspicious activity, bomb threats, fire or smoke in the building. You contact the security officer on duty by calling the Switchboard. To protect your valuables, lock your purses, wallets, etc., in a safe place. It is not enough to simply put them out of sight. Do not bring large amounts of cash to the School or Hospital and sentimental items should be left at home. Do not give keys or combinations to anyone who does not have a legitimate need. Firearms are not allowed on ThedaCare properties.

STUDENT SERVICES

- The hospital maintains a full-service cafeteria for meal breaks.
- Computer access 24/7 at hospital libraries and classroom.
- Free CPR certification
- Free parking
- Employee RN
- Hospital E-Learnings
- Volunteering with in the community
- Free fitness room
- Counseling services through ThedaCare Employee Assistant Program. Call for free and confidential assistance 1-800-236-2236

OSHA REQUIREMENTS

All employees and students must meet all required OSHA requirements. Students will be notified when testing is required. TB will only be tested after a known TB exposure. Appointments can be made during clinical rotations to attend these mandatory sessions. These are considered a clinical assignment and are reflected in that grade.

Annual fire/safety and infection control in-services are mandatory for all students via e-learning and students should monitor their email for when a session is due. These are considered a clinical assignment and are reflected in that grade.

SUBSTANCE ABUSE POLICY

It is the policy of ThedaCare to have a safe work environment, free from the effects of alcohol or drugs. Substance abuse impairs the student's ability to safely perform clinical duties and may adversely affect patient safety and care as well as safety of others.

1. ThedaCare prohibits certain actions while the student is "on the job" or at school. A student is considered on the job or at school whenever the student is:
 - a. On hospital property, including parking lots and all leased hospital locations, at any time.
 - b. Driving or riding as a passenger in a hospital vehicle.
 - c. On scheduled clinical affiliation in another hospital/clinic/imaging center.
 - d. Performing assignments outside the hospital (mobile van and/or screening clinics set-up in local industries).
2. The following are prohibited by term as defined in the policy.
 - a. Possession, consumption, or being under the influence of alcohol or drugs.
 - b. Distribution, sale, or purchase of a controlled substance.
 - c. Possession, use or being under the influence of a controlled substance while "on the job" except:

- 1) When under, an in strict accordance with, a physician's direction only when such use will not impair the student's ability to safely perform their assignments.
 - 2) When the instructor (supervisor) has been notified in advance regarding the required possession or usage.
 - d. Use of being under the influence of other drugs, including prescription drugs and over-the-counter drugs, when there is any possibility that such use may impair the student's ability to safely perform duties or may adversely affect patient safety and care of the safety of others.
3. Drug or alcohol testing of current students will be conducted:
 - a. When there is a reasonable suspicion that a student is under the influence of drugs or alcohol.
 - b. When a student is found in possession of alcohol or drugs in violation of the Substance Abuse Policy, or when such alcohol or drugs are found in an area controlled or used by the student.
 - c. Following an on-the-job accident whose nature indicates possible impairment of ability or judgment, or following an accident in which safety precautions were violated or careless acts were performed.

Any student who violates any part of the hospital's Substance Abuse Policy will be dismissed.

ThedaCare regards chemical dependency as a treatable illness. Students are encouraged to seek treatment. A student with alcoholism or chemical dependency will be granted a medical leave of absence for treatment and rehabilitation. Where violations of the Substance Abuse Policy have occurred, the student will be required to verify participation in any alcohol/drug assessment and comply with all recommendations as a condition of re-entrance.

INCIDENT REPORTS

In the event of any injury to yourself or a patient during clinicals or class (no matter how minor), an [Incident Report](#) must be filled out online and in detail with a faculty member or technologist.

An incident report is also required for any imaging/medical error.

VALUES AWARD

Two students are given an award which is presented at graduation. Details regarding the Values award are in Appendix A.

GRADUATION REQUIREMENTS

Students are eligible for graduation when they have fulfilled the following requirements:

Completed all requirements of the clinical curriculum, with a grade average of "C" or better and have satisfied the requirements set by the [ARRT](#).

Have completed all academic work with grade average of "C" (80%) or better.

Have fulfilled all financial obligations to the institution.

Complete all registry review assignments.

Length of program involvement is 21 months if all benchmarks are achieved.

Having completed this program, the graduate is eligible for the American Registry Examination. The exam is computer-based, and given in cities designated by the Board of Examiners in all states. If the graduate passes this registry, they are given the title, "Registered Technologist- Radiography" (RTR.)(ARRT).

JOB PLACEMENT ASSISTANCE SERVICE

Assistance is provided to help prospective graduates locate employment, but the school will not nor cannot guarantee employment to a student upon graduation. The school maintains contact with area employers providing an efficient way for them to contact prospective graduates for employment.

APPENDIX A

ThedaCare School of Radiologic Technology

Values Award

- **Values Award-** A values award is given to two students at the time of graduation in the amount of \$500.00 each. This is the Jackie Lenth R.T. (R.)(ARRT) Scholarship Values Award. Jackie was a past graduate of our program and employee at Theda Clark who passed on from cancer. This award is given to a student who has all the values that Jackie and ThedaCare strive on. These students will demonstrate excellent patient care, along with a great rapport with fellow students and peers. The Lead Technologists, Supervisors, all technical staff, and School Faculty vote on this award.

APPENDIX B

THEDACARE SCHOOL OF RADIOLOGIC TECHNOLOGY TUITION ENROLLMENT FORM

As a student in the School of Radiologic Technology, I have read the preceding policies and procedures and understand them. My signature below indicates that I understand the policies and procedures and will comply with them.

Tuition Enrollment Option:

Please check which option you are participating in:

- Pay entire tuition the first day of class
- Pay half of tuition first day and the remaining balance the first day of second year
- Monthly Payment Plan. The student could pay monthly installments toward tuition over 22 months. No interest will be charged to the student and must be approved by Program Director.
- UW-Oshkosh students continuing their financial aid assistance from the university.
- [Meritize](#)- merit-based lending company that offers student loans (must go through their loan approval process)

Student's Signature _____

Date _____

APPENDIX C

MRI SAFETY SCREENING FORM

Name _____ D.O.B. _____
 Last First Middle Initial
 H _____ W _____ Age _____

Please answer each question carefully, circle "Y" for yes and "N" for no.
 Do you have?

- 1. Pacemaker/Pacer Wires Y N
- 2. Defibrillator/Defibrillator Wires..... Y N
- 3. Breast Tissue Expander..... Y N
- 4. Bladder/Sacral Nerve/Gastric Stimulator..... Y N
- 5. LINX Reflux Management System..... Y N
- 6 Deep Brain Stimulator..... Y N
- 7. Spinal Cord Stimulator Y N
- 8. Vagus/Vagal Nerve Stimulator..... Y N
- 9. Bone Growth/Bone Fusion Stimulator..... Y N
- 10. Brain Aneurysm Clips/Coils Y N
- 11. Shunt (Spine or Intravascular)..... Y N
- 12. Ear/Eye Implants..... Y N
- 13. Eyelid Spring or Wire..... Y N
- 14. Cochlear Implant..... Y N
- 15. Implanted Heart Valves..... Y N
- 16. Drug Infusion Pump..... Y N
- 17. Any Stents/Filter/Coils (Heart/Groin)..... Y N
- 18. Birth Control Implant/Penile Prosthesis..... Y N
- 19. Internal Electrodes or Wires..... Y N
- 20. Artificial or prosthetic limb/joint replacement/Harrington rod,
- 21. Bone screw, nail, pins, plates, etc. in body..... Y N
- 22. Any other implant or device not listed? Y N
- 23. Have you ever had a penetrating injury to the eye
 Or metal removed from the eye by a physician..... Y N
- 24. Medication Patch (nicotine, Nitroglycerine, Fentanyl, etc.)..... Y N
- 25. Metallic Fragment or foreign body (gunshot wound or other).... Y N
- 26. Body Piercing/tattoo/permanent eye makeup..... Y N
- 27. Hearing Aides/Dentures/Partial Y N
- 28. Claustrophobia..... Y N
- 29. Pregnant/Breast Feeding..... Y N
- 30. Diabetic/ Kidney/Renal Disease..... Y N
- 31. Seizure disorder..... Y N
- 32. Personal History of cancer..... Y N
- 33. Surgery in the past 6 weeks
 (Including Colonoscopy/Endoscopy)..... Y N
- 34. Do you have a contrast allergy?..... Y N



The daCare®

WARNING!

Certain implants, devices, or objects may be hazardous to you and/or may interfere with the MR procedure. Do not enter the MR room or MR environment if you have any question or concern regarding an implant, device, or object. Consult the MRI Technologist BEFORE entering the MR system room. Remember, the MR system magnet is ALWAYS on.

NOTE: Please bring any implant/device cards you may have to your MRI appointment

List any previous MRI scans, CT scans, angiograms or X-rays related to today's exam. Example: what, where and when.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Signature of Person Completing Form: _____ Date ____/____/____

Form Completed by: Patient Relative Healthcare POA Relationship to patient _____

APPENDIX D

Radiography Program Curriculum Summary

1. Clinical Education 108, 116, 132, 240, 260, 290

Each course will entail clinical practice, procedural performance guidelines and clinical competency requirements as detailed in the program handbook.

2. Cross-Sectional Anatomy and Computed Tomography 205

This course will identify imaging modalities that utilize transverse anatomy. Diagrams, computed tomography and magnetic resonance scans of the head, thorax, abdomen, and pelvis will be reviewed.

3. Human Structure and Function 105, 106 and 204. (Pre-req to our program but also covered in courses Kin170 UWO, 100,106,204,205). These courses are designed to provide the student with in depth understanding of each body system which will be related to radiographic imaging.

4. Image Analysis 102, 103, 201, 202,

These courses will provide the student with knowledge of radiographic evaluation. As the student progresses through the curriculum, the complexity of images to be evaluated will increase. Radiographic pathology discussion will be included during these sessions.

5. Imaging Equipment 160, 200

These courses will provide the student with knowledge of equipment routinely utilized to produce diagnostic images. Various digital imaging techniques are discussed in this course. This unit will provide the student with knowledge of the x-ray circuit, rectification, x-ray tubes, and production and characteristics of radiation. Course also will provide the student with knowledge of basic physics. Structure of the atom, electromagnetism, magnetism, electrostatics, and electrodynamics will be studied.

6. Introduction to Pathology 130 and Radiographic Advanced Pathology 230

Pathologies will be discussed and how they relate to radiographic exposure.

7. Introduction to Radiography 100

This course will provide the student with an overview of radiography and its role in healthcare delivery. Student responsibilities will be outlined. Students will be oriented to academic and administrative structure, key departments and personnel, basic radiation protection techniques, medical ethics, and to the profession as a whole.

8. Medical Terminology (Pre-req to our program but also covered in courses 100, 105,110, 121). This unit will provide the students with the elements of medical terminology. An introduction to the origins of medical terminology will be addressed. A word building system will be introduced, and abbreviations and

symbols will be discussed. Also introduced in this course will be an orientation to the understanding of radiographic orders and an interpretation of diagnostic reports.

9. Patient Care 121

This course will provide the student with the concepts of patient care, including considerations for physical and psychological needs of the patient and family. Routine and emergency patient care procedures will be described, as well as infection control procedures utilizing Universal Precautions.

10. Pharmacology & Contrast Media 121

Prerequisite: Advanced Patient Care & Physiology. This unit will provide the student with basic concepts of pharmacology and the expected actions, reactions, and possible interactions of various drugs. Specific drugs for CPR and premedication will be discussed.

11. Principles of Radiographic Exposure 125, 150, 275

These courses will provide the student with knowledge of factors that govern radiographic density. Laboratory experiments will be utilized to demonstrate clinical applications of the theoretical principles and concepts.

12. Quality Assurance 207

This course will provide the student with knowledge to establish a Quality Assurance Program. Procedures, testing and evaluation methods will be discussed.

13. Radiation Biology 215

This course will provide the student with an overview of the principles of the interaction of radiation with the living systems. Radiation effects on biological molecules and organisms with factors effecting biological response are presented.

14. Radiographic Procedures 110, 115, 225, 250

These courses introduce the student to positioning terminology, radiographic examinations of the human body. Considerations will be given to the production of radiographs of optimal diagnostic quality. Laboratory experience will be used to compliment the classroom portion of the course. Students will be required to position classmates and phantoms during laboratory sessions.

15. Radiation Protection 210

This course will provide the student with an overview of the principles of radiation protection. Radiation protection responsibilities of the radiographer for patients, personnel and the public are presented. The concepts of As Low As Reasonably Achievable (ALARA), and stochastic and non-stochastic effects will be discussed and compared with the concept of Absorbed Dose Equivalent. Regulatory agencies will be identified and agency involvement in radiation protection will be discussed.

16. Radiographic Positioning with Practicum 440

This course uses self-paced review of radiographic positions with a rubric-graded practicum administered at the end of the course. Accuracy and efficiency will be assessed during the practicum.

17. Registry Prep 295

Preparation for the ARRT examination will consist of lectured reviews and registry prep exams.

18. Digital Imaging with Symposium Project 420

This course is designed to focus on digital imaging as it relates to producing a quality image. In-depth information is discussed and related to real-world equipment and clinical decisions. To help this transition, the course culminates in the Symposium Project. Students can work on individual projects that will be submitted for the Spring Symposium. Students are asked to keep subject matter to the principles of image formation. One-to-one guidance is offered before the final oral presentation. Categories and grading will use the published WAERT guidelines and consist of a content and oral presentation grade.

19. Venipuncture 212 (Pre-req of 121)

This course will provide the student with the theory and practice of the basic technique of venipuncture and the administration of contrast media and/or intravenous medication.

APPENDIX E

ThedaCare School of Radiologic Technology Comprehensive Course Schedule

1st Year Level I

Fall Semester I	<u>Course#</u>	<u>Total Credit Hours</u>	
Introduction to Radiography	100	1	
Human Structure and Function	105	2	
Radiographic Positioning and Positioning Lab	110	5	
Principles of Radiographic Exposure	125	2	
Patient Care	121	2	
Clinical Education	108	3	
Image Analysis	102	2	Total: 17
Spring 1			
Human Structure and Function	106	3	
Radiographic Positioning and Positioning Lab	115	5	
Principles of Radiographic Exposure	150	2	
Imaging Equipment	160	2	
Clinical Education	116	3	
Image Analysis	103	2	
Intro to Pathology	130	.5	Total: 17.5
Summer 1			
Clinical Education	132	6	
Digital Imaging with Symposium Project	420	3	
Radiographic Positioning with Practicum	440	5	Total: 14 48.5 for Year 1

2nd Year Level II

Fall Semester 2	<u>Course#</u>	<u>Total Credit Hours.</u>	
Human Structure and Function	204	.5	
Radiographic Positioning and Positioning Lab	225	2	
Radiation Protection	210	2	
Image Analysis	201	1	
Quality Assurance	207	0.5	
Clinical Education	240	3	Total: 9

Spring 2

Imaging Equipment	200	0.5	
Cross-Sectional Anatomy and Computed Tomography	205	1	
Radiographic Positioning and Positioning Lab 2-4:00	250	1	
Image Analysis 12-30-200	202	0.5	
Clinical Education	260	2.5	
Radiation Biology	215	0.5	
Venipuncture	212	0.5	
Radiographic Advanced Pathology	230	0.5	
Principles of Radiographic Exposure	275	1	
Registry Prep	295	2.5	
Clinical Education (year)	290	2.0	Total: 12.5 (21.5) for Senior
Total Credits for Senior Year		21.5	
Total Credits for Junior Year		48.5	
Total Credits		70	

Course content, additions or deletions are at the discretion of the instructional staff. Any changes are made to reflect technological advances or changes in curriculum.

60 clinical hours=1 credit

One 60 minute lecture each week is equivalent to one credit. Semester length is dependent on semester.

We took # of minutes of class and / by 960 (60 minutes*16 weeks=960)

PTO does not impact credit awards

APPENDIX F

ThedaCare School of Radiologic Technology Faculty

Troy Albrecht MS., R.T.(R)(CT) (ARRT)
Program Director 920-454-6296

Stephanie Delwiche MS., R.T.(R) (ARRT)
Clinical Coordinator 920-454-6298

Jennifer Howard R.T.(R) (ARRT)
Clinical Instructor 920-454-6297

APPENDIX G

College Affiliations

ThedaCare School of Radiologic Technology has affiliations with University WI Oshkosh, University WI Oshkosh at Fox Cities. Our [website](#) contains information regarding the articulations or call Program Director to discuss options.

APPENDIX H

Declaration of pregnancy form

I, _____ have official declared pregnancy to Program Director.
(Student signature and date)

I have declared pregnancy to Program Director who will ensure training of proper radiation fetal monitors and coaching of how to use monitors appropriately. Student has option to “un-declare” pregnancy at any time but must sign below form to do so.

Un-declare pregnancy form

I, _____ have official un-declared pregnancy to Program Director.
(Student signature and date)

I understand that at this time, I will not be monitored for fetal dose.

APPENDIX I

GLOSSARY OF TERMS

Clinical Education	The portion of the educational program conducted in a healthcare facility that provides the opportunity for students to translate theoretical and practical knowledge into cognitive, psychomotor and affective skills necessary for patient care.
Competent	The student's ability to successfully perform a series of designated radiographic positions/projections with indirect supervision and assumes those duties and responsibilities according to course and clinical objectives.
Competency Evaluation/ Assessment	The procedure by which a student's performance is evaluated according to the program's prescribed standards. Competency evaluation consists of the knowledge, skills and affective behavior required of an entry-level radiographer.
Didactic Education	The portion of the educational program in which knowledge is presented and evaluated in a classroom setting.
Direct Supervision	<p>Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified radiographers. The parameters of direct supervision are:</p> <ol style="list-style-type: none">1. A qualified radiographer reviews the notification and worklist for the 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 examination.4. A qualified radiographer reviews and approves the images.
Indirect Supervision	<p>Supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.</p> <p>"Immediately Available" is interpreted as the [presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed]. This availability applies to all areas where ionizing radiation equipment is in use.</p> <p>The parameters of indirect supervision are:</p> <ol style="list-style-type: none">1. A qualified radiographer reviews the notification or worklist 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 reviews and approves the radiographs.
4. A qualified radiographer is present for any/all repeats.

Laboratory Practice

The portion of the educational program conducted in a simulated or dedicated laboratory that provides students the opportunity for practical application, practice and evaluation under the supervision of an instructor.

Objectives

Specific statements describing behaviors contained within the competency. To provide direction to the overall education process, objectives that complement the competency should be written at various levels (i.e., terminal performance objectives, enabling and en-route objectives). Each objective represents a necessary step towards attaining mastery of an identified competency.

Radiographic Procedure

A series of radiographic exposures which produce diagnostic information.

Simulation

Performance of an examination on a subject (not a patient) or phantom with exposure simulation and critique of the image area. May be used for limited volume examinations.

APPENDIX J

CLINICAL PROBATION POLICY

A student must achieve a “C” or higher in all semesters. If a student is below 80% at the end of a semester, they can be dismissed from the program under the discretion of the Program Director.

If the student remains in the program, they are placed on Probation. The probationary period will last for one full semester after the student is placed on probation. This probationary period allows the student in the succeeding semester to bring clinical grade up to an academic minimum of 80%. The scoring system is the same grading scale used for academic standards. If the grade is not brought up to a minimum, the student is dismissed from the program. A student can be placed on clinical probation for, but not limited, to the following:

- Consistently demonstrating a poor attitude about clinical education
- Consecutive semesters with poor clinical coordinator evaluation grades
- Difficulty working or relating to patients
- Unsatisfactory scoring in proficiency re-checks or re-comps
- Not following direct/indirect supervision
- Falsifying documentation
- Unable to build effective team relationships with faculty and/or staff
- Failing to follow mandatory shielding protocol
- Unable to consistently mark images correctly and legally
- Other equally important offenses

Once on probation, areas of improvement will be identified. An improvement plan is developed by the student after faculty gives specific recommendations. Students who complete the improvement plan successfully and makes every attempt to better themselves clinically, and successfully pass the stipulations at the end of the probationary period, and earn 80% or better for clinical grade will come off of clinical probation.

If a student is unable to earn 80% or better for the clinical grade for this probation semester, the student will be dismissed from the program.

Any student needing additional instruction is encouraged to seek out and ask the program faculty for help and not wait until this process is necessary.

APPENDIX K

CONTIGENCY PLAN

In the event there are pandemic/epidemic situations during your education, our program has special accommodations in place. Some of the measures that will be taking place to provide the safe environment are:

1. Anyone who enters a ThedaCare building will maintain a mask, and maintain social distancing (6') when possible.
2. Possible temperature checks for all entering the building along with hand sanitizer upon entering. If students feel ill, has a fever or have COVID-19 symptoms, they should remain at home and lectures will be recorded. Adherence to ThedaCare Screening processes and Employee Health reporting is expected. Students must provide any documentation when asked if an exposure occurs.
3. Lab days will be Friday's and broke into smaller group and videotaped for submission to professor.
4. Program will continue to monitor CDC recommendation and respond as needed.
5. If stay at home orders are instilled, depending on PPE supplies, students will be given the option to attend clinicals by signing a waiver. If students do not feel safe, they can choose to not attend clinicals and make up the hours when they feel safe. Making up lost clinical hours will be advised depending on each situation that occurs. All lost time must be completed before students sit for ARRT exam. If significant time is lost, program will revert to minimum ARRT Clinical Competency requirements.
6. If students are not allowed in clinicals due to lack of PPE supplies because of a pandemic, program will best attempt to shift as many classes online as possible.
7. Only clean water bottles should be refilled and hands sanitized prior to using dispenser.
8. In the case of respiratory isolation/precaution patients, students will be excused from those clinical exams until proper PPE can be provided and educational requirements for protection have been met.
9. Due to the possibility of isolation and self-quarantine, student will be excused from class and clinicals until student is not cleared to return. Students can choose to use their PTO to cover the absence. But when pto is exhausted, students would have to make-up any remaining balance.
10. Program has the right to adjust program as needed due to each situation.

ThedaCare School of Radiology

Contingency Plan Waiver Form

I, _____ agree to attend clinical portion of program despite the risk to my personal health. I have been made aware of the risks and have been given the proper PPE and training. By signing this, I waive ThedaCare of any and all risks and assume personal responsibility of my actions. I agree to follow the policies and procedures that have been explained to me, to the best of my ability.

Student Signature: _____ Date: _____

Witness: _____ Date: _____

Contingency Plan Revocation Form

I, _____ am informing the ThedaCare School of Radiologic Technology that I am revoking my prior agreement to attend the clinical portion of the program. I am aware that I might be required to make up any time that is lost and will work to meet the clinical competencies of the program.

Student Signature: _____ Date: _____

Witness: _____ Date: _____

APPENDIX L

ThedaCare School of Radiologic Technology Program Handbook and Supervision Student Agreement

As a student in the School of Radiologic Technology program, I have read the preceding program policies and procedures and understand them. My signature below indicates that I understand the program policies and procedures and will comply with them.

Student's Signature:

Date:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____