STUDENT ACKNOWLEDGEMENT

I, the undersigned, have read or have had explained to me, all policies and procedures related to attendance, vacation time, sick time, job performance ratings, and academic class grades. I do, hereby, understand the consequences of violating any of these policies and procedures regarding disciplinary action up to and including dismissal from the program.

Student Signature: ____________________________________________________________

Printed Name (Student): ______________________________________________________

Witness Signature: ____________________________________________________________

Printed Name (Witness): _______________________________________________________  

Date: ______________________________________________________________________
RADIOLOGIC TECHNOLOGY PROGRAM

HENRY FORD HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

PHYSICIANS

Manuel Brown, M.D. - Chairman
Denise Collins, M.D. - Vice Chairman
David Kastan, M.D. - Vice Chairman

ADMINISTRATION

Cheryl Martin – Vice President of Product Line Services
Emily Beck – Director, Diagnostic Radiology

RADIOLOGIC TECHNOLOGY PROGRAM

Thomas Song, M.D. - Medical Advisor
Sarah Borland, M.Ed., R.T. (R) - Program Director
Jarrod Thorwart, B.S., R.T. (R) - Clinical Coordinator
Melissa Stefanski, M.S., R.T. (R) (CT) - Faculty
RADIOLOGIC TECHNOLOGY OBJECTIVES STATEMENT

Students successfully completing a major in Radiologic Technology will demonstrate a range of critical thinking skills and abilities, which they use in the acquisition of knowledge. Their work at the end of the program will be clear, precise, and well-reasoned. They will demonstrate command of the key Radiologic Technology terms and distinctions and the ability to identify and solve fundamental technological and patient-related problems. Their work will demonstrate a mind in charge of its own technological ideas, assumptions, inferences, and intellectual processes. They will demonstrate the ability to analyze radiology questions and issues clearly and precisely, formulate technological information accurately, distinguish the relevant from irrelevant, recognize key questionable radiologic assumptions, use key radiology concepts effectively, use medical language in keeping with professional usage, identify relevant customer service points of view, and reason carefully from clearly stated Radiologic Technology premises, as well as sensitivity to important customer service implications and consequences. They will demonstrate excellent technological and customer service problem-solving.

BRIEF HISTORY OF THE HENRY FORD HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY

The School of Radiologic Technology at Henry Ford Hospital (HFH) has been in existence since the 1950’s when Dr. Howard Doub, the first Chairman of the Department of Diagnostic Radiology, started the program.

The original goal of the program was to train interested individuals to become radiologic technologists as there was a shortage of properly trained technologists. The program was started to ensure that the hospital would be adequately staffed with trained technologists. With students graduating yearly, the shortage of technologists at Henry Ford and other hospitals throughout the city was alleviated.

The school began as a hospital-based program. The department has always been firmly committed to the program and continues to provide financial and instructional support. No affiliate institutions are utilized as all clinical training occurs at Henry Ford Hospital.

As the interest in Radiologic Technology as a profession increased, the total enrollment in the program also increased. At one time, an average of 10 to 12 students were accepted into the program every six (6) months. In 1980, the decision was made to reduce enrollment. The program is currently accredited for 40 students but maintains an average of 25 to 30 students on-site.

The program is approved by the Joint Review Committee on Education in Radiologic Technology (JRCERT); in 2021, the program received a certificate of accreditation for eight (8) years. The next site visit is scheduled for 2027.

The program has always maintained a strong reputation for providing a high-quality education. Many of our graduates hold responsible positions in the health care industry.

In March 2006, a partnership was forged with Wayne State University to turn the hospital-based program into a four-year baccalaureate degree program.

Henry Ford Hospital continues to maintain its commitment to providing high-quality Radiologic Technology education. The program continues to provide the institution with potential employees. Over 60 percent of
our current staff of radiographers are graduates of the program. The hospital’s satellite clinics also have radiology facilities, and many of our graduates are employed at these clinics.

Henry Ford Hospital also sponsors an allied health training program in Ultrasound Technology. The program in radiography serves as a feeder for this program. Many of our graduates have specialized in this area and remained on staff at the hospital.

There are numerous potential employers in the Detroit Metropolitan Area where our graduates may seek employment. Some of the largest hospitals in the Midwest are located in metro Detroit. In addition, there are numerous clinics and doctors’ offices with radiology facilities. This has created a good job market for our graduates.

INTRODUCTION TO RADIOLOGIC TECHNOLOGY

Welcome to the Wayne State University (WSU) and Henry Ford Health System (HFHS) Radiologic Technology Program. We hope you find Radiologic Technology a rewarding and stimulating profession.

As a student, you will be assigned to the different areas of the Henry Ford Hospital Radiology Department. This will allow you to develop a working knowledge of all aspects of radiology. The student contact technologists will be assisting you in becoming familiar with the areas and informing you of the expectations of the areas. You will be responsible to them, the supervisor of the area, and also to the radiographer you may be assigned to work with. These radiographers are responsible for producing quality radiographs and providing for our patients’ care, comfort, and dignity. These radiographers are capable of performing their duties accurately, effectively, and quickly. They also have a responsibility to you, the student, to provide supervision over your clinical endeavors and to provide you with the information necessary to aid you in developing your technical skills. The mastering of these skills is required for program completion. The registered radiographer is an essential person in your technical training. You will be working with actual patients, and your work must be precise. The radiographer will observe your work to insure all is correct before any exposure is made.

The student contact technologists along with the radiographers will also evaluate your clinical performance. These evaluations are given to the Clinical Coordinator and will be reviewed with you each semester. You will also be given a clinical grade for each rotation based on the evaluation, clinical data sheets (when appropriate), and number of competencies completed. This clinical grade will be made available shortly after the completion of each individual rotation.

Your classroom instructors are another important group of individuals who take part in your training. They spend many hours outside of their regular working day preparing lectures, assignments, and examinations. The instructors are responsible for relating massive amounts of subject material to you in a manner you may easily assimilate. Most of these instructors have a working knowledge of educating adults and have an earnest desire to share their expertise with you through teaching. They are more than willing and capable to help you understand the theory as well as the practical aspects of the didactic portion of your education.

The personnel in the Radiology Department are prepared to assist you; however, the ultimate responsibility for mastering all that you need to know is yours.
GENERAL INFORMATION

DAILY ATTENDANCE

A nametag system is used to take daily attendance when arriving in the department in the morning. You will be considered tardy until your nametag is turned.

Location: On the wall of the locker room (WC 335A)

Color Code: The nametags remain red to indicate the student is not in attendance. The nametags are turned over to the green side when the student arrives. Students are not permitted to turn another student’s nametag.

HOURS

40 hours maximum scheduled time per week, Monday through Friday. Students are not scheduled for clinical time on afternoon or evening shifts, or for any weekend shifts. The clinical hour to credit hour ratio is set at 5:1, for 30 hours of clinical education each week throughout the entire professional program. All clinical rotations are performed exclusively at Henry Ford Hospital’s Main Campus in Detroit.

Students rotate through the various areas of the department every three (3) to five (5) weeks during the first year and every three (3) weeks during the second year. Some rotations are observational and are shorter.

All requests to leave early must be cleared through the Clinical Coordinator or Program Director. Students are not allowed to leave early without permission. Time off needed to leave early will be subtracted from the student’s personal time. Requests to leave early/arrive late will not be considered for time increments of less than 2 hours.

Tardiness is a poor work habit and will not be tolerated. Minutes/hours late will be subtracted from the student’s personal time. The time subtracted will be a minimum of 30 minutes and increments will increase based on actual arrival time.

For further and more complete information, please refer to the Attendance Policy located in this handbook.

TELEPHONE CALLS

Personal telephone calls cannot be accepted. In the event of an emergency, the call should be directed to the Clinical Coordinator or Program Director and the message will be forwarded to you.

If you must leave a phone number where you can be reached, use the Program Director’s office number at 313-916-1348 or Clinical Coordinator at 313-916-0615.

Hospital phones cannot be used to make personal calls. If you find it necessary to make a personal call, use your cell phone away from the clinical area. Please refer to the health system policy on cellular
communication devices. Personal cellphones may only be used in non-public, non-patient care areas. Students are not allowed to have personal cellphones in clinical rotations.

PROGRAM INFORMATION

Important student information is posted on bulletin boards in the student locker room, as well as emailed to students.

HOLIDAYS

The program follows the Wayne State University Academic calendar, as posted by the Wayne State University Office of the Registrar.

DISCIPLINARY POLICY

It is the policy of the Radiologic Technology Program to administer disciplinary action in a manner that is consistent for all students. This policy is located in this handbook. Please read it carefully and use it for reference.

STUDENT RECORDS

Each student has a permanent file, which is kept in the Program Director’s office. This file contains the following information: performance evaluations (those submitted electronically will be maintained on eValue), health clinic forms, disciplinary reports, competency evaluations, and other pertinent information.

Performance evaluations, reports, and transcripts are reviewed with the student each semester throughout their training. Additionally, by appointment, a student may review his/her file and obtain copies of information contained in it by observing the Guidelines for Review of Student File.

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), information contained in the student's file is confidential and will not be released without the written consent of the student.

ACADEMIC POLICIES

The academic curriculum for the Radiologic Technology Program appears on the following page. Classes are taught in a sequence that allows one class to serve as a foundation for another. The clinical rotations are scheduled so the student can demonstrate competency for routine examinations first before they rotate through more specialized areas. As the students change rotations, the theory presented in class can be experienced in the clinical environment.

All classes are held Monday through Friday in the HFH radiology classroom, Room 2085 of the Education and Research Building or remotely as scheduled. Due to scheduling conflicts, classes may be scheduled in other rooms throughout the year. The amount of time spent in the didactic setting varies with each semester. As social distancing requirements continue, a larger classroom in the E&R building will be reserved. Students must follow all social distancing and mask requirements as required by both HFH and WSU.
It is recommended that students attend classes as scheduled. Students who attend classes on personal days will not be credited with the additional time spent in didactic activity. In the event a class is cancelled, the students will be notified.

Grade Appeals Policy:
There is a link to the Final Grade Appeal Policy on the EACPHS Resources page: https://cphs.wayne.edu/students/resources.php

Here is a direct link to the policy:
http://cphs.wayne.edu/students/eacphs-grade-appeal-dismissal-policy.pdf

If, after your School/College appeal path is exhausted and you wish to continue with the grade appeal process, per the University Academic policy, you may request a Provost Review within 30 days of this decision. The request should be submitted via the online form located at https://provost.wayne.edu/academic-policy. For assistance with the appeal process, you may contact the Ombudsperson Laura Birnie-Lindemann at ombudsoffice@wayne.edu.

Please add “cc R. Darin Ellis, Associate Provost for Academic Affairs” on the bottom of the notification letters.

Here is a description of the Ombudsperson's role (https://provost.wayne.edu/pdf/ombuds_and_academic_appeals.pdf).
# Radiologic Technology Professional Curriculum

## Spring/Summer Semester

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<tr>
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</tr>
<tr>
<td>Radiographic Procedures I</td>
<td>RDT 3300</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Education 1</td>
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<td>Radiation Biology and Advanced Protection</td>
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<td>Radiographic Procedures 2</td>
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<td>Clinical Education 3</td>
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## Spring/Summer Semester

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<td>Cross Sectional Anatomy</td>
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<tr>
<td>Radiation Physics &amp; Circuitry</td>
<td>RDT 4200</td>
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<td>Independent Study</td>
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## Winter Semester

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<td>Radiology Seminar</td>
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<td>Jurisprudence</td>
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Updated Sept. 2019, effective May 2020
ATTENDANCE POLICY

1. Student Breaks/Vacations

Breaks and vacations will follow the Wayne State University calendar.

2. Personal Days/Sick Days

a. Personal Days: These must be arranged in advance with the Clinical Coordinator or Program Director. All requests for personal time off must be submitted to the Program Director on the appropriate form and are subject to approval. In the absence of the Program Director, time off may be scheduled through the person(s) designated to act as Program Director unless other instructions have been given.

b. Sick Days: Students who will not be in due to acute illness must notify the Program Director at 313-916-1348, Clinical Coordinator at 313-916-0615 before 7:30 am unless other instructions have been given. Failure to do so will result in a warning slip.

c. It is the responsibility of the student to call in personally. Under normal circumstances, a parent, spouse, or friend may not call in for a student. A follow-up email should also be included.

d. An unscheduled absence of three (3) or more days will require a doctor’s permission slip before the student can return to the program. This permission slip should contain the following:

- Diagnosis
- Date the student may return
- Restrictions*, if any
- *Students may NOT participate in clinical activities with ANY restrictions

e. Students returning from medical leave of absence must submit a doctor’s permission slip and follow the hospital protocol regarding such return which may include a visit to Employee Health Services. Classes and clinical rotations missed during the leave of absence will be rescheduled and must be completed before the student can graduate.

f. Excessive absenteeism will be dealt with in accordance with the HFHS policy (5.02) regarding the number of occurrences in a given time period. This can be found later in this document.

g. Emergency situations will be handled on an individual basis by the Program Director.

3. Tardiness

a. Repeated tardiness post-scheduled starting time will be cause for a documented verbal warning. Personal time will also be deducted. Continued tardiness after the verbal warning will be cause for a written warning and continued steps in progressive discipline, up to and including termination.

b. Students who are going to be substantially late must notify the Program Director in the morning by 7:30 am by phone. Substantial tardiness is time in excess of one half hour (30 minutes).
4. Leaving the Clinical Area

a. Requests to leave the clinical area early must be cleared through the Program Director or Clinical Coordinator. Time off needed will be deducted from the student's personal time bank.

b. If a student must leave the clinic area (e.g., doctor's appointment, library time, conference with instructor, etc.), the Program Director or Clinical Coordinator and the supervising technologist must be notified in advance.

c. Students should use their own discretion as to when to leave for class in order to arrive on time, however, leaving the clinical area well in advance of scheduled class time will not be tolerated. Students should promptly return to their clinical area after class is over. It should be noted that ten (10) minutes is the maximum allowable time for leaving or returning from a scheduled class for students not scheduled at NCO, CAM, or the Cancer Center.

5. Exceeding the Allowed Time

a. Should a student exceed the allowed amount of personal time, this time must be made up prior to graduation. Any student who owes in excess of two (2) days in any academic term will be scheduled to make that time up during the semester break following the Fall semester. Failure to do so will be considered voluntary termination from the program.

b. Any student who owes in excess of two (2) days in any academic year will not be granted approved time off when requested unless extreme circumstances can be documented. Any student who owes in excess of two (2) days will have the privilege of working in the department outside of program hours revoked. Any student who owes in excess of three (3) days will no longer be eligible for advanced certification.

c. No student is allowed to participate in program activities exceeding 40 hours in any given week.

Time Off for Students

Each student is given five (5) personal days at the beginning of each year of the professional program. Days unused from the first year will transfer to the second year and be added to the second-year allotment. Any time owed will be subtracted from the second-year allotment as necessary.

Students wishing to use personal time may do so by filling out the appropriate time off slip. It must be signed by a program official and will only be approved if the student has enough hours available to them. All time off requests must be in increments of 2 hours unless otherwise specified (such as during the last program semester).

Students who leave an area without proper authorizations, will be charged with an occurrence. A minimum of 4 hours will be deducted from the students' respective bank irrespective of actual time away. If the student is unaccounted for in excess of 4 hours, a full day will be deducted from the bank. Either situation will be considered abandonment of duty and will follow disciplinary action as prescribed by HFHF Policy No. 5.02.

Other situations rendering an occurrence:
Students who report to the clinical area when they are ill will be sent home and this too will result in an occurrence.

Students who are found sleeping in areas will be sent home and will be charged with an occurrence.

Students who are in dress code violation will be sent home and this will result in an occurrence. (This includes lack of hospital identification badge, radiation dosimeter, improper footwear, or failure to wear a lab coat as a part of infection control precautions).

Students who have a personal cell phone or other electronic device with internet/camera capability in the clinical area will be sent home. It will result in an occurrence.

**TIME OFF REQUEST FORM**

A form must be used whenever you wish to: 1) leave early, 2) arrive late, or 3) take a day off. On the following page, there is a sheet of these forms.

Once you have filled out the form, it should be submitted to the Clinical Coordinator or Program Director for approval. In our combined absence, the student contact technologist named to handle attendance must give approval.

After approval, you can take the form to the student contact technologist or the technologist you are scheduled to work with for the time requested for their signature. If you are leaving early, the technologist should record the actual time you are leaving for the day, which means that the technologist will not be signing the slip until you are ready to leave.

Students who will be off for a full day or coming in late should obtain the technologist’s signature the day before they will be absent or tardy.

Upon obtaining the signature of the technologist, the form is to be brought to the program office before you leave for the day.

Not following through with the procedure will result in an occurrence rather than approved time off.

This procedure will assist in bridging any communication gap that may occur in different rotational areas. A file box will be available in the program office for these forms so that a permanent record will be available should any questions arise involving the absence of a student. You may want to make a copy of the form for your own records once the time off has been approved.
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<td>WSU Office: __________________________</td>
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RESPONSIBILITY OF THE CLINICAL AREAS TO THE STUDENT RADIOGRAPHERS

The program has developed competencies to support student proficiency in imaging procedures.

It is imperative that students are able to experience all radiographic examinations that are performed in the area. We must realize that Henry Ford Hospital is a “teaching” institution and dedicated to the instruction and education of all facets of health care and specifically Radiologic Technology. This means that the education of students cannot be forfeited or postponed due to insufficient staffing or an increased patient flow.

Students will be supervised by registered radiologic technologists and shall not take the responsibility or position of qualified staff.

Until competency is reached for a procedure, all student radiographers are to be scheduled in a radiographic room with a registered radiographer. This means that students who have not achieved competency must be placed with a technologist who has already passed the National Registry. Students who have not established competency may not be scheduled with unregistered technologists. Once a student achieves competency, he/she may be scheduled in a room alone without immediate supervision; however, a registered radiographer must be available in the immediate area.

Students may not take the place of qualified staff in any capacity. We have a responsibility to guarantee student proficiency. This means that students may not be assigned to take the place of any staff, technical or non-technical. Students are not to be placed in positions due to inadequate staffing from areas experiencing low volume to areas experiencing high volume rather than performing examinations (e.g., receptionist or patient transport). Students should, however, be competent with those tasks. Students may be requested to facilitate patient flow in the area where assigned on a temporary and limited basis, providing they have achieved competency in that area.

GRIEVANCE/DUE PROCESS POLICY

The following section contains the Standards for an Accredited Educational Program in Radiologic Sciences. If any individual consider the program in non-compliance with any of the standards, the following course of action should be taken:

1. Bring the formal complaint to the Program Director in written form. The official Program Number 2636 should be listed along with the name of the program and the name of the sponsoring institution clearly visible on the top of the complaint.

- The complaint should clearly state which standard is believed to be in violation.
- A description of the event(s) violating the standard should also be included.
- The name of the complainant(s) should be typed or printed and signed.

2. The complaint will be investigated by the Program Director within five (5) working days of receipt of the complaint, and a formal typewritten response will be given to the complainant(s). At this point, a copy of both the complaint and response will be forwarded to the JRCERT for their review and records.

3. Should the complainant(s) find the response unacceptable, he/she has three (3) working days to resubmit
the complaint with additional documentation demonstrating the non-compliance. This will be forwarded to the remaining program officials, namely, the Medical Advisor, Manager, and Clinical Coordinator.

4. A meeting of an ad hoc resolution committee will be scheduled by the Manager to include the following members of the Advisory Committee: Medical Advisor, Manager, Program Director, Clinical Coordinator, Supervisor, Senior Class Student, and Junior Class Student, within two (2) weeks upon receipt.

5. The committee will convene and review the complaint. If no additional investigation is necessary, a final resolution will be drafted and given to the complainant(s) and the committee members. Should additional investigation be necessary, it shall be done within two (2) weeks of the meeting.

6. If the complainant is still not satisfied, the complaint may be sent to the Assistant Dean of Students within one (1) week of receiving the determination of the program. A final resolution will be written within (2) weeks. A copy will also be forwarded to the JRCERT.

7. If the complainant(s) is not satisfied with the final resolution, he/she should contact the JRCERT in writing at the following address:

   Joint Review Committee on Education in Radiologic Technology
   20 N. Wacker Drive, Suite 2850
   Chicago, IL 60606-3182

For Other Complaints:

Problems (not considered in the Grievance policy) encountered by the students throughout the course of their training should be discussed with the Clinical Coordinator and/or Program Director. The Medical Advisor may also be consulted, though it is preferred that the students see the Clinical Coordinator or Program Director first. Problems that occur in the clinical areas where the student contact technologist is not available should be directed to the Clinical Coordinator.

The program will investigate for patterns of grievance or complaint exists, to maintain the integrity of the educational program.

STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM IN RADIOGRAPHY (2021)

Standard One: Accountability, Fair Practices, and Public Information
The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Standard Two: Institutional Commitment and Resources
The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.
Standard Three: Faculty and Staff
The sponsoring institution provides the program with adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Standard Four: Curriculum and Academic Practices
The program’s curriculum and academic practices prepare students for professional practice.

Standard Five: Health and Safety
The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement
The extent of a program’s effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

DRESS CODE POLICY

In order to promote the professional standards of the Radiologic Technologist, students are required to adhere to the following Image Apparel Policy. This policy is to be used whenever students are acting as a member of Henry Ford Health System at the main hospital site or any of its affiliates.

Female Students:
Business attire, dresses, blouses/sweaters with skirts/dress slacks that are conducive to the work environment. A white lab coat/jacket must be worn at all times with business attire.

OR

Scrub suits (matching solid tops and bottoms in navy blue only) may be worn provided they are clean and pressed. Combinations of scrub tops or bottoms with other apparel are not acceptable. White or black leather or leather-like athletic or uniform shoes must be worn. Suede or suede-like material is not permitted, nor is any shoe with a mesh fabric component. The shoe must be primarily white or black. A small amount of another color due to manufacturer’s logo is acceptable.

Accessory clothing that may be worn includes a clean plain white, black, or navy blue short sleeve or long sleeve T-shirt, turtleneck, or mock turtleneck. Additionally, specific HFHS Radiology approved track jackets, ladies fitted jackets or unisex jackets in navy blue only. Personal jackets, sweaters, or sweatshirts are permitted, nor is any hood.

Males:
Business attire, shirt and tie, dress slacks, dark socks, and dark leather shoes. A white lab coat/jacket must be worn at all times with business attire.

OR
Scrub suits (matching solid tops and bottoms in navy blue only) may be worn provided they are clean and pressed. Combinations of scrub tops or bottoms with other apparel are not acceptable. White or black leather or leather-like athletic or uniform shoes must be worn. Suede or suede-like material is not permitted, nor is any shoe with a mesh fabric component. The shoe must be primarily white or black. A small amount of another color due to manufacturer’s logo is acceptable.

Accessory clothing that may be worn includes a clean plain white, black, or navy blue short sleeve or long sleeve T-shirt, turtleneck, or mock turtleneck. Additionally, specific HFHS Radiology approved track jackets, ladies fitted jackets or unisex jackets in navy blue only. Personal jackets, sweaters, or sweatshirts are permitted, nor is any hood.

In order to maintain the professional standards of the radiologic technologist and retain the confidence of the patient population, male students cannot wear earrings and hair must not be longer than collar length as some patients may find this offensive. Longer hair must be pulled back.

Radiologic Technology Students in the Operating Room and Interventional Radiology:

In order to comply with Infectious Control practices, scrubs will be issued by the Operating Room and Interventional Radiology. Students are required to wear street clothes or navy scrubs to and from the hospital and change on-site. These hospital-issued scrub suits are to be worn only during hours scheduled in a student capacity and are not to be worn away from the hospital. It is mandatory that students wear a lab coat/jacket over the scrub suit when away from the operating room or division. Socks and white or black leather or leather-like athletic or uniform shoes must be worn. A clean plain white, black, or navy blue T-shirt, turtleneck, or mock turtleneck may be added to the scrub suit. Appropriate Infectious Control apparel (head covers, masks, and shoe covers) are to be worn as required. No patient gowns are ever to be worn by students! OR scrub jackets may also be provided by scrub vending access.

GENERAL DRESS CODE AND APPEARANCE GUIDELINES

1. Clothing is to be clean, neat, free of wrinkles, and not distracting. Stained clothing is unacceptable.
2. Hemlines including skirt slits and pant length should be modest and not extreme.
3. The approved Henry Ford Health System identification badge is to be properly displayed while the student is on HFHS property. The badge must include a visible photograph and clearly readable name and must be worn at chest height. Pins and stickers may not be attached to the identification badge.
4. The radiation-monitoring badge is to be properly worn at all times.
5. Shoes and hose or socks must be worn.
6. Hair, including beards and mustaches, must be clean and neatly groomed. Hair should not be worn in extreme styles and should be pulled back and constrained.
7. Natural fingernail tips should be clean and neatly trimmed to less than one quarter (1/4) inch long. Nail polish must be free of chips and peeling. Artificial nail tips, wraps, tapes, bonds, rhinestones, and/or appliqués are not permitted.
8. Jewelry must be subtle and kept to a minimum. Earrings (females only) may not hang more than one (1) inch below the earlobe, and no more than three (3) earrings per ear may be worn. No other visible body jewelry is permitted.
9. Strong odors from perfume, cologne, and cigarette smoke should be avoided.
10. Gum-chewing is not appropriate in-patient areas.
11. Tattoos are NOT allowed!

12. The following is a list of attire that is not permitted:
• No hats
• No low-cut clothing, front or back
• No sundresses
• No sweatshirts, T-shirts, polos, halters, crop tops, or tube tops
• No sheer garments
• No denim, cotton sheeting, or leather garments
• No jeans, sweatpants, or knit pants
• No sandals, canvas tennis shoes, or snow boots

*Please see HFHS Policy 5.06 (in this document) for additional restrictions.

GUIDELINES AND POLICIES

ABSENCE

1. Anyone calling in sick the day prior to or following a holiday, scheduled vacation, or semester break is required to submit appropriate documentation from a physician regarding your absence.

2. Any noticeable patterns associated with calling in sick will be documented, and the appropriate disciplinary procedure will be followed.

3. Any student wishing to take vacation time must have an adequate amount of time available in his/her bank before the schedule posting date.

4. All requests for time off must be submitted in writing. Time taken off without written request will be considered an unexcused absence.

5. Requests to leave the clinical area early must be cleared through the Program Director or Clinical Coordinator.

TARDINESS

All students are expected to be in their respective clinical areas prepared for the clinical experience by 7:30 am as scheduled.
DIDACTIC GRADING POLICY

The grading scale for the Radiologic Technology Program is listed below. This grading scale has been in effect since September 27, 2004.

94 - 100 = A
92 - 93 = A–
89 - 91 = B+
86 - 88 = B
84 - 85 = B–
81 - 83 = C+
80 = C
79 or below = Failure

A student who does not successfully complete a course will be issued a written warning slip and placed on programmatic probation. Within one (1) week after completion of the course and prior to the official end of the semester, a comprehensive examination over the entire course will be administered. A score of 80 percent or higher must be obtained on this examination in order for the student to pass the course. The student’s grade will then be elevated to a passing score of 80 percent, and the student will no longer be on programmatic probation. If the student does not pass the comprehensive examination, the student will be immediately terminated from the program. Should a student fail another class while on programmatic probation, it will mean immediate dismissal from the program. The Eugene Applebaum College of Pharmacy and Health Sciences Grade Appeal and Dismissal Policy is the student’s avenue for grade appeal.

Any student failing more than one (1) class will be terminated from the program.

All academic classes must be successfully completed prior to graduation.

The Clinical Grading Policy can be found in this student reference guide.
GRADUATION REQUIREMENTS

Successful completion of the Radiologic Technology Program is considered when the following criteria is met:

1. Successful completion of all academic classes with an 80 percent (letter grade of C) or greater cumulative final grade. Some courses may require separate components be successfully completed.

2. Successful completion of a Mock registry examination (75% or better) administered in the last semester of the program as a component of Radiology Seminar (RDT 4600).

3. Successful completion of 23 out of 24 clinical rotations with a 3.0 or greater using a scale of 1 to 5.

4. Semester clinical (letter) grade of C or greater for all semesters.

5. Successful completion of all required challenge/competency examinations in both the first and second year of the program.

6. Successful completion of a written research paper (Independent Study, RDT 4800) that is a minimum of 3,000 words in length on an approved radiology-related topic defined by the Guidelines for the Research Paper.

7. Successful completion of clinical attendance requirements as defined in the Attendance Policy.


9. Adherence to all institutional rules and regulations as defined by Wayne State University, Eugene Applebaum College of Pharmacy and Health Sciences, Henry Ford Health System, and Henry Ford Hospital.
**HEALTH POLICY**

**PRE-TRAINING HEALTH SCREENING AND BACKGROUND CHECK**

A pre-employment health screening with drug screening test as well as a background check is administered to all incoming students by the Henry Ford Hospital Employee Health Clinic in participation with Henry Ford Health System Human Resources. This physical exam, drug screening test and background check is free of charge to the student. Students must be cleared by Employee Health as well as by HFHS Human Resources (including a background check) prior to the scheduled starting date of the program. If a student is not cleared by HFHS Employee Health Clinic, his/her acceptance into the program will be rescinded. Henry Ford Hospital’s Main Campus in Detroit is the exclusive clinical site.

**STUDENT LIABILITY INSURANCE**

Student Liability Insurance will be provided to each student as part of course materials fees. The Student Liability Insurance for Radiologic Technology students is part of the Wayne State University policy. Documentation is kept by the Program Director, as provided by Wayne State University. A copy will be provided to each student as requested.

**Drug-Free Workplace Policy (as stated in HFHS Tier 1 Policy):**

It is the policy of Henry Ford Health System to provide and maintain a drug-free workplace. The manufacture, use, possession, or sale of illegal drugs on HFHS premises or when conducting business on behalf of HFHS is prohibited. Reporting for work or working while under the influence of illegal drugs or alcohol is prohibited. Lawfully prescribed prescription drugs used in accordance with their instructions are not subject to this policy. However, reporting for work or working under an impairment caused by the abuse of lawfully prescribed drugs is prohibited. A violation of this policy will result in corrective action, up to and including termination. Patient safety event related incidents are governed under separate guidelines found in system Patient Safety Policy.

It is also the policy of Henry Ford Health System to maintain a tobacco free work day, during all shifts. (Tier 1-Tobacco-Free Environment) The use of any tobacco product during a shift is prohibited. Employees may not use tobacco at any time including their work shift, during breaks, and whether on campus or off campus. Clothing worn during the shift, hair, skin, and breath must be free of the odor of tobacco in accordance with the Henry Ford Health System's Personal Appearance Standards policy. A violation of this policy will result in corrective action, up to and including termination.

The policy below also applies to students.

**Procedure:**

**A. GENERAL INFORMATION**

1. Any employee who wishes to receive information regarding drug and/or alcohol counseling and rehabilitation may contact the Human Resources department or Henry Ford Enhance (EAP) office.

2. Any employee who is convicted of, or pleads guilty or nolo contendre to, a drug or alcohol related offense must report such offense to their regional Human Resources Service Center within seven (7) days of the date of conviction. Failure to do so may result in corrective action, up to and including termination.

3. Any employee who wishes to receive information and/or assistance to quit smoking can contact the Center for Health Promotion and Disease Prevention at (313) 874-1885.

**B. DRUG TESTING**
1. **Applicants**

HFHS requires a uniform drug screening test for all prospective employees as part of its fitness for work policy. *See Tier 1- Employee Health Screenings, For Cause Testing, and Fitness for Duty Examinations.* Any applicant who refuses to submit to a drug and alcohol screening test will be denied employment with HFHS.

2. **Reasonable Suspicion Testing**

HFHS reserves the right to conduct testing of an employee who is reasonably suspected of using alcohol or illegally using drugs. *Any applicant that has a positive drug screen test will be subject to having their offer of employment withdrawn.* An applicant who has their offer of employment withdrawn due to having a positive drug screen test will be ineligible to reapply for a position at HFHS for a period of six (6) months. An employee whose use of illegal drugs or alcoholic beverages poses an immediate health or safety risk to co-workers or the general public will be subject to immediate termination. Any employee who refuses to submit to a drug and alcohol screening test will be considered to have voluntarily resigned from employment with HFHS.

Employees requested to submit to a drug and alcohol screening test must do so immediately or by a time otherwise specified by the requestor. Employees may not delay in taking the test or otherwise cause the test to be delayed. Any employee who violates this provision will be considered to have voluntarily resigned from employment with HFHS.

C. **Substance Abuse Testing Process**

HFHS also reserves the right to conduct uniform drug testing of employees as deemed necessary to protect the health and safety of its patients, employees, members and others or as required by law. Any uniform drug testing done in this manner must be objectively and consistently applied.

Employees requested to submit to drug and alcohol testing must do so immediately. Employees may not delay in taking the test or otherwise cause the test to be delayed. Any employee who violates this provision will be considered to have voluntarily resigned from employment with HFHS. (See Tier 1- Employee Health Screenings, For Cause Testing, and Fitness for Duty Examinations)

1. **Steps for a Supervisor to initiate testing:**

   a. When there is a suspicion of impairment (smell of alcohol, unsteady gait, unusual behaviors, etc.) the supervisor should attempt to confirm this suspicion with another management representative.

   b. The manager will meet with the employee to discuss their observations and solicit a response from the employee. If it is determined by the manager that there remains reasonable cause for testing, the employee will be required to go to the business unit's designated site for testing. The employee is advised that refusal to submit to the required testing will result be considered a voluntary resignation.

   c. The manager is required to contact Human Resources to establish an evaluation with Employee Health Services. If the testing for cause request occurs after the close of normal business hours, the manager is to utilize a HFHS Emergency Department for evaluation. If any of the steps in this process requires transportation to an off-site location, the suspected employee must not drive and transportation must be provided by taxi or other means. It is preferable that the employee is
accompanied by a management representative for safety purposes. The management escort is required to wait at the testing site while the employee is evaluated.

d. Once the testing is completed the employee will be suspended pending test results. The employee should be offered a taxi home or be allowed to make other arrangements for transportation. If the employee’s test is negative then the employee should be compensated for all time missed at work. If the test results are positive the employee will be reviewed for corrective action up to and including termination of employment (see Tier 1-Corrective Action Policy)

2. **Referral to Henry Ford Enhance (EAP)**

   Employees who test positive may be referred to the Henry Ford Enhance (EAP). In HFHS’ sole discretion, and as a condition of continued employment, employees who test positive for drug or alcohol use may be required to enter into a Last Chance Agreement (LCA). The LCA is designed to provide an employer a means of addressing the positive drug test by mandating treatment and establishing criteria, through the EAP, to ensure that this treatment is completed successfully. Failure to comply with any and all of the conditions set forth by the LCA will result in termination from employment. In order to ensure that persons who are enrolled in, or who have successfully completed, a drug or alcohol counseling or rehabilitation program are no longer engaging in the use or abuse of alcoholic liquor or drugs, random testing may be conducted as part of the LCA. Any employee refusing to submit to such a drug test will be considered to have voluntarily resigned from employment with HFHS. A positive test at any time during the LCA process; or after the completion of the LCA, will result in immediate termination.

3. **Confidentiality**

   The results of any drug and/or alcohol screening test will remain confidential and limited to essential personnel, except as otherwise required by (Michigan state) law. Reports from drug and/or alcohol testing will be forwarded to Human Resources and will confirm only whether or not the employee tested positive for either drug or alcohol abuse.

D. **Workplace searches**

   HFHS reserves the right to question and conduct searches of employees and all other persons entering its premises, and to search personal belongings, offices, desks, files, lockers, or any other area of the premises when there is a reasonable suspicion of illegal drug or alcohol possession, use or sale. Employees who refuse to consent to a search may be subject to corrective action, up to and including termination.

**ON-SITE MEDICAL COVERAGE**

1. Students who incur an injury during the day may be sent to the Emergency Department for evaluation by a physician. The initial visit is at no charge to the student. If a follow-up appointment is necessary at one of the specialty clinics, the student or his/her insurance company is financially responsible. An injury report must be filed with Wayne State University for the visit to be covered.

2. Incident (Redform) Report Forms are available on-line using RadicaLogic. A completed form is necessary to use the facility. A supervisor should be involved in this process.
3. Arrangements in which the student elects to use the health services of the hospital (e.g., Allergy, Dermatology, Ophthalmology, etc.) will be the financial responsibility of the student or their insurance company.

4. Henry Ford Hospital maintains a 24-hour Emergency Department at the Detroit Campus as well as many of the larger satellites. Students requiring emergency care are encouraged to use these facilities.

5. Students are offered the Hepatitis B vaccine, and possibly other vaccines, at no charge to them. Mandatory vaccines may be added at any time, by either the health system or Wayne State University for participation in clinical education courses.

6. Annual testing of mask fit is a requirement in conjunction with the Department of Radiology.

7. Students will be given a flu vaccination at no charge to them as the institution deems necessary (annually). Flu shots are MANDATORY!

**Radiation Safety for Students in the Radiologic Technology Program**

**Radiation Safety Practices:**
In order to assure that students employ proper radiation safety practices during imaging examinations that use ionizing radiation, students must adhere to the following:

1. students must not hold image receptors during any radiographic procedure
2. students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

Consistent with State of Michigan Department of Licensing and Regulatory Affairs, Radiation Safety Section, Ionizing Radiation Rules Governing the Use of Radiation Machines:

Rule R 333.5333 Conditions of operation.
Rule 333.
(3) Staff personnel routinely working with or around radiation sources shall not be required by the registrant to hold film or restrain patients during radiography. If such procedure is permitted, personnel exposure shall not exceed the limits in R 333.5057 to R 333.5059 or the procedure shall be prohibited.

Students are subject to the same conditions of operation.

**Magnetic Resonance Imaging Safety Practices:**
To ensure student safety, and in order to assure that students are properly and appropriately screened prior to entering the Magnetic Resonance Imaging environment, each student will be screened according to the following MRI safety screening protocol:

1. The magnetic resonance environment will be described in detail during RDT 3500 (Patient Care) which occurs during the third (of 6) program semester, at the end of the junior year. Students are also instructed in safe practices for the MRI environment during class, prior to the first clinical rotation. MRI clinical rotations occur during Clinical Education 4-6.
2. At the end of the discussion, each student will be provided a copy of the WSU/HFH School of Radiologic Technology Student MRI Screening Form (see form following this policy). The form and its contents will be explained by the instructor. Students will be allowed one week to complete the form, in order to verify any pertinent information with their personal medical records as necessary.

3. The faculty of record for the course will give the forms to the Program Director or Clinical Coordinator. That program official will verify the information and clarify any inconsistencies with the student as necessary. The program official/faculty member that reviews the information will sign the form and provide his/her printed name. All forms will be scanned and emailed to the MRI supervisor and/or leader (or supervisor’s designee). Each form will be reviewed by MRI leadership. The supervisor or designee will inform the Program Director or Clinical Coordinator of student clearance status for the MRI environment.

4. Students who have been pre-cleared by MRI supervision using the form below will be rescreened on the first day of rotation by MRI personnel.

5. If the MRI supervisor or designee determine at any point prior to or during a rotation that a student will not be safe in the MRI environment (either with the form or on rescreen at the start of rotation), the student will be rescheduled to a different clinical area with no impact to the student’s grade.

References:
JRCERT Standards for an Accredited Educational Program in Radiography, Effective January 1, 2014: Standard Four (Health and Safety), Objective 4.3 (Assures that students employ proper radiation safety practices).

Michigan Department of Licensing and Regulatory Affairs, Radiation Safety Section, Ionizing Radiation Safety Rules Governing the Use of Radiation Machines (https://www.michigan.gov/documents/lara/rss_irr_part7_525013_7.pdf)

PREGNANCY POLICY

Both the National Council on Radiation Protection and Measurements (NCRP) and the International Commission on Radiological Protection (ICRP) have recommended that during the entire pregnancy, the maximum permissible dose equivalent to the unborn fetus from occupational radiation exposure to the expectant mother should not exceed 0.5 rem and should not exceed 0.05 rem (50 mrem) per month. The Nuclear Regulatory Commission (NRC) and the State of Michigan have established a limit of 0.5 rem to the embryo/fetus over the entire gestation of a declared pregnancy.

It is your responsibility to decide whether the risks to you or to a known potential unborn child are acceptable. A student has the option of notifying the Program Director of her actual or possible pregnancy; this notification is not required. However, should the student elect to declare her pregnancy, it should be done at the earliest time possible; and it must be in writing.
This notification may be rescinded in writing at any time. Should written notification of pregnancy be made, the student may choose from the following options:

- Continue current educational activities as planned.
- Terminate from the educational program.
- Continue with academic coursework only with the understanding that all clinical competencies must be completed prior to issuing of a certificate.
- Leave of absence.

Each case will be considered on an individual basis dependent on the clinical and didactic progression of the student.

Any student who declares her pregnancy in writing will be issued a fetal radiation monitor through the Radiation Safety Office. Should she so desire, the student may also meet with the radiation safety officer to discuss and evaluate potential risk of program continuance.

G. PERSONNEL RADIATION MONITORING PROGRAM

Purpose
1. Establish and implement an approved institutional monitoring policy.
2. Improve the maintenance and management of dosimetry records.
3. Maintain compliance with state and federal regulatory agencies.
4. Implement required routine reporting requirement to the Radiation Safety Committee (RSC).

General Plan
1. The RSC establishes, reviews and presently enforces the policies regarding the radiation monitoring of HFH employees.
2. The monitored department/area designates a management level person to oversee badge monitoring responsibilities and interface with the RSC and Radiation Safety Office (RSO).
3. The RSO will operate the radiation badge monitoring service for the HFH system, which includes record-keeping provisions.

Radiation Safety Committee (RSC) Responsibilities
1. Establish criteria for the issuance of monitoring devices.
2. Establish and approve policies for personnel wearing badges.
3. Receive, review, and act upon reports regarding:
   a) overexposures;
   b) exposures resulting in doses greater than 10% of quarterly dose limits; and
c) noncompliance with radiation monitoring policies.

4. The personnel monitoring of any area within the HFH/HFMG is provided through the RSO with the approval of the RSC.

**Monitored Department/Area Responsibilities**

1. To receive, distribute and return radiation badges directly from/to the commercial badge monitoring company on a monthly or quarterly basis, as designated.

2. Enforce the policies of the RSC stated above to ensure monitoring devices are worn and used properly. Any problems or difficulties with enforcement are to be reported to the RSC.

3. Designate management-level person with these responsibilities who will directly interface with the RSO and the RSC.

4. Receive and review copies of radiation exposure reports and make results available as requested by the monitored personnel. The review should include analysis for unexpected readings and remedial actions taken, if necessary.

5. Initiate requests for evaluation of the need for monitoring of an area or group of workers.

**Radiation Safety Office Responsibilities**

1. Maintain centralized records for inspections by state and federal agencies and JCAHO.

2. Promote continuity and provide consistent service throughout the HFH system.

3. Provide the necessary reports and correspondence which may include:
   a) overexposure reports to the proper regulatory agency and the RSC;
   b) quarterly reports to the RSC of exposures exceeding 10% of the quarterly dose limits;
   c) employee termination exposure reports;
   d) requests for previous employee's exposure history; and
   e) addition, deletion, or changes in monitoring devices or history.

4. Receive, review, and maintain monthly exposure reports for the HFH/HFMG.

5. Determine the need for special monitoring of any individual, e.g. pregnant employee, not routinely monitored. Any new category for monitoring may be implemented by the RSO or may be deferred to the RSC for determination of need.

6. Provide consultation regarding monitoring upon request
Radiation Monitoring Policies

The following policies have been adopted by the Radiation Safety Committee (RSC) to meet its responsibilities for the issuance to personnel and wearing of occupational radiation monitors:

- The limits for the amount of radiation an occupational worker can receive are called dose limits. The limits are established by the Nuclear Regulatory Commission and the Michigan Department of Consumer and Industry Services. The annual dose limits are:
  - 5000 mrem to the whole body (deep dose equivalent);
  - 1500 mrem to the lens of the eye
  - 50000 mrem to the extremities, skin (shallow dose equivalent);
  - 500 mrem to the fetus of an occupational workers who has declared her pregnancy in writing to the Radiation Safety Office.

Monitoring devices will be provided to all workers in a category if the dose equivalent to any worker in that category exceeds, or is likely to exceed, 10% of the occupational dose limits evaluated over a one (11) year period. Thus, monitoring is necessary if the annual dose equivalent exceeds or is likely to exceed:

- 500 mrem to the whole body (deep dose equivalent-DDE)
- 1500 mrem to the lens of the eye (LDE)
- 5000 mrem to the extremities, skin (shallow dose equivalent-SDE)

In addition, dosimeters are required for workers who enter high radiation areas. A "High Radiation Area" is any location where an individual could receive more than 100 mrem in any one hour, e.g. teletherapy rooms. Based on these and other criteria, the RSC will identify those areas situations where workers must be monitored. These situations include, but are not limited to:

- Radiation Oncology
- Performance of table-side fluoroscopy
- Nuclear Medicine
- Nurses caring for high energy radiation therapy patients (H2 Unit)
- Sealed Source Irradiators
- Declared Pregnant workers
- Minors

If a single, whole-body monitor is issued, it is worn on the anterior portion of the trunk, external to any lead protective garments (i.e. lead aprons, lead thyroid shields).

Radiation monitoring devices (dosimeters) are not to be worn outside of the HFH work environment. The monitored area/department is responsible for assuring that the radiation badges are not taken out of the work area and returned in a timely basis.
Under no circumstances is an employee to wear a radiation dosimeter badge while receiving radiation for his/her personal radiation based diagnosis or therapy, e.g. dental x-rays during a routine checkup. If this occurs, notify the RSO immediately.

The employee is responsible for knowing the whereabouts of his/her dosimeter badge(s) at all times. Lost or missing badges, or dosimeter badges exposed while not being worn, a must be reported immediately.

A new employee’s badge will only be issued upon receipt of a written request addressed to the RSO specifying name, birth date, Social Security number, and locations of previous radiation exposure (Dosimeter request form).

Badges whose identification labels become illegible while being worn by the employee must be returned with the name and Social Security number of the wearer.

The badges are to be exchanged on a monthly basis unless otherwise specified.

An individual found to purposely and fraudulently irradiate a radiation monitor will be subject to review and sanction in accordance with HFH/HFMG Personnel policies.

An individual issued a radiation monitoring device(s) is required to properly wear the device(s) whenever performing occupational duties involving ionizing radiation.

Radiation monitors are to be worn only by the employee to whom it is assigned (i.e. no sharing of assigned badges).

Personnel who work only with pure beta emitters having a maximum energy of less than 0.2 MeV do not require a film badge. This means people who work only with Carbon-14 or Tritium (H-3) do not require a badge.

**Excessive Exposure Policy**

The maximum dose limits have been established for occupational workers in 10 CFR 20.2101 and in Rule 205 (Part 5) of the State "Ionizing Radiation Rules". Any worker exceeding the limits specified in the above stated regulations will require:

1. A report to the appropriate regulatory agency in a manner and format prescribed by such agency.
2. A copy of any written reports will be sent to the Henry Ford Hospital Radiation Safety Committee, the involved worker, and the department chairperson.
3. Investigation into any such incidents as to the cause, validity and need for remedial action regarding the worker’s practices or environment.
4. If necessary, counseling of the exposed individual regarding his/her exposure environment, possible preventive measures, and employing proper radiation safety practices.

**Arranging for Radiation Dosimeter Badge Service**
Submit the current dosimeter request form (see Appendix I.D) to the Radiation Safety Office prior to initiating work with radiation sources. The following information must be provided for every individual who is to receive a badge:

1. Name - exactly as shown on Personnel records, prior surnames should be included to help with collection of previous exposures;
2. Social security number;
3. Date of birth;
4. Gender;
5. Type of dosimeters needed;
6. Locations of all previous radiation exposures; and
7. Signature.

In addition, the name of the individual administratively responsible for the badge series must be filled in. Information regarding locations of previous monitoring must be completed for a new wearer.

Upon receipt of the completed request form, a badge will be ordered and issued. To meet employee orientation requirements, each new worker must successfully complete a written test on radiation safety basics before receiving the new badge(s). A booklet on introductory radiation safety will be provided. The RSO maintains a limited number of unassigned badges that can be issued the same day for a lost badge or a new employee.

The RSO must be notified promptly to discontinue badge service for an individual who terminates employment.

Practices And Procedures For Monitoring Occupational Exposure To Ionizing Radiation

A radiation monitoring badge will be issued to individuals in accordance with the criteria established by the Radiation Safety Committee and as approved by the Board of Governors. The monitoring service will be provided through the Radiation Safety Office (RSO). The Dosimeter Guide and Reference Notebook has been created to provide greater detail than is described herein.

A. PROVIDING BADGE SERVICE/DISTRIBUTIONS

1. The designated supervisor/administrator is responsible or the enforcement of the radiation badge policies, as well as the distribution, collection, and return of badges. If this individual should change, notify the Radiation Safety Office of the designated replacement immediately.

2. Any additions, deletions, reinstatements, or name changes will be handled by the Radiation Safety Office. Such requests must be implemented by completing the HFH Radiation Badge Monitoring Request form (Form 6-22). Incomplete or improperly completed forms will not be acted upon and will be resumed. Telephone requests cannot be taken. Do not contact or send such changes to Landauer, Inc.
3. The monitoring badge will consist of a clip-on plastic holder assigned to the individual being monitored, and a dosimeter packet which connects to the holder. Some individuals are issued multiple body dosimeters to evaluate collar and abdomen doses. A ring badges (TLD) will also be issued for a worker routinely performing tableside fluoroscopy or handling millicurie amounts of radioactivity. These devices will be exchanged on a monthly or quarterly schedule depending on the area needs.

4. Requests for new additions should be made in advance. Allow at least two weeks before receipt of badges for newly added personnel.

5. The dosimeter packets and rings must be exchanged monthly, or quarterly, basis. If dosimeters are not used for some reason, they must be returned with the other badges having the same wear date. Badges returned late may not be evaluated or may result in erroneous readings. Late dosimeters will be reported to administration.

6. Badges should be returned to the vendor (e.g. Landauer, Inc.) within one week of receipt of the new badges. Dosimeters may be returned as soon as replacements arrive.

B. CONTROL BADGE

1. The badges indicated "CONTROL" are to account for any radiation exposure received during the shipment to or from the company. They must be returned to the company with the badges for the same wear dates as indicated on the "CONTROL".

2. Do not reassign a badge to another person since all exposure records are maintained by name and badge number. Do not use "CONTROL" badges to replace lost or damaged badges. Control badges must not be placed within a control room for the x-ray machine. They should be kept in a radiation free area.

3. The supervisor or administrator designated for receipt of the badge packets is responsible for distribution, collection and return of the film packets to the vendor. All packets including the appropriate "CONTROL" badges are to be returned in the same envelope the badges are shipped in. A return address label is included with each shipment of the badges.

C. WEARING BADGES

1. An individual issued a radiation monitoring device(s) is required to properly wear the device(s) whenever performing occupational duties involving ionizing radiation.

2. Individuals are responsible for the proper use and care of their monitoring badges and knowing its whereabouts at all times. Badges should not be taken home, left in a car, or stored where they may be exposed to a source of radiation.

3. To assure proper radiation monitoring, if a single dosimeter badge is issued, it should be worn on the anterior region of the body, between the waist and neck, in an area most likely to be exposed in order to provide approximate whole body exposure readings.

4. The front of the badges must face away from the body. never allow clothing (buttons, buckles, pens, etc.) to shield the front of the badge.
5. If a lead apron or thyroid shield is used by an individual with a single dosimeter badge, the badge is to be worn outside of such protective apparel on the front area of the collar.

6. Certain individuals will receive two dosimeter badges. One will be worn beneath the lead apron on the abdomen; the other worn on the collar outside of any lead protective apparel. The badge worn on the outside collar is red with a icon with a dot on the neck area. The abdomen dosimeter, to be worn under any lead aprons, is yellow with a dot on the belly of the color figure icon.

7. Never expose the dosimeter packet to radiation outside of the plastic holder.

8. Dosimeter badges are not to be worn under any circumstances while receiving x-rays or other medical radiation for one's personal medical care (e.g. dental x-rays, chest x-ray).

9. If a radiation badge is damaged or exposed while not being worn, it should be immediately reported to the RSO and followed up with a written note. The note should identify the badge with the wearer's name, HFH location, and month of monitoring.

10. Dosimeter badge holders are the property of HFH and are to be returned to the Radiation Safety Office upon termination of employment or duties involving occupational radiation exposure. A note shall be attached indicating that the badge is to be deleted.

11. Radiation badges do not serve as “radiation sponges” or as warning devices - they do not absorb radiation, change color, or “beep” if you receive an exposure. They provide you with absolutely no protection against radiation exposure. Their sole function is to passively document whatever exposure you may receive as part of your work with radiation or radioactive materials.

D. REPORTS

1. A copy of the radiation exposure history will be sent directly from the company to each area within a few weeks of badge return. Posting of the copy for the workers is recommended. Another copy will be sent to the RSO. If not posted, workers must be instructed as to the location and availability of the report. Please note that workers not listed on the report did not exchange their badges for that month. Failure to exchange badges monthly is a violation of HFH policy and chronic offenders will be reported to the HFH Radiation Safety Committee for action.

2. Each monitored worker will receive an individual report annually. The report will reflect his/her lifetime and annual totals. The report will be issued in the first quarter following the year of monitoring. The report must be distributed in a confidential manner since these records contain personal information such as social security numbers.

3. Excessive exposure readings or routine noncompliance with radiation monitoring practices will be investigated by the RSO and reported to the Radiation Safety Committee and Administration.

H. RADIATION SAFETY IN-SERVICE PROGRAM

Agencies such as the Nuclear Regulatory Commission and the Joint Commission on the Accreditation of Healthcare Organizations require that personnel who work in areas or have
I. PRENATAL RADIATION EXPOSURE

A pregnant woman who is exposed to penetrating abdominal radiation or unsealed radioactive materials may also expose her unborn baby. A number of scientific studies have shown that the unborn is more sensitive to radiation than the adult, particularly during 8-16 weeks after conception. During a large part of this critical period of pregnancy, a woman may not be aware that she is pregnant. Because of these factors, the National Council on Radiation Protection and Measurements (NCRP) recommended in its Report No. 91 that special precautions be taken to limit exposure when an occupationally exposed woman could be pregnant. The International Commission on Radiological Protection (ICRP) in its Report No. 26 also recommends limiting exposure of the unborn during pregnancy.

Both the NCRP and the ICRP have recommended that, during the entire pregnancy, the maximum permissible dose equivalent to the unborn from occupational radiation exposure of the expectant mother should not exceed 0.5 rem and should not exceed 0.05 rem (50 mrem) per month. The NRC and the State of Michigan have established a limit of 0.5 rem to the embryo/fetus over the entire gestation of a declared pregnancy.

When a mother evaluates the risk from working with radiation, she should understand that maternal factors such as German measles, cigarette smoking, alcohol consumption, age, and medication present risks that greatly exceed that from levels of radiation occupationally received at HFH.

**Mother’s Responsibility And Rights As A Worker**

It is your responsibility to decide whether the risks to you or to a known or potential unborn child are acceptable. HFH recommends that you consider the following facts to help you make your decision:

1. The first 3 months of pregnancy are the most important, so you should make your decision early.
2. In most work situations, the actual dose received by an unborn child would be less than the dose you would receive yourself because some of the dose would be absorbed by your body. The mother assumes all risk until she declares her pregnancy in writing to the employer.

3. The dose to the unborn child can be reduced, where possible, by:
   a. Decreasing the amount of time you spend in an area where you will be exposed to radiation;
   b. Increasing the distance between yourself and the source of radiation; and
   c. Shielding your abdominal area.

4. A worker should notify her supervisor of her actual or possible pregnancy in writing ("declared pregnancy") at the earliest possible time. This notification is not required. This notification maybe rescinded, in writing, at any time. Should written notification of pregnancy be made, HFH may employ the following, or other, actions:
   a. Continue current employment activities;
   b. Restrict job duties;
   c. Job reassignment; and/or
   d. Leave of absence;

5. If the mother works in an environment where she is likely to receive 2-3 rem in a year, the embryo-fetus could receive 0.5 rem in a nine month pregnancy.

6. The Radiation Safety Officer is available to confidentially discuss your radiation environment and possible risks.

Each individual will be handled on a case-by-case basis considering the possible alternatives.

It is up to you to compare the benefits of your employment against the possible risks of occupational radiation exposure to a known or potential unborn child. The Pregnancy Discrimination Act, an amendment of Title VII of the Civil Rights Act of 1964, states that "... women affected by pregnancy, childbirth, or related medical conditions; shall be treated the same for all employment-related purposes, including receipt of benefits under fringe benefit programs, as other persons not so affected but similar in their ability or inability to work ..." In addition, the Equal Employment Opportunity Commission (a Federal agency) is responsible for examining cases for compliance with this Act.
ADDENDUM TO DEPARTMENT OF DIAGNOSTIC RADIOLOGY PRACTICES AND POLICIES FOR MONITORING PERSONNEL EXPOSURE TO IONIZING RADIATION

A lost dosimeter must be reported to the Program Director or Clinical Coordinator immediately. A written explanation should be given so that it may be forwarded with a Lost Monitor Form to the Radiation Safety Office. Repeated loss of monitoring devices may result in progressive disciplinary action.

It is the responsibility of the student to wear the monitoring device at all times while in the clinical setting. Failure to do so will result in being sent home on the second offense. Lost time will be subtracted from the cumulative total of personal hours available to the individual student.

Issued dosimeters are to be returned to the appropriate monitor board at the end of each day and retrieved before any clinical encounters on the next scheduled clinical day.

STUDENT RECORDS POLICY

1. All current student files are kept in a locked file cabinet in the Program Director’s office. Student files are only readily accessible to the Program Director, Clinical Coordinator, Medical Advisor, and Director of the Radiologic Technology Program.

2. Anyone wishing to review a student file must have authorization from the Program Director with student knowledge prior to the examination of the folder. This authorization can only be obtained if there is adequate justification for review of a student file.

3. Students may review their own records in the Program Director’s office with the Program Director after an appointment has been made for this purpose. Appointments can usually be granted within three (3) working days of the request.

4. No student will be granted permission to review another student's file.

5. Active student files may not be removed from the Program Director’s office.

6. Copies of student records can only be obtained after all pertinent forms are signed and submitted to the Program Director.

7. File cabinets containing student records shall be locked whenever the Program Director is not in the office.

8. Files of recent graduate students (less than two years post-graduation) will remain locked in the Program Director’s office.

9. Files of other graduates (two years or more post-graduation) will be maintained in locked cabinets.

10. Files of all students dismissed or leaving the program will be maintained.
GUIDELINES FOR REVIEW OF STUDENT FILE

These guidelines were written to allow students the opportunity to review and secure copies of information contained in their student file.

1. Students wishing to review their student file shall make an appointment with the Program Director. An appointment time will be granted within three (3) days whenever possible. The file must be reviewed in the Program Director’s office and cannot be removed. The Program Director shall be present while the file is being reviewed.

2. Parents or legal guardians of students not of legal age may also review this file provided an appointment time has been made with the Program Director.

STUDENT CLASSIFICATION

FULL-TIME/PART-TIME

All students in the program are required to be on-site when scheduled as academic and clinical training occurs during this time. Students are not required to be on-site during weekends or holidays. Students are given a thirty-minute lunch period every day.

All students in the program are classified as being full-time. The maximum hours of combined clinical and academic involvement required by the program does not exceed 40 hours per week.

In order to ensure that all students are given an equal opportunity to demonstrate academic and clinical competency, no student will be admitted into the program on a part-time basis.

STUDENT SEMINAR ATTENDANCE POLICY

In an effort to promote lifelong learning, students are encouraged to attend educational programs whose content-specific focus is the radiologic technology student. Each student will be granted a total of six (6) days within an 18-month period that may be used for attendance to an appropriate seminar. Appropriate content is considered by program officials including the Clinical Coordinator, Program Director, and Medical Advisor. A student may not request any days applied to seminar attendance until she/he has completed six (6) full months in the program. Attendance to such programs is not mandatory; however, should a student wish to participate, guidelines must be adhered to:

1. A request must be made to program officials at least one (1) month prior to the seminar start date along with the written Seminar Attendance Request; a copy of the seminar brochure must also be submitted. The request should include the following Information:

   - The actual number of seminar days the student intends to use for the conference. Seminar days can only be used for actual days that courses are being offered.
   - The number of days the student would like to use, if any, from the personal time in addition to the seminar days.
• The actual last day the student will be at the clinical site and the date of return to the clinical site.
• The student’s signature indicating that he/she is fully aware that he/she is responsible for any material presented in class during the absence.

2. Upon return, the student must submit written verification that at least 70 percent of the course offerings were attended at the seminar/conference. If the student fails to do so, time will be prorated and deducted from the student’s personal time in accordance with the number of hours missed to equal 70 percent participation.

3. Within one (1) week of return from the seminar, the student must be prepared to share valuable information from at least two (2) of the course offerings in the form of a formal presentation to students who were not able to attend. In cases where more than one (1) student attended a seminar, presentation topics must be submitted to the program officials so that presentation information will not be duplicated.

4. The student is responsible for all costs incurred. It is also the responsibility of the student to provide for his/her transportation to and from the seminar location. While the student attends the seminar, the sponsoring institution is absolved of any debts incurred by the student for medical, legal, or other reasons.

5. Any reports of student behavior reported to program officials by seminar/conference sponsors deemed inappropriate or unbecoming to the professional in the radiologic sciences will be cause for WSU Student Code of Conduct charges.
SEMINAR ATTENDANCE REQUEST

Name: ___________________________   Date: _________________________________

Name of Seminar/Conference (brochure attached):

______________________________________________________________________________

Seminar Dates: ______________________________________________________________

Number of Seminar Days Requested: ____________________________________________

Number of Additional Personal Days Requested: _________________________________

Last Day in Program Attendance: ______________________________________________

Date of Return to Clinical Rotation: ____________________________________________

It is my understanding that attendance to this seminar/conference is not mandatory. Any material presented in any of my didactic courses is my responsibility. I also understand that I am being allowed to attend this seminar in lieu of actual program time attendance. Therefore, I am expected to attend a minimum of 70 percent of the course offerings; and this attendance is to be documented with written verification by seminar/conference sponsors. Upon my return, I will be prepared to share information in the form of a formal presentation on at least two (2) of the course offerings that I attended. I also understand that the program is not responsible for any injury to me or loss of my possessions, and Wayne State University and Henry Ford Health System are absolved of any financial responsibility for costs incurred. Since I am a representative of the Radiologic Technology Program, I will act appropriately; and I understand that in the event that officials of the sponsoring event find my behavior unbecoming to the profession, I will be terminated from the program upon my return.

Student Signature: ___________________________________________________________
EMPLEE RESPONSIBILITIES (INCLUDING RADIOGRAPHY STUDENTS)

Each member of the team has certain responsibilities to fulfill in order to make the team as a whole successful. These include excellent customer service, regular attendance, punctuality, and professional work conduct. Your rights and responsibilities are outlined in the following section.

All of the Policy Guides and Manuals are located online at http://henry.hfhs.org. Please use the HFHS Intranet (OneHenry) to access the most current policies.

The following HFHS policies specifically apply during program hours:

5.02 Attendance Policy
5.03 No Call / No Show Policy
5.04 Work Day
5.06 Personal Appearance Standards
5.11 Drug-Free Workplace
5.12 Harassment
5.13 Workplace Violence
5.17 Corrective Action Program
5.27 Cellular Phone/Communication Devices
5.29 Social Media Usage
Policy

In accordance with the Essentials and Guidelines of an Accredited Educational Program for the Radiographer, written by the Joint Review Committee on Education of Radiologic Technologists and adopted by the American Medical Association, the American College of Radiology and the American Society of Radiologic Technologists, the following policy has been formulated regarding students being radiographically employed.

taken from the "Essentials" . . .

V. Operational Policies
   Section A-8

"Students may be radiographically employed outside regular educational hours provided the work does not interfere with regular academic responsibilities. The work must be non-compensatory, paid and subject to employee regulations. Administrative responsibility for this practice shall be external to the program."

I. Students may be employed as radiographers once they have demonstrated clinical competency in routine diagnostic examinations. Evaluation of the level of competency of an individual student will be made with the use of the following criteria:

   A. Review of the Clinical Rotational Evaluations required by the School of Radiologic Technology.
   B. Successful completion of Competency Evaluations of specific examinations as required by the School of Radiologic Technology.

II. Students employed must demonstrate responsibility to the program in Radiologic Technology. This will be evaluated using the following criteria:

   A. Attendance Records for general program hours
   B. Transcripts of achievement levels in didactic training
   C. Clinical Rotational Evaluations
III. Students will be paid a fair wage for the hours worked in compliance with the general wage reimbursement policies of Henry Ford Health System.

IV. No student shall be required to be employed as a radiographer intern. Employment of students must be voluntary.

V. Employment of students as radiographer interns outside regular program hours is temporary and conditional. Termination will occur under the following conditions:

A. Successful completion of the program whereby the student meets graduate status.

B. Voluntary/involuntary termination from the School of Radiologic Technology whereby the student does not meet graduate status.

C. Failure to maintain academic standards as required by the School of Radiologic Technology.

D. Infractions of immediate dismissal regulations in accordance with all those employed by Henry Ford Health System.

E. Failure to maintain satisfactory attendance either to the program in Radiologic Technology or to the area where the student is employed as a radiographer intern.

F. Failure to perform as a competent, responsible radiographer intern as evidenced by supervisor evaluations, quality control standards or physician recommendation.

G. Students must maintain confidentiality of medical records in compliance with Henry Ford Hospital’s Standards and Practices. This provision survives the terms of this agreement.

H. Students must conform with Henry Ford Hospital policies, procedures and regulations, which may be amended from time to time, violation may be cause for termination.
VI. Employment of students will be in the student status, with no guarantee of employment upon graduation.

VII. Students will be supervised by Registered Radiologic Technologists and shall not take the responsibility or position of qualified staff. Students are not eligible to "switch" work assignments with qualified Radiologic Technologists, but may "switch" work assignments with each other following Department guidelines.

I have read and understand this Policy.

Name: ____________________________________________

Date: ____________________________________________
In an effort to maintain quality of service and the excellent standard of care deserved by our patients in the Henry Ford Health System, the following policy addendum is being enforced.

Students in the Henry Ford Hospital School of Radiologic Technology are eligible to work in the Diagnostic Radiology Department during their respective training under the classification of “student-temporary” until such time that the relationship between the school and student is terminated and/or in accordance with 53.01 Employment of Student Radiographer Interns (50.00 Personnel Policies).

Since all students are required to be on-site for clinical and didactic components for forty (40) hours per week, limitations are being placed on the number of extracurricular hours the student may work as a paid employee.

The maximum combined number of hours that a student may work is as follows:

A. Up to, but not more than six (6) hours on any weekday (Monday through Friday) which equates to a maximum of thirty (30) hours in the five (5) day period

B. Up to, but no more than twelve (12) hours in twenty-four (24) on a weekend day (Saturday or Sunday)

C. Up to, but no more than forty (40) hours of total hours combined in a seven (7) day period.

Should a student exceed the limits previously recorded, progressive disciplinary action will result. A first offense will result in counseling to include a written warning placed in the students’ file; a second offense will result in ineligibility to participate in the Student Radiographer Intern program.

This is an addendum to the current Department of Diagnostic Radiology policy 53.01 – Employment of Student Radiographer Interns and in no way negates or disposes of the mandates set forth previously.

Personal Appearance Standards – Radiology Department

The Radiology Department Personnel will follow the HFHS Policy No: 5.06 regarding Philosophy/Purpose, Scope, Responsibility Policy, and the Uniform Standardization Color Chart.

Radiology General Guidelines

The approved color of the Radiology Department is Navy Blue.
Scrub top, bottoms, or scrub dress must be solid **Navy Blue**.

White, Navy Blue or color coordinated scrub jacket or warm-up jacket made of fleece or cotton blend may be worn. HFHS approved logo apparel shirts with the department name may continue to be worn as part of their uniform as long as the shirt is Navy Blue. (Not acceptable: Shirts with inappropriate sayings, logos, or advertising. No low cut or cropped shirts, tee-shirts, tank, tube or camouflage tops or sleeveless tops without a jacket.)

A print scrub jacket must be a majority of the scrub color – **Navy Blue**.

A solid navy blue or white or black short or long sleeve or turtleneck shirt may be worn under a scrub top or scrub jacket.

*Street clothes can be worn with a white lab jacket/coat, navy pants (or skirt) and a solid color shirt/blouse of white.

*The OR scrub color is green. Those required to wear scrubs from the Scrub Ex machine will be receiving green scrubs and will follow the guidelines above.

*The Breast Imaging areas color is Pink and will follow the guidelines above.

*CSRs will continue to wear the designated navy blue attire.

**RADIOLOGIC TECHNOLOGY PROGRAM INSTRUCTORS**

The instructors for the academic classes represent a broad spectrum of individuals from the department and the institution. The variance in their educational specialty and experience allows the student to experience different teaching methods and viewpoints, which are important aspects of the learning environment.

The staff technologists who serve as academic instructors are selected based on their educational background, work experience, knowledge of the subject matter, and relationship with the student. The instructors are responsible for presenting the material contained in the performance objectives they have written for each class.

Henry Ford Health System is committed to an equal employment opportunity for all employees and applicants. Our policy is to fill all job openings on the basis of individual merit and ability and to ensure that training, promotions, transfers, demotions, and layoffs are administered with due regard for seniority, job performance, experience, and qualification, but without discrimination based on race, age, color, religion, sex, national origin, disability, or status as a disabled veteran or a veteran of the Vietnam era. The Affirmative Action Plan of HFHS as well as our Human Resources Policy state that unlawful discrimination will not be tolerated. Our goal is to select and appoint qualified individuals at all levels of the organization. As a result, all matters related to recruiting, hiring, training, advancement, transfers, layoffs, and redeployment will be free of discriminatory practices. HFHS and its employees share the responsibility to ensure that this commitment to equal employment and affirmative action is a reality.
Teaching methodologies utilized are left up to the discretion of the instructor. At the completion of the class, however, the instructor is required to submit to the Program Director a final grade for each student.

Every semester, the Program Director reviews with the student his/her academic performance. These counseling sessions are held more frequently if a student is experiencing academic difficulty. As all academic instructors are normally on-site, the students are encouraged to seek their advice and help at any time throughout the program. If necessary, tutorial sessions will be scheduled.

**ACADEMIC PERFORMANCE OBJECTIVES**

Performance objectives have been written for all academic classes. These objectives are formulated by the didactic instructor responsible for teaching the class. Each instructor is encouraged to distribute objectives to the students in their class.

Course descriptions have also been written. They are included with copies of student transcripts that have been requested. Copies appear in this document.

Lesson plans have been developed by the instructors for their respective classes. The formats vary as each instructor wrote theirs in a style they feel comfortable with. Lesson plans for some of the classes are included with this document.

The grading scale for the Radiologic Technology Program was adopted in September 2004 and can be located in the policy section of this handbook.

Students found cheating on quizzes or tests will be issued a written warning slip. A second infraction will be grounds for expulsion from the program.

All academic classes must be successfully completed prior to graduation.

**CLINICAL EDUCATION**

The Wayne State University and Henry Ford Health System Radiologic Technology Program is a four-year baccalaureate degree program designed to prepare the student for a career in the field of Radiologic Technology. We are confident that when our Radiologic Technology students graduate, the skills necessary for one to function as a registered radiographer have been thoroughly presented.

The 24-month professional program at Henry Ford Hospital is a combination of academic classes and clinical education. The student spends part of the day in the classroom receiving the academic information necessary and the remaining portion of the day developing the psychomotor skills required to function competently in this field. The student is presented information necessary to show competency in the field of Radiologic Technology.

Performance objectives for the academic classes are an integral part of the didactic portion of the program and are closely followed. The academic material is presented to the student by the Program Director and various instructors from the Radiology Department.
On the other hand, development of the psychomotor skills necessary for one to perform competently in the field is also a necessity for any student in a Radiologic Technology Program. A merger of the didactic and clinical portions of the program results in a student receiving the benefits of a total education package. To assure a meaningful clinical participation, the student should have first mastered certain cognitive competencies deemed necessary. Without mastering these cognitive competencies first, the student finds it very difficult to participate on a meaningful basis in the clinical environment. For our program, the introductory academic classes prepare the student so a clear understanding of the clinical environment can be obtained.

To ensure that the student is receiving the best possible clinical education, the program follows the format listed on the following page.

1. All students rotate through the different areas of the Radiology Department on a three to five-week basis both the first and second years of training. A copy of this rotation schedule is distributed to each student at the beginning of the program. The rotation schedule has been developed so that certain areas are visited only in the first year and others only in the second year. Some areas are visited only once and others more than once. Additional information regarding the student’s clinical rotations appears later in this document.

2. At least one radiographer from each of the divisions will be performing the duties of a clinical instructor, or namely, a student contact technologist. Responsibilities of the student contact technologist have been designated.

3. When the students rotate through a number of diagnostic areas, they are required to pass clinical competency examinations. These examinations are conducted by the student contact technologist, and each student will be required to pass a specific number of competency examinations. Successful completion of the competency examinations is one criterion used for determining how well a student performed in the clinical environment. All students entering the program are required to participate in the competency examinations.

4. While learning in the clinical environment, the students are observed and instructed by the staff radiographers. At the completion of the rotation, the staff radiographers will complete student performance evaluation forms that are stored in a secure on-line file. These evaluations are important to the student’s progress as the radiographers work with the student on a daily basis, and much can be learned from their evaluation of the student. Expanded rotational evaluations are completed by the student contact technologists and are also stored in a secure on-line file where they can be reviewed by the respective student, Clinical Coordinator and Program Director.

5. Each semester of the 24-month training program, these evaluations are reviewed by the Program Director and the Clinical Coordinator with the individual student. Their academic performance is also reviewed at this time. These scheduled sessions are normally 30 minutes in length or longer if necessary and allow the student the opportunity to express their concerns and comments regarding their performance. A report is written by the Program Director and the Clinical Coordinator and placed in the student’s file for future review. Counseling sessions occur more frequently if the student is experiencing problems academically or clinically.
6. The students are encouraged to seek the advice of the student contact technologist if additional help is needed during the clinical rotations.

7. At the completion of each rotation, the students are asked to complete evaluations and submit a written rotational summary. Through these documents the students inform us as to the quality of the clinical instruction they received and include any suggestions they feel would be beneficial. The evaluations are submitted to a secure on-line site and kept for future use. Rotational summaries are submitted to the Program Director and graded based on completeness, grammar and timeliness. [This grade is recorded and becomes a part of the clinical grade for the respective student in the semester in which it was submitted.]

As the student rotates through the different clinical rotational areas, the Radiologic Technology Program expects each one to perform to the best of his/her ability. This will help to ensure development of psychomotor skills.

As stated above, successful completion of the program involves not only mastering certain cognitive competencies but also a successful mastering of the psychomotor aspects of the program. Through the continuing efforts of everyone involved in the Radiologic Technology Program, our students can be assured of obtaining a high-quality education.

**JUNIOR YEAR COMPETENCIES NECESSARY FOR SENIOR STATUS**

Challenges/competencies that must be completed during the Junior year:

Chest (Routine) and Abdomen Supine (KUB) in first semester.
* Failure to do so will result in a downgrading (by 1.0) of the final rotation competency grade for Clin Ed 1*

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gen Diagnostic</td>
<td>3</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>5</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>2</td>
</tr>
<tr>
<td>Mobiles</td>
<td>2</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>5</td>
</tr>
<tr>
<td>Urology/CAM</td>
<td>1</td>
</tr>
<tr>
<td>Mammography or 2^nd Bone Rotation</td>
<td>0 (for those who choose to do mammography)</td>
</tr>
<tr>
<td>C-Arm</td>
<td>1</td>
</tr>
</tbody>
</table>
An additional eight (8) competencies must be done in any area(s) of the student’s choice.

The total number of passed challenges should be 27 for anyone who is doing mammography or 28 for anyone who is not doing the mammography rotation.

The competencies should be done from the list mandated by the ARRT. The student contacts must sign off in your book for the successfully passed competencies.

**SENIOR YEAR COMPETENCIES NECESSARY FOR GRADUATION**

Challenges/competencies that must be completed during the Senior year:

- **Computed Tomography** 3 (1 head, 1 thorax, 1 abdomen)
- **Emergency Room** 3
- **Gastrointestinal** 1
- **General Diagnostic** 3
- **MRI/General Diagnostic** 3
- **Mobiles** 1
- **New Center One** 1
- **Orthopedics** 3
- **C-Arm** 1

For rotations not listed – no competencies are required.

An additional eight (8) or nine (9) competencies must be done in any area of the student’s choice. The number is dependent upon which, if any, certificate program is being attempted. Any student who chooses to do one of the certificate programs is still responsible for the above-mentioned number of competencies in addition to whatever needs to be done to obtain the certificate.

The total number of passed challenges should be 25 or 26 for a total of 52 and three (3) additional computed tomography competencies completed by the end of Clinical Education VI.

The competencies should be done from the list mandated by the ARRT. The student contacts must sign off in your book for the successfully passed competencies.
POLICIES AND GUIDELINES FOR CLINICAL AREAS

Technologists are expected to instruct students in positioning skills and the setting of technical factors when assigned to their area. This should be done in a professional manner with the use of constructive criticism and demonstration. At no time should a student be critiqued in the presence of a patient or should patients be made aware of their student status. This can have an adverse effect on patients, students, and the department as a whole. Emotional and verbal abuse will not be tolerated. Any abusive behavior will be reported to the Program Director and respective supervisor immediately. Such behavior will be treated with zero tolerance and reported accordingly.

Technologists in areas with assigned students who have not completed competency in a particular radiographic procedure will be supervised at all times. A technologist is required to be present in the radiographic room while students are performing examinations for which they have not been deemed competent.

Technologists in areas with assigned students who have achieved competency for a particular radiographic procedure need to minimally supervise the student. This means that their physical presence is not required in the radiographic room, however, technologists must be immediately available to students in the area.

The protocol for irresolvable conflicts with students should be addressed in the following order:

1. Student Contact Technologist
2. Supervisor
3. Program Director and/or Clinical Coordinator

Any inappropriate conduct violations should be documented on the same working day as the occurrence and should be submitted to the student contact technologist.

Refusal to properly instruct students in an appropriate manner or the improper treatment of students will be documented and should be reflected in an individual’s performance appraisal.

STUDENT CONTACT TECHNOLOGIST GUIDELINES

1. The student contact technologist is responsible for supervising the clinical education of the students in the respective areas to include the following:
   
a. Explanation of equipment used.
b. Explanation of examinations performed.
c. Explanation of the responsibilities of the student.
d. Administration of the clinical competency examination.
e. Critique of the student’s images.

2. The clinical competency examination is kept in the student’s file with the evaluations from the radiographers.
3. The student contact technologist is available for consultation with the student if necessary. Problems encountered by the student in the clinical area should be discussed with the student contact technologist.

4. Qualifications for the student contact technologist are as follows:
   
a. ARRT registered.
b. Two (2) years of experience as a registered radiologic technologist.
c. Through clinical experience, the radiographer showed an interest in teaching.

All student contact technologists attend a Continuing Education Seminar focusing on Clinical Assessment, Legal and Ethical Issues in Clinical Training, and Motivational Techniques. They also go through a two-year apprenticeship period before they are officially named as student contact technologists.

**CLINICAL DATA SHEETS**

You must perform the examination. This means that you are responsible for positioning the patient and setting the technical factors. Your number should be on the images.

When assigned to the following areas, you will be required to fill out a sheet and turn it in at the end of the day:

- General Diagnostic (any room)
- Orthopedics/Center for Athletic Medicine (CAM)
- Emergency Room
- Mammography

These sheets will become a part of your clinical evaluation. A sheet turned in late is not valid.

Clinical Data Sheets should be filled out in their entirety. You must include all appropriate information to include patient name, medical record number (MRN), time in and time out, examination(s) performed, number of images, and size and number of repeats.

When making up time during scheduled breaks, a sheet must also be turned in along with a signed card by the team leader technologist.

A clinical grade will be recorded for every clinical rotation. This grade will be on a rating system with grades 1-5 (1=low). This grade will be a combination of the clinical evaluations turned in from the technologists, the staff evaluations, completion of required competencies, and the Clinical Data Sheets you turn in. A clinical grade of less than 2.8 is considered below average and is unacceptable. Two (2) clinical grades of less than 2.8 will result in termination in keeping with policy.

In the event that the daily Clinical Data Sheets reflect unsatisfactory performance, the student will be made aware of the problem areas on a weekly basis.
## CLINICAL DATASHEET

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
<th>Area:</th>
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<table>
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<tr>
<th>MEDICAL RECORD NUMBER (MRN)</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>EXAMINATION(S) PERFORMED</th>
<th>NUMBER OF IMAGES</th>
<th>NUMBER OF REPEATS</th>
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CLINICAL EDUCATION REGULATIONS

The following information has been taken from the guidelines for the interpretation and implementation of the essentials of an accredited educational program for the radiographer:

1. A student shall have adequate and proper supervision during all clinical assignments.

2. Students who have yet to demonstrate competency of any radiographic procedure in their clinical education shall be under direct supervision. The following points constitute direct supervision:
   
   a. A qualified registered radiographer reviews the request for the examination to:
      
      1. Determine the capability of the student to perform the examination with reasonable success.
      2. Determine if the condition of the patient contradicts performance of the examination by the student.
   
   b. The presence of the radiographer in the radiographic room is required.
   
   c. The qualified registered radiographer checks and approves of the radiographs prior to dismissal of the patient.
   
   d. Repeat radiographic examinations are performed while the registered radiographer is present and with the student.

3. Students who have demonstrated competence through written passed competency of a radiographic procedure during clinical education shall be under the indirect supervision of a registered radiographer who is available for immediate assistance to the students. Repeat radiographic examinations are to be performed while the registered radiographer is present and with the student.

4. Supervising radiographers shall be registered by the ARRT in diagnostic Radiologic Technology. Additional qualifications may be defined by the educational programs and/or affiliates.

5. The supervising radiographer shall be identified on all student’s clinical educational records.

6. A ratio of no less than one registered radiographer to one student is mandatory.

7. In the absence of the student contact technologist, the supervising radiographer shall maintain records for evaluating a student’s performance.

COMPETENCY EXAMINATION GUIDELINES

1. The student contact technologists from the various areas are responsible for administering the clinical competency examinations.

2. As students in the clinical environment, your responsibilities are as follows:
a. Successful completion of all the categories of the clinical competency examinations for each of the areas. Successful completion of a category requires you to adequately perform the examinations in the category under the supervision of the student contact technologist or designated personnel.

b. A category can only be challenged after the student has performed or observed a certain number of examinations for each anatomic part within the category. Information regarding the number of examinations needed appears below.

c. As students, you decide when to challenge the category, however, the student contact technologist reserves the right to determine whether or not a given patient or situation is appropriate for a challenge.

d. Copies of the clinical competency examinations will be kept in the student’s file.

3. When the students challenge a category, they will be evaluated on the following:

   a. Student-patient relationship
   b. Positioning skills
   c. Equipment manipulation
   d. Evidence of radiation protection
   e. Proper alignment
   f. Technique manipulation
   g. Image identification

4. For each respective area, all categories must be successfully completed. All content categories must be “acceptable” for the challenge to be given a passing mark.

5. Any mistake made by the student which would hinder the successful completion of the examination will be cause for complete failure. Should this occur, the student will be required to perform five (5) additional examinations of the same type before the competency exam may be attempted again. To avoid difficulties, students are advised not to wait until the very end of the rotation to demonstrate competency in a category.

6. All examinations performed by the student up to the time of the competency exam must be recorded in their logbook. A performed examination is one where the student’s number appears on the images. Examinations that are to be observed by the student also must be recorded in the logbook. All examinations should be recorded as soon as possible since the student contact technologist must verify that the correct number of examinations have been performed before a category may be challenged. For each examination recorded, the radiographer’s initials must also be recorded. Logbooks will be checked periodically by the student contact technologists, Clinical Coordinator, and Program Director.

7. The student contact technologist will review the student’s images at the completion of the challenge.

8. On the first day of the rotation, the students in each of the respective areas should report to the student contact technologist or designated personnel who will then review with them their responsibilities for the rotation.
9. The program expects all students to perform to the best of their ability while rotating through the clinical areas.

10. While rotating through areas of the department where the student contact technologist is not present, the student will report to the leader and/or supervisor of the area on the first day of the rotation. While the student is in these areas, he/she will be responsible for the following:

a. Assist and/or perform radiographic procedures performed in that area under the direct supervision of a registered radiologic technologist. The number of exams to be performed for some of these areas has already been listed.

b. Complete the following performance objectives related to the area:

   1. Define the student’s responsibilities related to the area.
   2. List the examinations performed in the area.
   3. Explain the purpose and importance of the examinations performed.
   4. Describe the type of patients that are seen in the area.

c. Complete the following performance objectives related to the examinations where applicable:

   1. Evaluate the requisition.
   2. Demonstrate proper physical facilities readiness.
   4. Demonstrate correct positioning skills.
   5. Manipulate equipment effectively.
   7. Evaluate the radiographic image for:

      • Anatomical parts
      • Proper alignment
      • Radiographic technique
      • Image identification
      • Evidence of radiation protection

CRITERIA FOR PERFORMANCE EVALUATION

For all the categories previously listed, the criteria to be utilized for the competency examinations are listed below:

I. Evaluation of Requisition

   a. Identify procedures to be performed.
   b. Recall the patient’s name and age.
   c. Identify the mode of transportation to the clinical area.
   d. Pronounce the patient’s name within reasonable limits.
II. Physical Facilities Readiness

a. Provide a clean table.
b. Exhibit orderly cabinets and storage space.
c. Have appropriate size cassettes available.
d. Have emesis basins and medications ready, if applicable.
e. Locate syringes and needles as necessary.
f. Turn machine on and prepare for the exposures.
g. Turn tube in position necessary for the exam.
h. Find and restock linens and supplies.

III. Student-Patient Relationship

a. Select the correct patient.
b. Assist patient to radiographic room.
c. Assist patient to radiographic table.
d. Keep patient clothed and/or draped for modesty.
e. Talk with the patient in a concerned, professional manner.
f. Give proper instructions for moving and breathing.
g. Have patient gown properly.
h. Follow proper isolation procedure when appropriate.

IV. Positioning Skills

a. Position the patient correctly on the table.
b. Align center of part to be demonstrated to the center of the image.
c. Center CR to the center of the image.
d. Oblique patient correctly if required.
e. Angle the central ray to the center of image.

V. Equipment Manipulation

a. Turn the tube from horizontal to vertical.
b. Move the bucky tray and utilize locks.
c. Identify and utilize tube locks.
d. Insert and remove cassettes.
e. Select factors at control panel.
f. Use a technique chart if applicable.
g. Measure the patient if applicable.
h. Identify the image with R(ight), L(eft), and other appropriate identification.
i. Fill syringes using aseptic technique.
j. Direct mobile unit.
k. Operate controls for mobile unit.
l. Select proper cassette size.
m. Adapt for technique changes in SID, grid ratio, collimation, etc.
VI. Evidence of Radiation Protection

a. Cone or collimate to part.
b. Use gonad shields if appropriate.
c. Demonstrate utilization of lead aprons and gloves if appropriate.
d. Select proper exposure factors.
e. Produce the image badge as required by the institution.
f. Adjust exposure technique for motion when appropriate.

COMPETENCY WORKSHEET

STUDENT: ______________________  PATIENT NAME:  ______________________

EVALUATOR:  ______________________  PATIENT MRN:  ______________________

EXAM:  ______________________  DATE:  ______________________

Was the student able to demonstrate the ability to:

Comprehend clinical data from request.  Yes  No

Show compassion and empathy towards patient.  Yes  No

Explain radiographic exam to patient.  Yes  No

Room readiness.  Yes  No

Demonstrate proper patient communication skills.  Yes  No

Select appropriate cassette size (if applicable).  Yes  No

Position the patient correctly for the radiographs.  Yes  No

Apply proper collimation.  Yes  No

Select proper technical factors.  Yes  No

Proper image identification (markers, patient information).  Yes  No

Proper alignment of central ray.  Yes  No

Proper equipment manipulation.  Yes  No
<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation protection applied.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper instruction of patient breathing during exam (when needed).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Make exposures while observing the patient.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Know how to order examination in RIS (IDX).</td>
<td></td>
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<tr>
<td>Proper log entry.</td>
<td></td>
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<tr>
<td>Exhibit self-confidence in performing examination.</td>
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**EVALUATOR’S IMPRESSION:**

Was competency demonstrated satisfactorily to allow the student to perform this exam without supervision?  
Yes  No*

* If No, competency in this exam must be attempted again following completion of five (5) additional same exams.

**COMMENTS:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**CLINICAL GRADES**

In an effort to promote timely feedback on a student's clinical performance, in addition to the individual conferences that occur each semester to discuss progress both clinically and academically, Clinical Grades will be available in a reasonable time frame on the e-Value on-line database.

A grade of 1 – 5 (1=low performance, 5=high performance) will be given for the clinical performance in the rotational area by one or more Student Contact Technologists. The student has the ability to review contents of the evaluation once it is completed and the student has completed the appropriate evaluation in reciprocation. This grade can only be adjusted by the Clinical Coordinator with consideration to challenge completion and/or Clinical Data Sheet completion if applicable. Such adjustments are rare; they occur only in extreme circumstance.

Clinical grades of < 2.8 from more than one (1) rotation will result in immediate termination.
Clinical Grade Calculation Policy

Rationale: The clinical grade calculation will consist of an average based on a culmination of separate grades derived from psychomotor, affective behaviors and cognitive domains. Each will have independent weighting properties in an effort to make the clinical grade more objective.

Policy: The clinical grade will be calculated using the following tools of measurement:

- Student Contact Evaluations -------------- 30%
- Clinical Areas Exam ------------------------ 20%
- Journal Entries --------------------------- 10%
- Competencies ------------------------------ 10%
- Log Sheets ------------------------------- 10%
- Staff Evaluations (Student’s Choice) ------ 10%
- Attendance ---------------------------------10%

Explanation of Each Component:

Student Contact Evaluations:
The Student Contact Evaluations address psychomotor skills, affective behaviors and cognitive skills. These evaluations have been tailored to rotational areas and target skills specific to the clinical area the student has rotated through. Every effort is made to have input from a majority of student contact technologists assigned in a clinical area; however, some areas have only one student contact technologist assigned. *It should be noted here that Student Contact Technologists have had education specific to clinical education and evaluation and meet (minimally) biannually for specific program up-dates.

Clinical Areas Exam:
Each student will be given an objective clinical exam tailored to the areas they have rotated through for the semester being graded. The exams address: procedures done in the areas, positioning for procedures, anatomy specific to the areas, technical factor selection, and contrast media selection/application (if relevant).

Journal Entries:
Journal entries are submitted no later than the last day of the rotation no later than 7:30 am. Journal entries are graded on content and writing skills (to include grammar and spelling). Journal entries should include (but are not limited to):

In the first year...
- Information on the equipment used
- Competencies completed
- A unique learning incident
- Student’s perspective on clinical knowledge of the area
- Student’s perspective on areas of focused improvement for return to the area
- Correlation to didactic coursework (if applicable)

In the second year:
- Competencies completed
- A unique patient interaction/learning incident
- Student’s perspective on clinical knowledge of the area
- Educational growth (especially if an area that the student has previously rotated through)
- Correlation to didactic coursework (if applicable)

Competencies:
Grade of competency calculation will be based on the number required for the clinical rotation being graded. Completion of required number will result in a grade of 3.0; each additional completed competency will increase the score by .5 to a maximum of 5.0. (Competencies of a procedure will only be counted once in each rotation) Any failed competencies during a clinical rotation will result in a .5 reduction from the calculated competency grade.

Log Sheets:
Grades for log sheet completion are based on the timely submission of log sheets. Log sheets are not required for all areas. Log sheets are to be submitted daily. Grade equivalency for the number of log sheet completed can be found on the Clinical Grade Worksheet. (A copy of this worksheet is available in the Student Reference Guide).

Staff Evaluations:
For rotations where more than two technologists are present (on continuum) the student will be given two evaluations that they can give to technologists of choice from the clinical area being evaluated. Technologists eligible to fill out evaluations must meet the following requirements:
- Must have spent a minimum of 30% of the student’s clinical time working with the student in that specific area
- Must have spent a minimum of 6 months working with WSU/HFH students
At least one (of the two from the rotation) of the staff evaluations must be returned (within the specific time frame) to have the evaluation totals considered a part of the clinical grade. In the event that neither of the two distributed evaluations are returned, a “0” will be recorded in the Staff Evaluation Section for that rotation and will become a part of the calculated clinical grade.

Attendance:
Attendance grades will be determined for each rotation. Grades are assigned based on occurrences. The occurrence conversion chart can be found on the Clinical Grade Worksheet. (A copy of this worksheet is available in the Student Reference Guide).

Each section score will be added together to ascertain a total for all sections. Actual number (grade) calculation will be converted to a letter grade. The conversion table can be found on the Clinical Grade Worksheet. (A copy of this worksheet is available in the Student Reference Guide).
ADVANCED CERTIFICATION GUIDELINES

In order to attempt attaining a certificate, the following guidelines must be met. This means if you fall below these guidelines at any time, you will be removed from the certificate program.

1. You must have a minimum of 3.2 clinical grade rating in each of your Junior rotations following completion of the first semester, and continuing through all senior semesters.
2. You must demonstrate competency in the area you are trying to get a certificate by successfully completing one (1) challenge in your first rotation.
3. You must declare your desire to do one of the certificate programs by May 31st of your Senior year.
4. You must maintain 85 percent in all of your classes in order to participate.
5. Attendance must be consistent throughout the program. Anyone in deficit more than three (3) full days will be denied pursuit of a certificate program.
6. All competencies must be completed by April 15th in the year of professional program completion.
7. Any student currently in the corrective action process cannot take part in the certificate program.
8. The student contact who oversees that specific area must accept student into the certificate program. All students wishing to attempt a certificate program must be accepted by that specialty.
9. You must achieve Senior Status by the end of Clinical Education 3 (third clinical semester).
10. You must complete all radiography elective competencies by the end of the fall semester (Clin Ed 5).

Certificate Programs

Computed Tomography

Mammography
MISSION, GOALS, and OUTCOMES STATEMENT

MISSION:

The Wayne State University / Henry Ford Hospital Radiologic Technology Program prepares students to perform competently and independently while providing exceptional patient care to a diverse patient population.

We demonstrate our commitment to academic and clinical excellence at the baccalaureate level by providing an educational environment that promotes student success.

Goals and Student Learning Outcomes:

Goal 1: Students will demonstrate clinical competence.
Student Learning Outcomes:
- Students will provide quality patient care
- Students will recognize errors and appropriately define necessary corrections

Goal 2: Students will demonstrate effective communication skills.
Student Learning Outcomes:
- Students will demonstrate effective written communication skills
- Students will demonstrate effective oral communication skills

Goal 3: Students will demonstrate problem-solving and critical thinking skills in the clinical arena.
Student Learning Outcomes:
- Students will manipulate technical factors for non-routine exams
- Students will adapt positioning for trauma patients

Goal 4: Students will exhibit professionalism.
Student Learning Outcomes:
- Students will demonstrate ethical professional behavior and sound professional judgment
- Students will participate in professional activities which promote professional development and lifelong learning