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: ____________________________________________

Witness Signature: ___________________________________________

Date: ________________________________________________________
Problems 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.
WAYNE STATE UNIVERSITY
IN PARTNERSHIP WITH
HENRY FORD HEALTH SYSTEM

RADIOLOGIC TECHNOLOGY PROGRAM

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 in their thinking, 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.
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 insure 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 approved 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), and in 2011, received a certificate of accreditation for five (5) years. The next site visit is scheduled for 2019.

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.

The number of radiography programs in the Detroit Metropolitan Area at one time was between 10 and 15 with all of them being hospital-based. With the current changes in hospital reimbursement policies, some of these programs have closed while others are being evaluated from a financial viewpoint.

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 our area. In addition, there are numerous clinics and doctors' offices with radiology facilities. This has created a good job market for our graduates.

The program goals can be found in the following tables in this section of the handbook. Also listed are the strategies utilized to achieve our goals as well as the desired outcomes. The assessment criteria used is analyzed, and changes occur based on the analysis.

The program's Mission, goals and outcomes can be located at the end of this document. They may also be accessed on the web at http://cphs.wayne.edu/radiologic-technology/mission.php.
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.
COMMUNICATION

LISTENING has become complicated today by the generally high noise level around us. We have to practice listening to what pertains to our work. This includes signals on the intercom system, paging, and alarms. If someone speaks to you, listen; they may not be saying what you are expecting to hear.

SPEAKING is the other half of listening. Correct and courteous speech will transmit your ideas accurately and indicate that you are a professional person.

You should be courteous when speaking on the phone. When you answer the phone, proper etiquette dictates that you should: 1) state the department, 2) identify yourself by giving your name, and 3) ask if you can be of help. For example: “Orthopedic Radiology, this is Peggy, may I help you?”

Voice volume control is necessary throughout the institution but especially when near patients. The patient should never hear anyone discuss their condition or the condition of another patient.

Inappropriate language will not be tolerated. You should speak professionally. Use of improper language will be cause for immediate dismissal.

READING is indispensable to study. Textbooks cannot cover every latest detail, so you must be alert to read professional journals.

WRITING is the other half of reading. Legibility, spelling, brevity, and accuracy are essential when noting information.
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 per week as scheduled Monday through Friday. Students are not scheduled for clinical time on Saturday and Sunday.

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.

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 4 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 Secretary and the message 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 or Secretary at 313-916-7952.

Hospital phones cannot be utilized 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 institutional policy on cell phone use.***

PROGRAM INFORMATION

Important student information is posted on bulletin boards in the student locker room.

HOLIDAYS

The program recognizes the following holidays:
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day (and Friday after Thanksgiving)
- Christmas Day
- New Year’s Day

Students are not scheduled for clinical time on the holidays, but the program does continue during most holiday weeks (see Attendance Policy).

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, 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. However, by appointment, a student may review their file and secure 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, information contained in the student’s file is confidential and will not be released without the written consent of the student.

OPERATIONAL POLICIES

Other policies located in this handbook pertinent to the Radiologic Technology Program are:
- Academic Integrity Policy
- Academic Policy
- Attendance Policy
- Cellular Phone/Communications Devices
- Classroom Guidelines
- Conflict Resolution Policy
- Disciplinary Policy
- Dress Code
- File Review Guidelines
- Grading Policy
- Graduation Requirements
- Health Policy
- Meeting/Seminar Policy
- Pregnancy Policy
- Radiation Safety Policy
- Records Security Policy
- Student Appeals Procedure
- Student Classification
- Student Responsibilities

It is the student’s responsibility to thoroughly read all policies for the program. Each student is required to sign a witnessed statement acknowledging they have received, read, and fully understand the policies of the program.
WAYNE STATE UNIVERSITY
IN PARTNERSHIP WITH
HENRY FORD HEALTH SYSTEM

RADIOLOGIC TECHNOLOGY PROGRAM

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. Due to scheduling conflicts, classes may be scheduled in other rooms throughout the year. The amount of time spent in the didactic setting on a daily basis varies with each semester.

It is recommended that students attend classes as scheduled including personal days. Students who attend classes on personal days will not be credited with additional time. In the event a class is cancelled, the students will be notified. Students who do attend classes on personal time will not be credited with time spent in didactic activity.

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

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Radiologic Technology</td>
<td>RDT 3100</td>
<td>2</td>
</tr>
<tr>
<td>Radiation Biology</td>
<td>RDT 3200</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Education 1</td>
<td>RDT 3400</td>
<td>6</td>
</tr>
<tr>
<td><strong>Semester Total Credits</strong></td>
<td></td>
<td>11</td>
</tr>
</tbody>
</table>

## Fall Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiographic Procedures 1</td>
<td>RDT 3300</td>
<td>3</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>RDT 6500</td>
<td>2</td>
</tr>
<tr>
<td>Medical Terminology (directed study)</td>
<td>RDT 3090</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Education 2</td>
<td>RDT 3600</td>
<td>6</td>
</tr>
<tr>
<td><strong>Semester Total Credits</strong></td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

## Winter Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td>RDT 3500</td>
<td>3</td>
</tr>
<tr>
<td>Radiographic Procedures 2</td>
<td>RDT 3700</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Education 3</td>
<td>RDT 3900</td>
<td>6</td>
</tr>
<tr>
<td><strong>Semester Total Credits</strong></td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

## Spring/Summer Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross Sectional Anatomy</td>
<td>RDT 3800</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Education 4</td>
<td>RDT 4300</td>
<td>6</td>
</tr>
<tr>
<td><strong>Semester Total Credits</strong></td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

## Fall Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiographic Quality/Exposure</td>
<td>RDT 4100</td>
<td>3</td>
</tr>
<tr>
<td>Radiation Physics &amp; Circuitry</td>
<td>RDT 4200</td>
<td>3</td>
</tr>
<tr>
<td>Independent Study</td>
<td>RDT 4800</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Education 5</td>
<td>RDT 4500</td>
<td>6</td>
</tr>
<tr>
<td><strong>Semester Total Credits</strong></td>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

## Winter Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiographic Pathology</td>
<td>RDT 4400</td>
<td>3</td>
</tr>
<tr>
<td>Jurisprudence</td>
<td>RDT 4900</td>
<td>3</td>
</tr>
<tr>
<td>Radiology Seminar</td>
<td>RDT 4600</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Education 6</td>
<td>RDT 4700</td>
<td>6</td>
</tr>
<tr>
<td><strong>Semester Total Credits</strong></td>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

May 2018
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, or Secretary at 313-916-7952 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 considered to be 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.

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 or CAM.
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 deemed 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 either ½ day (4 hours) or a full day (8 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 monitor, or failure to wear a lab coat as a part of infection control precautions).
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 prescribed 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.

Standardizing this procedure will assist with record-keeping and alleviate misplaced scraps of paper with requests for time off.
The program has developed competencies to support student proficiency in imaging procedures.

It is imperative that students have the opportunity 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 particular 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 in lieu of performing examinations (e.g., receptionist or transport escort). Students should, however, be competent in these areas. 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.
The next page contains the Standards for an Accredited Educational Program in Radiologic Sciences. Should 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 26360000 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, Junior Class Student, Radiologist, and a Member-at-Large within one (1) month 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. A subsequent meeting will be scheduled within one (1) calendar month of the initial meeting, and a final resolution will be written. A copy will also be forwarded to the JRCERT.

6. In the event that the complainant(s) is not satisfied with the final resolution, they 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
STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM
IN RADIOGRAPHY

Standard One: Integrity
The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.

Standard Two: Resources
The program has sufficient resources to support the quality and effectiveness of the educational process.

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

Standard Four: Health and Safety
The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Standard Five: Assessment
The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Standard Six: Institutional/Programmatic Data
The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.
WAYNE STATE UNIVERSITY
IN PARTNERSHIP WITH
HENRY FORD HEALTH SYSTEM

RADIOLOGIC TECHNOLOGY PROGRAM

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.

Females:

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.

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/black (ALL) leather athletic/uniform shoes must be worn.

Accessory clothing that may be worn includes a clean plain white, black, or navy blue short-or long-sleeved T-shirt, turtleneck, or mock turtleneck. Additionally, specific HFHS Radiology approved track jackets, ladies fitted jackets or unisex jackets in navy blue only.

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.

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/black (ALL) leather athletic/uniform shoes must be worn.
Accessory clothing that may be worn includes a clean **plain white, black, or navy blue** short-or long-sleeved T-shirt, turtleneck, or mock turtleneck. Additionally, specific HFHS Radiology approved track jackets, or unisex jackets in **navy blue** only.

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 to wear street clothes 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. White socks and white leather athletic/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!
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. Anyone wishing to take vacation time must have an adequate amount of time available in their 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.
Frequently Asked Questions

Q. What happens when a faculty member suspects that a student has committed a dishonest act?
A. When a faculty member has reason to suspect that academic misconduct has occurred, he/she may adjust the grade downward for the test, paper or other course-related activity in question, or for the entire course. In such instances, the faculty member shall notify the student of the downgrading and the misconduct for it, either orally or in writing as described in Section 10.1 of the Student Code of Conduct.

Q. Can the student appeal the downgrading decision by the faculty?
A. Yes. The student can appeal the action by filing a statement in writing with the department or unit head within ten school days of the oral notice or postmarked written notice. NOTE: If the department head is the faculty, the appeal is to the dean. If the dean is the faculty, the appeal is to the Provost.

Q. What are my rights if academic misconduct charges are filed under the Student Code of Conduct?
• You have the right to speak on your behalf, present evidence on your behalf, and question opposing witnesses.
• You have the right to bring an advisor or an attorney to a formal hearing or to an informal disciplinary conference. However, the role of the advisor or attorney is solely to counsel and not to participate actively.
• You have the right to be notified in writing of the charges and the judicial procedure.
• You have the right not to testify against yourself.
• You have the right to select an informal disciplinary conference with the dean instead of a formal hearing if the dean decides the case is serious enough for a hearing.
• In a formal hearing, you have the right to appeal the panel’s decision.
• You have the right to know the nature and the source of the evidence to be used against you.

Appropriate Sanctions if a Student is Found Guilty of Academic Misconduct

Disciplinary Reprimand. A formal notification to the student that his/her conduct has been unacceptable and a warning that another offense may result in a more serious sanction.

Disciplinary Probation. A disciplinary status that does not interfere with the student’s rights to enroll and attend classes but that includes specified requirements or restrictions.

Suspension. A denial of the privilege of continuing as a student anywhere within the University, and denial of all student rights and privileges for a specified period of time.

Expulsion. A permanent denial of the privilege of continuing or enrolling as a student anywhere within the University and permanent denial of all student rights and privileges.

Transcript Disciplinary Record. An entry onto the student’s transcript permanently or for a specified period of time, indicating the violation and sanction imposed.

Other sanctions. Other sanctions may be imposed instead of, or in addition to, those specified above.

NOTES: The information contained in this brochure has been edited from the Student Code of Conduct and written in a condensed format. Anyone with specific questions regarding academic misconduct should consult the source document (http://www casualtywayne.edu/courses/codeofconduct.pdf), the Dean of Student Affairs, the Office of Student Conduct, or the Office of the Dean for each School and College. If the provisions described in this brochure differ in any way from the provisions of the Student Code of Conduct, then the provisions of the Code shall prevail.

Prepared by the Committee for Academic Integrity
in conjunction with the Office for Teaching and Learning
Steps to Academic Success

**Start assignments early.** The research and writing process takes time. Make careful choices when deciding on a topic. Pick one that interests you. Allow plenty of time to visit the library, gather materials, read and take notes. One major reason for academic misconduct is running out of time to complete the project. If you find that you are in a bind, make sure you talk to your instructor.

**Take good notes.** Identify in your notes which words are copied directly from a source using quotation marks, highlighting, etc. It is also a good idea to keep a working bibliography and a research log of search terms, databases, call numbers and/or URLs so referencing materials is quick and easy.

**Cite your sources so that authors are given appropriate credit.** Direct quotes, paraphrased passages, ideas, or unfamiliar facts/information must be cited.

**Talk to a librarian** in person or through the Ask-a-Librarian Link on the WSU library home page www.lib.wayne.edu.

Make an appointment with the WSU Writing Center (www.english.wayne.edu/writing/). It can help you organize your materials, identify grammatical errors and appropriately cite resources.

The **Academic Success Center** offers a variety of workshops on note-taking, effective reading and writing strategies, etc. Its tutors can also help you organize and cite material appropriately. Visit the website at www.success.wayne.edu.

---

Flowchart for Resolving Issues Related to Academic Misconduct

- Academic Misbehavior identified
- Charges filed with the Student Conduct Officer
- Fact-Finding Conference with the Student Conduct Officer
- Case referred to the appropriate Dean for further review
- No further action taken by the Student Conduct Officer
- Dean gives the accused student two options
  - Formal Hearing with a faculty and student panel
  - Informal Disciplinary Conference with the Dean of the College/School
- Decision recommended by the panel to the Dean and case resolved or
- Appeal to the President of the University
- Final decision issued by the President of the University

---

Defining Academic Misconduct

Academic misconduct is any activity that tends to compromise the academic integrity of the institution or subvert the educational process. All forms of academic misconduct are prohibited at Wayne State University, as outlined in the Student Code of Conduct (see http://www.cso.wayne.edu/codeofconduct.pdf).

Students are expected to be honest and forthright in their academic studies. Students who commit or assist in committing acts of misconduct are subject to downgrading and/or additional sanctions as described in the Student Code of Conduct. Faculty and students are responsible for knowing the different forms of academic misconduct as well as for being aware of the Student Code of Conduct.

**Cheating:** Intentionally using or attempting to use, or intentionally providing or attempting to provide, unauthorized materials, information or assistance in any academic exercise. Examples include:
- Copying from another student’s test paper.
- Allowing another student to copy from your test.
- Using unauthorized material during an exam.
- Submitting a term paper for a current class that has been submitted in a past class without appropriate permission.
- Collaboration: working with another without authorization from the instructor.

**Plagiarism:** To take and use another’s words or ideas as one’s own. Examples include:
- Using words or ideas of other persons without appropriate referencing or citation.
- Altering the language, paraphrasing, omitting, rearranging, substituting or forming new combinations of words in an attempt to make the thoughts of another appear to be your own.

**Fabrication:** The intentional and unauthorized falsification or invention of any information or citation. Examples include:
- Knowingly attributing citations to the wrong source.
- Listing fabricated references in the paper or the bibliography.

**Other:** Selling, buying or stealing all or part of a test or term paper, unauthorized use of resources, enlisted the assistance of a substitute when taking exams, destroying or sabotaging another’s work, threatening or exploiting students or instructors, or any other violation of course rules as contained in the course syllabus or other written information.
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 academic probation. Within one (1) week after completion of the course, a comprehensive examination over the entire course will be administered. A score of 80 percent or above 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 they will no longer be on academic probation. If the student does not pass the comprehensive examination, they will be immediately terminated from the program. Should a student fail a class while on academic probation, it will mean immediate dismissal from the program.

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

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.

The Clinical Grading Policy can be found in this student reference guide.
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 the Seminar course --- 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 must be a 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.


8. 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.
PRE-TRAINING HEALTH SCREENING

A pre-employment health screening is administered to all incoming students by the Henry Ford Hospital Employee Health Department. This physical is at no charge to the student. Students must be cleared by Employee Health prior to the scheduled starting date of the program. Should a student not be cleared by Occupational Medicine, his/her acceptance into the program would be void.

ON-SITE COVERAGE

1. Students who incur an injury during the day may be sent to the Emergency Room 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 their insurance company is financially responsible.

2. Incident (Redform) Report Forms are available on-line. 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 at no charge to them.

6. Annual TB testing 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!
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

   - 2.10 -
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);
- 15000 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 (1) 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 tableside 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, 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 206 (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 for 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 returned. 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 white 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, this 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 this 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 may be 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.
A lost monitor 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 monitors 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.
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.

2018/2019 Student Handbook
Eugene Applebaum College of Pharmacy and Health Sciences
Wayne State University
http://cphs.wayne.edu/radiologic-technology/docs/Student Ref Guide 2018_Revised_05-7
**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 totals 40 per week.

In order to insure 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.

**TRANSFER STUDENTS**

Transfer students are defined as those students seeking admission into the program after completing a portion of their training at another institution. These students normally request placement in the program such that their continued training does not exceed the normal 24-month period.

Due to the academic and clinical scheduling difficulties that can occur when attempting to place these students into ongoing classes, no provisions exist in this program for the placement of transfer students. Students seeking admission into this program will be considered on an individual basis dependent upon their academic and clinical experience and feasibility of this program to provide them with a quality education. Only those students who have had an experience similar to that of this institution will be considered. Once an evaluation is made, the student will be apprised of the possibility of admission. No student will be admitted after the second year of training has commenced. It may be necessary for a transfer student to spend additional time in a radiography program as deemed appropriate by program officials.
Wayne State University
In Partnership With
Henry Ford Health System

RadioLogic Technology Program

Student Seminar Attendance Policy

In an effort to enhance the existing program in the radiologic sciences and promote lifelong learning, students are encouraged to attend educational programs whose content-specific focus is the student in radiography. 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 they have completed six (6) full months in the program. Attendance prior to the completion of six months of academic and clinical training is considered to be of little benefit to the student in radiography. 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 commencement 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 their 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 they are responsible for any material presented in class in their 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. Should the student fail 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 as fortunate 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 is in attendance at 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 immediate dismissal from the program.
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: _____________________________________
EMPLOYEE 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.

The following policies are in this handbook:

3.01 Statement of Purpose
3.04 Equal Employment Opportunity Policy
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
5.25 Alternative Dispute Resolution (ADR) Program
5.27 Cellular Phone/Communication Devices
5.29 Social Media Usage
1.0 Philosophy/Purpose

The purpose of Henry Ford Health System system-wide policies housed on the HFHS HR Policy website is to promote unity among the various business units comprising HFHS, to encourage fair and consistent employment practices at HFHS and to promote compliance with federal and state laws and healthcare accreditation guidelines.

2.0 Scope

This policy applies to all employees at all business units and corporate offices of Henry Ford Health System.

The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

3.0 Responsibility

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of the Chief Human Resources Officer or his or her designee(s).

4.0 Policy

4.1 POLICY MANUAL IS NOT A CONTRACT

This Intranet HR Policy web-site contains statements of Henry Ford Health System’s Human Resources policies and procedures. Furthermore this website serves as the official reference and working guide of Human Resource programs only. With the express exception of agreements to arbitrate disputes through alternative dispute resolution procedures, nothing listed on this website, in official documents or in employment interviews, should be construed as an employment contract, promise of
employment or promise of benefits. Each employee is a valuable asset to the organization. While it is hoped that HFHS’ employment relationships with employees will be long term, all employment is considered to be “at will” and is terminable without cause, at the discretion of the employer or the employee, at any time. All previous and any perceived promises, statements, implications or understandings to the contrary are immediately null and void.

An agreement to resolve disputes through alternative dispute resolution procedures is a separate contract, independent of this policy manual, and is a condition of employment with HFHS. Employees should therefore review such agreements carefully before signing and accepting employment with HFHS.

4.2 **HFHS’ RIGHT TO ADD, DELETE OR MODIFY**

All of the statements contained on this HR Policy website are broad internal guidelines that HFHS may, from time to time, modify, add to or delete at its sole discretion. Although reasonable efforts will be made to notify employees of policy changes, such notice is not required.

4.3 **EFFECTIVE DATE OF POLICIES**

The content on this HR Policy website becomes effective January 1, 2003, and replaces and supersedes all existing corporate and business unit policies on the subjects herein.

4.4 **PURPOSE OF SYSTEM-WIDE POLICIES**

The purpose of this HR Policy website is to set out broad internal guidelines for the entire Henry Ford Health System – its individual business units, facilities and site locations, corporate offices and the employees therein, as described in each policy’s “Scope” section. These system-wide policies represent minimum guidelines to which each individual business unit, etc. must adhere. Individual business units, etc. may have policies in addition to the policies contained in this system-wide policy manual, but in no event shall an individual business unit’s policies be contradictory to the provisions contained in this manual.

Because these system-wide policies are intended to represent minimum guidelines only, the absence of a specific policy, statement, or provision should not be considered to be a waiver of such item by HFHS. HFHS reserves the right to take such actions as are determined, in its sole discretion, to be necessary to ensure efficient business operations.

Introduction – Statement of Purpose – HR Policy 3.01 Page 3 of 3

4.5 **EFFECT ON BENEFITS**

Benefits and benefit programs described on this website may also be modified or terminated at any time. In the event that there is a discrepancy between any information on this website and information contained in a benefit plan description or plan document, the plan document will control.
4.6 QUESTIONS OF INTERPRETATION

Questions of interpretation should be referred to the CHRO or his/her designee who, in consultation with the HFHS Human Resources Executive Team, is the final arbiter of such matters.

4.7 SEVERABILITY

The non-validity of any part of any policy on this HR Policy website shall not invalidate the remainder of such policy, unless such elimination shall substantially defeat Henry Ford Health System’s intent and purposes in establishing the policy.

5.0 Practice/Procedure

5.1 INTENT

The Henry Ford Health System Human Resources Policy website is intended to be a reference and working website for operational leadership in the day-to-day administration of human resource policies and programs.

5.3 POLICY UPDATES

The CHRO or his/her designee is the keeper of all approved system-wide human resource policies, both past and present. When a policy is revised, the superseded version should be deleted and replaced with the new one. Only the CHRO or his/her designee will retain the official copy of superseded policies.

Attachments to HR Policy 3.01

None
1.0 Philosophy/Purpose

Numerous federal and state laws prohibit discrimination in employment, including, among others, Title VII of the Civil Rights Act of 1964 and its amendments, the Michigan Elliott-Larsen Civil Rights Act and the Michigan Handicappers Civil Rights Act. This policy is designed to assist operational leadership in promoting and maintaining a positive and diverse work force that is free from discrimination and in compliance with applicable laws. The purpose of this policy is also to state guidelines for reporting, investigating and addressing discrimination complaints.

2.0 Scope

This policy applies to all employees at all business units and corporate offices of Henry Ford Health System.

The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

3.0 Responsibility

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of the Chief Human Resources Officer or his/her designee, and HFHS Human Resources.

4.0 Policy

Henry Ford Health System is committed to providing a work environment and culture that maximizes the professional growth of employees and meets the health care needs of the diverse communities that we serve.

System-Wide Equal Employment Opportunity Policy No: 3.04

It is the policy of Henry Ford Health System to provide equal employment opportunities to all Henry Ford Health System employees and applicants for employment without regard to race, color, creed, religion, age, sex, national origin, disability, veteran status, size height, weight, marital status, family status, and sexual orientation or any other protected status in accordance with applicable federal and state laws.

This policy applies to all terms and conditions of employment including, but not limited to: recruitment, hiring, placement, development, promotion, termination, reductions in force, transfers, leaves of absence, compensation and benefits.

5.0 Practice/Procedure

5.1 GENERAL INFORMATION
It is the responsibility of all HFHS operational leadership to create, maintain and ensure an atmosphere free of discrimination and harassment. It is also the responsibility of every employee to respect the rights of coworkers, patients and all persons visiting our facilities.

5.2 REPORTING/NOTIFICATION

If an employee experiences any job-related discrimination or harassment, has a related complaint or believes, in good faith, that he or she has been treated in an unlawfully discriminatory manner, the matter should be immediately reported to the immediate supervisor, the highest on-site manager available or any Human Resources representative. Management personnel who have reports of discrimination and/or harassment reported to them shall immediately discuss the allegation with the appropriate Human Resources representative. Further, any employees who become aware of, or has any information regarding discrimination and/or harassment of oneself or another employee shall immediately report this information to an immediate supervisor, the highest on-site manager available or any Human Resources representative. The failure to report information may result in corrective action, up to and including termination. Management or other operational leadership who learn of such incidents of harassment and fail to immediately report the allegation with the appropriate Human Resources Representative, may be subject to corrective action, up to and including termination.

5.3 INVESTIGATION OF COMPLAINTS

Upon receipt of a complaint, Human Resources, with the assistance of the appropriate Supervisor, and in consultation with Corporate Legal, shall conduct a prompt, thorough and objective investigation. This investigation shall be thoroughly documented and may require interviews with the complainant, alleged offender, and all witnesses. All information or documents generated by such an investigation will be handled in a confidential manner and will not be released without the express, written authorization of the subject employee, or except as required by law or the lawful order of a court of competent jurisdiction. At the conclusion of the investigation, Human Resources, in consultation with appropriate operational leadership and legal counsel, will decide on the appropriate corrective or other action up to and including termination with which to respond to the complaint.

No person making a good faith report of discrimination or harassment or assisting in an investigation of such a report will be subject to retaliation.
for the making or investigation of such report.

5.4 **FALSE CLAIMS**

Any person, who knowingly, or in reckless disregard for the truth, makes a false claim of discrimination or harassment, will be subject to corrective action up to and including termination.

**Attachments to HR Policy 3.04**

Equal Employment Opportunity Statement (See below)

*See also:* *Americans With Disabilities Act Policy 4.11*

*Harassment Policy 5.12*
Jocelyn Giangrande, Director of Workforce Diversity, AA/EEO Compliance, is the designated EEO Coordinator for the Henry Ford Health System. The EEO Coordinator's responsibility is to implement and to monitor adherence to this policy. Employees should feel free to contact their immediate supervisor, the appropriate Human Resources representative or Jocelyn Giangrande should they experience any problems.

Any employee or applicant with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor or to the appropriate Human Resources Representative. Employees and applicants can raise concerns and make reports without fear of reprisal, harassment, intimidation, threats, coercion, or discrimination because they: (1) file a complaint with Human Resources or with federal, state, or local agencies; (2) assist or participate in any investigation, compliance review, hearing, or any other activity related to the administration of any federal, state, or local equal employment opportunity or affirmative action statute; (3) oppose any act or practice made unlawful by federal, state, or local law requiring equal employment opportunity or affirmative action; or (4) exercise any other employment right protected by federal, state, or local law or its implementing regulations.

I personally made my commitment to all of the objectives of equal employment opportunity and expect the cooperation and participation of all employees of the company in achieving these objectives.

June 2, 2004
Nancy M. Schlichting
President and CEO
Henry Ford Health System

Attendance Policy No: 5.02
Page 1 of 5

Policy No: 5.02

Subject: Attendance Policy
Supersedes: All existing corporate and business unit attendance and tardiness policies as noted in section 2.0
Effective: January 1, 1999
Revised: September 1, 2009
Reviewed: September 1, 2009
Approved by: Human Resources Executive Team (HRET)

1.0 Philosophy/Purpose

Henry Ford Health System recognizes the need to balance employees’ unforeseen personal and medical situations along with the operational needs of the System. The purpose of this policy is to establish and communicate the guidelines for attendance and tardiness in order to provide quality service to Henry Ford Health System patients, customers, members and others. To this end, HFHS facilities and offices must be adequately staffed during all hours of operation and HFHS expects that all employees will consistently report for work, and start work on time.

2.0 Scope
This policy applies to all non-management employees at the following business units:

- Behavioral Services (includes Kingswood Hospital)
- Community Care Services (excluding Continuing Care Services)
- Corporate Offices
- Detroit Hospital
- Medical Group
- HF Wyandotte Hospital
- HF West Bloomfield Hospital

Contingent employees are not covered under this policy. Part-time employees may have their absenteeism and tardiness pro-rated in accordance with their regularly scheduled hours.

The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy. This policy does not apply to employees within their introductory period.

3.0 Responsibility

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of the Senior Vice President of Human Resources or his/her designee.

4.0 No-Fault Policy

To balance the health care and business needs of HFHS and the personal needs of employees, HFHS practices a no-fault attendance and tardiness policy. This practice assumes that all unscheduled absences and tardies are for important reasons; however, when their amount and/or frequency becomes excessive, the attendance or tardiness problem will be addressed through progressive corrective action, up to and including termination of employment.

The following types of time off will not be considered for corrective action purposes, provided that appropriate reporting requirements have been met:

- Bereavement
- Approved CTO
- Jury duty or court time
- Military leave
5.0 Practice/Procedure

5.1 Definition of an Attendance Occurrence and FMLA

An employee who does not report to work as scheduled for one (1) or more consecutive working days will receive an occurrence.

An employee is eligible for consideration for time off from work under The Family Medical Leave Act provided the employee has worked at HFHS for at least twelve (12) months and worked a minimum of 1,250 hours.

- Whether an employee’s circumstances are FMLA qualifying and covered by the statute is a determination made on a case by case basis.

- HFHS may conditionally designate a leave as a FMLA leave after the completion of three (3) days of consecutive absence. Intermittent FMLA or non-FMLA medical may be designated upon each occurrence. An employee eligible for FMLA time may utilize up to twelve (12) weeks of time per rolling calendar year.

5.2 Definition of a Tardiness Occurrence:

An employee is considered tardy when she/he is not at their assigned work area, ready to work, at the start of their scheduled shift. Being on time to work does not mean getting in the door or returning from break at the scheduled starting time and then taking additional time for personal needs before going to the workstation. A half an occurrence is assessed for up to ½ hour tardy. A whole occurrence is assessed for over ½ hour tardy. This also applies to leaving early or returning late from lunch or breaks. HFHS does not provide for grace periods.

5.3 Administration of Corrective Action

Attendance and tardiness occurrences are combined for the purpose of counting of occurrences. In addition, all corrective action, including corrective action
initiated for performance issues, are on one (1) track. If an employee has received corrective action for an issue in the last year (rolling calendar), attendance/tardy occurrences will be addressed at the next level of corrective action.

Each Corrective Action shall remain valid for 12 months from the date of the discipline. Once an employee has received a corrective action at one step, if another incident necessitating progressive corrective action occurs within 12 months, it shall be applied at the next higher step.

5.4 Attendance and Tardiness Resulting in Corrective Action

For the purpose of attendance, an occurrence can be a single day (if only one day is used) or a collection of consecutive days. For purposes of tardiness, an occurrence is a single event. The initial number of absences and tardies that are subject to the corrective action process is as follows:

- 3 occurrences in 30 days
- 4 occurrences in 90 days or
- 7 occurrences in 180 days (6 mos.) (rolling calendar)

Attendance Policy No: 5.02

If a supervisor documents a pattern of unscheduled attendance and tardiness (such as absences that are consistently in conjunction with scheduled days off, holidays, weekends, etc., the supervisor may, in consultation with Human Resources, initiate corrective action at the appropriate step, even though the employee’s attendance or tardiness record may not otherwise warrant corrective action.

Employees who are in violation of the attendance and tardiness standards will receive corrective action as outlined in the corrective action policy (policy #5.17).

5.5 Absence Documentation

Employees who are unable to work due to illness may be required to submit a physician’s note verifying the illness and that the employee is able to return to work.

5.6 Employee Notification of an Absence

Each department shall develop and communicate the process for call-ins. In addition, each department shall determine the appropriate notification timeframe for an absence. If the employee fails to call in during that time, it shall constitute a no call/no show occurrence. One no call/no show of a scheduled shift will result
in a written warning or, if the employee is already in the corrective action track, the next level of corrective action will be issued. Three (3) consecutive no call/no show of scheduled shifts will be considered a voluntary resignation by the employee.

5.7  CTO Approval

Each department shall develop and communicate the process for scheduled CTO approval. Paid time off shall be counted as occurrences if the departmental approval process is not followed.

5.8  Overstaying Break Time

Returning late from a break for a period greater than 1 hour will be considered to be a serious impediment to appropriate staffing levels and may be cause for immediate corrective action. Returning from break less than 1 hour tardy will result in an occurrence of tardiness.

5.9  HFHS’ Discretion to Modify Policy

Henry Ford Health System periodically reviews and revises its policies, and this policy, as with all others, is subject to change at HFHS' discretion without prior notice. This policy supersedes all prior written policies on this subject.

The provisions in this policy furthermore do not in any way modify the at-will employment relationship. Employment at HFHS is at-will and without assurance of continuation. Employment can therefore be terminated either by the employee or by HFHS, with or without cause and with or without notice at any time.

Notwithstanding any express statements by the Chief Executive Officer of HFHS to the contrary, progressive corrective action is not required and these standards do not modify the at-will employment relationship stated herein. The nature of this at-will employment relationship cannot be modified or altered except by a written document signed by the Chief Executive Officer of the Corporation. See also Employment Statement Policy 3.02.

Attachments to HR Policy 5.02

None

See also:  
"No Call/No Show" Policy 5.03  
Corrective Action Program 5.17  
Employment Statement 3.02  
Leave of Absence Policy 7.02  
Introductory Period 4.01
Policy No: 5.03

1.0 Philosophy/Purpose

Employee attendance is critical to the effective operation and quality customer service of Henry Ford Health System. HFHS recognizes that an employee may occasionally be unable to attend work. It is imperative, however, that employees notify their immediate supervisor as soon as it is known that work will be missed. The purpose of the “no call/no show” policy is to set a time limit upon which an employee’s absence without notice constitutes the employee’s voluntary resignation from HFHS.

2.0 Scope

This policy applies to all employees at all business units and corporate offices of Henry Ford Health System.
The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

3.0 Responsibility

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of HFHS Human Resources and operational leadership.

4.0 Policy

It is the policy of Henry Ford Health System to require all employees to notify their immediate supervisor as soon as it is known that an employee will be unable to attend all or part of their workday. Failure to attend work without notifying the employee’s supervisor shall constitute a “no call/no show” occurrence and will result in corrective action as specified in Corrective Action Program Policy 5.17. Three (3) consecutive absences without notice shall constitute the employee’s voluntary resignation from HFHS.

5.0 Practice/Procedure

5.1 NOTIFICATION OF ABSENCE

Upon an employee’s knowledge that he or she will be unable to attend all or part of his or her workday, the employee must notify his or her immediate supervisor. Notification of a fellow employee or person other than the immediate supervisor or his or her designee is insufficient notice for the purposes of this policy, unless otherwise noted by the immediate supervisor.

5.2 NO CALL/NO SHOW OCCURRENCE

Failure to attend work without notifying the employee’s supervisor or his/her designee shall constitute a “no call/no show” occurrence and will result in a written warning. See Corrective Action Program Policy 5.17.

5.3 ESTABLISHMENT OF NOTIFICATION TIME-FRAME

Each department has established the hours that constitute a workday. Each department has also established the time frame within which employees must call to say that they will be late. If an employee fails to
call in within the established time frame, the employee will not be paid for that day, and the incident shall still constitute a “no call/no show” occurrence. See also Attendance and Tardiness Policy 5.02. As expressed above, employees in bargaining units should consult their specific contract. See also Represented Employees Policy 3.03.

5.4 VOLUNTARY RESIGNATION

Three (3) consecutive absences without notice (occurrences) shall constitute the employee’s voluntary resignation from HFHS and the employee is not eligible for rehire.

Attachments to HR Policy 5.03

None

See also: Attendance and Tardiness Policy 5.02
Corrective Action Program Policy 5.17
Represented Employees Policy 3.03

System-Wide Work Day HR Policy No: 5.04

Policy No: 5.04

Subject: Work Day
Supersedes: All existing corporate and business unit work day policies
Effective: January 1, 1999
Reviewed: July 1, 2009
Page: 1 of 2
Approved by: Human Resources Executive Team (HRET)

1.0 Philosophy/Purpose

The purpose of this policy is to establish a seamless, uniform and customer-focused health care delivery system by providing a standard operational framework for the day-to-day operations of Henry Ford Health System.

2.0 Scope

This policy applies to all employees at all business units and corporate offices of Henry Ford Health System.

The policy and procedures enumerated below shall apply unless such policy or
procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

### 3.0 Responsibility

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of HFHS Human Resources and operational leadership.

### 4.0 Policy

#### 4.1 SHIFT CHANGES

In accepting employment with HFHS, it is understood that employees agree to the particular department’s established hours of work. It is the policy of HFHS to adhere to work schedules that are developed by the individual departments. However, at times it may be necessary to change working hours and HFHS reserves the right to do so as determined to be in the best interests and efficient operation of HFHS.

All shift and schedule changes will be made in a fair and equitable manner. When it becomes necessary to change an HFHS employee’s shift, whether mandatory, permanent or temporary, in most cases reasonable notice (generally two weeks) will be given. Only in cases of critical understaffing will shifts or schedules be changed with little or no prior notice.

#### 4.2 ATTENDANCE/TARDINESS

All HFHS employees are expected to be present and ready to work at their assigned work stations at the designated starting time. Employees shall not leave their work station early, except by express authorization of the department supervisor. Attendance and tardiness standards shall be observed as provided in *Attendance and Tardiness Policy 5.02*.

#### 4.3 OVERTIME

Mandatory overtime hours may be assigned. See *Overtime Compensation Policy 6.04*.

### 5.0 Practice/Procedure

#### 5.1 VIOLATIONS OF POLICY
Employees found to be in violation of any of the foregoing provisions of this policy will be subject to immediate corrective action, up to and including termination.

5.2 BUSINESS UNIT ESTABLISHMENT OF PROCEDURE

All other practices and/or procedures shall be established by each business unit as deemed necessary to best serve the particular needs and requirements of that unit.

Attachments to HR Policy 5.04

None

See also:  
- Attendance and Tardiness Policy 5.02
- Corrective Action Program Policy 5.17
- Overtime Compensation Policy 6.04
1.0 Philosophy/Purpose

A key component of promoting “The Henry Ford Experience” is for employees to embrace a diverse environment that takes pride in personal appearance reflecting an image of competence and professionalism. These qualities are essential for the proper, effective, and efficient administration of healthcare services and may contribute to the healing process. Further, the management of HFHS asks you to support the compliance in relation to infection control/safety protocols and other regulatory requirements of HFHS. As such, this policy has been established in an effort to engage employees in creating a healthy environment focusing on Patient Care.

2.0 Scope

This policy applies to all employees, students, volunteers, contractors, vendors and others during workdays, weekends, and off hours who work at all Henry Ford Health System business units and locations when they are in their role as an employee of the System. Employees who are required to wear a uniform must comply with their approved policy as established by their local business unit/department.

3.0 Responsibility

The implementation, administration and management of this policy shall be the responsibility of Henry Ford Health System operational leadership. Additionally each employee is responsible for complying with this policy.

4.0 Policy

HFHS employees are expected to maintain proper hygiene and observe standards of appropriate business attire. All HFHS employees shall present themselves well-groomed, and appropriately dressed at all times while on premises. Although the general minimum requirements of this system-wide policy must be adhered to at each business unit, a business unit or department (i.e. patient care areas) can choose to implement more restrictive requirements based on infection control and other regulatory requirements.
## 5.0 Practice and Procedure

<table>
<thead>
<tr>
<th></th>
<th><strong>Acceptable</strong></th>
<th><strong>Unacceptable</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clothing</strong></td>
<td>Clean, neat, pressed, in good repair and appropriate size</td>
<td>Soiled, wrinkled, torn, noticeably worn, too tight or too loose. See-through or revealing</td>
</tr>
<tr>
<td><strong>Lab Coats</strong></td>
<td>Must be clean and presentable</td>
<td>Soiled, wrinkled, torn. Noticeably worn</td>
</tr>
<tr>
<td><strong>Nametags:</strong> (See HR Policy 5.01)</td>
<td>Worn at all times when on duty in an easily visible spot. Name and picture must be visible. (HIPAA Regulations require badges to be work above the waistband)</td>
<td>No nametag, or worn in a place that is difficult to read</td>
</tr>
<tr>
<td><strong>Hair</strong></td>
<td>Neat, clean and groomed style.</td>
<td>Extreme unnatural hair color.</td>
</tr>
<tr>
<td></td>
<td>Direct patient care and food service areas:</td>
<td>Large, elaborate &amp; exaggerated spiky hairstyles &amp; accessories.</td>
</tr>
<tr>
<td></td>
<td>□ Hair longer than shoulder length should be confined so it will not interfere with customer service or patient care.</td>
<td>Poorly groomed facial hair.</td>
</tr>
<tr>
<td></td>
<td>□ Hairnets will be worn in food services areas.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beards, sideburns and mustaches will be neatly trimmed.</td>
<td></td>
</tr>
<tr>
<td><strong>Nails</strong></td>
<td>Clean and trimmed nails that do not exceed ¼ inch beyond the fingertip.</td>
<td>Directly, ragged nails.</td>
</tr>
<tr>
<td></td>
<td>Note: Acrylic nails that meet length restrictions and appearance standards are permitted online non-clinical settings.</td>
<td>Artificial nails (i.e. acrylic, gel tips &amp; overlays) in any HFHS facility where direct patient care is delivered.</td>
</tr>
<tr>
<td><strong>Personal and oral hygiene including perfume, after shave, deodorant</strong></td>
<td>Use of deodorant &amp; light, mild perfume or after-shave</td>
<td>Excessive or heavy scent</td>
</tr>
<tr>
<td><strong>Jewelry</strong></td>
<td>Earrings Should be complimentary to the clothing; not excessive. Patient care areas refer to Infection Control protocols.</td>
<td>Facial piercing or piercing of other visible areas; unless of known cultural requirement</td>
</tr>
<tr>
<td></td>
<td>Acceptable</td>
<td>Unacceptable</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Shoes</strong></td>
<td>Clean, polished, moderate to low heels. Style appropriate as defined by department dress code</td>
<td>Scuffed, dirty, unpolished, untied. Heels higher than 2 1/2 inches.</td>
</tr>
<tr>
<td></td>
<td>Shoes should complement the clothing</td>
<td>Open-toed shoes in facilities where patient care is delivered.</td>
</tr>
<tr>
<td></td>
<td>Open-toed shoes are permitted in non-clinical office settings provided the employees has no direct contact with patients</td>
<td>Crocs without back strap and perforated shoes in any HFHS facility where patient care is delivered.</td>
</tr>
<tr>
<td><strong>Hosiery</strong>*</td>
<td>Hosiery or socks</td>
<td>Bare legs and no socks.</td>
</tr>
<tr>
<td><strong>Make up</strong></td>
<td>Complimentary to natural features</td>
<td>Excessive make up</td>
</tr>
<tr>
<td><strong>Pants/slacks</strong></td>
<td>Pants no shorter than ankle length.</td>
<td>Denim (includes jeans-see note), stretch pants, stirrup pants, leggings, sweatpants or sweat outfits, shorts, short skirts, skorts, capris.</td>
</tr>
<tr>
<td></td>
<td>Note: Denim, including jeans, can be worn in non-clinical business settings only during non-work hour weekends or when moving offices due to relocation.</td>
<td></td>
</tr>
<tr>
<td><strong>Skirts/dresses</strong></td>
<td>Long, tailored shirts or dresses no more than 2 inches above the knee.</td>
<td>See above.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sleeveless dress without jacket.</td>
</tr>
<tr>
<td><strong>Shirts/Blouses</strong></td>
<td>Neat, clean, pressed shirts, blouses or sweaters.</td>
<td>Shirts with inappropriate saying, logos, or advertising.</td>
</tr>
<tr>
<td></td>
<td>System approved image apparel.</td>
<td>No low cut or cropped shirts, tee-shirts, tank, tube or camouflage tops.</td>
</tr>
<tr>
<td></td>
<td>Approved uniform policy if applicable.</td>
<td>Sleeveless top without jacket</td>
</tr>
<tr>
<td><strong>Tattoos</strong></td>
<td>Large tattoos must be covered.</td>
<td></td>
</tr>
</tbody>
</table>
General Assumptions/Exceptions:

- Dress to show respect for HFHS customers, patients, colleagues and oneself.
- Take the extra steps to represent oneself to others in a manner that states: “We dress this way because we respect you.”
- Be sensible. Review the impact of the specific duties of the department when deciding uniform standard
- HFHS has adopted the position for infection control reasons, artificial nails (i.e. acrylic, gel tips & overlays) will not be permitted in any HFHS facility where patient care is delivered. Acrylic nails that meet length restrictions and appearance standards are permitted only in non-clinical settings.
- Denim, including jeans, can be worn in non-clinical business settings only during non-work hour weekends or when moving offices due to relocation. Denim may not be worn for special fund raisers of any sort.
- Henry Ford facilities where direct patient care is not delivered include:
  - Community Care Services – Bingham Farms Office
  - Health Alliance Plan (HAP)
  - Northfield
  - Rochester Hills Data Center
  - One Ford Place (except Behavioral Health, Research Labs or other patient areas)
  - Contact Center
  - Piquette Medical records facility
- Any HFHS hospital, medical center, clinic or other facility where there are predominantly patient care services offered is considered a clinical setting

5.3 POLICY VIOLATIONS

Employees who fail to comply with the personal appearance code will be sent home to change outfit and expected to return to work in proper attire. Employees will be charged with unscheduled CTO. Employees who are found to be in violation of this policy may also be subject to corrective action, up to and including termination. See Corrective Action Program Policy 5.17.

Attachments to Policy 5.06

None

See also: Corrective Action Program Policy 5.17
Employee Identification Program Policy 5.01
Business Unit/Departmental Policies
1.0 Philosophy/Purpose

The use, abuse and possession of alcohol and illegal drugs in the workplace are a threat to the health and safety of employees and the general public. Henry Ford Health System is committed to providing a working environment free from alcohol and illegal drugs and improving the health and productive lives of its employees and their families. This policy is designed to aid Henry Ford Health System operational leadership in ensuring a safe and healthful workplace for its employees.

2.0 Scope

This policy applies to employees at all business units and corporate offices of Henry Ford Health System. The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms take precedence over this policy.

2.0 Responsibility

The implementation, administration and management of this policy shall be the responsibility of HFHS Human Resources and operational leadership.

4.0 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 may 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 5.24.
5.0 Practice and Procedure

5.1 GENERAL INFORMATION

5.1.1 Any employee who wishes to receive information regarding drug and/or alcohol counseling and rehabilitation may contact the Human Resources department or EAP office.

5.1.2 An employee may be subject to corrective action, up to and including termination, for unsatisfactory job performance caused by the use of alcohol, illegal drugs, or the illegal use of prescribed or over the counter drugs. Any employee who is convicted of, or pleads guilty or nolo contendere 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.

5.2 DRUG TESTING

5.2.1 Applicants

HFHS requires a uniform drug screening test for all prospective employees as part of its fitness for work policy. See Physical Examinations Policy 4.10. Any applicant or employee who refuses to submit to a drug and alcohol screening test will be denied employment with HFHS.

5.2.2 Reasonable Suspicion Testing

HFHS reserves the right to conduct testing of an employee who is reasonably suspected of using alcohol or illegally using drugs. An employee who refuses to submit to a drug or alcohol screening test may be subject to corrective action, up to and including termination. 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.

5.3 Substance Abuse Testing Process

HFHS reserves the right to conduct testing of an employee who is reasonably suspected of using alcohol or illegal drugs, or who is reasonably suspected of abusive use of lawfully prescribed drugs.

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.

Any employee who refuses to submit to drug and alcohol screening tests will be considered to have voluntarily resigned from employment with HFHS.

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 Drug-Free Workplace Policy 5.11)

5.3.1 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 or, if one is not available, another non-management witness.

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 fit for duty testing will result in termination of employment.

C) The manager is required to contact Human Resources to establish a fitness for duty evaluation with Employee Health Services. If the
fit for duty 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 should 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 manager should contact Human Resources and the employee should be reviewed for corrective action up to and including termination of employment (see Corrective Action Policy #5.17)

5.2.3 **Referral to Employee Assistance Program (EAP)**

Employees who test positive for the illegal use of drugs may be referred to the Employee Assistance Program (EAP). In HFHS' sole discretion, and as a condition of continued employment, employees who test positive for illegal drug or alcohol use may be required to enter into and complete a drug or alcohol abuse counseling or rehabilitation program. 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 a Last Chance Agreement. Any employee refusing to submit to such a drug test may be subject to corrective action, up to and including termination. A positive test within one (1) year from the date of the first positive test will result in immediate termination.

5.2.4 **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.
5.3 **WORKPLACE SEARCHES**

In order to safeguard the health and the property of our employees, patients, clients, and members, and to aid in the prevention of the possession, use and sale of illegal drugs and alcohol in the workplace, 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. Any non-employee who refuses to consent to a search will be refused entry.

5.4 **APPEALS**

Corrective action and termination decisions, as well as voluntary resignation determinations made as a result of violations of this policy may or may not be appealable through a business unit’s employee appeal or grievance procedure or other method of alternative dispute resolution. See the specific business unit for more information.

**Attachments to HR Policy 5.11**

HFHS Drug-Free Workplace Policy Acknowledgment

*See also:*  
Corrective Action Program Policy 5.17  
Employee Assistance Plan Policy 6.14  
Patient Safety Policy 5.24  
Physical Examinations Policy 4.10  
Work Rules Policy 5.08
1.0 Philosophy/Purpose

Henry Ford Health System (HFHS) is committed to a workplace free of discrimination and harassment based on race, color, religion, age, sex, national origin, disability, veteran status, size, height, marital status, sexual orientation or any other protected status. Offensive or harassing behavior will not be tolerated against any employee. HFHS is fully supportive of federal, state and local laws including Title VII of the Civil Rights Act 1964; the Age Discrimination Act of 1975; and the Americans With Disabilities Act of 1990. Supervisory or managerial personnel are responsible for taking prompt investigative action in response to allegations of harassment and will take appropriate corrective action, where necessary.

2.0 Scope

This policy applies to all employees at all business units and corporate offices of HFHS. The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

3.0 Responsibility

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of the Chief Human Resources Officer or his/her designee, and HFHS Human Resources.

4.0 Policy

HFHS prohibits and maintains a no-tolerance policy when it comes to harassment of any employee on the basis of race, color, religion, age, sex, national origin, disability, veteran status, size, height, marital status, sexual orientation or any other protected status. Harassment, including sexual harassment, is prohibited by federal and state laws.
Harassment is considered a form of employee misconduct. Corrective action, up to and including termination will be taken against any employee engaging in this type of behavior. Any supervisor or manager who has knowledge of such behavior yet takes no action to end it is also subject to disciplinary action.

Additionally, it is the policy of HFHS to discourage romantic relationships between supervisors and subordinates and prohibits any such conduct if it is unwelcome by either party. See also Conflict of Interest – Personal Relationships Policy 5.20.

5.0 Practice/Procedure

5.1 DEFINITIONS

5.1.1 Harassment

Harassment is generally defined as unwelcome or offensive conduct or verbal taunting (including racial and ethnic epithets or slurs), in the workplace based on race, color, religion, age, sex, national origin, disability, veteran status, size, height, marital status, sexual orientation or any other protected status, which, in the employee's opinion, interferes with his or her ability to perform his or her job.

5.1.2 Sexual Harassment

Sexual Harassment in any form is prohibited under this policy. Sexual harassment is a form of discrimination and is unlawful under Title VII or the Civil Rights Act of 1964. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment is defined as "unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature...when...submission to or rejection of such conduct is used as the basis for employment decisions...or such conduct has the purpose or effect of...creating an intimidating, hostile, or offensive working environment."

Sexual harassment includes unsolicited and unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature, when such conduct:

a) Is made explicitly or implicitly a term or condition of employment, or

b) Is used as a basis for an employment decision, or
c) Unreasonably interferes with an employee's work performance or creates an intimidating, hostile, or otherwise offensive environment.

Examples of conduct that may constitute sexual harassment are:

(1) Verbal: Sexual innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, lewd remarks, and threats. Requests for any type of sexual or intimate favor (this includes repeated, unwelcome requests for dates). Verbal abuse or "kidding" which is oriented towards a prohibitive form of harassment, including that which is sex oriented and considered unwelcomed.

(2) Non-verbal: The distribution, display, or discussion of any written or graphic material, including calendars, posters, and cartoons that are sexually suggestive, or shows hostility toward an individual or group because of sex; suggestive or insulting sounds; leering; staring; whistling; obscene gestures; content in letters and notes, facsimiles, e-mail, that is sexual in nature.

(3) Physical: Unwelcome, unwanted physical contact, including but not limited to, touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, fondling of self or others; forced sexual intercourse or assault.

5.2 REPORTING/INVESTIGATION

Any employee who believes he or she has been harassed in violation of this policy or who believes him or herself to be the victim of any illegal harassment in his or her employment shall report such activity immediately. Complaints should be made to the immediate supervisor, the highest on-site manager available and/or any Human Resources Representative. Management personnel who have reports of harassment reported to them shall immediately discuss the allegation with the appropriate Human Resources representative. HFHS will investigate any and all reports of harassment and will promptly take any appropriate corrective measure necessary.

Further, any employees who becomes aware of, or has any information regarding the harassment of oneself or another employee shall immediately report this information to an immediate supervisor, the highest on-site manager available or any Human Resources representative. The failure to report information may result in correction action, up to and including
termination. Management or other operational leadership who learn of such incidents of harassment and fail to immediately report the allegation with the appropriate Human Resources Representative, may be subject to corrective action, up to and including termination. Any employee who makes a complaint, not of good faith, knowing it to be false or who makes such complaint in reckless disregard of the truth will also be subject to corrective action, up to and including termination.

All complaints will remain as confidential as possible. Complaints made in good faith will no way be held against an employee, nor will have an adverse impact on the individual's employment status.

5.3 DOCUMENTATION

In all situations and in all circumstances, a complete and detailed investigation will be maintained by the investigating department, or Human Resources, (whichever is conducting an investigation) and reviewed on an ongoing and as-needed basis.

Attachments to HR Policy 5.12

None

See also:  
Electronic Mail and Voice Mail Policy 5.21  
Conflict of Interest – Personal Policy 5.20  
Corrective Action Program Policy 5.17
1.0 Philosophy/Purpose

It is the intention of HFHS to provide a safe and non-violent environment for its employees, patients, guests, and visitors. To this end, HFHS strives to maintain an environment free of threats, harassment, intimidation, physical and verbal abuse, and coercion. This means that all people shall be treated with respect and consideration. This policy will define inappropriate conduct and will establish a framework for crisis intervention and the investigation of complaints.

2.0 Scope

This policy applies to all employees at all business units and corporate offices of Henry Ford Health System and also includes patients, customers, members, visitors, agents and suppliers of Henry Ford Health System.

The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

3.0 Responsibility

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of the Chief Human Resources Officer or his/her designees and HFHS Human Resources.

4.0 Policy

HFHS is concerned about society’s increased violence, which has filtered into many workplaces throughout the United States. It is the policy of HFHS to expressly prohibit any acts or threats of violence by any employee (zero tolerance) or former employee against any other employee in or about its facilities or elsewhere at any time. HFHS will not condone any acts or threats of violence against its employees, patients, members,
customers, or visitors by any individual on HFHS premises at any time or while such individual is engaged in business with or on behalf of HFHS, on or off HFHS premises. Acts or threats of violence are those acts, behaviors, or conduct that would lead a reasonable person to believe that he or she is in danger of physical or mental, verbal or non-verbal harm, injury, or abuse.

4.1 HFHS’ COMMITMENT

In keeping with the spirit and intent of this policy and to ensure HFHS’ objectives are attained HFHS is committed to the following:

a. providing a safe and healthful work environment, in accordance with HFHS’ policies on safety and health;

b. taking prompt corrective action up to and including termination against any employee who engages in any threatening behavior or acts of violence or who uses any obscene, abusive, or threatening language or gestures;

c. taking appropriate action when dealing with patients, current or former employees, guests, or visitors to HFHS facilities who engage in such behavior. Such action according to Michigan Penal Code (Act 328 of 1931) may include notifying the police or other law enforcement personnel, including HFHS Security, and prosecuting violators of this policy to the maximum extent of the law;

d. prohibiting employees, former employees, customers, and visitors from bringing unauthorized firearms or other weapons onto the Company’s premises; and

e. establishing viable security measures to ensure that HFHS facilities are safe and secure to the maximum extent possible and for properly dealing with access to HFHS facilities by the public, off-duty employees, and former employees (including assisting in the enforcement of Police Protection Orders).

4.2 EDUCATION AND AWARENESS

In order to minimize the risk of violent or threatening incidents, leadership personnel, including all persons having supervisory responsibility, have a responsibility to be educated and aware of potential signs and signals of violent or threatening behavior in their employees. Any employee who displays the potential to engage in violent, abusive, or threatening behavior as defined herein, or who otherwise engages in behavior that HFHS deems offensive or inappropriate will be referred to the EAP for counseling or other appropriate treatment.

Such employees will also be subject to corrective action up to and including discharge. See Corrective Action Program Policy 5.17.
4.3 **DUTY TO REPORT SUSPICIOUS ACTIVITY OR THREATS**

In furtherance of this policy, employees have a duty to report to their Human Resources Department and HFHS Security any suspicious workplace activity, threatening or violent situations or incidents that they observe or know of that involve other employees, former employees, patients, members, customers, visitors or others. If a supervisor, manager or any other operational leader learns of an employee’s suspicions or knowledge of such a situation, that person too has the responsibility to report the information to Human Resources. Employee reports made pursuant to this policy will be held in confidence, to the maximum extent possible. HFHS will not condone any form of retaliation against any employee who, in good faith, makes a report under this policy.

4.4 **INVESTIGATION OF COMPLAINTS AND HFHS’ RESPONSE**

Complaints of violent and/or threatening behavior will be promptly investigated and if found to be valid, immediate and appropriate action will be taken. Threats and violence are serious offenses. Any employee of HFHS who is found to be responsible for any threatening and/or violent conduct will be subject to immediate and appropriate corrective action, up to and including termination and the filing of a criminal complaint. Any guest or visitor of HFHS who is responsible for any threatening and/or violent conduct will be subject to immediate removal from the premises and/or the filing of a criminal complaint.

4.5 **APPEALS**

Corrective action and termination decisions, as well as voluntary resignation determinations made as a result of violations of this policy may or may not be appealable through a business unit’s employee appeal or grievance procedure or other method of alternative dispute resolution. See the specific business unit for more information.

5.0 **Practice/Procedure**

5.1 **PHYSICAL HOSTILE ACTIONS**

A physical hostile action is an action that places a person in reasonable apprehension of harmful contact. Any physical hostile actions made by or against an employee, patient, member, guest, or visitor on HFHS property should be responded to immediately by calling on-site security. If a physical hostile action is made by or against an employee off-premises
where an employee is working off-site, local law enforcement authority or 911 emergency shall be contacted immediately.

a. Security must notify Human Resources and local police.

b. Human Resources and/or Security will then be responsible for coordinating all investigations and any necessary follow-up.

c. Physical hostile actions or threats made by an employee require immediate suspension or termination pending an investigation. Law enforcement action may also be required.

5.2 THREATS/VIOLENCE BY EMPLOYEES

Confrontational threats while at work should be dealt with by the supervisor and a member of Human Resources through an immediate meeting with the individuals involved. If a represented employee is involved, the meeting shall also include the employee’s union steward or other union representative. Depending on the seriousness of the conduct, actions may be taken against the employee making the threat, including but not limited to, suspension pending investigation, suspension without pay, or termination.

For any such employee suspended or terminated, security must be notified, the employee’s identification badge retrieved and made inoperable, and the employee escorted out of the building.

The use of the Security department or local law enforcement personnel should be considered at all times as appropriate and necessary.

5.3 THREATS AGAINST INDIVIDUALS RECEIVED BY HFHS

If HFHS becomes aware of a threat made to or against one of its employees, patients, members, guests, and/or visitors, HFHS, in an effort to provide protection to the person receiving the threat, will take all reasonable measures to facilitate the protection of the individual. HFHS will inform the affected person or his or her operational leadership of the threat. Additionally, Human Resources will make a crisis assessment. This crisis assessment will assist HFHS in determining the type of response required. Factors to consider are:

a. the nature of the threat;

b. the need for immediate action;

c. the circumstances preceding the threat;
d. the assurance that the individual making the threat will not be able to enter the facility;
e. the nature of ongoing communications with the individual making the threat;
f. notification of law enforcement authorities; and
g. possible legal action.

5.4 REPORTING

Employees who believe they have been subjected to threats, harassment, intimidation, physical or verbal abuse, and/or coercion from employees, guests, members, visitors, or any other persons shall immediately report all specific occurrences and circumstances to a Human Resources representative and HFHS Security. Operational leaders who learn that an employee believes or has been subjected to threats, harassment, intimidation, physical or verbal abuse, and/or coercion also have a duty to report the information to Human Resources.

All employees who become aware of any threat, harassment, intimidation, coercion, and/or physical or verbal abuse against any employee, patient, member, guest and/or visitor of HFHS have a duty to report this conduct to a Human Resources representative and HFHS Security immediately.

Any employee having knowledge of threats or violence, or the identity of any person responsible for making a threat, who fails to report same will be subject to corrective action, up to and including termination. Operational leaders who learn of an employee’s suspicions or knowledge of such conduct also have a duty to report same to Human Resources.

5.5 DOCUMENTATION

In all situations and in all circumstances a complete and detailed log of events will be maintained by Human Resources and reviewed on an ongoing and as-needed basis. Employees should be aware that HFHS reserves the right to respond to future work reference requests with accurate portrayal of the events.

Attachments to HR Policy 5.13

None

See also: Corrective Action Program Policy 5.17
Disaster Plan for each facility
1.0 Philosophy/Purpose

Henry Ford Health System believes that a strong and capable workforce is a direct result of how it treats its employees with respect to fairness and consistency. To that end HFHS has adopted a Corrective Action Program, which provides appropriate guidelines and administrative procedures for operational leadership to follow when an employee exhibits inappropriate or otherwise unacceptable behavior. HFHS furthermore believes that to foster self disclosure of safety events, these events should be analyzed with a focus on process improvement, prevention and education and not necessarily treated as an automatic work rule violation resulting in corrective action. See Full Disclosure of Safety Events Policy 5.24.

While HFHS will endeavor to follow the guidelines established in this policy, this policy and its contents should not be construed to negate or in any way alter the at-will employment relationship. See Employment Statement Policy 3.02.

2.0 Scope

Standards of conduct apply to all employees at all business units and corporate offices of Henry Ford Health System. Corrective action applies to all non-leadership employees other than employees still within their introductory period, employees who are contingent, temporary, or volunteers. For any one of these classifications, inappropriate behavior, performance difficulties or violations of standards of conduct may warrant action up to and including release from employment.

Corrective action as discussed under Section 5.6 of this Policy applies to all employees of Henry Ford Health System.

The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.
3.0 Responsibility

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of HFHS Senior Vice President of Human Resources and/or his/her designee.

4.0 Policy

Corrective action under this policy is intended as a means of correcting unacceptable work performance or behavior and providing an official record of HFHS’ attempts to reach that end. Although the HFHS Corrective Action Program is generally progressive, HFHS retains the exclusive right to determine the appropriate corrective action to be taken depending upon the circumstances of each case. In addition, illegal activities may result in criminal and/or civil prosecution.

4.1 HFHS’s Right to Modify this Policy

Henry Ford Health System periodically reviews and revises its policies, and this policy, as with all others, is subject to change at HFHS’ discretion without prior notice. This policy supersedes all prior written policies on this subject.

5.0 Practice/Procedure

Henry Ford Health System recognizes that some behaviors and/or violations of inappropriate behavior, performance difficulties or violations of the standards of conduct are more serious than others. In general, the more serious the violation is, the more serious the corrective action will be. Standards of conduct violations generally begin with a formal documented counseling. Additional standard of conduct violations, even if for a different reason within a 12-month period, will result in the next appropriate level of corrective action. The series of warnings, which result in termination, do not have to be for the same type of violation. Some violations of conduct are considered very serious and may result in suspension or termination of employment, even if the employee has no other active corrective action.

After a decision to apply corrective action has been made, the appropriate level of corrective action must then be determined. Subsequent incidents of misconduct may skip steps. Violations that are deemed more serious in nature may start at any of the corrective action steps. Each corrective action taken shall remain valid for twelve (12) months from the date the corrective action was issued.
5.1 Investigation Prior to Corrective Action

When an allegation of a standards of conduct, policy or procedure violation has been reported to a supervisor, the supervisor shall conduct an investigation to determine the validity of the accusation.

5.1.1 If the employee’s behavior is disruptive to normal business operations or in any way hazardous to patients, visitors or others, the supervisor may immediately suspend the employee pending an outcome of the investigation and order the employee to immediately leave HFHS property.

5.1.2 The supervisor, in consultation with Human Resources, will determine the appropriate level of corrective action to be taken. All decisions resulting in termination must have the approval of the appropriate operational leader and the local business unit Human Resources leader or her/his designee, prior to taking such action.

5.2 Corrective Action Steps

Henry Ford Health System recognizes that some behaviors and/or violations of standards of conduct are more serious than others. In general, the more serious the violation is, the more serious the corrective action will be. Based on this premise, the standards of conduct have been divided into two (2) groups:

**Group I:** These standards of conduct are less serious in nature, and any violation of these rules may result in the progressive corrective action steps described within this policy. Violation of a Group I standard generally begins with a formal documented counseling. Additional violations of any Group I rule, even if for a different reason within a 12-month period, will result in the next appropriate level of corrective action. The series of warnings, which result in termination, do not have to be for the same type of violation.

**Group II:** These standards of conduct are considered very serious and any violation may result in suspension or termination of employment. A violation of a Group II standard of conduct is generally cause for more serious corrective action up to and including termination of employment. Acts of this severity include but are not limited to willful, malicious, deliberate, negligent or other serious acts.

For standards of conduct, policy or procedure violations and work performance difficulties that lend themselves to progressive corrective action, the following steps will apply:
5.2.1 Verbal Counseling

A verbal counseling is not a required or formal step of the corrective action process – a verbal counseling is intended to assist an employee in correcting a minor situation. Any verbal counseling should be maintained as part of a supervisor or manager’s anecdotal notes.

5.2.2 Step One – Documented Written Counseling

When a verbal counseling has not been successful or where the circumstances warrant more severe corrective action, an employee shall receive a documented written counseling. A documented counseling is used to inform an employee that should the undesired performance or behavior(s) continue, further corrective action will ensue. The documented counseling will be kept in the employee’s department.

5.2.3 Step Two – Written Warning

In cases where a verbal counseling or a documented counseling has not been successful or where the circumstances warrant more severe corrective action, an employee shall receive a written warning. The written warning must be documented and discussed with the employee.

5.2.4 Step 3 – Written Warning with Suspension

In cases where corrective action has not been successful or where circumstances warrant more severe disciplinary action, a written warning accompanied with a suspension is the next step. Corrective action suspensions are unpaid and vary in length between 1 to 5 days, depending upon the severity of the corrective action. Suspensions require consultation and approval of Human Resources. Suspensions pending investigation of an incident do not have a specific time limit or number of days and are unpaid as well, but may result in retroactive payment depending on the outcome of the investigation. An employee’s unpaid suspension from work for a violation of policy should take place within five (5) days of the date the employee is administered the corrective action.
5.2.5  Step Four – Termination

In cases where prior progressive corrective action has not been successful or where circumstances otherwise warrant, including but not limited to serious standard of conduct violations, occurring as a single incident, such as dishonesty, extreme negligence of duty, willful misconduct and engaging in illegal activities, an employee may be terminated from employment with HFHS.

When a supervisor determines that termination is the appropriate action, the supervisor shall present the recommendation and all related documentation, to operational leadership for review. All decisions resulting in termination must have the approval of Human Resources prior to taking such action.

5.3  Acknowledgement of Corrective Action

When an employee is issued a corrective action at the level of documented counseling or above, the supervisor is required to review the action taken with the employee and ask the employee to sign the action notice form, acknowledging that the form has been reviewed with her or him. Acknowledging receipt and review of the corrective action form does not mean that the employee agrees with the supervisor’s determination or the corrective action form. An employee may at her/his choosing elect to provide comments on the corrective action form. If the employee declines to sign the corrective action form, a second supervisor’s signature, or that of another witness, is required. The employee should be given a copy of the corrective action form.

5.4  Duration of Corrective Action

All corrective action forms shall be placed in an employee’s official personnel file. In the case of a documented counseling, the form will be maintained in the employee’s departmental file only.

If a corrective action is reversed by such approved mechanisms as the Alternative Dispute Resolution (ADR) Program, HR Policy 5.25, the corrective action form shall be removed from the employee’s official personnel file and the employee’s departmental file.

Each corrective action taken (not the incident) shall remain valid for twelve (12) months from the date of the corrective action. In general, once an employee has received corrective action at one step, if another incident necessitating progressive
corrective action occurs within twelve (12) months, it shall be applied at the next higher step.

5.5 Newly Hired Employees/Others

Progressive corrective action is not available to employees still within their introductory period or employees who are contingent, temporary, or volunteers. For any one of these classifications work rule, policy, procedure or other violations or misconduct may warrant immediate termination. See also Introductory Period Policy 4.01.

5.6 Access To and Use of Patient Information

Privacy Policy H-001 defines acceptable access to and use of patient information by Henry Ford Health System employees.

Privacy Policy H-023 further defines acceptable conditions for accessing patient information for personal use.

Violations of this policy are subject to the separate corrective action guidelines below. Any standard of conduct violations within a twelve (12) month period, even if for a different reason, will result in the next level of corrective action. Each corrective action taken shall remain valid for twelve (12) months from the date the corrective action was issued.

5.6.1 Group I – With Knowledge and Approval:
- Patient information electronically or manually accessed, with patient knowledge and approval and not for Henry Ford Health System business-related purposes.

Step One – Written Warning/Policy Reeducation

Step Two – Written Warning with Suspension/Policy Reeducation

Step Three – Termination
5.6.2 **Group II – Without Knowledge or Approval:**

- Patient information electronically or manually accessed without patient knowledge or approval and not for Henry Ford Health System business-related purposes.
- Patient demographic information accessed and shared with no harm intended.

**Step One** – Written Warning with Suspension/Policy Reeducation

**Step Two** – Termination

5.6.3 **Group III – Malicious Use and Disclosure:**

- Patient information electronically or manually accessed which is shared and/or disclosed and used in a malicious and/or harmful manner and/or to the employees’ benefit.
- Patient information (excluding demographic information) electronically or manually accessed which is shared and/or disclosed.

**Step One** – Termination

5.7 **Standards of Conduct**

Our standards of conduct are intended only as guidelines. As new situations arise, these rules may be added to or amended at the sole discretion of HFHS to include and help clarify specific work situations for our employees. Acts of misconduct which occur but which are not listed or directly addressed in this policy will likewise be subject to appropriate corrective action depending on the seriousness of the conduct. Depending upon the severity of the violation of standard of conduct, the corrective action can be issued at either a Group 1 or Group 2 level. This list is not all-inclusive but is an example of some of the common sense guidelines governing the work place.

Henry Ford Health System recognizes that some behaviors and/or violations of standards of conduct are more serious than others. Less serious infractions should result in the progressive steps outlined within this policy. Infractions more serious in nature such as (but not limited to) dishonesty, extreme negligence of duty, willful misconduct and engaging in illegal activities may result in the corrective action being issued at higher levels of steps up to and including immediate termination of employment.
Standards of Conduct

1. Failure to meet satisfactory performance levels or the work standards.

2. Unauthorized posting or removal of notices, signs, pictures or writing in any form on bulletin boards on Henry Ford Health System property.

3. Violation of HFHS or departmental dress code.

4. Entrance to any unassigned or unauthorized area without permission.

5. Violation of attendance/tardiness policy.

6. Inappropriate use of HFHS equipment or supplies.

7. Parking in unauthorized areas.

8. Violation of service excellence (customer service standards).

9. Use, consumption, possession, distribution, sale, offering for sale, or being under the influence of narcotics, intoxicants or other legally prescribed or illegally controlled substances on HFHS property at any time, except when prescribed by the employee’s personal physician in writing and with prior permission to work having been granted by the employee’s supervisor.

10. Stealing, unauthorized use, misappropriation or possession of property of HFHS, other employees, patients or visitors or attempting to do the same.

11. Unprofessional conduct as well as physical or verbal altercations on HFHS property, or off-site if the physical or verbal altercation emanates from work.

12. Discrimination or harassment including threat, intimidation, coercion or interference.

13. Possession of weapons or committing an illegal act on HFHS property.

14. Breech of confidentiality and falsification, alteration, unauthorized access or disclosure of information included in personnel files, HFHS documents and patient records.

15. Insubordination.
16. Willful use of the time card of another employee or utilizing another employee’s identification badge to sign in/out for work.

17. Restricting or willfully withholding productivity such as sleeping or assuming the position of sleeping while at work or conducting personal business on company time.

18. Smoking in unauthorized areas.

19. Inattention or negligence of duties that can potentially endanger or harm patients, visitors or employees.

20. Disregard of health, safety or security rules and practices.

21. Engagement in illegal activities or actions that may lead to termination of employment.

Attachments to HR Policy 5.17

ADR Panel Selection Process
ADR Appeals Process
ADR Appeals Form
ADR Appeal Response Form
Corrective Action Form

See also: Attendance and Tardiness Policy 5.02
Employee Assistance Program Policy 6.14
Employment Statement Policy 3.02
Introductory Period Policy 4.01
Patient Safety Policy 5.24
Workplace Violence Policy 5.13
1.0 Philosophy/Purpose

As part of maintaining a positive work environment and resolving work related issues, Henry Ford Health System is committed to maintaining congenial, direct and cooperative relationships among our employees. If an employee feels they have been unfairly treated or knows of a problem affecting them, their co-workers, or their department, it is the employee’s right and responsibility to bring it to the attention of leadership and/or Human Resources. Employees are encouraged to resolve issues informally by talking with a member of their leadership team. If informal resolution methods do not result in satisfactory outcomes, the ADR Program provides a more formal opportunity to resolve corrective action or specific work related issues.

2.0 Scope

This program applies to business units of Henry Ford Health System with the exception of Health Alliance Plan, and units covered by a collective bargaining agreement. Employees terminated for incidents involving physical violence and/or aggression; drug diversion; matters that are the subject of a legal or regulatory proceeding including guidelines for long term care facilities, are not eligible to utilize the steps of the ADR process. A documented counseling is eligible for appeal with the ADR Program.

3.0 Responsibility

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of the Chief Human Resources Officer and HFHS Human Resources Executive Team.
4.0 Policy

All non-leadership, full-time and part-time non-union employees that have completed their new hire introductory period to employment with HFHS are eligible to utilize the Henry Ford Health System ADR Program. Contingent, temporary, volunteers, union, agency and contracted employees are excluded from this process. Employees and leadership are required to follow the process and time frames specified herein unless otherwise agreed upon. If leadership fails to adhere to the time frames at any step of the procedure an employee will be allowed to request from Human Resources that her/his appeal proceed to the next applicable step in the process.

4.1 Role of Human Resources

Upon request from an employee, Human Resources will provide assistance in composing and writing an employee’s appeal and in preparing for their meeting(s) with leadership staff. Human Resources will also assist employees in preparing to present their concerns before the ADR Panel members. The role of HR is to facilitate a dialogue between leadership and the employee in an attempt to secure understanding of the issues as well as potential resolution to those issues.

5.0 Practice/Procedure

ADR STEPS:

Step I – Manager or appropriate leadership level

To file a formal appeal, an employee may contact their local HR professional to discuss the situation. An Employee Appeals Form is required to be completed by the employee and returned to the local Human Resources professional to review for process compliance who will forward it to the employee’s manager. The form must be completed and presented within five (5) working days (Monday-Friday) from the date the employee received the corrective action or had knowledge of an issue requiring resolution.

The manager is expected to meet with the employee, investigate the employee’s concerns and attempt to resolve any issue(s). The manager will attempt to respond within five (5) working days to the employee’s grievance in writing and will notify Human Resources of the outcome. If the manager is unable to respond within the time frame, the manager will contact the employee and share the need for an extension.

If the employee is satisfied with the manager’s response, the appeal is considered resolved and closed. If the employee is not satisfied with the manager’s response then s/he has five (5) working days to proceed to Step II.
Step II – Director/Administrator level

If the employee is dissatisfied with the Step I response from the manager, the employee has five (5) working days (Monday-Friday) to submit the appeal to Human Resources for the director level review and investigation. The director will attempt to meet with the employee and investigate the employee’s concerns within ten (10) working days. If the director is unable to respond within the time frame, the director will contact the employee and share the need for an extension. The director will inform the employee and Human Resources of her/his decision.

If the employee is not satisfied with the response from the director, the employee has five (5) working days (Monday-Friday) to notify Human Resources that they would like to proceed to Step III.

Step III- Vice President/Division Leader or ADR Panel

Administrative appeals pertaining to concerns an employee may have involving work procedures/processes or departmental policies, and appeals related to attendance, harassment, the development or implementation of a performance improvement plan are not eligible for review by the ADR Panel and must follow Option 1 for Step III. These types of concerns/issues must be presented to the vice president or division leader. Their response will be final & binding for all administrative appeals.

For all other types of appeals, the employee may choose either the vice president/division leader or a meeting of an ADR Panel to review the facts of the appeal and their final step.

Option 1: Vice President/Division Leader

To submit the appeal to the vice president/division leader for review and investigation the employee will have five (5) working days to submit to Human Resources. The vice president/division leader will attempt to meet with the employee within 15 working days and investigate the employee’s concerns. As soon as his/her investigation and documentation is completed, the leader will inform the employee and Human Resources of his/her decision. The decision of the vice president/division leader will be final and binding.
Option 2: ADR Panel Process

The employee has five (5) working days (Monday-Friday) to notify Human Resources they would like to proceed to the ADR Panel process. The ADR Panel members can uphold, modify or overturn the corrective action. The majority decision of the ADR Panel members is final and binding.

The ADR Panel members are facilitated by a neutral, non-voting Human Resources professional, who is familiar with HFHS policies and is an impartial facilitator to ensure a well-focused hearing and a timely answer to the appeal. The ADR Panel members consist of leadership and non-leadership employees. Refer to the ADR Program, Administrative Guidelines document for more details.

Decision Outcome

Written warnings which are overturned by any step in the ADR process will be removed from the employee’s personnel file and will be maintained in the ADR hearing file along with a document outlining the decision outcome. In cases where a suspension or termination is overturned, the employee is returned to employment within the System and depending on the decision of the leader or by vote of the ADR Panel members may or may not receive back pay. Human Resources will conduct a meeting with the employee and leadership to facilitate a successful conclusion of the process and a return to the working environment.

Extension of Time Limits

Employees and leadership must follow the ADR Process and time frames specified herein unless otherwise agreed upon. Certain circumstances, i.e., witnesses not being available, availability of management to review case facts, etc. may require an extension of time frames for responding to and/or advancing appeals by members of the leadership team.

Attachments to HR Policy 5.25

Management Appeals Response Form
Employee ADR Appeal Process Form

See also:

Attendance and Tardiness Policy 5.02
Corrective Action Program Policy 5.17
Employment Statement Policy 3.02
Introductory Period Policy 4.01
Patient Safety Policy 5.24
Workplace Violence Policy 5.13
Policy No: 5.27

Subject: Cellular Phone/Communications Devices
Supersedes: All existing corporate and business unit policies on this subject with the exception of the Medical Group Smart Phone PDA Devise policy
Effective: December 1, 2007
Revised: October 1, 2009
Page(s): 6
Approved by: Human Resources Executive Team (HRET) and CEO Forum

1.0 Philosophy/Purpose

The purpose of the cellular phone/communications devices policy is to promote a professional, private (HIPPA), safe (interference with medical equipment) and productive work environment for employees, patients and their families while maintaining highest service excellence standards at HFHS. Secondly, it provides guidance to employees, who by nature of their work, are required to be accessible by telephone, beeper, pager etc., regardless of the time of day, day of the week, or geographical location. Lastly, it provides guidance for procurement, possession, and appropriate use of business owned cellular phones, beepers and pagers along with guidelines for the reimbursement of personal cellular calls and services by the employee to the business unit.

Cellular Phone/Communication Devises are considered part of Mobile work stations and can be used for storing confidential information. This can pose a significant security risk. Mobile workstations, also referred to as “portable devices”, include laptop computers, electronic notebooks, PDAs, smart phones, wireless notebooks/devices, Instant Messaging (IM) devices, and clinical medical equipment or any other device that performs similar functions. Security procedures regarding the physical safeguards applicable to mobile workstations can be found in Mobile Workstation Security Policy HSP-1320.

2.0 Scope

This policy applies to all business units of Henry Ford Heath System. To all employees, contract employees and volunteers providing service to our patients, families and coworkers. This policy does not apply to physicians, fellows, residents, mid-level providers, employees, contract employees, and volunteers providing service to our
patients and are employed by the Medical Group. Please refer to the Smart Phone PDA Devise policy for more details.

The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

### 3.0 Responsibility

The interpretation, administration and monitoring for compliance with this policy shall be the responsibility of the Chief Information Officer and the Chief Human Resources Officer or his/her designee(s) in concert with operational business unit leadership.

### 4.0 Policy

Cellular phones (personal or business) and other communications devices such as two way radios, Blackberry, Nextel, beepers, PAGERS, Trios, Zigbees, etc., are to be used in a manner consistent with the provisions of this policy and in line with the System service excellence standards and policies.

### 5.0 Practice/Procedure

Employees, contractors, volunteers and students are required to observe appropriate telephone and conversation etiquette in public, corporate and private hospital areas. This includes but is not limited to, cafeterias, hallways, patient rooms, etc. Communication devices are not to be used in restricted areas, near medical equipment (3 feet see below 5.9).

#### 5.1 Definitions

For the purpose of this policy, communication devices include but are not limited to the following: cellular phones (personal or business), two way radio, Spectralink, Blackberry, Nextel, Trios, Zigbees, etc.

#### 5.3 Business Communications Devices Assignment Criteria

Assignment of business sponsored phones, beepers, pagers, etc., will be made based on the following criteria;
a. Employees assigned to positions of Director and above will be authorized to use one company sponsored mobile cellular device and will not need senior leadership approval.

b. All employees (non-management included) below Director level will not be entitled to a cellular phone or other mobile cellular devise unless they are preapproved by their business unit CEO and HR Leader as being a business related necessity to perform the job.

Criteria for an approved cellular phone or other mobile cellular devise include:

1) A requirement to travel frequently (more than 50% of their time) on HFHS business.
2) Large proportion of time spent away from the office without computer access.
3) A need for the employee to communicate with the office while traveling, without access to other viable options such as phones, pagers, laptops, etc.
4) A need to contact employees after normal business hours without appropriate means, i.e. On-call status.

5.3 Requesting a Company Sponsored Communications Device

Employees who are Director level and above or who meet the above criteria and have received approval from the Business Unit CEO and HR Leader as outlined in section 5.2 above should submit an IT request to receive a company sponsored communication device. Please refer to Information Technology Customer Service page on Henry (company intranet site) for further instruction.

5.4 Company Issued Communication Device Add-ons

Mobile Cellular devises are provided with standard operating software and equipment. This equipment includes the Smart Phone / PDA or Cell Phone, a carry case, a battery, a battery charger, and a small set of earphones that plug into the device. All other add-ons, such as a car charger and/or other accessory equipment are not supported by HFHS and will not be allowed by the carrier. Requests for additional software or features will be denied by the carrier. This includes telenav GPS navigator, additional ring tones for the Smart Phone.
5.5 **Guidelines for Use of Business Sponsored Cell Phones**

Cell phones are intended to be used for official business related reasons. It is recognized that it is impractical to limit the use of business sponsored cell phones to 100% business use. For example, employees cannot always control incoming phone calls, given that the determination of whether a specific call is business-related or personal can be open to interpretation based upon specific facts and circumstances. Most calling plans also provide for free or unlimited calls during specific times of the week. Therefore, personal use is not prohibited; however, employees are expected to exercise prudent judgment in keeping their personal calls to a minimum.

5.6 **Reimbursement When Using a Personal Cell Phone for Business-Related Reasons**

a. Employees who are pre-approved by their supervisor to use their personal cell phone for business related reasons will be reimbursed for transacted calls by providing a phone billing highlighting the numbers called, the reasons for the call and the costs associated with the call.

b. Complete a check request for reimbursement and obtain supervisor approval.

c. Send approved check request to Accounts Payable.

d. Submit reimbursement request no less than every three (3) months.

5.7 **Removal of Business Sponsored Cell Phones**

Business sponsored cell phones are the property of the organization and as such can be removed from the employee’s possession at the discretion of leadership at any time and for any reason. Secondly, employees who abuse this policy will be required to turn in their company business phone. Lastly, business units have the automatic right to cancel business cell phones collectively or individually for fiscal reasons.

5.8 **Company Cell Phones, Pagers, Beepers**

Employees in possession of company equipment such as cellular phones, pagers, beepers, etc., are expected to protect the equipment from loss, damage or theft. Upon resignation or termination of employment, or at any time upon request, the employee may be asked to produce the equipment for return or inspection. Employees unable to present the equipment in
good working condition within the time period requested (i.e. 24 hours) may be expected to bear the cost of replacement.

Employees who separate from employment with outstanding debts for equipment loss or unauthorized charges will be considered to have left employment on unsatisfactory terms may be subject to legal action for recovery of loss.

5.9 **User Safety – Cellular Phones/Communication Devices**

Employees whose job responsibilities include regular or occasional driving and who are issued a cell phone for business use are expected to refrain from using their phone for text messaging or e-mailing while driving. Hands free devices are encouraged in automobiles. Safety is of paramount importance and employees are strongly encouraged to pull off to the side of the road and safely stop their vehicle before placing or accepting a call. Employees who are charged with traffic violations resulting from the use of their phone while driving will be solely responsible for all liabilities that result from such actions.

Increase patient safety by limiting electromagnetic interference (EMI) in medical devices used throughout Henry Ford Health System caused by electromagnetic energy emitted by cellular phones, two way radios and other radio frequency communication devices. The policy applies to both incoming and outgoing cellular calls.

Electromagnetic energy, continuously emitted by cellular phones, two way radios and other radio frequency communication devices, may cause electromagnetic interference (EMI), and cause medical devices (both visible and implanted) to malfunction. To provide for the safety of all patients, within Henry Ford Health System facilities, “powered up” communication devices are not to be brought within 36 inches of visible medical devices, or patients who may have implanted devices.

5.10 **Personal Communication Devices**

While at work, employees are expected to exercise discretion in utilizing personal cellular phones. Unless directed otherwise by their department, employees may not receive or make personal phone calls or text messages on work time. Employees may make or receive cellular calls on non-work time (i.e. breaks) in designated non-patient care/non-public areas.

**Note:** Henry Ford Health System employees are, at all times, ambassadors of the System. In particular, employees who are wearing
their badge or uniform and are having a conversation on a cell phone may provide visitors and/or patients with the perception that they are on a personal call and not providing appropriate customer service excellence. Hands free ear pieces, unless specifically job related are also inappropriate in the workplace.

5.11 **Camera-equipped Mobile Device**

Camera-equipped communication devices are NOT permitted to be activated in patient care and designated research areas, at any time, without prior authorization of department leadership. Phones with a picture or recording function may also not be activated/utilized in any restroom, exercise area, or shower facility.

In order to protect the privacy of patients and guests, photographs may not be taken in patient exam or patient rooms without leadership approval.

6.0 **On-going Audits and Usage Management**

Monthly IT will send out usage reports to local Business Unit CEO’s. It is the responsibility for the local CEO and the HR leader or their designee(s) to review and manage all usage. Inappropriate usage of company sponsored cellular devises may lead to corrective action, including removal of the devise or application of the HFHS Corrective Action policy 5.17.

**Attachments to HR Policy 5.14**

None

**See also:**
- *Electronic and Voice Mail Policy 5.21*
- *Confidentiality policy 5.18*
- *Teleworking policy 4.07*
- *Corrective Action Program policy 5.17*
- *HFMG Smart Phone PDA Devise policy*
1.0 Philosophy/Purpose

The rise of internet sites such as Facebook, Twitter, YouTube, and blogs has empowered many to create and share content online quickly and easily. Henry Ford Health System recognizes that many employees may enjoy participating in these forums and that, in many instances; these sites are effective workplace tools. We welcome and encourage discussion on our social media sites and look forward to any comments, stories and experiences you want to share.

The rapid growth of social media technologies combined with their ease of use make them attractive channels of communication. However, these tools also hold the possibility of unintended consequences. When someone identifies their association with Henry Ford Health System (HFHS) and/or discusses their work, they are expected to conduct themselves in a manner that does not reflect poorly on the institution. See Team Member Standards of Excellence and HFHS HIPPA Privacy and Security Policies.

These guidelines set forth the principles which HFHS employees are expected to follow when using social media sites. HFHS Social Media Usage policy guidelines apply to company-authorized social networking and personal social networking. The Internet is constantly evolving which makes it impossible to cover all circumstances. To assist you in making responsible decisions about your use of social media, we have established these guidelines for the appropriate use of social media.

2.0 Scope

This policy applies to all employees, volunteers, students, and contractors at all business units and corporate offices of Henry Ford Health System. The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.
3.0 Responsibility

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of Marketing, Media Relations, Human Resources, Information Technology, and operational leadership.

4.0 Policy

Ultimately, you are solely responsible for what you post online. As a guideline, do not post anything that you would not present in any public forum. If the content of your message would not be acceptable for face-to-face conversations, over the phone, or in another medium, it will not be acceptable for a social networking site. Before creating online content, consider some of the risks and rewards that are involved.

HFHS workforce member participation should be consistent with the following policies: Confidentiality and Information Security Policy 5.18, Harassment Policy 5.12, Response to Safety Events—Just Culture Policy 5.24, and the HIPPA Privacy and Security Policies.

Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct may lead to corrective action, up to and including termination and legal consequences. See Corrective Action Program Policy 5.17

5.0 Definitions

Social Media - Reference to internet based sites and tools including but not limited to: blogs, Facebook, Twitter, LinkedIn, Instagram, Google+, YouTube, wiki’s, discussion forums, and podcasts.

Weblog/Blog - Websites featuring regularly updated content, usually presented in reverse chronological order and often including discussion opportunities via comment forms.

6.0 Practice and Procedures

HFHS believes in the importance of open exchange and learning between its customers and many constituents of our business and societal ecosystem. HFHS expects employees who engage in social networking to be mindful of their postings, even if done off premises and while off duty as it could have an adverse effect on HFHS’s legitimate business interests.

Users of sites have limited control over the information that is posted to various sites. Even though profiles or updates can be marked as private, the user has no control over what others might do with the information. With this in mind, all content posted to social media sites should be thought of as public information.

Social media sites are susceptible to scams, phishing schemes and identity theft. Messages can be posted that have links to malicious web sites that allow hackers access to usernames, passwords, and account information. Make sure that virus software is current and that interaction is limited to those who are trusted.

Participation should adhere to the following guidelines: System-Wide Social Media Usage Policy No: 5.29
6.1 If communicating on the internet about HFHS or HFHS related matters, please be sure to clarify that you are sharing your personal views and are not speaking as a formal representative of HFHS. When possible, please identify oneself as an HFHS employee and identify one’s role. While you are not an official spokesperson, if communicating on the internet about HFHS or HFHS related matters, your status as an HFHS employee maybe relevant to the subject matter. While you should be honest about yourself, don’t provide personal information that scam artists or identity thieves could use. Avoid sharing your home address, telephone number, or any other personal information.

6.2 When signing up for accounts do not use a HFHS issued email address unless acting as an agent for HFHS as authorized by Marketing, Web Services, or Media Relations. It is a good idea to create a separate email address to be used only with social media sites.

6.3 If the workforce member has identified himself/herself as a HFHS employee speak in the first person and make it clear that postings reflect the individual’s opinion and not that of HFHS. If you identify your affiliation with HFHS in your comments, readers may still associate you with the organization, even with the disclaimer that your views are your own. Keep in mind that you’re most likely to build a high-quality audience if you discuss ideas and situations civilly. Be sure that your posts are reflective of what you would communicate in other public forums.

6.4 Be respectful. Employees are encouraged to resolve work-related complaints by speaking directly with co-workers, management, or Human Resources. However, if you decided to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating; that disparage customers, associates or suppliers; or that might constitute harassment or bullying. Examples of such conduct might include offensive posts that are defamatory and slanderous to intentionally harm someone’s reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion, or any other protected status by law or company policy. See Harassment Policy 5.12.

6.5 Employees are responsible for any material they post on the internet. Much of what is posted becomes archived and searchable and persists even in the event the employee may later delete the information. Make sure that you have all the facts before you post to ensure accuracy. If you make a mistake, correct it quickly. Be open about any revisions to posts previously altered. Remember that the internet archives almost everything; therefore, even deleted posting can be found when searching.

6.6 With rapidly evolving personal interactive websites such as Facebook, Twitter, internet blogging, etc., your online activities should never interfere with your job duties and commitment to patients and/or customers. Employees who actively System-Wide Social Media Usage Policy No: 5.29
engage in personal business are reminded that excessive use of such sites during business hours is not permitted. If your social networking activities interfere with your productivity and job duties, this can result in corrective action up to and including termination.

6.7 HFHS expects its workforce members to protect and not disclose any proprietary and confidential information as well as to abide by the terms of Confidentiality Agreements. No proprietary and confidential information should be posted. See Confidentiality and Information Security Policy 5.18.

6.08 Employees should refrain from posting medical information and must be in accordance with the System HIPPA policies. In addition only general medical information should be provided and a disclaimer such as “Any advice given is general medical information and not meant to replace evaluation and treatment by a healthcare provider. See Media Relations Policy 5.22 and HIPPA privacy and security policies.

6.09 Workforce members should not respond to media or press contacts, online complaints, criticisms, or commentary about HFHS. If contacted by the media or negative commentary is observed, information should be forwarded to HFHS Public Relations Department, Marketing Department and Web Services Department at web@hfhs.org.

6.10 Photographs and recordings (audio and video) of HFHS facilities, employees, and patients are prohibited without prior consent from Media Relations. In addition, you are prohibited from sharing any intellectual property/confidential information you may have seen throughout Henry Ford Health System.

6.11 All requests for references and/or recommendations, even those that are received through social networking should be handled in accordance with HFHS existing policy governing Employment References. See Employment References policy 4.14.

6.12 Departments or business units interested in creating a Social Media site must be done through the HFHS Web Services Department. All requests for a Social media presence for an HFHS business unit or department must be sent to web@hfhs.org in order to meet the guidelines of the Web Policy and adhere to the HFHS social media strategy.

6.13 HFHS policies for electronic communications also apply to social media usage. Participation should comply with all existing HFHS policies including but not limited to:

- Electronic Business Communications (Human Resources Policy5.21)
- HIPAA privacy and security policies
- Web Policy (System Marketing and Web 3.0)
- Logo Usage (System Marketing and Web 4.0)
- Media Relations Policy (Human Resources 5.22)
- Code of Conduct.
- System-Wide Social Media Usage Policy No: 5.29.
Policy Name/Subject: Tier 1 - Auxiliary Aids and Interpreter Services
Policy No: 900.90

Type of Document: Policy and Procedure

Applies to: Tier 1: System-wide
Business Unit: All HFHS
Site: All
Department: Patient Rights and Relations

Category: Clinical
Sub-Category: Patient Rights & Relations

Current Approval Date: 5/23/2016
Last Revision Date: 8/16/2012;
06/20/13, 02/20/2015.

Owner: HFHS Corporate ADA Program Administrator
Approver: HFHS Multidisciplinary Provider Council

Related Policy/Procedure:

External Regulatory Requirement:

Audience: All Employees

Key Words: Interpreter Services; Communication Access; Auxiliary Aids; Deaf; Hard-of-Hearing; American Sign Language Interpreters; Foreign Language Interpreters

Background
 Patients have the right to make informed decisions about their health care. Patient rights include being informed of their health status, being involved in care planning and treatment, and being able to request or refuse treatment. To effectively exercise these rights, patients must be given adequate information in a language or means of communication that they understand.

Policy

1. Henry Ford Health System (HFHS) values and respects diversity.

2. HFHS is committed to full compliance with all Federal and State laws and regulations.

3. All adult patients receiving care within HFHS will be assured of their right to participate in and direct their health care decisions.

4. HFHS is committed to pro-actively assessing communication needs and providing auxiliary aids and services necessary to provide equal access to services.

5. Any time important communication is necessary, HFHS will make a good faith effort to provide qualified interpreter services at no cost to the patient. HFHS has fiscal agreements with local agencies to provide qualified interpreters for patients who are Deaf or hard-of-hearing, Deaf-Blind, and for patients with limited English proficiency (LEP).
6. Bilingual professional staff (e.g., physicians, registered nurses, pharmacists) may communicate medical information with their own patients in the shared language. Bilingual staff may not act as an interpreter between two parties. The act of interpretation is a specialized skill set which must be acquired through additional training and confirmed through assessment of interpretation skills. Qualified, professional interpreters are available both telephonically and in-person for this purpose.

Procedure

Qualified interpreters should be used to communicate important information. Bilingual professional staff may speak with their own patients in the shared language. Examples of important information include:

- Taking histories
- Symptom assessment for diagnosis or treatment
- Obtaining informed consent or permission for treatment/surgery/procedures
- Explaining medical procedures, treatment, medications or other health teaching
- Psychiatric evaluation and treatment
- Explaining legal rights and financial obligations
- Discharge planning, teaching, and/or health education
- Filing of administrative complaints or grievances against hospital personnel or HFHS.
- Any time it is determined that accurate and effective communication is necessary.

Assessment and Documentation

Patients who are Deaf or HOH, Deaf-Blind or speak English less than very well, may need qualified interpreters for effective communication. Document the patient's preferred language for medical communication and other preferences in the medical record. Preferences may include specific dialect, oral interpreter, tactile signing, qualified readers, interpreter gender, preferred vendor or interpreter, lip reading, or other auxiliary aids necessary for effective communication. HFHS will make reasonable efforts to honor patient preferences whenever possible.

Check-box options are available in the Epic Interpreter Services navigator to document type of interaction (e.g., consent, medication teaching, discharge instructions), interpreter name or ID number, who the interpreter was used for (e.g., patient, caregiver, legal decision-maker), or when professional staff spoke to the patient in the shared language. Non-Epic locations should document this information as part of the encounter or by narrative notes.

Patient Refusal of Interpreter Services

Patients have the right to refuse services and/or choose to have a family member or friend interpret for them. Any time a patient refuses professional interpreter services, documentation should include the reason for service refusal and patient preferences. Inform the patient that they can change their mind at any time and an interpreter will be provided free-of-charge.

For limited English proficient patients, use telephone interpreter services to explain rights for the first refusal. Deaf patients may choose their preferred method of communication to indicate understanding of rights, for example note writing, texting or other method. Collaborate with the patient to determine the next best method of communication if there are concerns using the preferred method and document.
Access to Qualified Interpreters

Telephone Foreign Language Services: More than 180 language options available 24/7.

1. Dial 1-800-264-1552
2. Provide your facility access code or facility name, your full name, and your specific unit or clinic name.
3. Tell the operator the language and dialect desired. The operator will connect you with an interpreter.

Third Party Conference Calls:
- Used to call a patient at home, or to include an off-site physician or family member on the call.
1. Dial 1-800-264-1552
2. Provide your facility access code or facility name, your full name, and your specific unit or clinic name.
3. Tell the operator you are making a third party conference call and provide the phone number.
4. Tell the operator the language/dialect desired. The operator will make the call with an interpreter on the line.

Over-the-Phone (OPI) Interpreter Appointments: Refer to the Interpreter Services webpage under the Foreign Language Interpreter (telephone) link for instructions. 48 hours advance notice is required.
- Can be used for rare languages and dialects, e.g. Kruand, Telugu, Bassa, Yemeni, and Micronesian.

In-Person Foreign Language Interpreter Services

- Requests submitted through the Interpreter Services navigator in Epic.
- Locations without Epic access may call the Interpreter Services Hotline: 313-916-1996
- Use for complex appointments or teaching. Best choice for rare dialects, such as Yemeni.

In-Person American Sign Language (ASL) Services

- Requests submitted through the Interpreter Services navigator in Epic.
- Locations without Epic access may call the Interpreter Services Hotline: 313-916-1996

For in-patient admissions, an interpreter should be available for the entire first day until the patient has been registered, processed, escorted to place of lodging and all needs have been met. Additional interpreter scheduling is based on a determination of patient and companion need, conducted in collaboration with the patient or companion and the clinical team. To assist in making these decisions, consider patient acuity, upcoming tests or procedures, frequency of assessments, patient’s ability to communicate using alternate methods of communication when an interpreter is not present.

Interpreter Response Times (non-scheduled, urgent/emergent requests)

A response time of one hour including travel time (not to exceed two hours) once HFHS has secured an interpreter is the expectation for all vendors.

Procedure to follow when No Qualified Interpreter can be secured
It is not always possible to secure a qualified interpreter every time one is needed.

For foreign language:
- Use telephone services.
- When no interpreter is available, for example rare dialects, inform the patient using the next available means of effective communication. Family/friends, employees that speak the language/dialect.
- Document efforts to secure a qualified interpreter in the medical record and steps taken to communicate effectively with the patient.
- Care decisions, including need to reschedule or continue with tests/procedures, are made by the provider in collaboration with the patient. Safe patient care is the primary goal.

For American Sign Language:
- Work with the patient or companion to determine the next best method of communication, e.g., note writing.
- Inform the patient/companion of steps taken to secure an interpreter and follow-up on reasonable suggestions for alternate sources of qualified interpreters known to the patient or companion.
- Inform your manager, program facilitator or off-shift House Manager of the situation and steps taken. Solicit assistance if needed.
  - Note: The Contact Center and Hospital Operators contact multiple vendors in order to secure qualified interpreters. These efforts are documented. If a less qualified interpreter is available, the clinical team may be asked to secure patient permission to use the less qualified interpreter when the patient is onsite and an interpreter is needed urgently. The Contact Center, Hospital Operators and Quality Team will work with vendors and the patient to secure approvals for pre-scheduled appointments. Michigan has strict rules for interpreter certification. The patient makes the final decision.
- Document steps taken in the medical record.

Other Auxiliary Aids & Services

Not all auxiliary aids and services work for every individual with a disability. Some individuals may only require note-takers, written materials, email, texting, instant messaging or assistance filling out forms. Consult with the individual to determine what is effective for him or her.

Telecommunications Device for the Deaf (TDD), sometimes called Teletypewriter (TTY), are available at all emergency department locations upon request.

Relay Services for the Deaf or Hard-of-Hearing (HOH): A Relay service can be used when it is necessary for a hearing person to contact a TTY/TDD or video phone user at home, or when a TTY/TDD or video phone user needs to contact a hearing person. The Relay service operator acts as an interpreter, exchanging voice and text messages between callers.
- To use a Relay service call the 24-Hour State of MI Message Relay Services dial 7-1-1.
  More information about relay services is available on the interpreter services link on the OneHENRY site.

Pocket Talkers are assistive listening devices for hard-of-hearing persons. These are available from service response departments at individual business units or by contacting the Interpreter Services team.

Captioned Televisions are available in patient rooms and waiting rooms or common areas.

Telephone Equipment such as dual hand-set phones, headsets with belt clips, wireless phones and
Other equipment is available by contacting the Interpreter Services team for assistance.

**Auxiliary Aids for the Blind or individuals with Vision Loss**: Provide a qualified reader. Information may also be provided in large print, braille, or audio recording of printed information.

**Document Translation**: Services are available for document translation from English to foreign languages and braille. Information is available on the Interpreter Services webpage.

**Computer-Assisted Real-Time Transcription (CART)**: Is a service similar to court reporting in which a transcriptionist types what is being said at a meeting or event into a computer that projects the words onto a screen. This service is useful for meetings that include people who are deaf or have hearing loss but do not use sign language. Contact the Interpreter Services team for more information.

**Picture Communication Aids**: May be used to assist with non-medical communication if needed. Bedside messages are available in 28 languages. Single patient use only. Refer to the Interpreter Services webpage for more information.

**Video Remote Interpreting (VRI)**: Currently available in limited locations. Requires IT assessment of infrastructure and possible upgrades to meet federally mandated guidelines for video clarity. Contact the Interpreter Services team for more information.

**HFHS Events (Internal or External)**: Promotional materials, e.g., flyers, brochures, posters, must contain specific language to make the event accessible to the Deaf or HOH. For specific language, refer to the “Required Language for Events” link on the Interpreter Services webpage.

**Complaints and Grievance Procedure**

Patients have the right to a fair and efficient process for resolving differences without fear of reprisal. HFHS staff, managers, and the Interpreter Services team respond to patient feedback in all forms, including compliments, perceived discrimination, comments, and resolving complaints in a timely manner. The R.I. Feedback system is used to manage all complaints that cannot be resolved at the point of care through service recovery. Refer to Policy Number 1.C.3, Tier 1 HFHS RI Feedback Reporting (Complaint, Comment, Complaint, Grievance).

**Interpreter Services Information and Resources**

Questions/Concerns/Feedback can be emailed to the Interpreter Services team at CommunicationAccess@hfhs.org

For immediate assistance, call the Interpreter Services Hotline: 313-916-1896

Interpreter Services information, training videos, and other resources can be accessed via OneHENRY through the Interpreter Services link found under Quick Links:
Definition(s)

Companion: Includes spouse, family member, durable power of attorney representative, or associate of a person receiving services who is an appropriate person with whom the patient should communicate and whom the patient involves in their care. HFHS provides interpreter services to companions as needed.

Effective Communication: Means that whatever is written or spoken must be as clear and understandable to people with disabilities as it is for people who do not have disabilities.

Interpreting Services: A trans-language rendition of a spoken message in which the interpreter comprehends the source language and can speak comprehensively in the target language to convey the meaning intended in the source language. The interpreter knows health and health-related terminology and provides accurate interpretations by choosing equivalent expressions that convey the best matching and meaning to the source language and captures, to the greatest possible extent, all nuances intended in the source message.

Oral Interpretation: A method of communication that uses oral techniques and natural gestures to interpret between a hearing person and a deaf or hard-of-hearing person. Interpreters with this certification have demonstrated ability to understand and repeat the message and intent of the speech and mouth movements of the person who is deaf or hard-of-hearing.

Qualified Interpreter: To be considered a qualified interpreter in the state of Michigan, individual interpreters must meet the following requirements:
  o Possess a valid state-issued Certification granted by the Division or a valid national Certification granted by the Registry of Interpreters for the Deaf (RID) and
  o Be listed on the Michigan Online Interpreter System and possess a valid Michigan Certification card; and
  o Comply with Standard Level requirements, Educational, and/or Endorsement requirements when accepting interpreting assignments; and
  o Ensure effective communication is achieved.

Qualified Readers: An individual who is able to read the material accurately and in a way that the person requiring assistance can understand. The qualified reader would be someone familiar with the vocabulary used in the document (e.g., medical terminology, legal terminology). A qualified reader would also need to be capable of assisting the individual in completing forms by accurately reading instructions and recording information on the form in accordance with the form’s instructions and the instructions provided by the individual who requires assistance.

Tactile Signing: Is a method of communication primarily used by individuals with both a sight and hearing impairment. Tactile signing may include various approaches such as hands-on signing, finger spelling, tracking or other methods.

TTY: An acronym for Tele Typewriter. This device uses text instead of voice to communicate via telephone line, and is sometimes called a text telephone.
TDD: Telecommunications Device for the Deaf is an acronym occasionally used to describe the TTY device. The TTY/TDD devices enable people who are deaf, hard of hearing, or speech impaired to converse on the telephone by typing messages that are sent through the telephone network. Each party in the conversation takes a turn typing messages and then reads the response of the other person. When a TTY/TDD user wants to converse with a hearing person who does not have a TTY/TDD, a Relay service is used.

Relay Service: Acts as an interpreter, exchanging voice and text messages between callers.

Telephone Interpreter Services: Used for Foreign Language interpretation only via a telephone. Effective communication is established between a patient with limited English proficiency and a provider using a qualified interpreter by telephone. Dual hand-set phones are available to improve ease of communication.

In-Person Interpreter Services: Used for both Foreign Language and American Sign Language. Effective communication is established using face-to-face interpretation with a qualified interpreter.

Reference(s)/Source(s)

- Americans with Disabilities Act of 1990 (ADA)
- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- The Joint Commission patient-centered communication standards
- CMS Interpretive Guideline 482.12(b)(2)
- U.S. Department of Health and Human Services, Office of Minority Health: National Standards for Culturally and Linguistically Appropriate Services in Health Care
- U.S. Department of Justice, Civil Rights Division: Disability Rights: Effective Communication
- Michigan Department of Civil Rights - Division on Deaf, DeafBlind and Hard of Hearing: Policies and procedures for Michigan Certified Interpreters, the Deaf Persons’ Interpreter Act and the Qualified Interpreter-General Rules available at www.michigan.gov/doddhh
I. Definitions:

A. Service Animal is a dog/miniture horse (miniture horses generally range in height from 24 inches to 34 inches measured to the shoulders and generally weigh between 70 and 100 pounds) that is individually trained to do work or perform tasks for people with disabilities. The task performed must be directly related to the person’s disability. People using Service dogs are legally protected under the Americans With Disabilities Act (ADA). Service animals “in training” or any other classification of animals are not protected by the ADA.

B. Comfort/Emotional Support Animal (ESA) also known as “assistance” or “companion”, can be any type of animal that provides comfort to a person.

C. Therapy Dogs are obedience trained, tested and certified to provide therapy in schools, hospitals, nursing homes and other settings to improve people’s lives.

D. Personal Pet/Visiting Pet is an animal that is allowed visitation to a patient after following the guidelines described in this policy.

E. Research Animal. Any live, vertebrate animal used for research, research training, biological testing, or related purposes (Not covered in this policy; for questions, contact Department of Biobiosources at 313-916-1287)

F. See attached flow sheet to discern type of animal and where it may be allowed.

II. Types of Animals Allowed:

A. Service animals providing assistance for activities of daily living are allowed in all facilities.

B. Domestic companion animals that are household pets (dogs and cats).

C. Fish are allowed in non-patient care areas (e.g. waiting room, offices).

D. Other types of animals may be allowed on a case-by-case basis as approved by Infection Control.

E. No reptiles or amphibians allowed.
III. Service Animals (See definitions):

A. Allow service animals access to the facility in accordance with the Americans with Disabilities Act of 1990, unless the presence of the animal creates a direct threat to other persons or a fundamental alteration in the nature of services. Category IC (U.S. Department of Justice: 28 CFR § 36.302)

B. Service Animals are allowed to accompany the person with a disability in all areas of medical facilities where healthcare workers, visitors and patients are normally allowed including food service areas. When a person with a Service animal’s disability is not obvious, the ADA allows two questions:

1. is the dog a service animal required because of a disability?
2. What work or task is the dog trained to perform?

C. No other questions are allowed, no documentation or special vest, patch, ID or harness is required.

D. Service animals are required to be vaccinated, licensed and registered according to local law, but the person with a disability cannot be asked to show proof of these.

E. The service animal must be allowed to remain with the person with disability if admitted as an in-patient and cannot be excluded on the grounds that staff can provide the same service.

F. If the in-patient person with a disability is unable to care/handle the service animal, it is their responsibility to make other arrangements for care of the animal.

G. People with disabilities who use a service animal may not be isolated from others or discriminated against in any manner. Concern for allergies or fear of dogs is not reason for exclusion or segregation.

H. Service animals must be harnessed, leashed or tethered unless these devices interfere with the service the animal’s work or if an individual’s disability prevents using these devices. However, the owner must maintain control of the animal through voice, signal or other effective control. Any dog breed is allowed.

I. When encountering an individual with a service animal, do not interact with or distract the animal.

J. The person with a disability or designee is responsible to care for the needs (barking) including using designated location, proper clean up and disposal of feces, feeding, etc. of the service animal.

K. Service Animals are not allowed in limited access areas such as OR, PACU, central supply or other areas where a sterile field may be compromised.

L. A person with a disability can be denied access or asked to remove the service animal from the premises only in the following circumstances:
   a. The presence of the dog/miniature horse would fundamentally alter the nature of the service
   b. The dog/miniature horse is not housebroken
   c. The dog/miniature horse is out of control or the person with disability does not take effective action to control the animal.
   d. Continued barking, however an occasional bark may be part of the dog’s work to alert the person with a disability.
   e. The dog/miniature horse poses a direct threat to the health or safety of others, such as growling, snapping, biting and any other vicious behavior.

M. When a decision must be made regarding a service animal’s access to any particular area of the health-care facility, evaluate the service animal, patient, and health-care situation on a case-by-case basis to determine whether significant risk of harm exists and whether reasonable modifications in policies and procedures will mitigate this risk. Infection Control must be included in this decision.

N. Service animals are allowed in food service areas including cafeteria.
O. Overnight inpatient stays require a private room.

P. **Emergency situations**: In the event that the owner of the service animal becomes incapacitated, i.e., sedated, comatose or dies and there is no patient representative available to care for the animal (within a reasonable period of time), contact Paws with a Cause for disposition of the service animal at 800-253-7297.

IV. **Therapy Dogs**:

A. The Volunteer Services Department ensures the dog has current certification and veterinary documentation.
B. The owner/handler must complete volunteer orientation.
C. The owner/handler must wear badge and volunteer vest/jacket when visiting.
D. The owner/handler must adhere to business unit specific protocols (i.e., sign-in, patient list, use designated toileting area, etc.)
E. Therapy dogs must not be allowed in any areas serving or processing food, including cafeteria.

V. **Animals as Visitors in Health Care Facilities**:

A. **Responsibilities**:

1. The supervisor of the area (e.g., Nurse Manager, Charge Nurse) is responsible for approving arrangements for the visiting animal. If at any time the manager is concerned for the health or safety of patients, visitors or staff, they can ask that the animal be removed.
2. Infection Prevention and Control is available for consultation regarding animal visitation.
3. Admitting must make appropriate patient room assignments in accordance with this policy for overnight canine visitors.
4. The owner is responsible for providing a recent veterinary note addressing points in B. The note should accompany the animal each time they visit.
5. The patient or their designee is responsible for the routine care of the animal (feeding, elimination, etc.).
6. Feline visitors should be in a secure carrier when being transported within the health care setting.

B. **Guidelines for Assessment of Animals**:

a) Animal visitors must be screened for physical health, behavior, and needs before the visitation begins. This should be performed by the animal's private veterinarian. A written assessment dated within 1 year or less, documenting the aspects below must be submitted to the supervisor of the area.

b) Minimal attributes of physical health include:

   i. Animal is in apparent good health.
   ii. Negative physical assessment for clinical signs of zoonotic dermatophytes (Microsporum canis), fleas, and ticks.
   iii. Negative microscopic fecal examination (performed by currently accepted standard veterinary practice).
   iv. Canine has current certificate of vaccination for Rabies and DHPPv (Canine distemper, hepatitis, parainfluenza, adenovirus, parvovirus).
   v. Michigan State law does not require feline rabies vaccination but it is highly encouraged that visiting cats are up to date on all veterinarian recommended vaccinations.
C. Guidelines for Animal / Pet Visitation:
   1. Animal / pet visitors must be segregated from other patients who are allergic.
   2. Animal / pet visitors must not be allowed in any storage areas for clean / sterile supplies,
      linen, food, or cooking/eating utensils.
   3. Animal / pet visitors must not be allowed in any areas serving or processing food, including
      cafeterias with the exception of service animals.
   4. Animal / pet elimination accidents (urine, feces, or vomit) must be removed and the area
      cleaned and disinfected in the same manner as for human blood / body fluid spills.
   5. Animal / pet visitors who exhibit unacceptable behavior or develop health problems must
      have visiting privileges withdrawn.

D. Guidelines for Overnight Animal / Pet Visitation:
   1. The patient’s physician must be in agreement with the decision to allow the visit. (Not
      required for a Service animal).
   2. The patient and animal / pet visitor must be placed in a private room.
   3. Animal / pet overnight visitors must not be allowed in intensive care areas unless
      approved by Infection Control.

VI. General Infection Control Measures for Animal Encounters:
   A. Minimize contact with animal saliva, dander, urine, and feces.
   B. Practice hand hygiene before and after all animal contact.
   C. Wash hands with soap and water when hands are visibly soiled or contaminated with
      proteinaceous material.
   D. Use either soap and water or alcohol-based hand rubs when hands are not visibly soiled or
      contaminated.

VII. Guidelines for Fish Aquariums:
   A. The responsible hospital department must develop a policy and procedure or have a contract
      with a vendor for cleaning the tank (including removal of unhealthy or deceased fish) including a
      schedule and assigned responsibility to ensure the cleanliness of the tank.
   B. Personnel cleaning the aquarium must wear gloves.
   C. Emptying of aquarium water should be performed using a siphon to avoid aerosolization. Tank
      water may be disposed of in a utility sink, hopper or outside. Water must not be flushed down
      sinks used for handwashing or drinking water.

VIII. Exposure Management:
   A. First aid should be administered first by thoroughly washing the affected area with soap and
      water and loosely covering the area with a gauze dressing. Bite wounds should not be
      covered with tape or other airtight dressings.
   B. Any exposure to an employee must be reported following Blood / body fluid exposure
      management policy, #1.02. The employee must be seen in Employee Health or in the
      Department of Emergency Medicine, per hospital injury reporting protocol.
   C. Any exposure to a patient or visitor must be reported using the site specific exposure
      reporting protocol (Refer to Patient / Visitor Blood / Body Fluid Exposure Management policy
      #500.50). Visitors should be seen in the Department of Emergency Medicine for management of
      the exposure. Patients should be evaluated by their attending physician.
   D. Treatment considerations must include: tetanus immunity status, rabies prophylaxis if animal
      vaccination status is not known, and need for antibiotics.
IX. **Sources/References:**


http://www.ada.gov/regs2010/service_animal_qa.html

https://www.animallaw.info/topic/state-rabies-laws-concerning-cats
Appendix A

I. Patient/Pet Owner or Designee Education:

   A. General:
      1. Hands should be washed after petting, before and after preparing pet food, and after handling and/or cleaning waste, litter boxes, cages, or aquariums.
      2. Gloves should be worn when cleaning litter boxes, cages, or aquariums.
      3. Facial protection (e.g., mask) should be worn when cleaning bird cages, rodent cages, and litter boxes.

   B. Animal health maintenance:
      1. Vaccinations must be kept current.
      2. Animals who are ill (e.g., diarrhea, vomiting, lesions) are restricted from visiting and should be seen by a veterinarian, and should be approved before visitation.
      3. Animals should be de-wormed regularly or use a heartworm preventative with intestinal de-worming capabilities.
      4. Flea and tick collars have not been shown to be effective and are not recommended. The pet's veterinarian must be consulted regarding flea and tick control and treatment.

   C. Environmental controls:
      1. Dusting and vacuuming must be done frequently.
      2. Counters and food preparation surfaces must be washed with a disinfectant.
      3. Litter boxes and bird cages must be cleaned daily. Pregnant women should not clean litter boxes.
      4. Aquariums should be cleaned regularly.
      5. Solid animal waste must be disposed of immediately.

   D. Food handling:
      1. Hands should be washed before and after handling food.
      2. Unopened wet pet food must be disposed.
      3. Humans and pets should not eat raw meat, chicken, or eggs.
      4. Wash utensils and bowls used to feed animals with soap and hot water.

II. Protective Measures for Immuno-compromised Patients:

   A. Advise patients to avoid contact with animal feces, saliva, urine, or solid litter box material.
   B. Promptly clean and treat scratches, bites, or other wounds that break the skin, and report to Nursing Manager and attending physician.
   C. Advise patients to avoid contact with reptiles.
   D. Appropriate clinical team should conduct a case-by-case assessment to determine if animal-assisted activities, animal-assisted therapy programs, and visitations are appropriate for immuno-compromised patients.
   E. Consult the patient's physician and pet's veterinarian for additional precautions or restrictions.

III. Animal-Assisted Activities and Resident Animal Programs:

   A. Avoid selection of primates and reptiles in animal-assisted activities, animal-assisted therapy, or resident animal programs.
   B. Animals that participate must be fully vaccinated for zoonotic diseases and be healthy, clean, well-groomed, and negative for enteric parasites or otherwise have completed recent anti-helminthic treatment under the regular care of a veterinarian. Contact animal program for official documentation.
   C. Participating animals must be trained and controlled with the assistance or under the direction of persons who are experienced in this field.
D. Take prompt action when an incident of biting or scratching by an animal occurs during an animal-assisted activity or therapy.
   1. Remove the animal permanently from these programs.
   2. Report the incident promptly to appropriate authorities (e.g., physician, nurse manager, infection-control staff, animal program coordinator, or local animal control personnel).
   3. Promptly clean and treat scratches, bites, or other breaks in the skin.

E. Work actively with the animal handler before conducting an animal-assisted activity or therapy to determine whether the session should be held in a public area of the facility or in individual patient rooms.

F. Take precautions to mitigate allergic responses to animals. Communicate expectation to animal program or pet caregiver
   1. Minimize shedding of animal dander by bathing animals <24 hours before a visit.
   2. Groom animals to remove loose hair before a visit, or use a therapy animal cape.

G. Use routine cleaning protocols for housekeeping surfaces after therapy sessions.

H. Restrict resident animals, including fish in tanks, from access to food-preparation areas, inside dining areas, laundry, central sterile supply areas, sterile and clean supply storage areas, medication preparation areas, operating rooms, and isolation areas.

I. Establish a facility policy for regular cleaning of animal dwellings (i.e., fish tanks) and assign this cleaning task to a non-patient-care staff member; avoid splashing tank water or contaminating environmental surfaces with animal bedding.

IV. Contact your business unit infection Prevention and Control department at any time if questions arise or additional information is needed.
Henry Ford Hospital Process

Pet Therapy questions – contact Volunteer Services

Person and dog enters building. If pet therapy team or visitor, ensure Tier 1: Animals in Health Care Facilities Policy is followed.

Yes

If no to either therapy or visitor, you may ask “Is the dog a service animal required because of a disability?”

No

Yes

Examples of acceptable responses: Hearing assistance, alert for seizures, autism behavior modification, alert for diabetic BS changes. PTSD prevents anxiety attack

Yes

Is dog well behaved and on a leash (controlled)?

No

No

Explain dog is not allowed unless pre-screened as a Therapy or Visitor

If person is not cooperative, contact the on-call person:
- Care Experience 313-916-1602
- House Manager 313-916-4841
- Legal 313-218-3395
- Security 313-916-1122

Questions – contact infection prevention specialist 313-916-5916
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 nor 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 Radiogapher 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.

The following list indicates the instructors, their titles, and classes taught:
<table>
<thead>
<tr>
<th>INSTRUCTOR</th>
<th>TITLE</th>
<th>CLASS(ES)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Borland</td>
<td>Program Director</td>
<td>Introduction to Rad Tech</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radiation Physics and Circuitry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radiology Seminar</td>
</tr>
<tr>
<td>Jessica Hodgins</td>
<td>CVI Technologist</td>
<td>Radiology Seminar</td>
</tr>
<tr>
<td>Radiology Residents</td>
<td>HO II’s, III’s</td>
<td>Radiographic Pathology</td>
</tr>
<tr>
<td>Antonio Motley</td>
<td>Staff Technologist</td>
<td>Radiographic Procedures II</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Skull Positioning)</td>
</tr>
<tr>
<td>Kathleen Kath</td>
<td>Faculty</td>
<td>Rad Bio and Protection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radiographic Anatomy (Intro)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cross-Sectional Anatomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radiology Seminar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radiographic Pathology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jurisprudence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final Review/Seminar</td>
</tr>
<tr>
<td>Nicholas Sapienza</td>
<td>Staff Technologist</td>
<td>Radiographic Procedures I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radiographic Procedures II</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(GI Positioning)</td>
</tr>
<tr>
<td>Tracy Lewis</td>
<td>Mammographer</td>
<td>Radiographic Procedures II</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Mammography)</td>
</tr>
<tr>
<td>John Dion</td>
<td>Clinical Coordinator</td>
<td>Introduction to Rad Tech</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radiographic Exposure/QA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radiology Seminar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Image Analysis)</td>
</tr>
<tr>
<td>Radiology Residents</td>
<td>HO II’s, III’s</td>
<td>Cross-Sectional Anatomy</td>
</tr>
<tr>
<td>Veronica Tipling</td>
<td>Leader, Clinical Areas</td>
<td>Radiographic Procedures II</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Bone Density)</td>
</tr>
</tbody>
</table>
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.

Student Conduct

Wayne State University student conduct policies regarding academic misconduct, non-academic misconduct, and community standards and university policies can be accessed at the Student Conduct Services web page maintained by the Dean of Students Office at https://doso.wayne.edu/conduct/student.
INTRODUCTION TO RADIOLOGIC TECHNOLOGY

This course is designed to acquaint new students with the goals, philosophies, and organization of the radiography program and the Radiology Department. An appreciation of Radiologic Technology will be established through an understanding of medical history, the evolution of Radiologic Technology, and professional organizations. Elementary terminology and explanation of all imaging modalities will also be introduced. A review of Anatomy & Physiology is also incorporated to insure a solid foundation for subsequent Radiographic Procedures courses.

This course also provides the student with respect for interpersonal relationships, along with moral and ethical responsibilities, to increase effective communication and empathy for the patient. Customer service skills will also be thoroughly covered in hospital orientation.

RADIATION BIOLOGY AND PROTECTION

This course is designed to provide the student with a basic knowledge of radiation protection so that maximum safety can be provided to patients, visitors, and personnel. Principles and concepts explaining interactions of radiation with matter, the effects of exposure factors on radiation dosages, biological effects, and units of measurement will also be included. Students will be able to distinguish how dosages of different types of ionizing radiation affect the human body.

This course is also designed to provide the student with the principles of radiation interaction of the cell and the factors that affect cell response. Information on acute and chronic effects of radiation is also presented. Problem-solving is an integral portion of this course. Students learn to evaluate the safety of an environment close to a radiation source and also calculate exposure rates with different sets of variables. Presentation skills are also accentuated in this course, as students will be responsible for a research project inclusive of the subject.
**RADIOGRAPHIC PROCEDURES I AND II**

These courses provide the student with the information and fundamentals needed for proper positioning of the various structures and organs of the body and will be taught in conjunction with the corresponding anatomy. Radiographic Procedures II is subdivided into Skull Positioning, Positioning for the Gastrointestinal Tract, and Mammography. Critical thinking and problem-solving skills are incorporated in these courses with emphasis on situations that may be encountered by the radiography professional. Correlational radiographic Anatomy and Physiology I and II will be reviewed during these courses.

**PATIENT CARE**

This course concentrates on handling of patients with problems that may present in the radiographic examining room. Students will also learn basic patient assessment skills and how to recognize emergency situations. Physical safety of the radiographer is also incorporated as lifting and moving instructions are presented. Certification of Basic Life Support (BLS) skills is also addressed. An overview of analgesics, contrast media, routes for introduction, and specifications is also included. Students will also have the opportunity to demonstrate venipuncture technique on a teaching model. Emphasis is also placed on additional medical assessment skills to include patient monitors such as blood pressure, temperature, and pulse rate. Contrast media, conscious sedation pharmaceuticals, and patient monitoring with regard to drug administration are also included.

**CROSS-SECTIONAL ANATOMY**

This course is designed to enable the student the ability to recognize key anatomy on images created by computed tomography or magnetic resonance imaging. Frequently encountered pathologies and artifacts will also be focused upon.

**RADIOGRAPHIC QUALITY - EXPOSURE TECHNIQUES**

This course is designed to provide the student with the necessary building blocks of technical factor formulation and its relationship to the outcome of the radiographic image. Information on all auxiliary equipment is presented along with the impact it has on the finished image. Technical factor manipulation is taught through practical problem-solving utilizing mathematical formulas specific to radiography. Practical lab assignments may also be completed. Included in this class will be the components of processing chemicals along with general information on automatic processors.
Laboratory experiments will be performed utilizing practical applications previously presented. This course affords the student a better understanding of radiographic theories to produce quality radiographic images with a critical eye.

This course is also designed to prepare the Radiologic Technology professional to objectively analyze images with regard to the respective quality. This enables the student to operate more independently and with more self-confidence in their own judgment. Students present their own case studies critically evaluating images with emphasis on quality improvement. Presentation, critical thinking, and problem-solving skills are necessary to successfully complete this course.

**RADIATION PHYSICS AND CIRCUITRY**

This course is designed to provide the student with knowledge necessary to understand radiographic equipment and radiation interactions. It also provides the student with basic mathematical formulas and principles commonly used in physics and problem-solving. Detailed information on radiographic tubes and circuits is also presented. Different types of radiographic equipment are also discussed to include fluoroscopic devices.

**RADIOGRAPHIC PATHOLOGY**

This course is designed to provide the student with an understanding of disease processes to include causes of the disease and radiographic manifestations. Information is also presented which clarifies the suitability of one imaging modality over another and also how information from several modalities is evaluated to arrive at a diagnosis. The student will also appreciate the need for quality images and the impact that radiographers can have on the overall care of the patient.

**RADIOLOGY SEMINAR COURSE**

This course is an in-depth look at Special and Interventional Procedures in radiography. Students will become acquainted with sterile technique, procedures that are performed in lieu of surgical intervention, and the equipment necessary to perform such procedures. Cardiovascular anatomy is revisited, and information on contrast media is presented. Students will also have the opportunity to demonstrate venipuncture technique on a teaching model. Emphasis is also placed on additional medical assessment skills to include patient monitors such as blood pressure, temperature, and pulse rate. Contrast media, conscious sedation pharmaceuticals, and patient monitoring with regard to drug administration are also included.
This course is designed to help the student prepare for the National Registry Examination by reviewing with them the principles and theory of Radiologic Technology. This is accomplished in lecture and test-taking format to acquaint the student with test-taking strategies that can be applied when they sit for the boards. ALL students are required to pass at least 1 of 3 mock boards administered during the course.

This course also prepares the student for independent clinical work by providing information on critically analyzing images for appropriate submission to the radiologist for interpretation.

ALL sections of the Seminar Course MUST be successfully completed to earn a passing grade in the course.

**INDEPENDENT STUDY (CAPSTONE) COURSE**

This course requires research into a radiology related subject and the submission of a research paper written in APA format that is a minimum of 3,000 words. The topic of the Independent Study must be approved by the Medical Advisor. A timeline of topic, outline, and finished product submission will be given at the commencement of the course. Students are responsible for the timely submission of required documents.

**JURISPRUDENCE COURSE**

This course reviews ethical and legal concerns encountered in health care. A comprehensive and in-depth look at real patient scenarios is discussed. Individual research is done by each student on a medical-ethical situation; a presentation of findings will be done by each student.
REQUIRED TEXTBOOK LIST

You are expected to have the newest edition of the textbooks listed:


- Digital Radiography and PACS, 2nd ed by Carter & Veale, Elsevier/Mosby Publishing ISBN 9780323086448


*please note: a bundle of the above books is available at the WSU Barnes & Noble at a discounted price. Bundle ISBN: 9780323633154

This is not an Elsevier textbook – it is not included in the bundle

The following book is to be read PRIOR to beginning the program:

- After This… by Marcus Engel. Phillips Press ISBN 9780972000000
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 criteria 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 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*

- Gen Diagnostic 3
- Emergency Room 5
- Gastrointestinal 2
- Mobiles 2
- Orthopedics 5
- Urology/CAM 1
- Mammography 0 (for those who choose to do mammography) or
  - 2nd Bone Rotation 1
- C-Arm 1

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 passed competencies.
## SENIOR YEAR COMPETENCIES NECESSARY FOR GRADUATION

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

<table>
<thead>
<tr>
<th>Competency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computed Tomography</td>
<td>3 (1 head, 1 thorax, 1 abdomen)</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>3</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>1</td>
</tr>
<tr>
<td>General Diagnostic</td>
<td>3</td>
</tr>
<tr>
<td>MRI/General Diagnostic</td>
<td>3</td>
</tr>
<tr>
<td>Mobiles</td>
<td>1</td>
</tr>
<tr>
<td>New Center One</td>
<td>1</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>3</td>
</tr>
<tr>
<td>C-Arm</td>
<td>1</td>
</tr>
</tbody>
</table>

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 March 31st of the Senior year.

The competencies should be done from the list mandated by the ARRT. The student contacts must sign off in your book for the passed competencies.
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 along 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 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.
<table>
<thead>
<tr>
<th>Department</th>
<th>Name</th>
<th>Phone/Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-Arm (OR Services)</td>
<td>John Zimmerman</td>
<td>164920</td>
</tr>
<tr>
<td></td>
<td></td>
<td>pager: 313-705-7643</td>
</tr>
<tr>
<td>Center for Athletic Med</td>
<td>Shannon Dziuban</td>
<td>724133 / 801175</td>
</tr>
<tr>
<td>Computed Tomography</td>
<td>Kevin Boerner</td>
<td>ER - 167620</td>
</tr>
<tr>
<td></td>
<td>Rebecca MacNeil</td>
<td>K2 - 164536</td>
</tr>
<tr>
<td></td>
<td>Don Zemke</td>
<td>IR-CT - 166801</td>
</tr>
<tr>
<td></td>
<td>John Yurkovich</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Merissa Jalbert</td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>Denise Harkness</td>
<td>163145</td>
</tr>
<tr>
<td></td>
<td>Simona Powers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shari Michel</td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal Radiology</td>
<td>Melanie Hollis</td>
<td>161371</td>
</tr>
<tr>
<td></td>
<td>Lisa Puckett</td>
<td></td>
</tr>
<tr>
<td>General and Mammography</td>
<td>Tammy Chatell</td>
<td>Gen - 167474 / 163550</td>
</tr>
<tr>
<td></td>
<td>Jarrod Thorwart</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kathy Matus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Michelle Hendrian</td>
<td>Mamm-166983</td>
</tr>
<tr>
<td></td>
<td>Walter Page III</td>
<td>Walter - 163684</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>Michael Bosley</td>
<td>161363</td>
</tr>
<tr>
<td></td>
<td>Brandi Meetze</td>
<td></td>
</tr>
<tr>
<td>Magnetic Resonance Imaging</td>
<td>Paul Gniewek</td>
<td>162955</td>
</tr>
<tr>
<td>Mobiles</td>
<td>Nicole Hendree</td>
<td>Office-155102 / 165904</td>
</tr>
<tr>
<td></td>
<td>Allen Kasack</td>
<td>Mobile-160733 / 160664</td>
</tr>
<tr>
<td></td>
<td>Sally Wilsher</td>
<td>I5 - 163656</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Marissa Fitzpatrick</td>
<td>161288 / K2: 160262</td>
</tr>
<tr>
<td>Operating Room</td>
<td>Paul Snover</td>
<td>Office - 163398</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR - 160741</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>Linda Ash</td>
<td>162207 / 151074</td>
</tr>
<tr>
<td></td>
<td>Kevin Roberts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Debra Dunne</td>
<td></td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Sally Fleitz</td>
<td>162033</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Elena Gainey</td>
<td>163519</td>
</tr>
<tr>
<td>Urology</td>
<td>Debra Dunne</td>
<td>162078</td>
</tr>
</tbody>
</table>
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**

Name: ________________________________  

Date: ________________________________

Area: ________________________________

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AREA</td>
<td>SUPERVISOR</td>
<td>EXTENSION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>-----------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computed Tomography</td>
<td>Jacqueline Arnold, R.T.(R)(CT)(MR)</td>
<td>162027</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room and Mobile Radiography</td>
<td>Sandra Kinder, R.T.(R)</td>
<td>163065</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Diagnostic and Gastrointestinal Radiology</td>
<td>Mercedes Carrington, R.T.(R)(M)</td>
<td>162824</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interventional Radiology Angiography Neuroradiology</td>
<td>Richard McClenon, R.T.(R)(CV)</td>
<td>161363</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnetic Resonance Imaging</td>
<td>Paul Wenzel, MBA, CNMT, R.T.(MR)</td>
<td>162955</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography</td>
<td>Samantha Tunnecliffe, R.T.(R)(M)</td>
<td>169620</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Robert Wystepek, B.S., N.M.T.</td>
<td>161328</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Kathy Fry-Jones, RDMS</td>
<td>161388</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Wayne State University Radiologic Technology**

Sample Clinical Rotation Evaluation Form

All forms are completed online at [www.e-value.net](http://www.e-value.net)

---

Subject: 
Evaluator: 
Site: 
Period: 
Dates of Activity: 
Activity: Emergency Room 
**Evaluation Type:** Clinical Rotation Evaluation Form (CREF)

Evaluate only those areas that you feel qualified to judge using the following grading scale:

1. UNSATISFACTORY - Unacceptable, should be supported with comments.
2. BELOW AVERAGE - Marginal rating, does not meet minimum standards.
3. AVERAGE - Exhibits an acceptable degree of performance for someone on this semester of training.
4. ABOVE AVERAGE - Stands out, demonstrates above average ability.
5. EXCELLENT - Exceptional/superior, should be supported with comments.

N/A Not Applicable

### STUDENT-PATIENT INTERACTION

<table>
<thead>
<tr>
<th>Demonstrates compassion and empathy towards patients</th>
<th>(Question 1 of 36 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Establishes a good rapport with patients</th>
<th>(Question 2 of 36 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Handles difficult patients</th>
<th>(Question 3 of 36 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treats the patients with dignity and respect and provides privacy and comfort</th>
<th>(Question 4 of 36 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Please provide comments concerning the student's interaction with patients during this rotation | (Question 5 of 36)

Please provide comments concerning the student's interaction with patients during this rotation

### AFFECTIVE BEHAVIOR

<table>
<thead>
<tr>
<th>Comprehends and follows instructions</th>
<th>(Question 6 of 36 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Retains information</td>
<td>Accepts constructive criticism</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------</td>
</tr>
</tbody>
</table>
| 0 1 1.5 2 2.5 3 3.5 4 4.5 5 | 0 1 1.5 2 2.5 3 3.5 4 4.5 5 | 0 1 1.5 2 2.5 3 3.5 4 4.5 5 | - Did the student display an interest in learning? (Question 12 of 36 - Mandatory)  
| Selection | Option                          | Selection | Option                          | Selection | Option                          | Selection | Option                          |
| N/A      | All of the time                 | N/A      | All of the time                 | N/A      | All of the time                 | N/A      | All of the time                 |
|          | Most of the time                |          | Most of the time                |          | Most of the time                |          | Most of the time                |
|          | Sometimes                       |          | Sometimes                       |          | Sometimes                       |          | Sometimes                       |
|          | Never                           |          | Never                           |          | Never                           |          | Never                           |
|                       |                                  |          |                                 |          |                                 |          |                                 |
| Was the student a self-starter? (Question 13 of 36 - Mandatory)  
| Selection | Option                          |
| N/A      | All of the time                 |
|          | Most of the time                |
|          | Sometimes                       |
|          | Never                           |
| Did the student demonstrate self-confidence in his/her work? (Question 14 of 36 - Mandatory)  
| Selection | Option                          |
| N/A      | All of the time                 |
|          | Most of the time                |
|          | Sometimes                       |
|          | Never                           |
| Did the student maintain the work area (cleaning, stocking, etc.)? (Question 15 of 36 - Mandatory)  
| Selection | Option                          |
### Was the student properly dressed for clinic? (Question 16 of 36 - Mandatory)

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>All of the time</td>
<td></td>
</tr>
<tr>
<td>Most of the time</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
</tr>
</tbody>
</table>

### Please provide comments on the student's affective behavior. (Question 17 of 36)


### TECHNICAL ABILITY

#### Demonstrates positioning skills for the examinations performed (Question 18 of 36 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>1</th>
<th>1.5</th>
<th>2</th>
<th>2.5</th>
<th>3</th>
<th>3.5</th>
<th>4</th>
<th>4.5</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
<td>4.5</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Exams/views that the student continues to have trouble with: (Question 19 of 36)


#### Selects exposure factors/settings (Question 20 of 36 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>1</th>
<th>1.5</th>
<th>2</th>
<th>2.5</th>
<th>3</th>
<th>3.5</th>
<th>4</th>
<th>4.5</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
<td>4.5</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Manipulates equipment used (Question 21 of 36 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>1</th>
<th>1.5</th>
<th>2</th>
<th>2.5</th>
<th>3</th>
<th>3.5</th>
<th>4</th>
<th>4.5</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
<td>4.5</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Comprehends clinical data from the request (Question 22 of 36 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>1</th>
<th>1.5</th>
<th>2</th>
<th>2.5</th>
<th>3</th>
<th>3.5</th>
<th>4</th>
<th>4.5</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
<td>4.5</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Performs exams with speed and accuracy (Question 23 of 36 - Mandatory)

<table>
<thead>
<tr>
<th>N/A</th>
<th>1</th>
<th>1.5</th>
<th>2</th>
<th>2.5</th>
<th>3</th>
<th>3.5</th>
<th>4</th>
<th>4.5</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>1.5</td>
<td>2</td>
<td>2.5</td>
<td>3</td>
<td>3.5</td>
<td>4</td>
<td>4.5</td>
<td>5</td>
</tr>
</tbody>
</table>
Properly collimates to the part being examined  *(Question 24 of 36 - Mandatory)*

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Demonstrates proper radiation protection techniques  *(Question 25 of 36 - Mandatory)*

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Orders exams in IDX system correctly  *(Question 26 of 36 - Mandatory)*

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Routinely checks for delivery of images to the PACS (Stentor) system  *(Question 27 of 36 - Mandatory)*

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Understands operation of the processing system  *(Question 28 of 36 - Mandatory)*

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Rate the student's overall performance and comprehension level in relation to 'the average' student for the amount of time spent in the program.  *(Question 29 of 36 - Mandatory)*

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>0 to 6 months of training</td>
<td></td>
</tr>
<tr>
<td>7 to 12 months of training</td>
<td></td>
</tr>
<tr>
<td>13 to 18 months of training</td>
<td></td>
</tr>
<tr>
<td>19 to 24 months of training</td>
<td></td>
</tr>
<tr>
<td>Entry Level Technologist</td>
<td></td>
</tr>
</tbody>
</table>

Overall performance and comprehension comments:  *(Question 30 of 36)*

ATTENDANCE/PUNCTUALITY

Rate the student's overall attendance and punctuality. This includes reporting to work in the morning, coming and going to class and lunch, and leaving the clinical area at the end of the day.  *(Question 31 of 36 - Mandatory)*

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

If there was an attendance/punctuality problem, please comment:  *(Question 32 of 36)*
Comments/Recommendations that would benefit the student:  (Question 33 of 36)

Students Completed Months of Training:  (Question 34 of 36)

Students First Rotation:  (Question 35 of 36 - Mandatory)

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Did you discuss your comments with the student?  (Question 36 of 36 - Mandatory)

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
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. The examinations within the Gastrointestinal category along with the number to be performed are listed below:

   - Esophagus 4
   - Stomach (UGI) 5
   - Small Bowel Series 3
   - Large Bowel 4
   - Pediatric Gastrointestinal Study 4
11. The examinations within the sections for the General Imaging category along with the number to be performed are listed below:

<table>
<thead>
<tr>
<th>Upper Extremity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Finger</td>
<td>3</td>
</tr>
<tr>
<td>Hand</td>
<td>5</td>
</tr>
<tr>
<td>Wrist</td>
<td>5</td>
</tr>
<tr>
<td>Forearm</td>
<td>3</td>
</tr>
<tr>
<td>Elbow</td>
<td>5</td>
</tr>
<tr>
<td>Humerus</td>
<td>3</td>
</tr>
<tr>
<td>Shoulder</td>
<td>5</td>
</tr>
<tr>
<td>Scapula</td>
<td>2*</td>
</tr>
<tr>
<td>Clavicle</td>
<td>3</td>
</tr>
<tr>
<td>Acromioclavicular Joints</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lower Extremity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Toe</td>
<td>3</td>
</tr>
<tr>
<td>Foot</td>
<td>5</td>
</tr>
<tr>
<td>Os Calcis</td>
<td>3*</td>
</tr>
<tr>
<td>Ankle</td>
<td>5</td>
</tr>
<tr>
<td>Tibia</td>
<td>3</td>
</tr>
<tr>
<td>Knee</td>
<td>10</td>
</tr>
<tr>
<td>Patella</td>
<td>5</td>
</tr>
<tr>
<td>Femur</td>
<td>2</td>
</tr>
<tr>
<td>Whole Leg</td>
<td>5</td>
</tr>
<tr>
<td>Hip</td>
<td>8</td>
</tr>
<tr>
<td>Hip Cross-Table</td>
<td>3</td>
</tr>
<tr>
<td>Pelvis</td>
<td>5</td>
</tr>
<tr>
<td>Bone Age</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thorax, Spine, and Abdomen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest</td>
</tr>
<tr>
<td>Routine</td>
</tr>
<tr>
<td>Stretcher/Wheelchair</td>
</tr>
<tr>
<td>Decubitus</td>
</tr>
<tr>
<td>Lordotic Kyphotic</td>
</tr>
<tr>
<td>Pediatric (5 and under)</td>
</tr>
<tr>
<td>Geriatric (Generally 65 and older)</td>
</tr>
<tr>
<td>Ribs</td>
</tr>
<tr>
<td>Sternum</td>
</tr>
<tr>
<td>Soft Tissue Neck</td>
</tr>
<tr>
<td>Cervical Spine</td>
</tr>
<tr>
<td>Thoracic Spine</td>
</tr>
<tr>
<td>Lumbar Spine</td>
</tr>
<tr>
<td>Scoliosis</td>
</tr>
</tbody>
</table>
Sacrum and Coccyx 3
Sacroiliac Joints 2*
Abdominal Series 5
Contrast Studies (while in Urology rotation)
  Cystogram 3
  Intravenous Urogram 2
     (site recommended elective)
  Nephrostogram 2
  Retrograde Pyelogram 2

Cranium
  Skull 2*
  Facial Bones 2*
  Orbits 3*
  Zygomatic Arches 3*
  Paranasal Sinuses 3*
  Mandible 2*

Mobile
  Chest 30
  Abdomen 5
  Orthopedic 5
  Pediatric 5
  C-Arm 5

12. For the examinations listed below, the student will observe and participate when possible. The numbers after the examinations indicate the number of exams the student should have performed.

  Computed Tomography (site mandatory)
     Head 5
     Thorax 5
     Abdomen 5

13. 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

* Indicates infrequent examinations that may not allow the student the time necessary to master them. These examinations will be studied in the classroom along with the others and observed and performed by the student during their rotations.
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

Radiation protection applied.
   Yes   No

Proper instruction of patient breathing during exam (when needed).
   Yes   No

Make exposures while observing the patient.
   Yes   No

Know how to order examination in RIS (IDX).
   Yes   No

Proper log entry.
   Yes   No

Exhibit self-confidence in performing examination.
   Yes   No

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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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):
  - 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).
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 (9 weeks + additional week of structured education)

Mammography (6 weeks + additional week of structured education)
**Student:**  
**Dates:**  
**Clinical Grade Worksheet Juniors**

Clinical Examination >> 100 = 5.0; 90 = 4.0; 80 = 3.0; 70 = 2.0; 60 = 1.0; 50 and below = 0.0

<table>
<thead>
<tr>
<th>Exam Score (0 - 100)</th>
<th>Points (0 - 5)</th>
<th>Passing Points</th>
<th>Score x .20</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.6 – 5.0</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Student Contact Evaluations (every three to six weeks for Juniors)**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Points</th>
<th>Passing Points</th>
<th>Average</th>
<th>Average x .30</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.6 – 5.0</td>
<td></td>
<td></td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Journal Entries (Summary at end of every rotation)**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Points</th>
<th>Passing Points</th>
<th>Average</th>
<th>Average x .10</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.6 – 5.0</td>
<td></td>
<td></td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Challenges (required amount is equal to 3.0; every challenge over that is an additional .5) (anything under the required challenge amount is a .5 deduction per challenge missing or failed)**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Points</th>
<th>Passing Points</th>
<th>Average</th>
<th>Average x .10</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.6 – 5.0</td>
<td></td>
<td></td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Log Sheets >>** 25-23 sheets = 5.0; 22-20 sheets = 4.5  
19-17 sheets = 4.0; 16-13 sheets = 3.0; 12 sheets & under = 2.5/ prorated -shorter rot.

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Points</th>
<th>Passing Points</th>
<th>Average</th>
<th>Average x .10</th>
<th>Total Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.6 – 5.0</td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>
Student Evaluations by Technologists

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Points</th>
<th>Points</th>
<th>Passing Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td></td>
<td>2.6 - 5.0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td></td>
<td>Average x .10</td>
</tr>
<tr>
<td>Total</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Attendance / Tardiness

<table>
<thead>
<tr>
<th>Occurences</th>
<th>Points</th>
<th>Occurences</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0</td>
<td>5.0</td>
<td>3.0</td>
<td>2.0</td>
</tr>
<tr>
<td>0.5</td>
<td>4.5</td>
<td>3.5</td>
<td>1.5</td>
</tr>
<tr>
<td>1.0</td>
<td>4.0</td>
<td>4.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.5</td>
<td>3.5</td>
<td>4.5</td>
<td>0.5</td>
</tr>
<tr>
<td>2.0</td>
<td>3.0</td>
<td>5.0</td>
<td>0.0</td>
</tr>
<tr>
<td>2.5</td>
<td>2.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total of A, B, C, D, E, F & G = CLINIC GRADE

Clinical Grade / Letter Grade Conversion

<table>
<thead>
<tr>
<th>Grade</th>
<th>Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5 - 5.0</td>
<td>A</td>
</tr>
<tr>
<td>4.2 - 4.4</td>
<td>A-</td>
</tr>
<tr>
<td>3.8 - 4.1</td>
<td>B+</td>
</tr>
<tr>
<td>3.6 - 3.7</td>
<td>B</td>
</tr>
<tr>
<td>3.4 - 3.5</td>
<td>B-</td>
</tr>
<tr>
<td>2.9 - 3.3</td>
<td>C+</td>
</tr>
<tr>
<td>2.6 - 2.8</td>
<td>C</td>
</tr>
<tr>
<td>2.5 - below</td>
<td>FAIL</td>
</tr>
</tbody>
</table>

Sectional Scores

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>
Clinical Examination >> 100 = 5.0; 90 = 4.0; 80 = 3.0; 70 = 2.0; 60 = 1.0; 50 and below = 0.0

<table>
<thead>
<tr>
<th>Exam Score (0 - 100)</th>
<th>Points (0 - 5)</th>
<th>Passing Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.6 – 5.0</td>
</tr>
</tbody>
</table>

| Total Points         | Score x .20   | 0.00           |

Student Contact Evaluations (every three weeks for Seniors)

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Points</th>
<th>Passing Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.6 – 5.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average</th>
<th>Average x .30</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.0</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Journal Entries (Summary at end of every rotation)

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Points</th>
<th>Passing Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.6 – 5.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average</th>
<th>Average x .10</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.0</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Challenges (required amount is equal to 3.0; every challenge over that is an additional .5) (anything under the required challenge amount is a .5 deduction per challenge missing or failed)

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Points</th>
<th>Passing Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.6 – 5.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average</th>
<th>Average x .10</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.0</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Log Sheets >> 15-14 sheets = 5.0; 13-12 sheets = 4.5
11-10 sheets = 4.0; 9-8 sheets = 3.0; 7 sheets & under = 2.5/ prorated - shorter rot.

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Points</th>
<th>Passing Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2.6 – 5.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average</th>
<th>Average x .10</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.0</td>
<td>0.00</td>
</tr>
</tbody>
</table>
# Student Evaluations by Technologists

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Points</th>
<th>Points</th>
<th>Passing Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.6 – 5.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Average x .10</td>
</tr>
<tr>
<td>Total Points</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

## Attendance / Tardiness

<table>
<thead>
<tr>
<th>Occurrences</th>
<th>Points</th>
<th>Occurrences</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0</td>
<td>5.0</td>
<td>3.0</td>
<td>2.0</td>
</tr>
<tr>
<td>0.5</td>
<td>4.5</td>
<td>3.5</td>
<td>1.5</td>
</tr>
<tr>
<td>1.0</td>
<td>4.0</td>
<td>4.0</td>
<td>1.0</td>
</tr>
<tr>
<td>1.5</td>
<td>3.5</td>
<td>4.5</td>
<td>0.5</td>
</tr>
<tr>
<td>2.0</td>
<td>3.0</td>
<td>5.0</td>
<td>0.0</td>
</tr>
<tr>
<td>2.5</td>
<td>2.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total of A, B, C, D, E, F & G = CLINIC GRADE

## Clinical Grade / Letter Grade Conversion

<table>
<thead>
<tr>
<th>Grade</th>
<th>Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5 - 5.0</td>
<td>A</td>
</tr>
<tr>
<td>4.2 - 4.4</td>
<td>A-</td>
</tr>
<tr>
<td>3.8 - 4.1</td>
<td>B+</td>
</tr>
<tr>
<td>3.6 - 3.7</td>
<td>B</td>
</tr>
<tr>
<td>3.4 - 3.5</td>
<td>B-</td>
</tr>
<tr>
<td>2.9 - 3.3</td>
<td>C+</td>
</tr>
<tr>
<td>2.6 - 2.8</td>
<td>C</td>
</tr>
<tr>
<td>2.5 - below</td>
<td>FAIL</td>
</tr>
</tbody>
</table>

## Sectional Scores

<table>
<thead>
<tr>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>A =</td>
</tr>
<tr>
<td>B =</td>
</tr>
<tr>
<td>C =</td>
</tr>
<tr>
<td>D =</td>
</tr>
<tr>
<td>E =</td>
</tr>
<tr>
<td>F =</td>
</tr>
<tr>
<td>G =</td>
</tr>
</tbody>
</table>

Total = 0.00
WAYNE STATE UNIVERSITY
IN PARTNERSHIP WITH
HENRY FORD HEALTH SYSTEM

RADIOLOGIC TECHNOLOGY PROGRAM

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