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Welcome

Congratulations on being selected to participate in the UA Fort Smith Radiography program. The faculty and staff at UA Fort Smith expect that your progress through the program will provide the knowledge and skills necessary for you to perform competently in your chosen profession.

This manual is designed to serve as a guide to general information pertaining to the Radiography program’s policies and procedures. Please feel free to address questions or concerns you may have with the program faculty or clinical instructors.

Please read this manual carefully. You will be held accountable for all information related to you in this manual. After reading it, you must sign and return the first six (6) forms to the Executive Director of Imaging Sciences by the end of the first week of school.
Acceptance of Policy Guidelines

I have thoroughly read the policy guidelines for the Radiography program in the manual of the Associate of Applied Science Degree in Radiography at UA Fort Smith. I understand my responsibilities concerning the program. I will comply with the policies and guidelines contained in this manual to the best of my ability. In addition, I understand that I must abide by the policies found in the UA Fort Smith Academic Catalog and the UA Fort Smith Student Handbook & Code of Conduct.

Student Signature: _______________________________________

Date: ___________________

NOTE: Please sign and return this sheet to the Executive Director of Imaging Sciences, University of Arkansas - Fort Smith.
Health Insurance Coverage

Radiography program students must be responsible for any financial coverage if injured in the clinical setting, as there is no worker’s compensation for students.

This requirement is found on page 56 of the Radiography Policy and Procedures Manual.

“All students admitted to the Radiography program are expected to carry personal health insurance.”

_____ I am covered by health insurance with the following company/agency:

Company/Agency: __________________________
I.D. Number: __________________________
Policyholder’s Name: __________________________

_____ I am not covered by health insurance, but I will be responsible for any necessary personal health expenses.

Signature: __________________________ Date: ____________
Name: __________________________
(Printed)
Standard Precautions Statement

I have been given written and verbal information regarding Standard Precautions. I agree to use Standard Precautions during clinical and simulated laboratory practice.

I understand that my failure to use Standard Precautions may result in exposure to blood borne pathogens including Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

In the event that I experience an exposure to HBV or HIV as a result of my failure to follow Standard Precautions, I hereby release and hold harmless the University of Arkansas – Fort Smith, its board of visitors, officers, and affiliating agents from any and all liability, responsibility, damage or loss, whether known or unknown, existing or potential, that I may ever claim as a result of any contact or consequence that may arise from my exposure.

Signature: ____________________________ Date: __________

Faculty/Witness: ____________________________ Date: __________
Appendix B
Policy for the Prevention and Management of Substance Abuse

Release and Acceptance Form

I, ____________________________, have read and understand the Policy for the Prevention and Management of Substance Abuse for the University of Arkansas – Fort Smith College of Health Science. I understand that I am responsible for the cost of drug screens required due to cause, for MRO (Medical Review Officer) consultation, and/or split sample analysis. I understand, if I’m tested for cause, I am required to arrange for *direct mode of transportation* (e.g., family or taxi) rather than self-transport.

I agree that the lab used for drug testing is authorized by me to provide results of the test(s) to the CHS Program’s Executive Director. I agree to indemnify and hold the lab harmless from and against any and all liabilities of judgments arising out of any claim related to 1) compliance of the college with federal and state law and 2) the college’s interpretation, use and confidentiality of the test results, except when the lab is found to have acted negligently with respect to such matters.

I understand that an outcome of a positive drug screen will constitute immediate suspension from my CHS program. Re-admittance to my program will follow the Program’s Readmission Criteria and Procedures Policy.

I understand that if I’m readmitted to the program and a positive test for substance abuse is found, I will be dismissed from the program and will be ineligible to return. Furthermore, I will be ineligible to receive a letter of good standing.

__________________________________________________________________________
Student Signature

__________________________________________________________________________
Executive Director Signature

__________________________________________________________________________
Date

__________________________________________________________________________
Date
Honor Code

The Radiography Program has adopted the following policies. Please read, sign, date, and return this form. This copy will be placed in your student file.

Exam Policy

I understand that the content of all examinations is confidential. I agree that I will not divulge any questions on any examination to any individual or entity. I understand that the unauthorized possession, reproduction, or disclosure of any examination questions before, during, or after the examination is in violation of university policy. A violation of this type can result in disciplinary action by the educational institution, including the denial of certification and/or completion of the program.

Sign-in Policy

In the event that students must “sign in” to a class, lab, or clinical setting, each student must sign his/her own name. It is unethical and in violation of policy to sign anyone else in for any reason, and to do so will result in disciplinary action. When signing in for class, lab, or clinical after the designated time, it is your responsibility to note the time on the roll next to your name.

Cheating/Plagiarism Policy

Cheating in any form, including plagiarism (stealing and passing off as one’s own, the words or ideas of another) is unethical and will result in disciplinary action in accordance with stated university policy. (See UAFS Academic Catalog). To assist another to cheat is equally unacceptable and can result in the same disciplinary actions.

Signature: ____________________________ Date: _________________

Name: _________________________________
(Printed)
**HIPAA Statement**

I have received education regarding the HIPAA regulations which are effective as of April 14, 2003. I have been given the opportunity to ask questions. I have been informed and understand the policy on confidentiality. I will be held accountable for practicing within the regulations set forth by HIPAA.

Signature: ____________________________ Date: ________________
Background Check
Policy

Purpose:

The University of Arkansas - Fort Smith College of Health Sciences is committed to producing graduates who go beyond academic excellence, who are productive, self-sufficient citizens of society, who are responsive to the global community and who maintain high ethical standards in their personal and professional lives. The attainment of this goal is facilitated by partnering with clinical agencies that consent to having faculty and students practice in their facilities. Students must therefore adhere to all agency policies, such as background checks. The purpose of this policy is to describe the terms and conditions under which background checks are conducted.

Policy:

A criminal background check is required of all students accepted into the University of Arkansas - Fort Smith College of Health Sciences Imaging Sciences, Surgical Technology, Dental Hygiene and School of Nursing Programs. A third party vendor will conduct the background checks. The student will be responsible for all fees associated with any components of the background check process. All information will be treated as confidential but will be shared with the Imaging Sciences, Surgical Technology, Dental Hygiene or School of Nursing Executive Director and assigned agencies when requested and will be retained in the student’s health file.

Each clinical agency will independently determine if an adverse or negative outcome on the criminal background check will prohibit a student’s practice in their agency. Students unable to practice in clinical agencies because of an adverse or negative background check will be unable to complete program objectives, halting continued progression in the student’s program of study. Failure to complete the background check process prior to the Friday of the first week of class will result in the student’s inability to complete the program objectives and will therefore halt progression in the student’s program of study.

Students must comply with any additional background checks required by their licensing agency.

General Guidelines:

1. Immediately upon acceptance into a College of Health Sciences Program, the student must authorize the background check by completing the background authorization form provided by the vendor. This form is available to the student upon acceptance into their respective program. The student must also authorize the vendor to send a copy of the results of the background check to their Program Executive Director. Results must be received by the Friday of the first week of class.
2. The following background checks shall be conducted by the vendor. Additional requests may be made by an agency.

   Office of Inspector General
   Sex and violent offender check
   Social Security Verification
   Current County of Residence

3. If a background check is returned with unfavorable results, the Executive Director will notify the student and the student’s assigned clinical agencies. The clinical agencies will determine if the student will be allowed to practice as a student in their clinical facility.

4. The student has the option to dispute any inaccurate information with the reporting agency, as a right of the Fair Credit Reporting Act. The student will not be able to complete the program objectives, halting their progression in the program of study, until the dispute is resolved.

5. If the background check is favorable, no further action will be taken.

6. All background check results will be retained in the student’s file.

12/18/06
Rev. 04/14/2011
Introduction

University of Arkansas - Fort Smith

Mission, Role and Scope, Vision, and Values

Mission

UAFS prepares student to succeed in an ever-changing global world while advancing economic development and quality of place.

Role and Scope

Founded in 1928, UAFS has grown in stature, role, and scope over the years into a singularly distinctive, hybrid institution. Organized and focused on teaching and learning, UAFS offers multifaceted academic and technical educational opportunities. The University provides these learning opportunities at times and places convenient to students and clients. Programs include single courses of instruction, certificates of proficiency, technical certificates, and associate and baccalaureate degrees designed to meet a demonstrated demand of the region. Additional upper-division and graduate programs of study leading to select baccalaureate and master’s degrees are offered on campus by other universities through the UAFS University Center.

In addition to certificate and degree programs, UAFS provides a wide range of customized, on-site education and training services – both pre- and post- employment –designed to meet the workforce education and retraining needs of business and service organizations.

UAFS provides a variety of public service activities for the people and organizations within its service area. Included are noncredit courses, seminars, workshops, lectures, travel, telecourses, and teleconferences organized by the University’s Center for Business and Professional Development. UAFS makes campus facilities and resources available to community organizations and enriches the quality of life of the community through sponsored cultural activities and events.

Vision

UA Fort Smith will be a premier regional university, connecting education with careers.

Values

UA Fort Smith holds a set of core values based on the belief that we can and should be the best of learning organizations by centering our focus and efforts on the learner and by practicing and modeling integrity and ethical behavior, responsibility for results, service to our fellow citizens and the communities we serve, and cooperation and collaboration with others in the betterment of the world in which we live.
University of Arkansas - Fort Smith
Radiography Program

Mission Statement
The Radiography Program at UA Fort Smith College of Health Sciences was established to serve the needs of the population and health care industry in the community and surrounding area. The program is committed to provide a high-quality education through didactic courses and clinical experiences in medical radiography, in order to produce competent and registry eligible radiography practitioners with the potential for advancement and leadership, whether the emphasis is education, management, or practice.

Program Goals

Goal 1: Students will develop critical thinking skills.
Student Learning Outcomes:
- Students will use problem-solving skills to modify standards procedures to accommodate patient conditions and other variables.
- Students will be able to critique images for diagnostic quality and make appropriate improvements.

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

Goal 3: Students will model professionalism.
Student Learning Outcomes:
- Students will demonstrate professional and ethical behaviors in the clinical practice.
- Students will participate in personal and professional growth opportunities.

Goal 4: Students will have knowledge and skills required to be clinically competent in all radiographic tasks necessary for an entry level radiographer.
Student Learning Outcomes:
- Students will apply positioning skills.
- Students will select technical factors.
- Students will apply the principles of radiation protection for patients, self, and others.
- Students will be able to anticipate and provide appropriate patient care, safety, and comfort.
**Strategies**

In order to achieve its mission, goals, and objectives, the program and its personnel will strive in order to:

1. Cultivate and enhance partnerships with pertinent health care institutions, including institutions offering specialized and/or advanced training in the imaging sciences.
2. Prepare studies for a technologically-changing workplace by providing instruction, equipment, up-to-date resource material, and clinical experiences utilizing current and future technologies.
3. Conduct continuing assessment of student and employer needs in the field of radiography.
4. Appoint and retain high-quality faculty and clinical supervisors.
5. Offer a comprehensive and up-to-date radiography curriculum as suggested by the field’s recognized professional organizations including, but not limited to: ASRT, ARRT, and JRCERT.
6. Address short-term and long-term continuing education needs of current and future imaging science practitioners in the community.
7. Provide opportunities for students to attend and participate in local and regional professional meetings and educational seminars while in the program.
8. Establish interpersonal relationships between students and faculty maximizing open and clear lines of communication, which encourage student success and personal growth as well as a desire for lifelong learning.
9. Regularly and consistently evaluate student competencies in proper positioning, exposure, protection, and patient care, in addition to the various cognitive and affective domain objectives in the program.

This program makes every effort to structure its curriculum in an effective manner thereby enabling the student radiographer to achieve the objectives set forth above. While every effort is made to provide accurate information in all materials published by this program, the University reserves the freedom to change without notice admission and certificate requirements, curriculum, courses, faculty, policies, fees, regulations, and any other information contained in its publications, should such change be deemed necessary for the improvement of education provided by the University. This aspect of evaluation shall be an on-going monitoring of student progress and performance to determine if objectives are being met. A final evaluation of each student’s ability to meet the program objectives shall be the student’s performance on the American Registry examination, with the determination being a pass/fail score. The results of these examinations shall be a valuable indicator in evaluation of overall program effectiveness, and may be used as a basis for change in the educational format from time to time.

The educational process for this program strives to provide a balance between the didactic and clinical experiences for the student, allowing the student to apply knowledge and skills attained in the didactic portion to development of cognitive psychomotor, ethical and professional skills in the clinical portion in a progressive manner.
University of Arkansas – Fort Smith
Imaging Sciences
Administration and Faculty

Administration

Dr. Paul B. Beran
Chancellor

Dr. Georgia Hale
Provost/
Vice Chancellor of Academic Affairs/Professor

Dr. Carolyn Mosley, PhD, RN, CS, FAAN, ANEF
Dean/Professor, College of Health Sciences

Faculty

Angie Elmore, M.Ed., BSIS, R.T. (R)
Executive Director – Imaging Sciences

Jodi Callahan, M.S.R.S., R.T. (R), RDMS, RVT
Assistant Professor, Imaging Sciences
Program Director, Diagnostic Medical Sonography

Casey Harmon, M.S.R.S., B.S.R.T. (R)
Instructor, Imaging Sciences
Clinical Coordinator – Radiography

Alisa Cole, M.S.R.S., B.S.R.T. (R) RDMS
Assistant Professor, Imaging Sciences
Clinical Coordinator, Diagnostic Medical Sonography

Brandy Jones, BSIS, RT(R), CT, RDMS, RVT
Instructor, Imaging Sciences

Stacy Gregory, BSIS, RDMS, RT
Instructor, Imaging Sciences

R.C. Thompson, B.S.R.T. (R)
Clinical Instructor

Ashley Crockett, BSIS, R.T.(R)
Clinical Instructor

Dr. Richard Nelson
Medical Advisor
University of Arkansas – Fort Smith
Imaging Sciences

Clinical Sites

<table>
<thead>
<tr>
<th>Mercy Medical Center</th>
<th>Sparks Regional Medical Center</th>
</tr>
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<tbody>
<tr>
<td>7301 Rogers Avenue</td>
<td>1001 Towson Avenue</td>
</tr>
<tr>
<td>Fort Smith, AR 72901</td>
<td>Fort Smith, AR 72901</td>
</tr>
<tr>
<td>(479) 314-6240</td>
<td>(479) 441-5166</td>
</tr>
<tr>
<td><strong>Andy Ceniceros</strong>, MSRS, BSRT (R) RDMS</td>
<td><strong>Debbie Lashley</strong>, R.T. (R)</td>
</tr>
<tr>
<td>Administrative Director</td>
<td>Administrative Director</td>
</tr>
<tr>
<td><strong>David Dotson</strong>, A.A.S.R.T.</td>
<td><strong>Nena Tucker</strong>, R.T., (R)</td>
</tr>
<tr>
<td>Clinical Instructor</td>
<td>Clinical Instructor</td>
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<tr>
<td>Clinical Instructor</td>
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<table>
<thead>
<tr>
<th>Cooper Clinic</th>
<th>Sparks Medical Plaza</th>
</tr>
</thead>
<tbody>
<tr>
<td>6801 Rogers Avenue</td>
<td>1500 Dodson Avenue</td>
</tr>
<tr>
<td>Fort Smith, AR 72903</td>
<td>Fort Smith, AR 72917</td>
</tr>
<tr>
<td>(479) 274-2862</td>
<td>(479) 709-7404</td>
</tr>
<tr>
<td>Administrative Director</td>
<td>Administrative Director</td>
</tr>
<tr>
<td><strong>Vicki Horne</strong>, R.T. (R)</td>
<td><strong>Cindy Smith</strong>, R.T. (R)</td>
</tr>
<tr>
<td>Clinical Instructor</td>
<td>Clinical Instructor</td>
</tr>
<tr>
<td></td>
<td><strong>Tracy Miller</strong>, R.T. (R)</td>
</tr>
<tr>
<td></td>
<td>Clinical Instructor</td>
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<thead>
<tr>
<th>Physicians Office Building (COE)</th>
<th>Mercy Clinic Orthopedics --River Valley</th>
</tr>
</thead>
<tbody>
<tr>
<td>7001 Rogers Avenue</td>
<td>3501 W.E. Knight Drive</td>
</tr>
<tr>
<td>Fort Smith, AR 72917</td>
<td>Fort Smith, AR 72903</td>
</tr>
<tr>
<td>(479) 274-5350</td>
<td>(479) 441-2000</td>
</tr>
<tr>
<td>Clinical Instructor</td>
<td>Clinical Instructor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Johnson Regional Medical Center</th>
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</thead>
<tbody>
<tr>
<td>1100 East Poplar St</td>
<td></td>
</tr>
<tr>
<td>Clarksville AR 72830</td>
<td></td>
</tr>
<tr>
<td>(479) 754-5315</td>
<td></td>
</tr>
<tr>
<td><strong>Clint Ratliff</strong>, RT(R)</td>
<td></td>
</tr>
<tr>
<td>Administrative Director</td>
<td></td>
</tr>
<tr>
<td><strong>Sarah Simmons</strong>, RT (R)</td>
<td></td>
</tr>
<tr>
<td>Clinical Instructor</td>
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</table>
**About The Profession**

The curriculum of the University of Arkansas - Fort Smith’s radiography program as previously outlined has been developed to ensure that students are well qualified for their chosen profession and to meet the accreditation guidelines as set forth by the JRCERT (Joint Review Committee on Education in Radiologic Technology).

The following occupation descriptions have been reprinted from the *Allied Health Education Directory 1994-1995, 22nd ed.*

**Radiographer**

**Occupational Description:** Radiographers provide patient services using imaging modalities, as directed by physicians qualified to order and/or perform radiologic procedures. When providing patient services, they continually strive to provide quality patient care and are particularly concerned with limiting radiation exposure to patients, self, and others. Radiographers exercise independent judgment in the technical performance of medical imaging procedures by adopting variable technical parameters of the procedure to the condition of the patient and by initiating lifesaving first aid and basic life support procedures as necessary during medical emergencies.

**Job Description:** Professional competence requires that radiographers apply knowledge of anatomy, physiology, positioning, and radiographic technique in the performance of their duties. They must also be able to communicate effectively with patients, other health professionals, and the public. Additional duties may include processing of film, evaluating radiologic equipment, managing a radiographic quality assurance program, and providing patient education relevant to specific imaging procedures. The radiographer displays personal attributes of compassion, courtesy and concern in meeting the special needs of the patient.

**Employment Characteristics:** Most radiographers are employed in hospitals. However, there are also positions open to qualified professionals in specialized imaging centers, urgent care clinics, private physicians’ offices, industry, and civil service and public health service facilities. Radiographers who are employed full time usually work 40 hours per week. Salaries and benefits vary according to experience, ability, and geographic location, but are generally competitive with those of professions requiring comparable educational preparation. Employment opportunities are available throughout the nation, but may vary geographically.
University of Arkansas Fort Smith
Faculty Positions in the Radiography Program

Executive Director of Imaging Sciences

The Executive Director of Imaging Sciences is responsible for the organization, development, and coordination of the didactical and clinical portions of the radiologic technology program. This includes, but is not limited to:

1. Communication between the radiologic technology program and university administration.
2. Assessment of program needs.
3. Official reports and recommendations.
4. Development and revision of curricula and actions to improve effectiveness.
5. Fulfillment of needs for program accreditation.
6. Advisement and counseling of student course and career needs.

Clinical Coordinator

The clinical coordinator is given the responsibility for assisting in the organization, supervision, and coordination of the clinical education in each of the affiliate hospitals. This responsibility includes but is not limited to:

1. Establishing clinical guidelines and objectives.
2. Serving as a liaison between the academic and clinical faculty.
3. Maintaining communication between the facilities.
4. Assisting the clinical instructor as needed.
5. Integrating and relating curriculum objectives for the classroom and clinical portions to make the education experience as relevant as possible.
6. Observing, counseling, and advising the students in the clinical environment

Clinical Instructor

In each clinical facility, a technologist is designated to be the clinical instructor. In addition to their responsibilities for the day-to-day operation of the department, these individuals are responsible for the supervision of the clinical education. This includes, but is not limited to:

1. Scheduling students through appropriate departmental work centers.
2. Assuring that student assignments are made to qualified technologists.
3. Completing end-of-rotation evaluation and competency evaluation forms as needed.
4. Being available to assist and advise students in clinical situations.
5. Scheduling make-up time, only in extreme circumstances.
6. Disciplining according to the rules and guidelines set forth in the program manual.
Policies and Procedures

Introduction

All students in the radiography program at UA Fort Smith will assume the responsibility for observing the university rules and regulations as stated in the current university catalog and this program manual. Each clinical affiliate has rules and regulations that must be observed while the student is assigned to a particular affiliate. Failure to comply with these rules will adversely affect student evaluations. Dismissal from the radiography program may result if, after counseling, the student fails to correct the errors.

When accepted as a student in the radiography program, the student has also accepted a commitment for the 24 months to become registry eligible. Please remember that you have been selected for admittance into a program, with limited entry, over others desiring entrance.

All affiliate personnel having a direct role in the education and training of the students are required to observe the policy guidelines contained in the manual. Each hospital and clinic will provide a clinical instructor who will have primary responsibility for student supervision during clinical rotations. All clinical instructors work in conjunction with, and should maintain constant communication with, the clinical coordinator.

The radiography program at UA Fort Smith has been developed following the guidelines set by the Joint Review Committee on Education in Radiologic Technology. The university is proud of its high educational standards and expects the radiography program to exemplify this reputation. The responsibility for maintaining these standards lies with the students, clinical instructors, administrative directors, clinical coordinator and ultimately the Executive Director of Imaging Sciences and the administration of UA Fort Smith.

NOTE: The Executive Director of Imaging Sciences reserves the right to alter or revise policy guidelines at any time.
Student Rights and Responsibilities

UA Fort Smith will establish standards and regulations which will be designed to ensure unimpeded university functions and activities and to maximize the learning environment on campus.

Each student enrolling in the university assumes an obligation to conduct him or her self in a manner compatible with the university’s functions as an educational institution. Conduct which is not compatible is specified in this policy and the student may be subject to disciplinary action for violations of these codes. The goal of disciplinary proceedings, most of which will be conducted as administrative proceedings, will be to help a student avoid further inappropriate behavior and become a responsible member of the university community.

University of Arkansas - Fort Smith Radiography Program

The radiography program has established standards to ensure that all students graduate with a high level of competency and the ability to elevate the public image of the profession.

Each student accepted into the program assumes an obligation to conduct him or her self in a manner compatible with this goal. Conduct which is found not to be compatible with program goals and policies may be subject to disciplinary action.

A. Clinical and Academic Rights

A student will have a right to:

1. Be informed of the policies and procedures of the program and its clinical affiliates.
2. Be informed of specific radiography course requirements.
3. Be evaluated on the basis of his/her academic and/or clinical performance as outlined on the syllabus for a given course.
4. Experience competent instruction, in both the academic and clinical settings.
5. Expect protection against an instructor’s or clinical supervisor’s improper disclosure of a student’s views, beliefs, or other information which may be confidential in nature.
6. Expect protection, through established procedures, against prejudiced or capricious evaluation.

B. Student Academic and Clinical Responsibilities

A student will have the responsibility to:

1. Further inquire about program policies if he/she does not understand them or is in doubt about them.
3. Diligently adhere to the program policies and procedures as outlined in the Radiography Policy and Procedure Manual and Clinical Portfolio.

4. Adhere to the policies and procedures of each clinical rotation site to which he/she may be assigned.

5. Pursue the proper grievance procedures as outlined in both the Radiography Policy and Procedure Manual and the University of Arkansas - Fort Smith Student Handbook & Code of Conduct if he/she believes his/her academic or clinical rights have been violated.

6. Complete all program course work and clinical assignments in the specific semester allotted, subject to time and facility constraints, and as outlined in the Radiography Policy and Procedure Manual, Clinical Portfolio, and individual course syllabi.
University of Arkansas Fort Smith Radiography Program

Associate of Applied Science Degree in Radiography
PROGRAM STATEMENT

The Radiography Program is a part of the College of Health Sciences at the University of Arkansas - Fort Smith. The Radiography Program is accredited by the Joint Review Commission on Education in Radiologic Technology (JRCERT). Students desiring admission to the Radiography Program need to be aware of and understand the following information related to admission, progression, and graduation.

ADMISSION

Admission Criteria

To be considered for admission into the program, students must meet the following criteria:

1) Complete university admission requirements to include submission of official transcripts from all colleges/universities attended
2) Have a minimum 2.50 cumulative grade point average (GPA) for all college course work (including transfer work and excluding developmental courses) and be in good academic standing
3) Complete required prerequisite courses for the Radiography Program with a minimum of “C” or higher in each course prior to fall entry
4) Take the Psychological Services Bureau (PSB) Health Occupations Aptitude Examination
*For more information about testing, go to http://www.uafs.edu/testing/tests.

NOTE: The application process for the Radiography Program requires a criminal background check. Many clinical facilities require a criminal background check and/or drug screen on CHS students and have the authority to deny clinical training in their facility, secondary to outcome of either screening. Students unable to practice in any clinical agency because of an adverse or negative background check will be unable to complete the program objectives, thereby revoking admission into a program or halting continued progression in the student’s program of study. The application process for licensure requires state and federal criminal background checks. Students who have been convicted of a crime, including those that are sealed or expunged, must seek permission from the American Registry of Radiologic Technologists to write the certification exam to become a registered radiographer.

Application

Admission into the Radiography Program is competitive. Students who meet the minimum criteria identified above are eligible to submit an application for admission.

1) Application Deadline - May 15th for fall entry into the program
2) Eligible students must submit an application for admission to the Advising Coordinator the College of Health Sciences prior to the application deadline

Selection

Selection is based on the following weighted system:

Phase One
- Quality Points earned for prerequisites and any additional courses on the Radiography degree plan (college credit earned through CLEP or AP for a course will not be used for ranking purposes) 40%
- Score earned on the PSB Exam 30%
- Cumulative GPA 30%

NOTE: In the event that applicants have identical ranking scores, priority will be given to the student with the highest cumulative GPA. The top 30 applicants after Phase One of the selection process will proceed to Phase Two.
Phase Two

Interview

NOTE: Following the completion of Phase Two, the top 20 applicants will be offered a position in the Radiography Program. Meeting the minimum criteria for admission or taking courses on the Radiography degree plan does not guarantee admission into the program. Students not admitted must reapply to be considered for another semester. Students identified as alternates are not guaranteed a position in the next class.

Additional Documentation

Students admitted into the Radiography Program must submit the following additional documentation prior to fall entry:

- Health Care Provider Statement/Medical Release form
- Proof of immunizations
- CPR Certification: American Heart Association Basic Life Support for Healthcare Providers (BLS)
- Criminal Background Check
- Drug Screen

Note: Many clinical facilities require a criminal background check and/or drug screen on CHS students and have the authority to deny clinical training in their facility, secondary to outcome of either screening. Students unable to practice in any clinical agency because of an adverse or negative background check will be unable to complete the program objectives, thereby revoking admission into a program or halting continued progression in the student’s program of study.

PROGRESSION

Science courses taken more than five years prior to entering the program will be evaluated on an individual basis by the Executive Director of Imaging Sciences and the Dean of the College of Health Sciences. See your advisor for more information and to request a science course evaluation.

The Radiography Program is competency based. To continue in the program, a student must maintain a 75 percent average in clinical performance and 75 percent through each didactic course.

A student dropped for academic or any other reason may apply for readmission if in compliance with the UA Fort Smith Student Academic Progress Policy as outlined in the course catalog. A student who discontinues the radiography sequence for academic or any other reason must petition for readmission to the Radiography Program. The readmission requirements are found in the Radiography Program Policy and Procedure Manual (see the Readmission Criteria & Procedure Policy). The student is not guaranteed a position for readmission. A student who is readmitted is accountable for the degree requirements in effect at the time of readmission.

A grade of “C” or better is required in ALL courses applicable to the Associate of Applied Science degree in Radiography.

GRADUATION

To earn a Radiography degree, a student must earn a grade of “C” or better in all required courses applicable to the Radiography Program; earn a minimum of 2.00 cumulative GPA in all course work required for the major; and earn a minimum of a 2.00 cumulative GPA on all work attempted at the University. The student must meet with the Advising Coordinator to complete the graduation application one year prior to graduation.

After being granted the Associate of Applied Science degree in Radiography, the student is eligible to sit for the national certification examination in Radiologic Technology administered by the American Registry of Radiologic Technologists.

I have read and understand this program statement.

Student Signature__________________________________________ Date________________________

Note: Information is subject to change. Please check for current information before applying to the program.
University of Arkansas - Fort Smith
College of Health Sciences
Imaging Sciences Programs
Physical Abilities Requirement

Student Name: ________________________________
Semester Applied to Enter: ____________________

<table>
<thead>
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<th>Abilities</th>
<th>R</th>
<th>O</th>
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<tr>
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<td>Ability to read requisitions, physician orders, instructions on equipment, labels, reports</td>
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<td></td>
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<td>Lbs/ft: 100, equipment, patient carts with and without pts.</td>
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<td>Lbs 75: 3 man lift of patients</td>
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<td>Ht/lbs appropriate; equipment</td>
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<td>Use of equipment, supplies, and cassettes</td>
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<td>Lbs 40: equipment 50 yds</td>
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<td>Infrequent and short periods, break and lunch</td>
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<td>Infrequent and short periods; adjusting equipment, cleaning</td>
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<tr>
<td>Stooping/Bending</td>
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</table>

I have read, understand and accept the above working conditions expected of an IS Student in the academic and clinical setting and certify that I am able to meet these requirements.

Student Signature______________________________ Date__________________
Readmission Criteria and Procedure

General Information

A student who has withdrawn or received a failing grade in a radiography course may apply for readmission to the program. A student is limited to one re-enrollment into the program. If the student feels there are extenuating circumstances, he/she may request an exception be made. He/she must write a letter to the Executive Director of Imaging Sciences and to the admissions committee asking for special consideration. (The entire radiography faculty acts as the admissions committee).

Each person seeking readmission will be evaluated on a space available basis. A position is not guaranteed. Students reentering the program are required to follow the sequential structure of the program in the 24-month time frame. Students who successfully completed one full year of the program before withdrawing might be able to enter the beginning of the second year, provided space is available, time lapsed is not more than 12 months, and approval is granted by the admissions committee. A re-admittance examination to evaluate a student’s preparedness and/or level of competency will be required. Students re-entering the program due to failure in one or more courses will be required to repeat all co-reqs within that semester.

Re-Admission Procedure

A person interested in re-entering the program should begin the enrollment process by scheduling a conference with the Executive Director of Imaging Sciences. The director will describe the readmission procedure more fully and answer questions. The individual should then notify the director in writing that he/she does request readmission. The director will then check the student’s file for eligibility for readmission.

Re-Admission Requirements

Readmission will be based on the following criteria:

- Academic and clinical performance status at the time of withdrawal
- Cumulative GPA at the time of readmission request (minimum of 2.5 GPA)
- Status of any problems previously identified as interfering with learning
- Instructor recommendation
- Interview with program faculty or admissions committee
- A re-admittance exam to determine student retention of previous learning will be required. The student must show competence (a minimum of 75%) for each category at the level of re-admittance.
Acceptance Procedure

The applicant for readmission will receive notification of acceptance or non-acceptance within two weeks of the committee’s decision.

Transfer Students

Transfer students (from a radiography program other than UA Fort Smith’s) will be considered individually. The appropriate advisor will evaluate the general education requirements and the compatibility of the radiography curriculum will be evaluated by the program director. Transfer students are admitted on a space-available basis. A curriculum specific comprehensive evaluation and/or letter of recommendation by the student’s former program director may be required to help evaluate a transfer student’s level of entry into the UA Fort Smith radiography program.

Program and Curriculum Information

Degree Awarded

Associate of Applied Science Degree

Academic Standards

Radiography students must maintain a 2.0 (“C” average) cumulative grade point average. Students receiving a grade less than “C” in any course in the radiography curriculum which does not carry the RADT prefix will be required to repeat the course (or an acceptable alternative). If a student receives a grade lower than a “C” in the repeated course, he/she will be subject to dismissal from the program.

Students receiving a grade of less than a “C” (75%) in any course with the RADT prefix will be dismissed from the program.

Grading System

Didactic: Grades for regular college classes will be determined by the appropriate instructors and in conjunction with UA Fort Smith policy. The program instructional staff will determine grades for radiography classes. The University of Arkansas - Fort Smith grading policy is:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>100 – 93</td>
</tr>
<tr>
<td>B</td>
<td>92 – 84</td>
</tr>
<tr>
<td>C</td>
<td>83 – 75</td>
</tr>
<tr>
<td>F</td>
<td>Below 75</td>
</tr>
</tbody>
</table>
Clinical:

The Clinical Coordinator in collaboration with the Clinical Instructors will determine clinical education grades. All clinical grades will be based upon criteria as outlined in the student clinical portfolios.

Because of the heavy curriculum load during the first and second semesters of enrollment in the program, it is NOT recommended that students get extra jobs, part-time or full-time.

(Students having trouble with grades should discuss them with the instructor as soon as possible in the semester).

Registry Eligible

To be eligible to sit for the ARRT Registry Exam (American Registry of Radiologic Technologists), all academic requirements for graduation and all clinical criteria must be successfully completed. No student will be recommended to sit for the registry examination until these requirements are met.

Graduation/Pinning

Students completing the AAS degree in Radiography will walk in the May commencement ceremony immediately preceding their last semester term. Official graduation will occur following program completion.

The Program’s Pinning Ceremony will be held in the evening on the last day of the summer term. All graduating students are required to attend both the UA Fort Smith graduation ceremony and the Radiography Program Pinning Ceremony.

Failure to attend either ceremony without written permission from the Executive Director of Imaging Sciences will be considered a violation of program policy and a requirement for graduation.
Clinical Participation

It is each student’s responsibility to achieve the learning objectives by the end of each semester and all that he/she can beyond the objectives. Incomplete objectives will result in an incomplete grade for clinical courses. Clinical instructors and many of the staff radiographers are available and willing to teach and answer questions.

Students will not be required to perform, unassisted, any radiologic examination that exceeds their educational or clinical experience. However, it is the philosophy of the program that if a student is ready to expand into an area of radiography, and the clinical instructor believes that the student is capable, the student may undertake more responsibility. Students are encouraged to learn procedures in the hospital as soon as they feel they are capable.

The student’s attitude toward work while in the program will profoundly affect his/her ability to find employment as a radiographer after graduation. For this reason, students will be expected to abide by the following:

A. Students must be punctual, attentive, and cooperative in helping the radiology department accomplish its prime objective; providing patient care. Habitual or excessive absenteeism and/or tardiness is a reflection of poor work habits and must be avoided.

B. Students shall not leave the hospital at the end of a time shift until they have completed the procedure in progress (within reasonable limits), or made arrangements for someone else to take over and oriented them to the department of radiology. Patients are not to be left unattended while examinations are in progress.

C. Students must report to the clinical affiliate in a professional manner. This means; on time, correctly dressed, and not under the influence of drugs or alcohol, nor have them in their possession. Nor shall students sleep during the assigned clinical hours.

D. Students should respect the possessions of others. They shall not remove any articles from the clinical affiliate, other students, or employees of the clinical affiliate or the university.

E. A professional attitude shall be displayed toward the patient, fellow students, physicians, technologists, and faculty. Students are required to abide by the Code of Ethics of the American Society of Radiologic Technologists printed in the Appendix. Each clinical affiliate reserves the right to refuse to allow any radiography student in the department who does not practice ethical and professional behavior or who does not consider the patient to be the most important person in each department. No immoral conduct will be tolerated.
F. Students must honor patient confidentiality at all times. All information regarding hospital procedures and patient records are confidential in nature. Any requests for information should be directed to the clinical instructor or chief technologist. Any student revealing confidential information will be subject to disciplinary action and/or DISMISSAL from the program. (Refer to HIPAA guidelines as taught).

G. Students must display initiative in the following areas:

1. Asking questions if they do not understand something
2. Asking for help when needed
3. Learning about the equipment
4. Practicing positioning, critiquing films, studying, and or conducting experiments when there is no patient, AND
5. Volunteering to do exams

H. Students having completed academic and laboratory training and testing and having passed their competency evaluation for a specific examination may not refuse to perform that examination if directed to do so by the clinical instructor or staff.

I. Any student who reports to the clinical affiliate with improper uniform will be sent home by the clinical instructor and the time will be made up that same day.

J. Visitors and use of telephones for personal use should be avoided. Both may be allowed at the discretion of the clinical instructor or the chief technologist. Cell phones must be turned off during clinical time.

K. Gum chewing and eating in areas that are not designated shall be avoided.

Violations of the above will result in poor clinical rotation evaluations and may lead to probation and/or dismissal from the radiography program.
Supervision Policy

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

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

2. A qualified radiographer evaluates the condition of the patient in relation to the student’s knowledge.

3. A qualified radiographer is present during the conduct of the examination.

4. A qualified radiographer reviews and approves the radiograph.

After demonstrating competency, students may perform procedures with indirect supervision. **Indirect Supervision** is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.

Immediately available is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

Repeat Policy
In support of professional responsibility for provision of quality patient care and radiation protection, **unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer under direct supervision, regardless of the student’s level of competency.**
Attendance Policy

Absenteism

Students are required to regularly attend all scheduled college classes and clinical assignments. Attendance and punctuality are two of your most important responsibilities as a student radiographer.

Classroom

Any absence should be avoided. Illness or family emergencies are the only excused absences. (Elective surgery should be scheduled during university breaks). Unless extenuating circumstances are determined by the executive director, the classroom absences will be treated in the following manner.

1. The second absence from class will result in a warning.
2. The third absence from class will result in an instructor/student conference.
3. After the fourth absence from class, the student will be dropped from the program, unless prior arrangements have been made with the program instructor.
4. ALL make-up work and tests are due the day the student returns to class. Ten points will be deducted each day the make-up work is late.

Students must call each day of absence. Notification should be made at least 15 minutes prior to the start of the scheduled class. Sending a message with another student or friend does not meet this requirement. Failure to notify a program official of absence will be considered an unexcused absence and result in a zero for all class work missed during the absence.

Clinical

A maximum of 8 hours of clinical absence will be allowed each semester due to personal or immediate family illness. An absence for any other purpose will result in a one point deduction for each clinical hour missed (extenuating circumstances may be considered by the Executive Director). However, ALL clinical times missed will be made up. If absences exceed the 8 hour limit, ONE point for every one hour of clinical missed will be deducted from the clinical grade at the end of the semester.

Students must call the Program Faculty each day of absence. Text messaging is not acceptable. Sending a message with another student or a friend does not meet this requirement. Notification should be made at least thirty minutes prior to the start of clinical.

Failure to notify the clinical site and Program Faculty on the morning of the clinical absence will result in a one point per hour missed deducted from the final clinical grade at the end of the semester.
If a student becomes ill and cannot perform his/her duties or may be contagious, then he/she should stay home. If students become ill at the clinical site, they must notify the clinical instructor immediately, **BEFORE leaving** the facility. Students will make up all time missed due to illness.

**NOTE**

Failure to sign in, sign out, or not sign in or out will result in the following action:

1. Failure to sign in on an 8-hour clinical assignment; minus 4 hours clinical time
2. Failure to sign out on an 8-hour clinical assignment; minus 4 hours clinical time
3. Failure to sign in or out; minus 8 hours clinical time
4. On partial day clinical assignments, one half of assigned clinical time will be deducted for failure to sign in or out. Failure to sign in or out will require all of the assigned clinical time to be made up.
5. Students who call in sick on clinical days will not be allowed to come later that day and all the time missed must be made up. (Example: If a student calls in at 7 a.m., that student cannot come in at 1 p.m.)

**Tardies**

**Classroom**

For all radiography classroom courses, each tardy will be treated as an unexcused absence unless the instructor has been notified prior to the scheduled class time. A tardy in the classroom is defined as arriving past the scheduled starting time for class. The door will be closed and locked after the scheduled start time and the student will be considered absent.

**Clinical**

A tardy at the clinical site is considered any arrival time after the assigned clinical check-in time. Students arriving after the assigned time will be marked tardy. Failure to notify the clinical instructor and program faculty of a tardy more than 30 minutes will be treated as an unexcused absence resulting in a deduction of 1 point per hour missed. Students arriving 10 minutes to 1 hour tardy will make up that time at the end of the assigned shift that same day. A tardy that is more than one hour will be made up at a time determined between the student and clinical instructor/clinical coordinator. The third tardy (and each tardy thereafter) within one semester will result in a deduction of one percentage point for each tardy from the final clinical grade at the end of the semester.
Make-up Procedures

Classroom

Only excused absences are approved for make-up. Class work and/or tests scheduled for the day of the absence are due the day the student returns to class. All work assigned the day of the absence may be made up and turned in no later than the next scheduled class period. It is the student’s responsibility to ask for make-up work, turn in late assignments (due to the absence), or schedule the make-up test with the instructor the day he/she returns to class. If an excused absence occurs on a scheduled test day, the student should be prepared to take a make-up test which will differ from the test given to the class.

Clinical

Students are expected to complete **ALL** required clinical hours prior to the end of each semester. Failure to do this will result in an “incomplete” grade. Unless prior arrangements have been made with the Executive Director, a grade of “incomplete” will become an “F”. At this point the student will be dropped from the program.

Make up of clinical time should be arranged through the clinical coordinator as soon as possible after the missed time. Clinical time will be made up at the clinical site where clinical education was missed. The amount of time to be made up will be determined by the previous policies found in this handbook.

**NOTE:** If arrangements have been made for clinical make-up time and the student fails to attend on that day without calling the appropriate program personnel, he/she will be assessed another unexcused absence.

Junior students **CANNOT** make up time missed in clinical education on Saturdays. Senior students **can** make up time missed in clinical education on Saturdays **ONLY if and while** the clinical instructor is present on duty. This arrangement must be made through the clinical coordinator and appropriate clinical instructor. **Students cannot make up time when the University is closed.**

Incomplete Make-up Time

The program faculty at UA Fort Smith understands that circumstances beyond a student’s control may interfere with completing certain requirements of this program in the time frame given. If this becomes a stumbling block, students should schedule an appointment with the executive director to discuss possible alternatives. Only under extreme cases will adjustments or other arrangements be made. This decision will rest entirely with the executive director. In the event a student is given additional time to complete make-up clinical time, the program and/or clinical coordinator will complete a probation contract to be agreed upon and signed. If the student is unable to fulfill this contract, he/she will be dropped from the program. A sample of this contract is found in the Forms section of this manual.
Advanced Make-up Time

As a general rule, students may **NOT** accumulate clinical hours in advance for future time off.

The only exceptions to this policy will be:

1. Pregnancy – A student may accumulate hours prior to delivery (see pregnancy policy for additional information on pregnancy).

2. Surgery – If a necessary surgery is scheduled and the student is able to accumulate hours prior to his/her surgery.

3. Other special circumstances – These will be evaluated on a case-by-case basis by the Executive Director.

If a student qualified for advanced make-up time, arrangements will be made collaboratively with the student, clinical coordinator, and clinical instructor.

**Emergency Information**

It is the student's responsibility to provide his/her current address, telephone number, and person to call in case of an emergency to the program faculty. This is necessary for notification of family in case of an emergency or if there is a need to contact the student concerning classes or labs.

**Cancellations (Severe Weather)**

When the University officially cancels classes due to snow or other severe conditions, the following procedures will be followed:

A. The students are not required to go in to the clinical site that day; **however** clinical hours cannot automatically be awarded.

   1. If the student is able to reach his/her clinical site, he/she would work the normal number of clinical hours scheduled for that day.

   2. If the student is unable to reach his/her clinical site, he/she MUST contact program personnel as outlined under “Absences.” Any clinical time missed must be made up by the end of the semester. The student will not be penalized as long as the clinical time is made up.

B. The students are also not required to attend classes that day. Occasionally, students can expect an extra class to be scheduled to make up for cancellations.
**Vacations/Holidays**

Students will not be required to work during normal vacation periods. However, vacation periods can, and should be, utilized for make-up purposes. Vacations in the radiography program shall be concurrent with the UA Fort Smith academic calendar as published in the current university academic catalog.

Students desiring to take a vacation must utilize vacation periods **only**. Absences due to other than normally scheduled vacations will be subject to the unexcused absence policy described previously.

**Dress Code**

The student is expected to be neat in appearance with clean uniform and shoes. **Daily Personal Hygiene is Required.** This will include oral hygiene, daily bathing, and use of an effective deodorant. Any deviation is considered improper uniform. If the student is not in the proper uniform, he/she will be sent home and time missed will be made up the same day. The following dress code is required for all students while at the clinical site.

**Uniform**

Surgery scrubs will be the uniform for all radiography students,* (Uniform specifics will be given in the acceptance letter). Scrubs may be purchased at local uniform shops. When purchasing your uniform, specify to the clerk that you are a student in the UA Fort Smith Radiography Program. (Radiography students will have their own distinctive color). A white T-shirt (or sleeveless tank top) may be worn under the scrub. A long sleeve T-shirt is permissible; however, if the T-shirt is short-sleeved then the sleeves are **not to extend below the scrub top sleeves**. Any top worn underneath the scrub **cannot extend below the bottom** of the scrub.

**Surgery Rotation**

Students scheduled in surgery are expected to follow the program dress code when entering or leaving the hospital. Upon arrival, the student must wear surgery attire as provided by the hospital. Students are required to follow the hospital’s surgical protocol when entering, inside of, or leaving the surgery suite.

**Shoes**

White leather athletic shoes or white nursing shoes are acceptable. Shoes should be comfortable. Shoes should be clean and in good repair at all times. If not in good repair, they should be replaced.

**Socks**

White socks are to be worn exclusively.

**Hair**

Hair must be clean, neatly arranged and kept off the collar. Extreme hairstyles are inappropriate. Long hair may be secured by a hair clip or barrette (discrete and neutral in color) and off the collar. Small plain (no ornamentation) headbands are also permissible. Acceptable colors for headbands are white, black, grey, or royal blue to match uniform.
Facial Hair
A mustache or beard is permitted so long as it is kept short and neatly trimmed.

Fingernails
Nails should not extend beyond the fingertips, and should be kept clean. Nail polish is acceptable when kept in good repair and restricted to pale pink or clear colors. Artificial nails or overlays are strictly prohibited.

Tattoos
Tattoos must be covered at all times while involved in clinical education, community service or any other activity in which the program is participating.

Jewelry
Limited to a wedding band and/or engagement ring, watch, and one small stud earring in each ear. All other jewelry is not allowed during clinical education hours.

Violations of the Dress Code
Dependent upon the degree and nature of the violation(s) of the dress code, the following may occur:
Steps/Sequence –

1. Verbal warning and documentation in the student’s file
2. Written warning placed in the student’s file
3. Action – removal from the clinical site until violation is corrected. All clinical time missed will be made up that same day (program administration will determine feasibility), and written documentation will be placed in the student’s file.
4. Action – same as above PLUS – PROBATION CONTRACT
5. Action – Dismissal

Cosmetics and Perfumes
Facial cosmetics used in moderation are acceptable. In clinical settings, the use of cologne and perfumed bath soaps and powders are inappropriate.

Name Badge
UA Fort Smith photo identification name badges will be made during your first semester of the radiography program. Arrangements will be made by your instructor at no cost to you. If for any reason a name badge is lost, the student should report this to a program faculty member who will instruct the student in what they will need to do. Students will wear their name badges during all clinical experiences.
Lead Markers and Initials

Students should purchase a set of right and left lead markers and personal initials from the campus store before reporting to the first clinical site assigned. Student initials must be placed on each and every film taken in which the student participates. (This includes independent student procedures and those observed). Initializing films aids in identifying and documenting student work.

Radiation Safety Policy and Procedures – Film Badges

All students will wear personal radiation monitoring in the form of film badges during ALL clinical training. When the film badge is worn, the following rules shall be observed:

1. Badges will be worn on the left collar
2. Badges shall be worn on the front of the wearer
3. Badges shall be worn outside a protective apron

An overexposure of a film badge is considered presumptive evidence of exposure to the individual. An exposure of 100 millirem or more per month, as reported on the Radiation Dosimetry monthly report, will result in an investigation by the Clinical Coordinator and consultation with the student. Documentation of radiation exposure, the student’s response to activities and behavior resulting in the exposure, and faculty counseling will be included in the student’s file. Excessive radiation exposure may result in limited or delayed clinical education.

Although the program provides the initial film badge, students losing or damaging their badges may be required to pay for a replacement.

Students should refrain from holding patients during an exposure. In the event a student has no alternative other than to hold a patient, the student must wear a lead apron during the exposure.

No exposure will be made on human subjects during laboratory or clinical practice without a doctor’s requisition.
Energized On-Campus Radiography Laboratory Usage Policy

Students are encouraged to utilize the campus laboratory for positioning practice whenever possible. The following guidelines must be followed when using the laboratory.

1. If faculty is not present, the x-ray generator will be locked in the “Off” position. This will prevent the possibility of non-compliance with accepted radiation safety practices.

2. All equipment will be returned to its designated storage position before leaving the laboratory.

3. Turn off all lights before leaving the laboratory.

4. Handle x-ray equipment and accessories with care using the guidelines taught in Procedures classes.

5. Should a problem arise with any equipment while in the laboratory, inform the faculty as soon as possible.

6. Pick up after yourself to keep the laboratory clean and in perfect order at all times.
Student Employment

Due to hospital and/or clinic accreditation standards and the Arkansas Licensure law, students enrolled in an accredited radiography program can be employed in radiography as long as that student maintains enrollment and is protected under the auspices of the program. UA Fort Smith radiography students can be employed by the program’s clinical affiliates in a part time, limited capacity position, but are held to the policies and procedures of the radiography program unless hospital or clinical policies are in direct conflict. At that time the employer’s policies supersede program policies. Violations of program policies and procedures may result in disciplinary actions by program administration.

The distinction between “on the clock” and “clinical education time” must be strictly adhered to. When on clinical education time, students may NOT be substituted for regular staff or paid for clinical education. Consequently, students employed and “on the clock” may NOT use any of that time as clinical education time.

Students employed by a clinical affiliate will be required to wear a radiation monitor provided by that facility and may NOT use the UA Fort Smith radiography program’s clinical education radiation monitor while working as student employees. UA Fort Smith radiation monitoring devices will be worn while assigned to clinical education only.

Students working PRN or Flex for any Medical Imaging (Radiology) Department may NOT skip class or clinical education to work regardless of employer pressure. Violation of this policy may result in immediate probation.
Student Pregnancy

Students enrolled in the University of Arkansas - Fort Smith radiography program are instructed in proper radiation safety precautions and personnel monitoring prior to being admitted to any ionizing radiation area. Students are required to abide by ALL radiation safety precautions. The importance of keeping exposure as low as practical through a combination of time, distance, and shielding is stressed.

Due to the number and variety of courses in the curriculum, and the importance of maintaining a rational schedule through the various assigned areas without interruption, students enrolled in this program are strongly encouraged NOT to become pregnant during the two years of their training. However, should a student become pregnant, the student has the right to voluntarily disclose the condition to the Executive Director. This disclosure must be in writing. In the absence of this voluntary, written disclosure, a student cannot be considered pregnant.

Following the voluntary written disclosure to the Executive Director, the student should:

A. Submit a statement from her physician verifying pregnancy and expected due date. The statement should include the physician’s recommendation as to which of the following options would be advisable:

1. Withdrawal from the program

2. Continued full-time status with limited rotations (excluding surgery and portable or fluoroscopic procedures) until she is past the first trimester of pregnancy.

3. Continued full-time status with no modifications.

B. Submit in writing the student’s choice of the above options within 48 hours following the presentation of the written disclosure.

If withdrawal from the program (option1) is selected, no other action is required.

If option (2) or (3) is chosen, the student must:

1. Counsel with the medical advisor and/or Executive Director regarding the nature of potential radiation injury associated with in-utero exposure, the regulatory limits established by the NCRP, and the required preventive measures to be taken throughout the gestation period.

2. Wear two (2) personnel monitoring devices; one placed on the collar and one placed on the abdomen for fetal monitoring. Reading will be monitored closely.

3. At no time and for no reason will the pregnant student place herself in the primary beam of radiation.
4. Report to the clinical instructor, Clinical Coordinator or Executive Director if she feels that she is working in an unsafe area or under conditions she feels are detrimental to herself or the fetus.

5. Be withdrawn from all clinical courses for the remainder of her pregnancy, if she exceeds the dose equivalent limit.

6. Be informed that all attendance, absence, and make-up policies will be equally enforced.

C. A student may rescind a pregnancy declaration in writing at any point for any reason without explanation.
Insurance Coverage and Accidents

A. Liability
   The university maintains liability insurance for all students and staff while working in the clinical education site.

B. Health
   Students are encouraged to carry their own health insurance. The university does not have health insurance available for students.

C. Worker’s Compensation
   Students enrolled in the radiography program are not employees of the clinical education site and are, therefore, NOT covered by the Worker’s Compensation Act.

D. Accidents
   If a student is injured at the clinical site, he/she must notify the clinical instructor immediately. Students must fill out a written accident report as soon as possible following any accident or injury (see Forms section). In addition, a hospital accident report form should be completed. Since forms vary in the different clinical education sites, the administrative director and the program director must be notified no matter how minor it may seem. Sending a copy of the accident report to the executive director will satisfy this requirement. **Students are responsible for any expenses incurred as a result of injury.** If an injury results in the student being unable to complete his/her shift, make-up time will be assessed.

E. Emergency Treatment
   Hospital policy will prevail. **All costs for any treatment received will be borne by the student. Students are prohibited from soliciting free medical advice or service by personnel or clinical sites.**

Communicable Disease Policy

Students should use surgical gloves for all procedures in which there may be contact with body fluids (urine, blood, excretion, saliva, etc.). Most contacts will be on patients who have not yet been diagnosed and, therefore, the precautionary procedure of wearing gloves is most important. Students will use strict isolation technique if the patient has been diagnosed as having a contagious disease. Students must follow infection control procedures as outlined in the policy manual at the clinical site.

In addition to these precautions, all students are required to have completed the Hepatitis B vaccine series by the spring I semester. This requirement is for the student’s protection and is a result of recent OSHA regulations. Facilities providing the vaccination will be discussed by the program faculty and related to the students. Students are required to either provide
documentation of vaccination or sign an affidavit refusing the inoculation. This waiver form is located in the front of this manual.

If a student has been accidentally exposed to a communicable disease, he/she shall report it immediately to the clinical coordinator and the clinical instructor. Appropriate measures will be taken. The clinical instructor or clinical coordinator will prepare an Incident Report to be signed by the student. Each student is required to adhere to the Communicable Disease Policy at the clinical site to which they are assigned.
University of Arkansas – Fort Smith College of Health Sciences

*Policy for the Prevention and Management of Substance Abuse*

**Introduction**

The University of Arkansas – Fort Smith, College of Health Sciences (CHS) recognizes its responsibility to provide a healthy environment within which students may learn and prepare themselves to become members of the healthcare profession. We are committed to protecting the safety, health and welfare of faculty, staff, students, and people who come into contact with them during scheduled learning experiences. The CHS strictly prohibits the illicit use, possession, sale, conveyance, distribution and manufacture of illegal drugs, intoxicants, or controlled substances in any amount or in any manner and the abuse of non-prescription and prescription drugs.

Any CHS student, who is taking pain or other behavior-altering medications, must provide a medical release from the prescribing physician to the Program Executive Director. Any CHS student who exhibits behaviors (as identified in Appendix A) is subject to testing for cause.

Any CHS student who tests positive for illegal, controlled, or abuse-potential substances, and who cannot produce a valid and current prescription for the drug, will be subject to disciplinary action as specified in the Policy for the Prevention and Management of Substance Abuse.

Any CHS student who is aware that another CHS student is using or is in possession of illegal drugs, intoxicants, or controlled substances is obligated to report this information to a CHS faculty member immediately. It is the ethical responsibility of all to ensure that the integrity of the profession and the institution remain in good standing.

The intent of the Policy for the Prevention and Management of Substance Abuse is to identify chemically impaired students. The Policy also attempts to assist the student in the return to a competent and safe level of practice and to achieve his/her educational and professional goal. Emphasis is on deterrence, education, and reintegration. All aspects of the policy are to be conducted in good faith with compassion, dignity and confidentiality.

As a condition of enrollment, each student will sign a Release Form (Appendix B) agreeing to adhere to the Policy for the Prevention and Management of Substance Abuse. Failure to adhere to the conditions specified in this policy will result in dismissal from your CHS program. This Policy is in alignment with the UAFS Philosophy. See University Catalog for further information.

**Substances**-Substance-related disorders are listed in the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition, (DSM-IV)*. Substances of abuse are grouped into eleven classes: alcohol, amphetamines or similarly acting sympathomimetics, caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, phencyclidine (PCP) or similarly acting...
arylcyclohexylamines and sedatives, hypnotics or anxiolytics. The CHS has the authority to change the panel of tests without notice to include other illegal substances as suggested by local and national reports or circumstances.
Testing Procedures

**When Testing May Occur:** The CHS will require a student to submit to drug testing under any or all of the following circumstances:

- Upon conditional admission to any CHS program beginning on or after January 1, 2012. Random testing as required by the clinical agencies.
- For cause (see Appendix A).
- As part of a substance abuse recovery program.

**STUDENTS WHO REFUSE TESTING OR DO NOT SUBMIT TO TESTING IN THE 2 HOUR TIME FRAME WILL BE IMMEDIATELY DISMISSED FROM THE CHS PROGRAM.**

The student is responsible for the cost of required drug screens, for MRO (Medical Review Officer) consultation, and/or split sample analysis. The student, if tested for cause, will be required to arrange for alternate mode of transportation (e.g., family or taxi) rather than self-transport.

**Testing Facility:** The CHS has identified Cooper Clinic (a SAMHSA2-approved laboratory) to perform testing utilizing the agency's policies. The clinic is located at 4300 Regions Park Circle (Appendix C). The CHS will use an MRO who will review and interpret test results and assure (by telephone interview with each donor whose test is lab positive) that no test result is reported as positive unless there is evidence of unauthorized use of substances involved.

**Sample Collection:** The collection techniques will adhere to the guidelines in accordance with US Department of Transportation 49 CFR Part 40 following chain of custody protocol. An observed specimen will be collected by the designated lab. If warranted (testing for cause or random), the student will submit appropriate laboratory specimens, within a two-hour time frame, in accordance with the University of Arkansas – Fort Smith CHS Policy for the Prevention and Management of Substance Abuse. The Program Executive Director will be notified of the results within 48 hours.

**Positive Results:** Test results will be considered positive if substance levels, excluding caffeine and nicotine, meet or exceed established threshold values for both immuno assay screening and gc/ms confirmation studies, and the Medical Review Officer Verification interview verifies unauthorized use of the substance. Split samples are saved at the original lab and may be sent to another SAMHSA-2 approved lab for additional testing at the student’s expense. If any one laboratory is positive for substances classified in the DSM-IV, the decision will be immediate suspension from the program.

**Confidentiality**

All testing information, interviews, reports, statements and test results specifically related to the individual are confidential. The Program Executive Director or designee will receive drug test results from the lab, and only authorized persons will be allowed to review this information. Records will be maintained in a safe, locked cabinet and/or password protected
electronic database. While the issues of testing are confidential within the university community, the information regarding substance abuse and rehabilitation may need to be shared with the licensing agency upon application for licensure. (Reference: Confidentiality issues forbid the CHS from disclosing drug/alcohol information about the student according to guidelines of US Department of Transportation 42 CRF Part 2).

**Treatment, Referral, & Readmission**

The outcome of a positive drug screen will constitute immediate suspension from the CHS program. The Program Executive Director will refer persons identified as having substance abuse problems for therapeutic counseling for substance withdrawal and rehabilitation. A student will not be denied learning opportunities based on a history of substance abuse. The readmission process for a student who has previously tested positive for substance abuse will include:

- Demonstrated attendance at AA, NA, or a treatment program of choice from a legitimate substance abuse counselor for a one year period of time. Evidence of participation must be presented to the CHS by the student. Acceptable evidence shall include: a written record with the date of each meeting, the name of each group attended, purpose of the meeting, and the signed initials of the chairperson of each group attended, plus any pertinent information.
- Demonstration of at least one year of abstinence immediately prior to application through random drug screening, including drug of choice.
- Letters of reference from all employers and sponsor within the last year.
- A signed agreement to participate in monitoring by random drug screening consistent with the policy of the CHS and the clinical agency where assigned client care. The student is required to pay for testing.
- Abstinence from the use of controlled or abuse potential substances (and/or alcohol) except as prescribed by a licensed practitioner from whom medical attention is sought. The student shall inform all licensed practitioners who authorize prescriptions of controlled or abuse potential substances of student’s dependency on controlled or abuse potential substances, and student shall cause all such licensed practitioners to submit a written report identifying the medication, dosage, and the date the medication was prescribed. The prescribing practitioners shall submit the report directly to the Program Executive Director or designee within ten (10) days of the date of the prescription.
- If a student is readmitted to the nursing program and a positive test for substance abuse is found, the student will be dismissed from the program and will be ineligible to return. Furthermore, the student will be ineligible to receive a letter of good standing from the CHS program.
- Readmission to any CHS program will constitute completing the regular admission process to begin any program and acceptance is determined in the same manner as all other students seeking admission.

**Appeal Process:**

An explanation of the Appeal Process can be found in the UAFS University Catalog at:

Fs%iss
uu.com%2Fv%2Fcolor%2Flayout.xml&backgroundColor=2A5083&showFlipBtn=true And/or the UAFS Student Handbook Code of Conduct
http://www.uafortsmith.edu/attach/Life/Index/CodeofConduct.pdf
http://www.uafortsmith.edu/attach/Academics/Index/handbook.pdf
University of Arkansas – Fort Smith College of Health Sciences

Policy for the Prevention and Management of Substance Abuse

Testing for Cause

Any CHS student who demonstrates behavioral changes suspected to be related to the use of drugs, including but not limited to alcohol, will be subjected to testing. Student behaviors will be observed on campus, in the clinical agencies, and at program-related community activities. The faculty member’s decision to drug test for cause will be based on:

Observable phenomena such as direct observation of drug use and/or physical symptoms or manifestations of being under the influence of a drug.

Erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, deterioration of work performance or other behaviors as listed in Appendix “A” of “The Policy for the Prevention and Management of Substance Abuse“. Information that a student has caused or contributed to an accident that resulted in client injury potentially requiring treatment by a licensed health care professional.

Conviction by a court or being found guilty of a drug, alcohol or controlled substance charge. Any student found guilty of criminal use of drug, alcohol, or controlled substance will be suspended from the CHS program.

Testing will be conducted using the following policy/procedure:

1. The faculty member will have an additional faculty member or staff confirm the student’s suspicious behavior.

2. The student will be required to leave the area. Accompanied by the faculty member and witness to a location ensuring privacy and confidentiality, a discussion of the situation will ensue. A decision as to whether or not to drug test will be made. The discussion and outcome of the discussion will be documented and forwarded to the Program’s Executive Director.

3. If warranted, the student will submit appropriate laboratory specimens, within a two-hour time frame, in accordance with the UAFS CHS Policy for the Prevention and Management of Substance Abuse and clinical agency policies. Failure to submit for testing within the two hour time frame will result in immediate dismissal from the CHS Program.

4. If the clinical agency initiates random or for cause drug screening, the student will follow clinical agency policy on suspected substance abuse.

5. The student will be suspended from all clinical activities until the case has been reviewed by the appropriate personnel or committees, as designated by the Program’s Executive Director or the Dean of the CHS.

6. If the laboratory test is negative for substances classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), the student will be allowed to return to class without penalty. Arrangement to make up missed work must be initiated by the student on the first day back to class or clinical (whichever comes first).

7. If any one laboratory test is positive for substances classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), the student will be immediately suspended from the CHS program.

8. Confidentiality will be maintained.
### Substance Abuse Behaviors

<table>
<thead>
<tr>
<th>Academic &amp; Clinical Performance</th>
<th>Alcohol</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Frequently late and/or incomplete paperwork.</td>
<td>1. Frequently late and/or incomplete paperwork.</td>
<td></td>
</tr>
<tr>
<td>3. Lack of participation in group activities and class.</td>
<td>3. Lack of participation in group activities and class.</td>
<td></td>
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<tr>
<td>4. Fails multiple tests.</td>
<td>4. Fails multiple tests.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferences in Assignment</th>
<th>Alcohol</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Transfers to less demanding or more independent or isolated assignments;</td>
<td>1. Prefers area with high usage of drug choice, decreased patient awareness and lack of supervision; i.e., extensive care unit, orthopedics, anesthesia, nursing homes, or busy surgical units.</td>
<td></td>
</tr>
<tr>
<td>2. Does not volunteer for additional or difficult assignments.</td>
<td>2. Volunteers for evening or night clinical rotations.</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Absenteeism</th>
<th>Alcohol</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has frequent absences</td>
<td>1. Has frequent absences</td>
<td></td>
</tr>
<tr>
<td>2. Calls in last minute.</td>
<td>2. Calls in last minute.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Time on Unit</th>
<th>Alcohol</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Arrives late.</td>
<td>1. Arrives early; leaves late; skips lunch and breaks; appears at unusual hours.</td>
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<tr>
<td>2. Departs early</td>
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</table>

<table>
<thead>
<tr>
<th>Disappearances</th>
<th>Alcohol</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Declines offer for meals or breaks with peers; eats on unit or eats alone.</td>
<td>1. Arrives early; leaves late; skips lunch and breaks; appears at unusual hours.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decreased Effectiveness</th>
<th>Alcohol</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Displays inconsistent or erratic performance.</td>
<td>Same as Alcohol plus:</td>
<td></td>
</tr>
<tr>
<td>2. Fails to meet deadlines or schedules.</td>
<td>1. Charts as administered, but patients complain of incomplete relief from medications given.</td>
<td></td>
</tr>
<tr>
<td>3. Staff complains about student not carrying share of patient assignment.</td>
<td>2. Records un-witnessed or excessive breakage, waste or loss.</td>
<td></td>
</tr>
<tr>
<td>4. Patients and families complain about student’s job performance.</td>
<td>3. Signs out several PRN medications at one time; i.e., “I'm going to get all my pre-ops ready now.”</td>
<td></td>
</tr>
<tr>
<td>5. Decreasing ability to make quick judgments or to accomplish routine tasks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Requires more structure for assignments and activities</td>
<td></td>
<td></td>
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<tr>
<td>7. Experiences difficulty conceptualizing assignments.</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Charting and Reporting in Clinical Setting (Nursing only)</th>
<th>Alcohol</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discrepancies are indicated between the patient's and student’s reports.</td>
<td>Same as Alcohol plus:</td>
<td></td>
</tr>
<tr>
<td>2. Administers more medications than other students.</td>
<td>1. Charts as administered, but patients complain of incomplete relief from medications given.</td>
<td></td>
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<tr>
<td>3. Omits documenting interventions.</td>
<td>2. Records un-witnessed or excessive breakage, waste or loss.</td>
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</tr>
<tr>
<td>4. Handwriting noticeably affected.</td>
<td>3. Signs out several PRN medications at one time; i.e., “I'm going to get all my pre-ops ready now.”</td>
<td></td>
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<tr>
<td>5. Makes illogical comments; increased errors or omissions.</td>
<td></td>
<td></td>
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<tr>
<td>6. Fails to report accidents and to complete incident reports.</td>
<td></td>
<td></td>
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<tr>
<td>7. Writes reports which differ from oral reports.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td>Alcohol</td>
<td>Drugs</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>1. Uses mouthwash or strong perfume to cover alcohol odor on breath and clothing.</td>
<td>1. Always wears uniform with pockets.</td>
</tr>
<tr>
<td></td>
<td>2. Eyes are red, “bloodshot”, or bleary.</td>
<td>2. Uses band-aids on hands and arms.</td>
</tr>
<tr>
<td></td>
<td>3. Spider veins appear, especially around nose.</td>
<td>3. Pupils may be constricted (narcotics), or dilated (stimulants), although need to consider multi drug use.</td>
</tr>
<tr>
<td></td>
<td>4. Face wrinkled, flushed, and puffy.</td>
<td>4. Runny eyes or nose with clear mucous drainage.</td>
</tr>
<tr>
<td></td>
<td>5. Increasing carelessness about personal appearance</td>
<td>5. Malnourished, anorexic, signs of fluid and electrolyte imbalance (edema, dehydration).</td>
</tr>
<tr>
<td></td>
<td>6. Unkempt; hair lacks luster.</td>
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<tr>
<td></td>
<td>7. Avoids eye contact.</td>
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</tr>
<tr>
<td></td>
<td>8. Appears older than age.</td>
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</tr>
<tr>
<td></td>
<td>9. Easily fatigued.</td>
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<tr>
<td></td>
<td>10. Leathery skin.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Thin; fat in front with liver enlargement (weight slightly higher on frame than in obesity, which is in lower abdomen, hips and thighs).</td>
<td></td>
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<tr>
<td></td>
<td>2. Poor coordination, gait.</td>
<td>2. Diarrhea.</td>
</tr>
<tr>
<td></td>
<td>3. Diaphoresis.</td>
<td>3. Irritable; restless manner.</td>
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<tr>
<td></td>
<td>4. Headaches, especially in the morning or at the beginning of the shift.</td>
<td></td>
</tr>
<tr>
<td>Illness and Injury</td>
<td>1. Frequent minor illnesses; vague somatic complaints (flu, virus, backache, toothache).</td>
<td>1. Requests drug of choice for frequent injuries which require medication or elective surgery.</td>
</tr>
<tr>
<td></td>
<td>2. Prone to accidents.</td>
<td>2. Demonstrates low tolerance for pain and high tolerance for drugs.</td>
</tr>
<tr>
<td></td>
<td>3. Gastrointestinal problems.</td>
<td>3. Experiences infections, abscesses or scar tissue from intravenous punctures.</td>
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<tr>
<td></td>
<td>5. Peripheral neuropathy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Pancreatitis.</td>
<td></td>
</tr>
<tr>
<td>Common Characteristics</td>
<td>1. Altered states of consciousness.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Demonstrates wide mood swings.</td>
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<td></td>
<td>3. Experiences difficulty in all types of relationships.</td>
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<tr>
<td></td>
<td>4. Is irritable with staff, patients and family.</td>
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<td></td>
<td>5. Acts defensive and suspicious.</td>
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<td></td>
<td>6. Blames others.</td>
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<td></td>
<td>7. Lies; provides inconsistent information; rationalizes and creates elaborate excuses for behavior.</td>
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<tr>
<td></td>
<td>8. Changing to a younger age group; most often observed in ages 40-45.</td>
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<td></td>
<td>9. Socializes only with persons who drink; alcohol becomes focus of all activities; becomes isolated.</td>
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<tr>
<td></td>
<td>10. Demonstrates alcohol tolerance</td>
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<td></td>
<td>11. Experiences blackouts.</td>
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<td></td>
<td>12. Drinks early in the day, before parties, alones, and sneaks drinks; sensitive to comments about drinking.</td>
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<tr>
<td></td>
<td>13. Uses coffee or cigarette excessively.</td>
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<td></td>
<td>14. Prone to auto accidents.</td>
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</tbody>
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53
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<tr>
<th></th>
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<tbody>
<tr>
<td>15.</td>
<td>May have had driver’s license suspended or revoked.</td>
</tr>
<tr>
<td>16.</td>
<td>Changing to 40-50 age group; most often observed in late 20’s age group.</td>
</tr>
<tr>
<td>17.</td>
<td>Spends time alone and sleeping; restricted interests.</td>
</tr>
<tr>
<td>18.</td>
<td>Preoccupied with obtaining and using drugs.</td>
</tr>
</tbody>
</table>

**Source:** Oklahoma Nurse Assistance Program  
6414 No. Santa Fe, Ste. A, Oklahoma City, OK 73116  
405-840-3478
Appendix B

Policy for the Prevention and Management of Substance Abuse

Release and Acceptance Form

I, ________________________________, have read and understand the Policy for the Prevention and Management of Substance Abuse for the University of Arkansas – Fort Smith College of Health Science. I understand that I am responsible for the cost of drug screens required due to cause, for MRO (Medical Review Officer) consultation, and/or split sample analysis. I understand, if I’m tested for cause, I am required to arrange for drive or mode of transportation (e.g., family or taxi) rather than self-transport.

I agree that the lab used for drug testing is authorized by me to provide results of the test(s) to the CHS Program’s Executive Director. I agree to indemnify and hold the lab harmless from and against any and all liabilities of judgments arising out of any claim related to 1) compliance of the college with federal and state law and 2) the college’s interpretation, use and confidentiality of the test results, except when the lab is found to have acted negligently with respect to such matters.

I understand that an outcome of a positive drug screen will constitute immediate suspension from my CHS program. Re-admittance to my program will follow the Program’s Readmission Criteria and Procedures Policy.

I understand that if I’m readmitted to the program and a positive test for substance abuse is found, I will be dismissed from the program and will be ineligible to return. Furthermore, I will be ineligible to receive a letter of good standing.

________________________________________  ______________________________________
Student Signature                              Executive Director Signature

________________________________________  ______________________________________
Date                                          Date
Map to Testing Center

Directions Distance

There are 0.42 miles between your starting location and the beginning of your driving directions. Use maps to get from your starting location to the beginning of your route.

1: Start out going East on GRAND AVE. 0.09 miles
2: Take the I-540 W ramp. 0.24 miles
3: Merge onto I-540 W. 4.42 miles
4: Take the AR-255/ZERO ST. exit - exit number 11. 0.19 miles
5: Turn LEFT onto AR-255. 0.46 miles

Total Estimated Time: 8 minutes and Total Distance: 5.41 miles
Social Media Policy

Purpose

To communicate potential problems and liabilities associated with the use of the Internet and electronic communication systems.

Definitions

Electronic communication systems – websites or web-based services that users may join, view, and/or post information to, including but not limited to weblogs (blogs), internet chat rooms, online bulletin boards, and social networking sites including but not limited to Facebook, MySpace, Twitter, iTunes, YouTube, LinkedIn, and Flickr.

Policy

1. Individuals may not share confidential information in violation of HIPAA or FERPA related to UAFS business on electronic communication systems, including but not limited to, personnel actions, internal investigations, research material, or patient/student/faculty information. This includes sharing photos or partial information even when names of patients, students, faculty, or employees of clinical agencies are not used. This includes any activity that would cause UAFS to not be in compliance with state or federal law.

2. Individuals assume personal liability for information they post on electronic communication systems, including but not limited to personal commentary, medical advice, photographs, and videos. UAFS does not endorse or assume any liability for students’ personal communications.

3. Individuals should exercise appropriate discretion in sharing information, with the knowledge that such communications may be observed by patients, faculty, students and potential employers.

4. Individuals should not post defamatory information about others, activities or procedures at UAFS, other institutions, or clinical sites through which they rotate.

5. Individuals should not represent or imply that they are expressing the opinion of UAFS, other institutions, or clinical sites through which they rotate.

6. Individuals should not misrepresent their qualifications or post medical advice.

7. Since information posted on the Internet is public information, UAFS and other interested parties may review electronic communication systems for content regarding current students.

8. Employers, organizations, and individuals may monitor and share information they find posted on electronic communication systems.
9. If potentially inappropriate material has been posted on an electronic communication system, the person who discovered the material should discuss the finding with the Executive Director of Imaging Sciences.

10. Disciplinary actions will occur in compliance with UAFS Radiography Program Professional Conduct.

**Serious Illness and Disease**

A. The student must inform the program faculty as soon as a serious illness or communicable disease is detected. A serious illness is considered to be any sickness that continues for more than two (2) weeks. A communicable disease is any disease that can be transmitted from one person to another.

B. The longevity and seriousness of the illness is evaluated to determine if the student will be able to continue with the course of study.

C. After the student is released from the doctor’s care to return to school, a plan between the student and program faculty will be made for continuation of educational activities.

**Bereavement Leave**

Up to three (3) days’ bereavement leave may be granted when a death occurs in your immediate family. Immediate family is defined as: Spouse, children, parents, mother-in-law, father-in-law, brother, sister, stepparent, step-child, grandparent, grandchild, and great-grandparent.

One day bereavement leave may be granted when death occurs in your family to include: step-sister, step-brother, daughter-in-law, son-in-law, sister-in-law, brother-in-law, step-parent-in-law, aunt, uncle and cousin.

**HIV and HBV**

**Human Immunodeficiency Virus and Hepatitis B**

In order to reduce the possibility of exposure to Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) to students, faculty, and patients, the radiography program will adhere to the following policy. All students are to be vaccinated for HBV and receive instructions on
universal precautions and other preventive techniques for HIV.

**Hepatitis B Virus – Vaccination**

Students in allied health programs and faculty involved in clinical courses must present to the executive director a health record that includes one of the following:

1) evidence of immunization against Hepatitis B;

2) evidence of receipt of at least two doses of the vaccine for Hepatitis B followed later with documentation that all three doses of the vaccine have been received within eight months of the first dose;

3) a confirmed prior illness with Hepatitis B;

or

4) a signed “Hepatitis B Vaccine Waiver.”

One of the above must be presented to the executive director before the individual will be permitted to participate in clinically related learning experiences.

**Guidelines for HIV Testing**

A student who believes himself/herself to be at risk has an ethical responsibility to know his or her HIV status and therefore has an obligation to be tested for HIV antibody, HbeAg or HbsAg.

Testing will be voluntary, yet there may be circumstances in which the clinical agency may request testing. Confidentiality will be maintained.

**Guidelines for Prevention and Management of HIV**

Students will receive written and verbal information and instructions on universal precautions for blood borne pathogens in accordance with applicable CDC guidelines prior to any exposure to patients. Failure to use universal precautions may result in exposure to blood borne pathogens including Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).

**HIV Positive**

If it is determined that a student is sero-positive for HIV and/or clinically demonstrating ARC (Aids related complex) or AIDS, the student should meet with the program director and an attending physician to determine the health care needs of the student and the progression in the program. Every case will be individually evaluated and confidentiality will be maintained. Every student enrolled in the program must meet all the objectives and adhere to the class and clinical attendance policy. Therefore, it will need to be determined that the HIV sero-positive student can meet course objectives, perform procedures and tasks, and take care of clients who could be a real threat to the student’s health. Also, the possible threat of HIV a sero-positive student could pose on patients must be considered. Some students may be counseled to pursue another career because of health risks.
**HIV-Post Positive**

Immediate antiseptic procedures should be followed after possible exposure.

If an accidental exposure occurs, faculty and students should follow the CDC guidelines for occupational exposure. If needle stick, test for HIV to establish seronegativity first, then retest at 6 weeks, 3 months, 6 months, 1 year.

A significant occupational exposure is defined as:

1) A needle stick or cut caused by a needle or sharp that was actually or potentially contaminated with blood or body fluids.

2) A mucous membrane (i.e. splash to the eye or mouth) exposure to blood or body fluids.

3) A cutaneous exposure involving large amounts of blood or prolonged contact with blood – especially when the exposed skin was chapped, abraded, or afflicted with dermatitis.

**Accidental Exposure To Blood Or Body Fluids**

Exposure is defined as a percutaneous injury, contact of mucous membranes, or contact of non-intact skin with blood or other body fluids or tissues that may potentially contain blood borne pathogens.

In the event of accidental exposure of students or faculty, the following steps are to be instituted:

1. **Wound Care/First Aid**
   a. Clean wound with soap and water
   b. Flush mucous membranes with water or normal saline solution
   c. Other wound care as indicated

2. The exposure will be documented on the incident form that is used by the agency in which the exposure occurred.

3. The completed incident report form will be submitted to the appropriate agency representative.

4. The person who is exposed to blood or body fluids will be referred for medical care and/or appropriate testing; however, the decision to obtain medical care or testing will rest solely with the person experiencing the exposure. The health care options available for students or
faculty include, but are not limited to:

a. the emergency or outpatient department of the agency in which the exposure occurred (at personal expense);
b. the county health department;
c. the private physician of the individual’s choice;
d. Arkansas AID’s Foundation.

It is vital the students understand that they are responsible financially for any expenses incurred in the course of treatment or testing. Neither UA Fort Smith nor the clinical agency will assume any liability (financial or otherwise), regarding the exposure incident.

5. If the exposed individual chooses to seek medical care and/or testing, all pre and post testing counseling will be provided by the health care provider conducting the testing.
Professional Conduct

Classroom

Students are expected to perform on an adult level. Each student must take the responsibility for his/her own actions, successes, and failures. If a student disagrees with the instructor, that student should ask questions in a non-challenging manner. Students should be seeking information in order to learn and understand and not to challenge the instructor’s authority.

Anyone caught cheating or falsifying information, whether on a test, assignment, clinical documentation, or written and/or verbal disclosures, will receive a zero for a test or assignment and will be immediately placed on probation. Other intentional misrepresentations will be addressed on an individual basis with consequences dependent upon the severity of the infraction. Actions may include immediate dismissal.

Students are expected to come to class and/or lab prepared for that day’s lesson. Preparedness includes reading the assigned material, preparing assignments on time, and bringing necessary books and materials to class or lab. Tardiness will not be tolerated. Habitual tardiness is a sign of a poor attitude. Tardy students disrupt the class and can interrupt the learning of other students.

Clinical

The clinical site reserves the right to refuse acceptance of any student who is involved in any activity not considered professional or conducive to proper patient care. Students are expected to conduct themselves in a professional manner at all times. Undue conversation, excessive noise, dirty jokes, gossip, and loitering are unprofessional behaviors and should be avoided. Do not discuss personal problems with patients or staff. No personal telephone calls are to be made or received during clinical hours unless it is an emergency. Do not seek free medical advice for yourself or family while in clinicals. Do not chew gum while in clinicals.

REMAIN BUSY! Take initiative to find something to do. Cleaning and stocking of the examination rooms or filing are helpful jobs. Be courteous to your patients and staff. Maintain a cooperative and uncomplaining attitude. Professional attitude and behavior are factors considered in recommendations for future employment. Do NOT compare one clinical site to another. Each facility has its own uniqueness.

All hospital and clinical records are kept confidential. Any request for information concerning a patient should be referred to the clinical instructor. Do not discuss patients and their problems with anyone else unless authorized by the clinical instructor.
The student who is preparing to be a health care professional is expected to conform to certain standards. The following guidelines for professional conduct are expected to be demonstrated by all radiography students. Each student is expected to:

1) Demonstrate responsibility and accountability for decisions and actions.

2) Apply knowledge of legal and ethical aspects in implementing patient care.

3) Seek guidance and assistance when personal limitations are reached.

4) Be responsive to constructive criticism and attempt to alter behavior.

5) Demonstrate punctuality for both classroom and clinical education.

6) Demonstrate preparedness for both classroom and clinical education.

7) Recognize the patient's rights to privacy, confidentiality, and dignity.

8) Demonstrate self-direction and professional growth through exploration and utilization of available resources.

9) Demonstrate a positive attitude (verbally and nonverbally) in the clinical and academic setting.

10) Perform any exam when “asked” or instructed to do so by the clinical staff under direct or indirect supervision according to the student’s competency level.

11) Demonstrate preservation of health, welfare, and safety of patients, hospital staff, instructors, or other students and/or self.

**Unprofessional Conduct**

The following behaviors are considered unprofessional conduct and will place the student in the counseling pathway that may result in dismissal from the program.

1) Lying or cheating.

2) Disrespect toward program faculty, classmates, clinical staff, UA Fort Smith faculty/staff, or patients.

3) Unauthorized possession of an exam.

4) Plagiarism.

5) Inaccurate recording, falsifying or altering of patient information and/or wrongful conduct relating to drugs.
6) Illegal possession, sale, or distribution of drugs or other wrongful conduct relating to drugs.

7) Illegal possession of weapons.

8) Theft.

9) Charges and/or conviction of a felony.

10) Excessive tardiness or absenteeism.

11) Violating the confidentiality of information or knowledge concerning the patient.

12) Use of profanity in clinical area.

13) Repeated violation of the dress code.

14) Any activity that would jeopardize the health safety, and/or welfare of the patient, the hospital staff, instructor, other students, or self.

15) Being under the influence of mind-altering drugs, use of illegal drugs, and/or the use of alcohol while in class, the clinical area, or representing the University or program in public.

16) Misappropriation of supplies, equipment, and drugs.

17) Leaving a clinical assignment without properly advising appropriate personnel and instructor.

18) Discriminating in the rendering of services as it relates to human rights and dignity of the individual.

19) Committing an act that a reasonable and prudent student would not perform at his/her level in the program.

20) Omitting an act that a reasonable and prudent student would be expected to perform at his/her level in the program.

21) Failure to disclose errors to the hospital responsible party and clinical instructor.

22) Conduct detrimental to public interest.

23) While caring for a patient, engaging in conduct with a patient that is sexual or may be interpreted as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient, or engaging in sexual exploitation of a patient.

24) Violation of the Social Media Policy.

NOTE: Students in the radiography program are subject to the academic and disciplinary rules and regulations of UA Fort Smith.
Grounds For Probation And Dismissal

Students in the radiography program are required to strive to do their best and to display the professional attitude necessary to promote a positive image of radiography to patients, fellow students, technologists, physicians, the university, and the general public. However, if a student fails to abide by the policies and procedures of this manual, they have failed to promote a positive image of their would-be profession, and thus may become subject to probation and/or dismissal.

Removal from a Clinical Education Center

A student may be removed from a clinical education center at the request of the clinical instructor and the administrative director of the affiliate. The request must be in writing and must contain the following items:

1. Objective reason(s) for the request.
2. Documentation of efforts to correct the situation.
3. The results of these efforts, and
4. Any other information supporting the request.

The following reason(s) may be considered as grounds for removal from a clinical affiliate:

1. The student has received three incident reports while at that clinical education center.
2. The student has demonstrated flagrant abuse of hospital policies and procedures.
3. Alcohol and drug abuse while at the clinical site will also result in dismissal from the program.
4. Irreconcilable personality difference.
5. Chronic poor performance which may be characterized by an excessive repeat rate, failure to progress, poor listening and communication skills, and/or consistent failure to follow directions and departmental routines, excessive absences, or
6. Any other circumstances which demonstrate poor student performance overall.

Probation Guidelines

A student may be placed on probation if an infraction of any of the various manual policies occurs. An “Unsatisfactory Performance Contract” (probation form) will be completed by the student, the faculty, the clinical coordinator, the Executive Director of Imaging Sciences, and the clinical instructor (if applicable). (See the Forms section of this manual). Probation will extend to the length of time designated on the contract and/or the satisfaction of the conditions of the contract agreed upon by the parties above.
The following infractions will cause the student to be placed on probation:

1. The student receives less than a “C” in a course in the radiography curriculum not containing an RADT prefix.
   - Probation will extend one semester during which time the student must repeat the course (or its equivalent) and earn a “C” or better.

2. The student receives less than 75% on the clinical evaluation component for the clinical semester grade.
   - Probation will extend through the following semester and the completion of the subsequent semester’s clinical rotation evaluation of 75% or above.

3. A student is removed from one clinical affiliate due to unsatisfactory performance at the request of the clinical instructor and the administrative director (request must be made in writing).
   - Probation will extend until completion of the radiography program in this instance.

4. A student is performing below standards in one or more areas of his/her training, both academically and clinically, which includes but is not limited to the student’s clinical rotation evaluations and annual student evaluations.
   - Probation will be applied and extended at the discretion of the clinical coordinator and/or program director.

5. Chronic poor performance in either the clinical or didactic aspects of a student’s education which may include:
   - excessive absenteeism
   - poor communication skills
   - lack of respect toward program faculty, university faculty and staff, clinical staff, patients, and fellow classmates
   - or other circumstances which inhibit successful completion of the program.

**Dismissal Guidelines**

A student may be removed from the program based on various infractions of policies outlined in the Radiography Program Policy and Procedure Manual and the Clinical Portfolio. The authority to dismiss a student from the program rests solely with the Executive Director of Imaging Sciences.

The following infractions are grounds for removal from the program:
1. Academic Dishonesty:
   This includes cheating, plagiarism, or any other attempt to use someone else’s work as one’s own. Any student guilty of this may also be subject to expulsion from the university.

2. The student receives a grade of less than a “C” in any course in the radiography program with an RADT prefix.

3. Failing the clinical evaluation component of the clinical grade for two consecutive semesters.

4. Failure to follow the Supervision Policy on “Direct” and “Indirect” supervision.

5. Failure to follow the “Repeat” Policy requiring Direct supervision for all repeat radiographs regardless of the student’s competency level.

6. A student is removed from a second clinical affiliate at the written request of the clinical instructor and the administrative director due to unsatisfactory performance.

7. The failure to respect patient confidentiality (HIPAA).

8. Documented patient endangerment.

9. The failure to satisfactorily complete the conditions outlined in an “Unsatisfactory Performance Contract.” (complete for probation status)

10. Violation of any Radiography Program Policy while on probation.

11. The failure to earn a grade of “C” or better in a radiography curriculum course (not an RADT prefix) on the second attempt.

12. Drug and/or alcohol abuse.

13. Any infraction resulting in expulsion from the university.

Grievance Procedures

If a student feels he/she has been unfairly treated or evaluated, he/she has the right to have the matter investigated further through informal and formal grievance procedures. Grievance procedures should not be requested frivolously and should be followed in the correct sequence outlined below.
Informal Grievance

Informal grievance procedures should usually be the first method employed to rectify any problems a student has specific to the program.

The following general guidelines should be used by students and program personnel when dealing with procedural problems:

1. If possible, address the problem at its source first. For example, if a misunderstanding arises between a student and a staff technologist, or a student and another student, steps should be taken by one of the involved parties to rectify the situation independently without any further intervention.

2. If no success is met employing Step #1 above, the student should take the problem to his/her clinical instructor or faculty member, outlining the situation as objectively as possible. The clinical instructor will document and/or rectify the situation at his/her discretion.

3. If a student is still not satisfied with the results, he/she may request input from the clinical coordinator. The clinical coordinator will attempt to gather information from all involved parties. He/she may also choose to document the situation at his/her discretion, depending on the seriousness or sensitiveness of the occurrence.

4. If all of the above channels have been exhausted, the student can request a hearing with the Executive Director of Imaging Sciences. At this level, all such hearings will be documented and kept in the student’s personal file at the university. In general, the Director of Imaging Sciences decision is final. If the student still is not satisfied, formal grievance procedures must be employed. (See Formal Grievances below).

5. If a student is unhappy with an academic grade he/she has received, he/she should discuss this with the appropriate instructor first, entering into the informal grievance process at the appropriate step.

Formal Grievances

Formal grievance procedures are to be used when informal procedures have been exhausted or are inappropriate. The student filing a formal grievance must follow these procedures sequentially. The general guidelines are provided below:

To begin formal grievance proceedings in the radiography program, the student must submit a request for a formal hearing (in writing) to the Executive Director of Imaging Sciences within three working days following the final action taken through informal proceedings. This letter should contain the following items:
1. The specific injury to the student.
2. The date(s) on which the injury occurred.
3. Name(s) of person(s) involved.
4. Measures taken by the student to rectify the particular incident being grieved, and
5. Any other information which may be pertinent to the situation.

The Executive Director of Imaging Sciences will review the formal request to determine its merit and to ensure that all other avenues have been exhausted by the student. An answer and/or decision will be issued to the student in writing within seven working days after receiving the written request. Copies of all correspondence will be maintained in the student’s program personal file.

If the student wishes to pursue the matter further, he/she is required to follow the formal grievance proceedings listed below. Each step should be initiated with a written request for a formal hearing within three working days of the previous action taken to each individual in the “chain of command.”

1. Director of Imaging Sciences
2. Dean of the College of Health Sciences
3. Chief Operating Officer/Provost

If, during the course of your professional education, you feel the UA Fort Smith Radiography Program does not comply with the JRCERT Standards (see Appendix A) you have the right to notify the JRCERT. Upon JRCERT notification of a complaint or allegation of non-compliance with JRCERT Standards, the Executive Director of Imaging Sciences shall evaluate the merit of the complaint and/or allegation and respond accordingly. The response will include supporting documentation of program compliance and/or methods by which the program has resolved the issue.

The JRCERT address is:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 900
Chicago, IL  60606-2901
The Disciplinary Action

All levels in the disciplinary action process are documented and kept in the student’s personal file.

1. Removal from Clinical Education Site
   Form: Written letter
   Required Signatures: Clinical Instructor or Administrative Director
   To: Executive Director of Imaging Sciences
   Guidelines: Contained on Page 63 of this manual
   Use: Clinical Performance Problems

2. Probation
   Form: Unsatisfactory Performance Contract
   Required Signature: Executive Director of Imaging Sciences
   Clinical Instructor (if applicable)
   Guidelines: Contained on Pages 63 & 64 of this manual
   Use: Clinical and Didactic Performance Problems

3. Dismissal
   Form: Written report by Executive Director of Imaging Sciences with supporting documents
   Required Signatures: Executive Director or Imaging Sciences
   Guidelines: Contained on Page 64 of this manual
   Use: Clinical and Didactic Problems
THE GRIEVANCE PROCESS

Instructor

Student

Clinical Instructor or Radiography Faculty

Radiography Clinical Coordinator

Executive Director of Imaging Sciences

Dean College of Health Sciences

COO/Provost

Source

Informal Procedures

Formal Procedures: All requests must be in writing.
Miscellaneous Policies

Policy guidelines for the following issues are outlined in the UA Fort Smith Student Handbook & Code of Conduct and will be maintained by this program.

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Student And Professional Activities

Students are strongly encouraged to participate in the national, state, and local professional organizations in radiologic technology which offer student memberships at a reduced rate.

When authorized by the program director or clinical coordinator, clinical hours may be awarded for students attending any professional educational meeting such as conventions, seminars, and workshops. Students are strongly urged to become active in professional societies and issues.

Research Paper

During the senior year, each student will choose a topic of special interest and write an in-depth research paper. Emphasis will be place upon self-generated material and clinical experimentation or documentation. The written report will count toward a final grade in RADT 2502 Imaging Equipment. Students may begin work on this assignment at any time and the radiography faculty will be available for help with design and resources. The due date will be given at the beginning of the course.

The report will be done in APA format unless stipulated otherwise by the state competition committee. More specific information will be given at the appropriate time. The paper may be presented orally to the class so that fellow students may benefit from the effort. The top four papers will be submitted for competition at the following annual meeting of the Arkansas State Society of Radiologic Technologists in the spring.

Participation in the Student Paper Competition each year sponsored by the ArSRT is required. Winners will be awarded a plaque by the ArSRT.

Exhibit Competitions

Senior students will also be required to prepare a college level exhibit for the ArSRT state competition. These exhibits will be judged prior to the state convention and scores will be included in the final grade for Procedures V, RADT 2512. ALL exhibits will be submitted to the ArSRT state competition. Winners of the Exhibits competition will be awarded a plaque and ribbon by the ArSRT.

Quiz Bowl is another area in which students compete at the state level. Each year teams from each radiography program compete against other programs in the state. Time from clinical assignments will be allotted to team members for practice. Participation in the Quiz Bowl competition is selective and prestigious. Awards for first, second, and third place teams will be presented by the ArSRT. All students are required to attend the State Conferences unless excused by the Executive Director of Imaging Sciences due to extenuating circumstances. While representing the University of Arkansas - Fort Smith at the State Conference, students are expected to attend
**ALL** Quiz Bowl competitions and any scheduled UA Fort Smith program dinner following competition. Failure to attend any required competition, seminar, or program dinner will result in disciplinary actions.

In addition to the awards for each competition mentioned above, students who receive First Place recognition in any of these categories will be given 2 days off from their clinical assignments. Second place winners will receive one day off from their clinical assignments and third place winners will receive a half day off.

**Outstanding Clinician Award**

**Criteria and Procedure**

The radiography faculty will select a student from the graduating class to receive the “Outstanding Clinician in Radiography” Award. The recipient of this award will be presented a medal at the UA Fort Smith Student Recognition Award Ceremony and will have his/her name engraved on a plaque that is kept in the division’s office.

**Criteria**

1. Grade point average of 3.00 or above at the time of the nominee selection.

2. Demonstration of leadership ability.

3. Demonstration of the application of theory to clinical practice.

4. Demonstration of the following professional characteristics:

   A. Attendance and punctuality
   B. Ability to work with others
   C. Enthusiasm for the practice of radiography
   D. Professional conduct and appearance

**Procedure:**

1. The name of each student meeting the criteria above will be placed on a ballot.

2. A ballot will be given to all clinical instructors, Radiography Faculty, the clinical coordinator, and the executive director.

3. The selection will be made by majority vote.

4. The recipient of this award will not be announced until the night of the Radiography Pinning Ceremony.
**Academic Award**

The Academic Award will be presented to the graduating student with the highest cumulative grade point average over the course of the radiography program. The recipient of this award will be presented a medal the UA Fort Smith Student Recognition Award Ceremony and will have his/her name engraved on a plaque that is kept in the division’s office.
FORMS

All forms included in this section may be photocopied for use if the form is not immediately available at the Clinical Education Site. Please check to be sure each appropriate party receives a copy as indicated for those forms requiring distribution.
COUNSELING RECORD

STUDENT NAME: ____________________________ DATE: ________________

FACULTY NAME: ____________________________ COURSE: ________________

On ________________, I met with the faculty to evaluate my conduct. The conditions of possible further disciplinary action or the conditions to remain in the program have been discussed with me.

This written statement is a(n):

☐ Academic Alert  ☐ Oral Warning  ☐ Written Warning  ☐ Critical Incident  ☐ Probation Contract

Conduct/Violation of Program Policy: ______________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Guidelines to Correct Conduct: ______________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
Timeframe for correction of conduct to occur: __________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Consequences of non-compliance with guidelines: ______________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Student Comment: __________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Student’s Signature: ___________________________________ Date: ________________
(The signature only verifies I have been counseled regarding the above conduct, not that I agree.)
Faculty Signature: ___________________________________ Date: ________________
Executive Director Signature: ___________________________ Date: ________________

I have satisfactorily met the conditions of this contract. I am aware that I may remain in the program until that
time in which I might again fail to meet the objectives and goals of the program.

Student’s Signature: ___________________________________ Date: ________________
Faculty Signature: ___________________________________ Date: ________________
Executive Director Signature: ___________________________ Date: ________________

I have not met the conditions of this contract. I am aware that this results in: □ placement on probation or □
dismissal from the program.

Student’s Signature: ___________________________________ Date: ________________
Faculty Signature: ___________________________________ Date: ________________
Executive Director Signature: ___________________________ Date: ________________
University of Arkansas - Fort Smith
Radiography Program

Clinical Education Agreement To Minimize Fetal Exposure

Between student______________________________ and University of Arkansas - Fort Smith Radiography Program

Date Executive Director notified in writing of student’s pregnancy ____________

Due Date_________________________ Estimated conception date_________________________

Cumulative exposure received from conception date to above date________________________

Executive Director was notified of pregnancy in accordance with the Student Pregnancy policy, as outlined in the Radiography Program Policy Guideline Manual. The student has previously completed (or will complete) the program course Radiation Biology and Protection. The student is also to receive further counseling regarding possible harmful effects on the fetus.

Under these terms, the student has agreed to continue her Clinical Education at______________________________ hereafter referred to as the Clinical Site. The student has informed the Clinical Instructor and the Department Director at the Clinical Site. The student has likewise been informed of the policies of the Clinical Site regarding pregnant technologist/students.

The student program for minimizing fetal exposure will include:
1. Wearing a lead apron whenever the potential for exposure to ionizing radiation occurs.
2. If possible, removal from portable, fluoroscopic, and surgical procedures until she is past the first trimester of pregnancy.
3. Once beyond the first trimester of pregnancy, resumption of the procedures outlined in #2 may occur so long as:
   A. Distance from the x-ray source is maximized
   B. A wrap-around lead apron is worn
   C. Departmental policy does not preclude outlined procedures
4. The UA Fort Smith Radiography Program will provide a second film badge to be worn at the waist at all times.

Should the cumulative dose to this second badge exceed 50 mrem (0.5 mSv) in any one month period, the student will be removed from the clinical education site for one month. If the dose to this badge should exceed 500 mrem (mSv) in any one month, the student will be removed from clinical rotation for the remainder of the pregnancy.

The scientific guidelines for fetal dosage are published in the NCRP Report #91 and #107, and published by the United States Government.
This agreement releases the Clinical Site and the University of Arkansas - Fort Smith from any liability in the event that there are any congenital abnormalities at the child’s birth.

Signatures:

Student: ____________________________ Date________________

Clinical Instructor: ____________________________ Date________________

Executive Director: ____________________________ Date________________

I have counseled the above named student regarding fetal dose and possible fetal injury due to excessive radiation.

Medical Advisor: ____________________________ Date________________
University of Arkansas - Fort Smith
Radiography Program

Accident Report

This report is to be used to record ALL details of an accident or mishap involving a student. This report should be completed immediately so that the circumstances surrounding the event will be documented accurately. After completion of this report a copy should be sent to the executive director. The clinical site’s administrative director and the executive director should be notified regardless of how minor it may be.

Date______________  Time______________  Location______________

Description of the event:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
(If a patient was involved)
Patient’s Name____________________  Hospital
ID______________________  Age_______  Doctor____________________

Actions taken and/or persons notified:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

This report was discussed with me:

Student Signature_________________________  Date______________  Clinical
Instructor_______________________________  Date______________  Administrative
Director_______________________________  Date______________
Statement Of Medical Options Following Exposure To Body Fluids
Complete After Exposure

You have been exposed to blood or body fluids. Realizing that several diseases, including HIV and Hepatitis, are transmitted via blood and body fluids, we the faculty of the Radiography Department, strongly recommend that you seek medical care. Medical care options include, but are not limited to:

1. the emergency or outpatient department of the agency in which the exposure occurred (at personal expense);

2. the county health department;

3. the private physician of your choice;

4. the Arkansas AIDS Foundation.

It is vital that you understand that YOU ARE RESPONSIBLE FINANCIALLY FOR ANY EXPENSES INCURRED IN THE COURSE OF TREATMENT OR TESTING. NEITHER UA FORT SMITH NOR THE CLINICAL AGENCY WILL ASSUME ANY LIABILITY (FINANCIAL OR OTHERWISE) REGARDING THE EXPOSURE INCIDENT.

I have read the above and understand the options and financial responsibilities.

________________________________________  ____________________________________
Signature                                      Date
University of Arkansas - Fort Smith
*RADIOGRAPHY PROGRAM*

**Student Evaluation of Clinical Instructors**

Semester: ____________________________ Year: ________________

**Clinical Education Site(s):**

____________________________________________________________________

This questionnaire provides you with the opportunity to anonymously express your views of the clinical instructors. Please utilize the sections provided for additional comments.

1. Were you adequately oriented to the department at the outset of this rotation? If not, comment:

   Comments: _______________________________________________________

____________________________________________________________________

2. Was the opportunity provided for you to achieve all of your clinical objectives? If not, specify which ones and why:

   Comments: _______________________________________________________

____________________________________________________________________

3. Was your clinical instructor available for assistance?

   Comments: _______________________________________________________

____________________________________________________________________

4. Did your clinical instructor provide adequate direction and instruction?

   Comments: _______________________________________________________

____________________________________________________________________
5. Did the clinical instructor provide
   a. Periodic one-on-one instruction?  
   b. Regular opportunities for film critique?  
   c. Clear, easily understood feedback on your progress.

6. Did you feel that you were graded fairly?  
   If not, by whom and why (in your opinion).

   Comments:__________________________________________________________
   ________________________________________________________________

7. Do you feel the clinical instructor is adequately prepared to teach this setting? If not, why?

   Comments:__________________________________________________________
   ________________________________________________________________

8. Did supervising personnel and other staff help you to gain confidence in your abilities?

9. Do you feel that you were treated in a fair and respectful manner by clinical staff? If not, why?

   Comments:__________________________________________________________
   ________________________________________________________________

10. Did your clinical instructor or other qualified staff oversee all of your repeated exams? If not, explain?

   Comments:__________________________________________________________
   ________________________________________________________________
SUMMARY:

Based on the items evaluated, what do you feel are the clinical instructor’s:
(If more than one instructor, specify which instructor each comment targets)

**Greatest Strengths:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Areas Needing Improvement:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Other Comments:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
University of Arkansas - Fort Smith

RADIOGRAPHY PROGRAM

Student Evaluation of Clinical Training Sites

Semester: ____________________________

Please use this form to honestly evaluate the clinical training sites in which you have rotated through this semester. Check the blanks to the right of each question and provide answer to comments when requested. Please be as specific as possible and DO NOT SIGN YOUR NAME.

CIRCLE THE CLINICAL TRAINING SITES TO WHICH YOU WERE ASSIGNED THIS SEMESTER. USE THE NUMBERS INDICATED FOR EACH CLINICAL TRAINING SITE IN ANSWERING THE FOLLOWING QUESTIONS:

1 – Cooper Clinic (POB/COE)  4 – Mercy Medical Center
2 – Sparks Regional Medical Center  5 – Sparks Plaza
3 – Cooper Clinic  6 – River Valley Musculoskeletal Center
7 – Johnson Regional

1. Did you feel that these clinical rotations were adequate to meet your needs (i.e. able to achieve objectives, performed adequate number of exams)?

   Yes  No  Sometimes
   _____  _____  _____

   Comments: __________________________________________
   __________________________________________

2. Were you able to make good use of your time when there were no examinations to perform?

   Yes  No  Sometimes
   _____  _____  _____

   Comments: __________________________________________
   __________________________________________

3. Were you allowed to assist the Radiographer with examinations as much as you would have liked?

   Yes  No  Sometimes
   _____  _____  _____

   Comments: __________________________________________
   __________________________________________
4. Do you feel that you were given too much responsibility?  
   Yes   No   Sometimes
   ____   ____   ____
   Comments: ____________________________________________
   ______________________________________________________

5. Do you feel that personnel conducted themselves professionally?  
   Yes   No   Sometimes
   ____   ____   ____
   Comments: ____________________________________________

USE THE SPACE BELOW TO MAKE ADDITIONAL COMMENTS AS NECESSARY.

Cooper Clinic:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Cooper Clinic (POB/COE):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Sparks Regional Medical Center:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Mercy:


CLINICAL PERFORMANCE EVALUATIONS

This form is used to evaluate the student’s ethical professional behavior. The clinical instructors complete it at the end of each semester. Each completed form will be graded by the clinical coordinator and kept in the student’s file. This score will count as 40% of the student’s clinical grade.
University of Arkansas Fort Smith Radiography Program  

**UNIVERSITY OF ARKANSAS – FORT SMITH**  
**RADIOGRAPHY PROGRAM**  
Clinical Evaluation of Students

Name: ____________________________  Clinical Site: ____________________________

Date: ____________________________  Evaluator: ____________________________

## PART I  
**PERSONAL APPEARANCE**

<table>
<thead>
<tr>
<th>PERSONAL APPEARANCE</th>
<th>Professional, neat and clean</th>
<th>Sometimes follows dress code policy, needs reminding</th>
<th>Follows dress code policy; within guidelines</th>
<th>Sloppy and unkempt, lack of personal hygiene</th>
<th>Most of the time within guidelines</th>
</tr>
</thead>
</table>

## PART II  
**ATTITUDE**

<table>
<thead>
<tr>
<th>COOPERATION AND ATTITUDE</th>
<th>Good impression</th>
<th>Causes problems, inclined to be quarrelsome</th>
<th>Excellent team worker, positive leader</th>
<th>At times arrogant, passive, disrespectful, and/or surly</th>
<th>Consistently works well with co-workers and others with diverse backgrounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF-CONFIDENCE</td>
<td>Lacking self-assurance, stands back</td>
<td>Too independent, ignores policy and procedures</td>
<td>Displays maturity &amp; confidence</td>
<td>Completely self-sufficient</td>
<td></td>
</tr>
<tr>
<td>ATTITUDE TOWARD SUPERVISION</td>
<td>Responds maturely, respectfully, and promptly to suggestions and feedback</td>
<td>Resents and rejects criticism, blames others</td>
<td>Accepts criticism and feedback in a satisfactory manner but does not show improvement</td>
<td>Opposes criticism and tries to justify self</td>
<td>Accepts criticism and shows improvement</td>
</tr>
<tr>
<td>ATTITUDE TOWARD CLINICALS</td>
<td>Regards clinical as a waste of time</td>
<td>Considers clinical a serious learning experience</td>
<td>Negative attitude, allows personal life to interfere</td>
<td>Satisfactory attitude toward clinical</td>
<td>Positive attitude most of the time.</td>
</tr>
</tbody>
</table>
PART III
DEPENDABILITY

<table>
<thead>
<tr>
<th>ABSENCE/TARDIES</th>
<th>1 – 2 absences or tardies</th>
<th>3 – 4 absences or tardies</th>
<th>4 or more absences and tardies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never absent or late. Highly dependable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seldom calls to notify</td>
<td>Always gives proper notification</td>
<td>Usually calls when absent or tardy</td>
<td>Always fails to give proper notification if absent or tardy</td>
</tr>
<tr>
<td>Most of the time follows through with clinical task in a reliable, conscientious manner</td>
<td>Always follows through and completes exams or tasks in a reliable, conscientious manner</td>
<td>Frequently relies on others to complete exams</td>
<td>Unreliable, never completes patient exams</td>
</tr>
<tr>
<td>Must be reminded to stay in assigned area, likes to roam</td>
<td>Will not immediately report to assigned area</td>
<td>Always present and punctual in assigned area</td>
<td>Never reports to assigned area, always roaming</td>
</tr>
</tbody>
</table>

PART IV
PROFESSIONAL BEHAVIOR

<table>
<thead>
<tr>
<th>INTERPERSONAL BEHAVIOR</th>
<th>Excellent relationship with patients and staff. Always works in harmony with others. Never negative</th>
<th>Relations with others are harmonious under normal circumstances</th>
<th>Congenial and helpful. Works well with others. Seen as an asset in cooperation and group harmony</th>
<th>Argumentative with staff and/or students. Bad attitude</th>
<th>Frequent negative comments, attitude rude, causes some friction</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABILITY TO FOLLOW INSTRUCTIONS</td>
<td>Follows instructions well</td>
<td>Learns rapidly, implements and retains knowledge</td>
<td>Satisfactory retention</td>
<td>Headstrong, ignores instructions</td>
<td>Hesitant to respond, needs reassurance</td>
</tr>
<tr>
<td>INITIATIVE</td>
<td>Lacks initiative. Must be told frequently what to do</td>
<td>Self-starter. Asks for additional work</td>
<td>Meets minimum requirements</td>
<td>Lazy</td>
<td>Displays initiative consistently</td>
</tr>
</tbody>
</table>
### COMMUNICATION SKILLS

| Exceptional communication skills; correct grammar, well organized thoughts and easily understood |
| Uses correct grammar, but does not organize thoughts prior to speaking (rambles) |
| Satisfactory communication skills |
| Inadequate communication skills; incorrect grammar, unorganized thoughts, and/or lacks tact |
| Occasionally has problems expressing themselves |

### PROFESSIONAL ETHICS

| Violates ARRT Code of Ethics; totally unethical behavior |
| Satisfactory ethical behavior |
| Abides by ARRT Code of Ethics; displays highest ethical behavior |
| Occasionally acts in an unethical manner around patients or personnel |
| Exhibits ethical behavior around patient but unethical around |

### PROFESSIONAL BEHAVIOR

| Satisfactorily professional behavior |
| Consistently exhibits moral and ethical behaviors |
| Unprofessional, gossips about/around patients or personnel |
| Exhibits professional behavior around patients but unprofessional around colleagues |
| Inappropriate conversation and volume |

---

**PART V QUALITY OF WORK**

<table>
<thead>
<tr>
<th>QUALITY OF WORK</th>
<th>Does what is required</th>
<th>Consistently above average in performance</th>
<th>Requires constant supervision and must be told to repeat</th>
<th>Always produces quality work</th>
<th>Frequent repeats necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUANTITY OF WORK</td>
<td>Slow, just enough to get by</td>
<td>Very productive</td>
<td>Has to be prodded, works very slowly</td>
<td>Superior amount of quality work</td>
<td>Satisfactory, meets minimum requirements</td>
</tr>
<tr>
<td>CARE FOR PATIENTS</td>
<td>Hesitant to provide appropriate patient care</td>
<td>Provides appropriate patient care but is inconsistent in anticipating patient needs</td>
<td>Satisfactory patient care</td>
<td>Inadequate patient care skills</td>
<td>Anticipates and provides appropriate patient care, safety and comfort</td>
</tr>
<tr>
<td>USE AND CARE OF EQUIPMENT</td>
<td>Consistently demonstrates technical knowledge and skill</td>
<td>Adequate technical knowledge and skill</td>
<td>Careless use and care of equipment</td>
<td>Requires supervision and guidance</td>
<td>Knowledgeable and skillful at operating most of the equipment</td>
</tr>
<tr>
<td>ABILITY TO FORMULATE AND ADJUST TECHNIQUES</td>
<td>Requires little help</td>
<td>Makes few mistakes</td>
<td>Excellent abilities</td>
<td>Constantly needs assistance, frequent repeated mistakes</td>
<td>Careless errors</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>POSITIONING SKILLS</td>
<td>Rarely needs assistance</td>
<td>Makes frequent mistakes</td>
<td>Normal mistakes</td>
<td>Poor application of knowledge</td>
<td>Makes few mistakes</td>
</tr>
<tr>
<td>ORGANIZATION OF WORK</td>
<td>Knows what to do first and does it</td>
<td>Needs little help, learns from mistakes</td>
<td>Needs to be told when to do things</td>
<td>Confused, appears lost</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>COMPREHENDS MEDICAL HISTORY AND EXAM TYPE</td>
<td>Very knowledgeable, recognizes pathologies and infrequent exam types</td>
<td>Knowledgeable, recognizes common pathologies and infrequent exam types</td>
<td>Recognizes common pathologies in routine exam types</td>
<td>Lacking in knowledge of common pathologies in routine exam types</td>
<td>Unable to determine reason for exam and exam type</td>
</tr>
<tr>
<td>RADIATION PROTECTION</td>
<td>Collimates and shields when required</td>
<td>Collimates and shields aggressively</td>
<td>Practices cardinal principles skillfully</td>
<td>Seldom implements protection practices</td>
<td>Careless, needs reminding</td>
</tr>
<tr>
<td>INTEREST IN WORK</td>
<td>Does only enough to get by. Little interest or enthusiasm shown</td>
<td>High interest. Very enthusiastic. Takes pride in doing work well.</td>
<td>Does not want to perform procedures once competency is completed.</td>
<td>Satisfactory amount of interest and enthusiasm</td>
<td>More than average amount of interest and enthusiasm</td>
</tr>
<tr>
<td>PROBLEM SOLVING SKILLS</td>
<td>Proficient at using problem solving skills to modify standard procedures to accommodate patient conditions and other variables</td>
<td>Satisfactory problem solving abilities</td>
<td>Exhibits inadequate problem solving abilities</td>
<td>Improving problem solving skills that require modifying standard procedures to accommodate patient conditions and other variables</td>
<td></td>
</tr>
<tr>
<td>CRITICAL THINKING SKILLS</td>
<td>Recognizes incorrect positioning but unable to make appropriate adjustments.</td>
<td>Able to evaluate for appropriate positioning but needs work on evaluating the image quality</td>
<td>Accurately evaluates radiographic images for appropriate positioning and image quality</td>
<td>Inconsistent in evaluating radiographic images for appropriate positioning and image quality</td>
<td>Unable to evaluate radiographic images for appropriate positioning and image quality</td>
</tr>
</tbody>
</table>
Comments from Evaluator:

__________________________________________________________  __________________________
Signature of Evaluator                        Date

Comments from Student:

I agree with this evaluation____________________

I disagree with this evaluation____________________

__________________________________________________________  __________________________
Signature of Student                        Date
**Documentation of Film Badges of 100 millirem**

Student: ________________________________ Date: ________________

Clinical Site: _______________________________________________________

Film Badge Reading: ______________ millirem for the month of: ____________

If a student’s film badge reading is 100 millirem for any month, the following procedure will be followed and documented:

1. Discussion with the Clinical Coordinator concerning possible reasons for overexposure
   Date
   ________________

2. Recommendations made by the Clinical Coordinator to prevent future overexposure
   Date
   ________________

3. Executive Director notified of badge reading, results of investigation and discussion with student
   Date
   ________________

**POSSIBLE REASONS AND RECOMMENDATIONS**

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

__________________________ _______________________
Signature of Student Date

__________________________ _______________________
Signature of Clinical Coordinator Date

__________________________ _______________________
Signature of Executive Director Date
Appendix A

Standards for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2014

Adopted by:

The Joint Review Committee on Education in Radiologic Technology - October 2013

Joint Review Committee on Education in Radiologic Technology

20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
312.704.5300 • (Fax) 312.704.5304

www.jrcert.org

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these STANDARDS.

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Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare. The STANDARDS require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.

- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.

- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:

- Major strengths related to the standard
- Major concerns related to the standard
- The program’s plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program’s compliance with the STANDARDS.
Standards for an Accredited Educational Program in Radiography

Table of Contents

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.

Awarding, Maintaining, and Administering Accreditation
Standard One

Integrity

Standard One: 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.

Objectives:

In support of Standard One, the program:

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

1.2 Provides equitable learning opportunities for all students.

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.

1.8 Has publications that accurately reflect the program’s policies, procedures, and offerings.

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

1.11 Documents that the program engages the communities of interest for the purpose of
continuous program improvement.

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.15 Has procedures for maintaining the integrity of distance education courses.
1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

Explanation:
High ethical standards help assure that the rights of students, faculty, and staff are protected. Policies and procedures must be fair, equitably applied, and promote professionalism.

Required Program Response:
- Describe the procedure for making related policies and procedures known.
- Provide copies of policies and procedures that assure equitable treatment of students, faculty, and staff.

Possible Site Visitor Evaluation Methods:
- Review of student handbook
- Review of employee/faculty handbook
- Review of course catalog
- Review of student records
- Interviews with faculty
- Interviews with students
- Interviews with staff
1.2 Provides equitable learning opportunities for all students.

Explanation:
The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all students regarding learning activities and clinical assignments. For example, if an opportunity exists for students to observe or perform breast imaging, then all students must be provided the same opportunity. If evening and/or weekend rotations are utilized, this opportunity must be equitably provided for all students.

Required Program Response:
Describe how the program assures equitable learning opportunities for all students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of master plan of education
- Review of course objectives
- Review of student clinical assignment schedules
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students
1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

Explanation:

Programs must have a process in place to provide timely, appropriate, and educationally valid clinical experiences to all students admitted to the program. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement including mobile, surgical, and trauma examinations. Clinical settings may include hospitals, clinics, specialty/imaging centers, orthopedic centers, and other facilities. With the exception of observation site assignments, students must be provided the opportunity to complete required program competencies during clinical assignments. Clinical placement must be non-discriminatory in nature and solely determined by the program.

A meaningful clinical education plan assures that activities are educationally valid and prevents the use of students as replacements for employees. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of clinical staff assigned to the radiography department. The student to radiography clinical staff ratio must be 1:1. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures.

Students assigned to advanced imaging modalities, such as computed tomography, magnetic resonance, angiography, and sonography, are not included in the calculation of the authorized clinical capacity (unless the clinical setting is recognized exclusively for advanced imaging modality rotations). Once the students have completed the advanced imaging assignments, the program must assure that there are sufficient clinical staff to support the students upon reassignment to the radiography department.

The utilization of clinical assignments such as file room, reception area, and patient transportation should be limited. Additionally, traditional programs that require students to participate in clinical education during evenings and/or weekends must assure that:

- students’ clinical clock hours spent in evening and/or weekend assignments must not exceed 25% of the total clinical clock hours.
- program total capacity is not increased through the use of evening and/or weekend assignments.

The JRCERT defines the operational hours of traditional programs as Monday - Friday, 5:00 a.m. - 7:00 p.m. Programs may permit students to make up clinical time during term or scheduled breaks; however, they may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. Also, the program must assure that its liability insurance covers students during these makeup assignments.

Required Program Response:

- Describe the process for student clinical placement.
- Provide current student assignment schedules in relation to student enrollment.
- Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.
- Describe how the program assures that all students have access to a sufficient variety and volume of procedures to achieve program competencies.
- Submit evening and/or weekend rotation(s) calculations, if applicable.
Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review listing of enrolled students in relation to clinical assignments, including evening and/or weekend, if applicable
- Review of clinical placement process
- Review of student clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with students
1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

Explanation:
This limitation helps assure that students are treated ethically. For the safety of students and patients, not more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary on the student’s part.

Required Program Response:
- Describe the process for assuring that time limitations are not exceeded.
- Provide documentation that required student clinical assignments do not exceed ten (10) hours in any one day and the total didactic and clinical involvement does not exceed forty (40) hours per week.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Review of published program materials
- Review of student schedules
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

Explanation:
Appropriately maintaining the security and confidentiality of student records and other program materials protects the student’s right to privacy. Student records must be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). If radiation monitoring reports contain students’ dates of birth and/or social security numbers, this information must be maintained in a secure and confidential manner.

Required Program Response:
Describe how the program maintains the security and confidentiality of student records and other program materials.

Possible Site Visitor Evaluation Methods:
- Review of institution’s/program’s published policies/procedures
- Review of student academic and clinical records
- Tour of program offices
- Tour of clinical setting(s)
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

Explanation:

A grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have procedures to provide students an avenue to pursue grievances. The procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, clinical instructors, diagnostic imaging department director). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution’s/program’s retention policies/procedures. The records must include information on how the grievance was resolved and assurance that there are no trends that could negatively affect the quality of the educational program.

Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure. The program must determine if a pattern of complaint exists that could negatively affect the quality of the educational program (e.g., cleanliness of the classroom).

Required Program Response:

Describe the nature of any formal grievance(s) that would jeopardize the program’s ability to meet its mission. Describe the nature of any complaint(s) that would jeopardize the program’s ability to meet its mission. Provide a copy of the grievance procedure.

Provide a copy of any formal grievance(s) resolution.

Possible Site Visitor Evaluation Methods:

- Review of institutional catalog
- Review of student handbook
- Review of formal grievance(s) record(s), if applicable
- Review of complaint(s) record(s), if applicable
- Interviews with faculty
- Interviews with students
1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the \textbf{STANDARDS}.

\textit{Explanation:}\n
The program must assure students are cognizant of the \textbf{STANDARDS} and must provide contact information for the JRCERT.

Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contact of the JRCERT should not be a step in the formal institutional/program grievance procedure. The individual must first attempt to resolve the complaint directly with institution/program officials by following the grievance procedures provided by the institution/program. If the individual is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT.

\textbf{Required Program Response:}\n
- Describe the procedure for making students aware of the \textbf{STANDARDS}.
- Describe how students are provided contact information for the JRCERT.

\textbf{Possible Site Visitor Evaluation Methods:}\n
- Review of program publications
- Interviews with faculty
- Interviews with students
1.8  Has publications that accurately reflect the program’s policies, procedures, and offerings.

Explanation:
Maintaining published information regarding the program’s current policies, procedures, and offerings provides interested parties with an accurate overview of program requirements and expectations.

Required Program Response:
Provide program publications that reflect program policies, procedures and offerings.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student handbook
- Interviews with faculty
- Interviews with students
1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

Explanation:

The institutional and/or program policies must be published and made readily available to students, faculty, and the general public on the institution’s/program’s Web site to assure transparency and accountability of the educational program. For example, requiring the general public to contact the institution/program to request program information is not adequate. Policy changes must be made known to students, faculty, and the general public in timely fashion. It is recommended that revision dates be identified on program publications.

The institution and/or program must establish and publicly disclose the criteria used when determining the transfer of credit earned from other institutions and/or programs. Also, programs must publicly disclose a list of institutions with which the program has established an articulation agreement.

The program’s academic calendar must be published and, at a minimum, identify specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Student clinical obligations (e.g., drug screening, background checks, and associated fees) must be clearly identified in appropriate program publications. Additionally, if evening and/or weekend clinical assignments are required or if students must travel to geographically-dispersed clinical settings, this information must also be included.

Required Program Response:

- Describe how institutional and/or program policies are made known to students, faculty, and the general public.
- Provide publications that include these policies.

Possible Site Visitor Evaluation Methods:

- Review of institutional materials
- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with Registrar
- Interviews with students
1.10 Makes the program’s mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

Explanation:

Program accountability is enhanced by making its mission statement, goals, and student learning outcomes available to the program’s communities of interest on the institution’s/program’s Web site to assure transparency and of the educational program. Requiring the general public to contact the institution/program to request program information is not adequate.

Example:

Mission:

The mission of the radiography program is to prepare competent, entry-level radiographers able to function within the healthcare community.

Goal: Students will be clinically competent.
Student Learning Outcomes: Students will apply positioning skills. Students will select technical factors. Students will utilize radiation protection.

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

Goal: Students will develop critical thinking skills.
Student Learning Outcomes: Students will adapt standard procedures for non-routine patients. Students will critique images to determine diagnostic quality.

Goal: Students will model professionalism.
Student Learning Outcomes: Students will demonstrate work ethics. Students will summarize the value of life-long learning.

Required Program Response:

- Describe how the program makes its mission statement, goals, and student learning outcomes available to students, faculty, administrators, and the general public.
- Provide copies of publications that contain the program’s mission statement, goals, and student learning outcomes.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

Explanation:
Communities of interest are defined as institutions, organizations, groups, and/or individuals interested in educational activities in radiography. Obtaining formal feedback on program operations, student progress, employer needs, etc. from communities of interest allows the program to determine if it is meeting expectations and assures continuous program improvement. The program can use a variety of tools to obtain this feedback.

Required Program Response:
- Describe the process of obtaining feedback.
- Provide representative samples of appropriate meeting minutes, evaluations (e.g., course and faculty), and surveys (e.g., graduate and employer).

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes
- Review of evaluations
- Review of surveys
- Interviews with members of various communities of interest
1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Non-discriminatory practices assure applicants have equal opportunity for admission. Statistical information such as race, color, religion, gender, age, disability, national origin, and any other protected class may be collected; however, this information must be voluntarily provided by the student. Use of this information in the student selection process is discriminatory.

Required Program Response:
- Describe how admission practices are non-discriminatory.
- Provide institutional and/or program admission policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students
1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

Explanation:
Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures.

Required Program Response:
- Describe the implementation of institutional and program admission policies.
- Provide institutional and program admission policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students
1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Recruitment and employment practices that are non-discriminatory assure fairness and integrity. Equal opportunity for employment must be offered to each applicant. Employment practices must be applied equitably to all faculty.

Required Program Response:
- Describe how non-discriminatory employment practices are assured.
- Provide copies of employment policies and procedures that assure non-discriminatory practices.

Possible Site Visitor Evaluation Methods:
- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty
1.15 Has procedures for maintaining the integrity of distance education courses.

*Explanation:*
Programs that offer distance education must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to: secure log-ins, pass codes, and/or proctored exams. These processes must protect the student’s privacy. Student costs associated with distance education must be disclosed.

*Required Program Response:*
- Describe the process for assuring the integrity of distance education courses.
- Provide published program materials that outline procedures for maintaining integrity of distance education courses.
- Provide published program materials that identify associated fees for students enrolled in distance education courses.

*Possible Site Visitor Evaluation Methods:*
- Review of published program materials
- Review the process of student identification
- Review of student records
- Interviews with faculty
- Interviews with students
Summary for Standard One

1. List the major strengths of **Standard One**, in order of importance.

2. List the major concerns of **Standard One**, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Two:

*Resources*

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

Objectives:

In support of **Standard Two**, the program:

**Administrative Structure**

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

2.3 Provides faculty with opportunities for continued professional development.

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

**Learning Resources/Services**

2.5 Assures JRCERT recognition of all clinical settings.

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

2.8 Provides access to student services in support of student learning.

**Fiscal Support**

2.9 Has sufficient ongoing financial resources to support the program’s mission.

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.
2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program’s mission.

Explanation:
The program’s relative position in the organizational structure helps facilitate appropriate resources and assures focus on the program. To operate effectively, the program must have sufficient institutional administrative support. Both organizational structure and administrative support enable the program to meet its mission and promote student learning.

Required Program Response:
- Describe the program’s relationship to the organizational and administrative structures of the sponsoring institution and how this supports the program’s mission.
- Provide institutional and program organizational charts.

Possible Site Visitor Evaluation Methods:
- Review of organizational charts of institution and program
- Review of meeting minutes
- Review of published program materials
- Review of master plan of education
- Interviews with faculty and institutional officials
- Interviews with clinical instructor(s)
2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

Explanation:
An adequate number of faculty promotes sound educational practices. A full-time program director is required. Faculty teaching loads and release time must be consistent with those of comparable faculty in other health science (allied health) programs in the same institution.

Additionally, a full-time equivalent clinical coordinator is required if the program has more than five (5) active clinical settings or more than thirty (30) students enrolled in the clinical component. The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical instructors.

A minimum of one clinical instructor must be designated at each recognized clinical setting. The same clinical instructor may be identified at more than one site as long as a ratio of one full-time equivalent clinical instructor for every ten (10) students is maintained.

Required Program Response:
- Provide, if available, institutional policies in relation to teaching loads and release time.
- Describe faculty teaching loads and release time in relation to a comparable health science (allied health) program within the institution.
- Describe the adequacy of the number of faculty and clinical staff to meet identified accreditation requirements and program needs.

Possible Site Visitor Evaluation Methods:
- Review institutional policies in relation to teaching loads and release time
- Review of master plan of education
- Review of position descriptions
- Review of clinical settings
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students
2.3 Provides faculty with opportunities for continued professional development.

Explanation:
Continued professional development results in more knowledgeable, competent, and proficient faculty. Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty.

Required Program Response:
Describe how continued professional development opportunities are made available to faculty.

Possible Site Visitor Evaluation Methods:
- Review of institutional and program policies
- Review of program budget or other fiscal appropriations
- Review of evidence of faculty participation in professional development activities
- Interviews with administrative personnel
- Interviews with faculty
2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Explanation:
Clerical support services necessary to assist in meeting educational, program, and administrative requirements of the program must be provided as appropriate.

Required Program Response:
Describe the availability and use of clerical support services.

Possible Site Visitor Evaluation Methods:
- Review of program’s staffing plan
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
2.5 Assures JRCERT recognition of all clinical settings.

Explanation:
JRCERT recognition helps assure an appropriate learning environment for student clinical education. All clinical settings must be recognized by the JRCERT. Recognition of a clinical setting must be obtained prior to student placement. A minimum of one (1) clinical instructor must be identified for each recognized clinical setting.

An observation site is used for student observation of the operation of equipment and/or procedures. If the program uses observation sites, these sites do not require recognition by the JRCERT. These sites provide opportunities for observation of clinical procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments.

Facilities where students are participating in service learning projects or community-based learning opportunities do not require recognition.

Required Program Response:
- Assure all clinical settings are recognized by the JRCERT.
- Describe how observation sites, if used, enhance student clinical education.

Possible Site Visitor Evaluation Methods:
- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students
2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program’s mission.

Explanation:
Learning environments are defined as places, surroundings, or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms and laboratories. Learning environments must be consistent with those of comparable health science programs in the same institution. Provision of appropriate learning environments facilitates achievement of the program’s mission. Although a dedicated classroom and/or laboratory are not required, scheduled accessibility to facilities conducive to student learning must be assured. Faculty office space should be conducive to planning and scholarly activities. Space should be made available for private student advisement.

Required Program Response:
Describe how classrooms, laboratories, and administrative and faculty offices facilitate the achievement of the program’s mission.

Possible Site Visitor Evaluation Methods:

- Tour of the classroom, laboratories, and administrative and faculty offices
- Interviews with faculty
- Interviews with students
2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

Explanation:
The review and maintenance of learning resources promotes student knowledge of current and developing imaging technologies. The program must provide learning resources to support and enhance the educational program. These resources must include:

- a print or electronic library with a variety of materials published within the last five years,
- computer access, and
- additional learning aids (e.g., educational software, classroom/laboratory accessory devices, etc.).

The JRCERT does not endorse any specific learning resources.

Required Program Response:
- Describe the available learning resources.
- Describe the procedure for review and maintenance of learning resources.

Possible Site Visitor Evaluation Methods:
- Tour of learning facilities
- Review of learning resources
- Review of surveys
- Review of meeting minutes
- Interviews with faculty
- Interviews with students
2.8 Provides access to student services in support of student learning.

Explanation:
The provision of appropriate student services promotes student achievement. At a minimum, the program must provide access to information for:

- personal counseling,
- requesting accommodations for disabilities as defined by applicable federal (Americans with Disabilities Act) and state laws, and
- financial aid.

Additional student services may be provided at the discretion of the program. These services should be sufficient to assure student learning.

All services provided must be made known to students and the general public.

Required Program Response:

- Describe the students’ access to student services.
- Provide published program materials that outline accessibility to student services.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Interviews with faculty
- Interviews with students
2.9  **Has sufficient ongoing financial resources to support the program’s mission.**

*Explanation:*
Adequate, ongoing funding is necessary to accomplish the program’s mission and to support student learning. The sponsoring institution must demonstrate ongoing financial commitment to the program and its students by providing adequate human and physical resources.

*Required Program Response:*
- Describe the adequacy of financial resources.
- Provide copies of the program’s budget and/or expenditure records.

*Possible Site Visitor Evaluation Methods:*
- Review of program budget and/or other fiscal appropriations
- Interviews with administrative personnel
- Interviews with faculty
2.10 For those institutions and programs for which the JRCERT serves as gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

Explanation:
A gatekeeper is defined as an agency holding responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid. The program must comply with USDE requirements to participate in Title IV financial aid.

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must: maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources, have a monitoring process for student loan default rates, have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures, and inform students of responsibility for timely repayment of Title IV financial aid.

Required Program Response:
- Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:
  - recent student loan default data and
  - results of financial or compliance audits.
- Describe how the program informs students of their responsibility for timely repayment of financial aid.

Possible Site Visitor Evaluation Methods:
- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students
Summary for Standard Two

1. List the major strengths of Standard Two, in order of importance.

2. List the major concerns of Standard Two, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Three  
Curriculum and Academic Practices

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

Objectives:

In support of **Standard Three**, the program:

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.6 Maintains a master plan of education.

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.
3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

Explanation:
The program’s mission statement should be consistent with that of its sponsoring institution. The program’s mission statement should clearly define the purpose or intent toward which the program’s efforts are directed. Periodic evaluation assures that the program’s mission statement is effective.

Required Program Response:
- Provide a copy of the program’s mission statement.
- Provide meeting minutes that document periodic reevaluation of the mission statement.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of meeting minutes
- Review of master plan of education
- Interviews with faculty
3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

Explanation:
The well-structured curriculum must be comprehensive, appropriately sequenced, include current information, and provide for evaluation of student achievement. A competency-based curriculum allows for effective student learning by providing a knowledge foundation prior to performance of procedures. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. In essence, competency-based education is an ongoing process, not an end product.

Programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:
- the latest American Society of Radiologic Technologists professional curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make good decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is at the discretion of the program.

The program must submit the latest curriculum analysis grid (available at www.jrcert.org).

Required Program Response:
- Describe how the program’s curriculum is structured.
- Describe the program’s competency-based system.
- Submit current curriculum analysis grid.
- Describe how the program's curriculum is delivered, including the method of delivery for distance education courses.
- Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track).

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Review of didactic and clinical curriculum sequence
- Review of analysis of graduate and employer surveys
- Interviews with faculty
- Interviews with students
- Observation of a portion of any course offered via distance delivery
- Review of part-time, evening and/or weekend curricular track, if applicable
3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

*Explanation:*
The program must provide learning opportunities in current and developing imaging and/or therapeutic technologies. It is the program’s prerogative to decide which technologies should be included in the didactic and/or clinical curriculum. Programs are not required to offer clinical rotations in developing imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

*Required Program Response:*
Describe how the program provides opportunities in developing technologies in the didactic and/or clinical curriculum.

*Possible Site Visitor Evaluation Methods:*
- Review of master plan of education
- Interviews with faculty
- Interviews with students
3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

Explanation:
Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

Required Program Response:
Describe the relationship between the program length and the terminal award offered.

Possible Site Visitor Evaluation Methods:
- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students
3.5  Measures the length of all didactic and clinical courses in clock hours or credit hours.

Explanation:
Defining the length of didactic and clinical courses facilitates student transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic and all clinical courses, respectively.

Required Program Response:
- Describe the method used to award credit hours for lecture, laboratory and clinical courses.
- Provide a copy of the program’s policies and procedures for determining credit hours and an example of how such policy has been applied to the program’s coursework.
- Provide a list of all didactic and clinical courses with corresponding clock or credit hours.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students
3.6 Maintains a master plan of education.

Explanation:
A master plan provides an overview of the program and allows for continuity among, and documentation of, all aspects of the program. In the event of new faculty and/or leadership to the program, the master plan provides the information needed to understand the program and its operations.

The plan should be evaluated annually, updated, and must include the following:
- course syllabi (didactic and clinical courses) and
- program policies and procedures.

While there is no prescribed format for the master plan, the component parts should be identified and readily available. If the components are not housed together, the program must list the location of each component. If the program chooses to use an electronic format, the components must be accessible by all program faculty.

Required Program Response:
- Identify the location of the component parts of the master plan of education.
- Provide a Table of Contents for the program’s master plan.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Interview with program director
- Interviews with faculty
3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

Explanation:
Appropriate advisement promotes student achievement. Student advisement should be formative, summative, and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

Required Program Response:
- Describe procedures for advisement.
- Provide sample records of student advisement.

Possible Site Visitor Evaluation Methods:
- Review of students’ records
- Interviews with faculty
- Interviews with clinical instructor(s)
3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

- **Full-time Program Director:**
  - Assures effective program operations,
  - Oversees ongoing program assessment,
  - Participates in budget planning,
  - Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development, and
  - Assumes the leadership role in the continued development of the program.

- **Full-time Clinical Coordinator:**
  - Correlates clinical education with didactic education,
  - Evaluates students,
  - Participates in didactic and/or clinical instruction,
  - Supports the program director to help assure effective program operation,
  - Coordinates clinical education and evaluates its effectiveness,
  - Participates in the assessment process,
  - Cooperates with the program director in periodic review and revision of clinical course materials,
  - Maintains current knowledge of the discipline and educational methodologies through continuing professional development, and
  - Maintains current knowledge of program policies, procedures, and student progress.

- **Full-time Didactic Program Faculty:**
  - Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,
  - Participates in the assessment process,
  - Supports the program director to help assure effective program operation,
  - Cooperates with the program director in periodic review and revision of course materials, and
  - Maintains appropriate expertise and competence through continuing professional development.

- **Part-time Didactic Program Faculty:**
  - Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,
  - Participates in the assessment process, when appropriate,
  - Cooperates with the program director in periodic review and revision of course materials, and
  - Maintains appropriate expertise and competence through continuing professional development.
• Clinical Instructor(s):

Is knowledgeable of program goals,
Understands the clinical objectives and clinical evaluation system,
Understands the sequencing of didactic instruction and clinical education,
Provides students with clinical instruction and supervision,
Evaluates students’ clinical competence,
Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development, and
Maintains current knowledge of program policies, procedures, and student progress.

• Clinical Staff:

Understand the clinical competency system,
Understand requirements for student supervision,
Support the educational process, and
Maintain current knowledge of program policies, procedures, and student progress.

Explanation:

The clear delineation of responsibilities facilitates accountability. Faculty and clinical staff responsibilities must be clearly delineated and must support the program’s mission.

Full- and part-time status is determined by, and consistent with, the sponsoring institution’s definition. At all times when students are enrolled in didactic and/or clinical components, the program director and/or clinical coordinator must assure that their program responsibilities are fulfilled.

Required Program Response:

Provide documentation that faculty and clinical staff positions are clearly delineated.

Possible Site Visitor Evaluation Methods:

• Review of position descriptions
• Review of handbooks
• Interviews with faculty and clinical staff to assure responsibilities are being performed
• Interviews with students
3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

Explanation:

The performance of program faculty and clinical instructor(s) must be evaluated minimally once per year. Evaluation assures that instructional responsibilities are performed and provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness. Evaluation results must be shared minimally once per year with the respective program faculty and clinical instructor(s) being evaluated to assure continued professional development. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

Required Program Response:

- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty and clinical instructor(s).
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical instructor(s).

Possible Site Visitor Evaluation Methods:

- Review of program evaluation materials
- Review of clinical instructor evaluation
- Interviews with administrative personnel
- Interviews with program faculty
- Interviews with clinical instructor(s)
- Interviews with students
Summary for Standard Three

1. List the major strengths of **Standard Three**, in order of importance.

2. List the major concerns of **Standard Three**, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Four

Health and Safety

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

Objectives:

In support of Standard Four, the program:

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
   - Written notice of voluntary declaration,
   - Option for student continuance in the program without modification, and
   - Option for written withdrawal of declaration.

4.3 Assures that students employ proper radiation safety practices.

4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

4.7 Assures sponsoring institution’s policies safeguard the health and safety of students.

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.
4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

Explanation:

Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must maintain and monitor student radiation exposure data. This information must be made available to students within thirty (30) school days following receipt of data. The program must have a published protocol that identifies a threshold dose for incidents in which dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in NRC regulations.

Required Program Response:

- Describe how the policies are made known to enrolled students.
- Describe how radiation exposure data is made available to students.
- Provide copies of appropriate policies.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with students
4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:

- Written notice of voluntary declaration,
- Option for student continuance in the program without modification, and
- Option for written withdrawal of declaration.

Explanation:
Appropriate radiation safety practices help assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The policy must include appropriate information regarding radiation safety for the student and fetus. The program must allow for student continuance in the clinical component of the program without modification. The program may offer clinical component options such as: (1) clinical reassignments and/or (2) leave of absence.

Required Program Response:
- Describe how the pregnancy policy is made known to accepted and enrolled female students.
- Provide a copy of the program’s pregnancy policy.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students
4.3 Assures that students employ proper radiation safety practices.

*Explanation:*

The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic radiation safety practices prior to assignment to clinical settings. Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

The program must also assure radiation safety in energized laboratories. Students’ utilization of energized laboratories must be under the supervision of a qualified radiographer who is readily available. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled. Programs are encouraged to develop policies regarding safe and appropriate use of energized laboratories by students.

*Required Program Response:*

- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Provide the curriculum sequence.
- Provide policies/procedures regarding radiation safety.

*Possible Site Visitor Evaluation Methods:*

- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of student handbook
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

Explaination:
Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:
- reviews the procedure in relation to the student’s achievement,
- evaluates the condition of the patient in relation to the student’s knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved.

Required Program Response:
- Describe how the direct supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program’s direct supervision requirement is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

Explanation:
Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. “Immediately available” is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

Required Program Response:
- Describe how the indirect supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program’s indirect supervision requirement is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

Explanation:
The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student’s procedure prior to re-exposure.

Required Program Response:
- Describe how the direct supervision requirement for repeat images is enforced and monitored in the clinical setting.
- Provide documentation that the program’s direct supervision requirement for repeat images is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students
4.7 Assures sponsoring institution’s policies safeguard the health and safety of students.

Explanation:
Appropriate sponsoring institutional policies and procedures assure that students are protected. These policies must, at a minimum, address emergency preparedness, harassment, communicable diseases, and substance abuse. Policies and procedures must meet federal and/or state requirements as applicable. Enrolled students must be informed of policies and procedures.

Required Program Response:
Provide program policies that safeguard the health and safety of students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students
4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

Explanation:
Appropriate orientation assures that students are cognizant of clinical policies and procedures. The policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

Required Program Response:
- Describe the process for orienting students to clinical settings.
- Provide documentation that students are apprised of policies and procedures specific to each clinical setting.

Possible Site Visitor Evaluation Methods:
- Review of orientation process
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students
Summary for Standard Four

1. List the major strengths of Standard Four, in order of importance.

2. List the major concerns of Standard Four, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
**Standard Five**

*Assessment*

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

**Objectives:**

In support of **Standard Five**, the program:

**Student Learning**

5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

**Program Effectiveness**

5.2 Documents the following program effectiveness data:

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

**Analysis and Actions**

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.
5.1 Develops an assessment plan that, at a minimum, measures the program’s student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

*Explanation:*
Assessment is the systematic collection, review, and use of information to improve student learning and educational quality. An assessment plan helps assure continuous improvement and accountability. Minimally, the plan must include a separate goal in relation to each of the following: clinical competence, critical thinking, professionalism, and communication skills. The plan must include student learning outcomes, measurement tools, benchmarks, and identify timeframes and parties responsible for data collection.

For additional information regarding assessment, please refer to [www.jrcert.org](http://www.jrcert.org).

*Required Program Response:*
Provide a copy of the program’s current assessment plan.

*Possible Site Visitor Evaluation Methods:*
- Review of assessment plan
- Review of assessment tools
- Interviews with faculty
5.2 Documents the following program effectiveness data:

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

**Explanation:**

Credentialing examination, job placement, and program completion data must be reported annually to the JRCERT. Graduate and employer satisfaction data must be collected as part of the program’s assessment process.

Credentialing examination pass rate is defined as the number of student graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination or an unrestricted state licensing examination compared with the number of graduates who take the examination within six months of graduation.

Job placement rate is defined as the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate is defined as the number of students who complete the program within 150% of the stated program length. The program must establish a benchmark for its program completion rate. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating program’s completion rate.

Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogative of the program.

**Required Program Response:**

Provide actual outcome data in relation to program effectiveness.

**Possible Site Visitor Evaluation Methods:**

- Review of program effectiveness data
- Interviews with faculty
5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Explanation:

Program accountability is enhanced by making its effectiveness data available to the program’s communities of interest and the general public. In efforts to increase accountability and transparency, the program must publish, at a minimum, its five-year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data on its Web site to allow the public access to this data. The program effectiveness data should clearly identify the sample size associated with each associated measure (i.e., number of first time test takers, number of graduates actively seeking employment, number of graduates).

Additionally, the JRCERT will post five-year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data at www.jrcert.org. The program must publish the JRCERT URL (www.jrcert.org) to allow the public access to this data.

Required Program Response:

- Provide copies of publications that contain the program’s program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate).
- Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the institution’s/program’s Web site.

Possible Site Visitor Evaluation Methods:

- Review of program publications
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with students
5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

Explanation:
Analysis of student learning outcome data and program effectiveness data allows the program to identify strengths and areas for improvement to bring about systematic program improvement. This analysis also provides a means of accountability to communities of interest. It is the program’s prerogative to determine its communities of interest.

The analysis must be reviewed with the program’s communities of interest. One method to accomplish this would be the development of an assessment committee. The composition of the assessment committee may be the program’s advisory committee or a separate committee that focuses on the assessment process. The committee should be used to provide feedback on student achievement and assist the program with strategies for improving its effectiveness. This review should occur at least annually and must be formally documented.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
- Describe how the program analyzes student learning outcome data and program effectiveness data to identify areas for program improvement.
- Describe how the program shares its student learning outcome data and program effectiveness data with its communities of interest.
- Describe examples of changes that have resulted from the analysis of student learning outcome data and program effectiveness data and discuss how these changes have led to program improvement.
- Provide a copy of the program’s actual student learning outcome data since the last accreditation award. This data may be documented on previous assessment plans or on a separate document.
- Provide documentation that student learning outcome data and program effectiveness data has been shared with communities of interest.

Possible Site Visitor Evaluation Methods:
- Review of student learning outcome data and program effectiveness data to support the assessment plan
- Review of representative samples of measurement tools used for data collection
- Review of aggregate data
- Review of meeting minutes related to the assessment process
- Interviews with faculty
5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Explanation:
Identifying and implementing needed improvements in the assessment plan leads to programmatic improvement and renewal. As part of the assessment cycle, the program should review its assessment plan to assure that assessment measures are adequate and that the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every two years and be documented in meeting minutes.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
- Describe how this evaluation has occurred.
- Provide documentation that the plan is evaluated at least once every two years.

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes related to the assessment process
- Review of assessment committee meeting minutes, if applicable
- Interviews with faculty
Summary for
Standard Five

1. List the major strengths of Standard Five, in order of importance.

2. List the major concerns of Standard Five, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Standard Six

**Institutional/Programmatic Data**

**Standard Six:** The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

**Objectives:**

In support of **Standard Six**, the program:

**Sponsoring Institution**

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

**Personnel**

6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

**Clinical Settings**

6.4 Establishes and maintains affiliation agreements with clinical settings.

6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

**Program Sponsorship, Substantive Changes, and Notification of Program Officials**

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.
6.1 Documents the continuing institutional accreditation of the sponsoring institution.

Explanation:
The goal of accreditation is to ensure that the education provided by institutions meets acceptable levels of quality. The sponsoring institution must be accredited by:

- an agency recognized by the United States Department of Education (USDE) and/or Council for Higher Education Accreditation (CHEA),
- The Joint Commission (TJC), or
- equivalent standards.

Required Program Response:
Provide documentation of current institutional accreditation for the sponsoring institution. This may be a copy of the award letter, certificate, or printout of the institutional accredditor’s Web page.
6.2 Documents that the program’s energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program’s energized laboratories.

Required Program Response:
Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.
6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

- Full-time Program Director:

  Holds, at a minimum, a master’s degree,
  Is proficient in curriculum design, program administration, evaluation, instruction, and academic advising,
  Documents three years clinical experience in the professional discipline,
  Documents two years of experience as an instructor in a JRCERT-accredited program, and
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Clinical Coordinator:

  Holds, at a minimum, a baccalaureate degree,
  Is proficient in curriculum development, supervision, instruction, evaluation, and academic advising,
  Documents two years clinical experience in the professional discipline,
  Documents a minimum of one year of experience as an instructor in a JRCERT-accredited program, and
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Didactic Program Faculty:

  Holds, at a minimum, a baccalaureate degree, Is qualified to teach the subject,
  Is knowledgeable of course development, instruction, evaluation, and academic advising, Documents two years clinical experience in the professional discipline, and
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).
- Part-time Didactic Program Faculty
  Holds academic and/or professional credentials appropriate to the subject content area taught and
  Is knowledgeable of course development, instruction, evaluation, and academic advising.

- Clinical Instructor(s):
  Is proficient in supervision, instruction, and evaluation,
  Documents two years clinical experience in the professional discipline, and
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

- Clinical Staff:
  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

Explanation:
Appropriate knowledge, proficiency, and certification (if appropriate) provide a foundation that promotes a sound educational environment.

Faculty and staff must possess academic and professional qualification(s) appropriate for their assignment. Clinical instructors and clinical staff supervising students’ performance in the clinical component of the program must document ARRT registration (or equivalent) or other appropriate credentials. Appropriate credentials, other than ARRT registration (or equivalent), may be used for qualified health care practitioners supervising students in specialty areas (e.g., registered nurse supervising students performing patient care skills, phlebotomist supervising students performing venipuncture, etc.).

Required Program Response:
- For all program officials not previously identified on the program’s database, submit a request for recognition of program officials including a current curriculum vitae and documentation of current registration by the American Registry of Radiologic Technologists* or equivalent.
- For all currently recognized program officials [program director, educational coordinator (if applicable), full-time didactic faculty, and all clinical preceptors], submit a current registration by the American Registry of Radiologic Technologists* or equivalent.

*These may be copies of current registration cards or “ARRT Identification” page available at www.arrt.org.
6.4 Establishes and maintains affiliation agreements with clinical settings.

Explanation:
Formalizing relations between the program and the clinical setting helps assure the quality of clinical education by delineating appropriate responsibilities of the program and the clinical setting. An appropriate termination clause assures that students will have an opportunity to complete the clinical education component. The JRCERT defines an affiliation agreement as a formal written understanding between an institution sponsoring the program and an independent clinical setting.

An affiliation agreement must identify the responsibilities of all parties and, specifically, must address student supervision, student liability, and provide adequate notice of termination of the agreement. An affiliation agreement is not needed for clinical settings owned by the sponsoring institution; however, a memorandum of understanding between the clinical setting and the sponsoring institution is recommended. At a minimum, the memorandum should address responsibilities of both parties and student supervision.

Required Program Response:
Provide copies of current, signed affiliation agreements with each clinical setting.
6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for each clinical setting. Clinical settings may be recognized by The Joint Commission (TJC), DNV Healthcare, Inc., Healthcare Facilities Accreditation Program (HFAP), or an equivalent agency, or may hold a state-issued license.

Required Program Response:
Provide letters, certificates, or printouts of Web pages demonstrating the current recognition status of each clinical setting.
6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

Explanation:
Programs must comply with JRCERT policies and procedures to maintain accreditation. JRCERT accreditation requires that the sponsoring institution has primary responsibility for the educational program and grants the terminal award.

Sponsoring institutions may include educational programs established in vocational/technical schools, colleges, universities, hospitals, or military facilities. The JRCERT also recognizes a consortium as an appropriate sponsor of an educational program. A consortium is two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program. The consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

The JRCERT does not recognize branch campuses. The JRCERT requires that each program location have a separate accreditation award.

Additionally, the JRCERT will not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor.

The JRCERT requires programs to maintain a current and accurate database. Updates should be reflected within thirty (30) days of effective change date. Additionally, the JRCERT requires notification of substantive changes within thirty (30) days of implementation.

Required Program Response:
- Report any database changes.
- Report any substantive change not previously submitted.
Summary for
Standard Six

1. List the major strengths of Standard Six, in order of importance.

2. List the major concerns of Standard Six, in order of importance.

3. Provide the program’s plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.
Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation
   The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

   This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

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

2. Administrative Requirements for Maintaining Accreditation
   a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.
   b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.
   c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical instructor(s).
   d. Paying JRCERT fees within a reasonable period of time.
   e. Returning, by the established deadline, a completed Annual Report.
   f. Returning, by the established deadline, any other information requested by the JRCERT. Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to being placed on Administrative Probationary Accreditation and result in Withdrawal of Accreditation.
B. JRCERT Responsibilities

1. Administering the Accreditation Review Process
   The JRCERT reviews educational programs to assess compliance with the Standards for an Accredited Educational Program in Radiography.
   
   The accreditation process includes a site visit.
   
   Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.
   
   The JRCERT is responsible for recognition of clinical settings.
   
2. Accreditation Actions
   JRCERT accreditation actions for Probation may be reconsidered following the established procedure.
   
   JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure. Procedures for appeal are available at www.jrcert.org.
   
   All other JRCERT accreditation actions are final.
   
   A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

   Educators may wish to contact the following organizations for additional information and materials:

   accreditation: Joint Review Committee on Education in Radiologic Technology
   20 North Wacker Drive, Suite 2850
   Chicago, IL
   60606-3182
   (312) 704-5300
   www.jrcert.org

   curriculum: American Society of Radiologic Technologists
   15000 Central Avenue, S.E.
   Albuquerque, NM
   87123-3909
   (505) 298-4500
   www.asrt.org

   certification: American Registry of Radiologic Technologists
   1255 Northland Drive
   St. Paul, MN
   55120-1155
   (651) 687-0048
   www.arrt.org

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JRCERT
20 North Wacker Drive Suite 2850
Chicago, IL
60606-3182
(312) 704-5300
(312) 704-5304 (fax)

mail@jrcert.org
(e-mail)

www.jrcert.org
Appendix B

Glossary of Key Terms

This Glossary is considered a component of the Standards for an Accredited Educational Program in Radiologic Sciences and as such, the definitions must be met to comply with the STANDARDS.

Affiliation Agreement – A formal written understanding between an institution sponsoring the program and an independent clinical education setting which agrees to provide appropriate learning experiences for students.

American Registry of Radiologic Technologists Certification or Equivalent – Certification by the American Registry of Radiologic Technologists or unrestricted license issued by a state to operate radiation producing equipment.

Clinical Coordinator – Required if the program has four or more clinical education settings or more than a total of 20 students. The clinical coordinator may not serve as program director.

Clinical Instructor(s) or Clinical Supervisor(s) – In radiography, one full-time equivalent clinical instructor for every 10 students involved in the competency achievement process.

Clinical Education Setting – A facility recognized by the JRCERT as meeting appropriate qualifications for delivering clinical education. A minimum of one qualified clinical instructor/ supervisor is designated at each site.

Clinical Staff – For radiography, the ratio of student to staff prior to student competency achievement in a given examination or procedure shall not exceed 1:1. For radiation therapy, the ratio of student to staff is always 1:1.

Clock Hour – One hour of 60 minutes.

Communities of Interest – Institutions, organizations, groups and/or individuals interested in educational activities in radiologic sciences.

Competency-Based – A course, curriculum or program designed for the application of knowledge, skills, and demonstrated outcomes.

Course Completion Rate – The number of enrolled students who complete a course compared with the number of enrolled students who began the course.

Credentialing Examination Pass Rate – The number of graduates who pass the American Registry of Radiologic Technologists credentialing examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination.

Credit Hour – Time given to a specific unit of learning (usually a 50-minute class session in an academic quarter, trimester, or semester.)
**Declared Pregnant Worker** – A woman (female student) who has voluntarily informed her employer (the designated program official), in writing, of her pregnancy and the estimated date of conception.

**Direct Supervision** – Student supervision under the following parameters:
- A qualified radiographer/radiation therapist reviews the procedure in relation to the student’s achievement;
- A qualified radiographer/radiation therapist evaluates the condition of the patient in relation to the student’s knowledge.
- A qualified radiographer/radiation therapist is present during the conduct of the procedure;
- A qualified radiographer/radiation therapist reviews and approves the procedure;
- A qualified radiographer is present during student performance of any repeat of any unsatisfactory radiograph.

**Due Process** – The formal resolution of a grievance or complaint. A due process procedure must identify time frames for completion of the steps of the process and provide for final appeal to a source extraneous to the educational program to assure fair and impartial consideration.

**Enrolled Student** – A student who has been accepted and registered into the professional course of study and who has paid applicable fees.

**Experience as an Instructor** – Knowledge of and practice in educational methods of instructional delivery and evaluation. The instructor experience may have been attained concurrently with the professional experience requirement.

**Gatekeeper** – An agency with responsibility for oversight of the distribution, record keeping and repayment of Title IV financial aid.

**Graduation Rate** – The number of students who graduate compared to the number of initially enrolled students.

**Indirect Supervision** – For radiography, that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

**Institutional Mission and Goals Statement** – A specific statement with which an institution is embodied. The statement is approved by the highest authority of the governing organization and provides direction for program’s services. Goals that support the mission are statements of purpose or intent toward which the institution’s efforts are directed.
Learning Environment – A place, surroundings or circumstances where knowledge, understanding or skills are studied or observed, such as classrooms, laboratories, clinical education settings or field study sites.

Learning Resources – Media and reference materials utilized to support and enhance the educational program and scholarly activity. Material specific to instrumentation and technology with publication dates within the last five years are considered acceptable by the JRCERT to support professional curricula. The JRCERT does not endorse any specific learning resource.

Level of Room Utilization – The number of procedures performed in a particular room within a specific time period, e.g., day or week, designated for student learning.

Master Plan of Education – Documentation of the entire course of study which may include: institution and program philosophies and goals, curriculum sequence course descriptions, course outlines and performance (behavioral) objectives, textbooks assigned by course, competency-based clinical education demonstrating integration and correlation with the didactic component, performance objective for clinical education, graduate competencies, strategies and instruments utilized for evaluation of student behaviors in the cognitive, psychomotor and affective domains, grading policy/derivation, program policies and strategy for assessing program effectiveness.

Mixed Accreditor – An accrediting agency whose responsibilities for accreditation include situations where the agency accredits the only educational program in an institution; or where there are multiple educational programs in an institution, the agency selected as the institutional accreditor.

Non-Discrimination Statement – A statement issued by an institution, organization or agency stating the policy or practice of refraining from discrimination with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin.

Outcomes Assessment – A systematic, continuous process of collecting and analyzing data about program components in order to make decisions that will improve the quality and effectiveness of the program.

Program Completion Rate – The number of students who complete the professional components of the curriculum compared to the number of students initially enrolled in the program.

Program Goals – Specific tasks or direction statements adopted by a program that include the purpose or intent toward which the program’s effort are directed.

Program Length – The duration of the educational program from student matriculation to graduation. Program length may be stated in total academic or calendar year(s); total semesters, trimesters, or quarters.

Program Mission – Statement(s) of purpose or intent toward which program effort is directed.
Program Outcomes – Results toward which effort is directed; the end product resulting from the educational process, e.g., the student’s competence as a practitioner.

Program Policies – Principles or courses of action developed to guide programmatic decision making.

Qualified Practitioner – A radiation therapist or radiographer possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline with practiced responsibilities in areas such as patient care, quality assurance or administration. Such practice responsibilities take place primarily in clinical education settings.

Recognized and Accepted Curriculum – The latest American Society of Radiologic Technologists or equivalent professional curriculum for radiography or radiation therapy.

Scholarly Activity – Actions directed toward research and other activities associated with achievements and advancements in a knowledge area.

Sponsoring Institution – The facility or organization that has primary responsibility for the educational program and grants the terminal award. A sponsoring institution must be accredited by a recognized agency or meet equivalent standards. Educational programs may be established in:

- Community and junior colleges;
- Senior colleges and universities;
- Hospitals;
- Medical Schools;
- Postsecondary vocational/technical schools and institutions;
- Military/governmental facilities;
- Proprietary schools;
- Consortium – Two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program. A consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

Student Achievement – Accomplishments or attainments by students directed toward the progress and completion of the course of study.

Student Attrition Rate – The number of students who leave the program compared with the number of students who initially enrolled.

Student Capacity – Determined by the JRCERT based on documented availability of qualified faculty, program physical resources, and the volume and variety of examination and procedures.

Student Dismissal – The act of terminating a student from the program of study.
**Student Learning Outcomes** – The performance indicators identified as a result or end product of learning activities.

**Student Loan Default Rate** – The percentage of borrowers who enter repayment in a fiscal year and default or meet other specified conditions by the end of the next fiscal year.

**Student Retention Rate** – The number of students who remain in the program compared with the number of students who initially enrolled.

**Support Services** – Any service, such as secretarial, clerical, or computer services, which facilitate the educational, administrative, and program goals.

**Title IV Financial Aid** – Monies for education loaned or granted by the Federal government, e.g., Perkins loans, Stafford loans, PLUS loans, Pell grants, Supplemental Education Opportunity grants and work-study programs. Programs participating in Title IV financial aid must:

- Maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources;
- Have a monitoring process for student loan default rates;
- Have an appropriate accounting system providing documentation for management Title IV financial aid and expenditures;
- Inform students of responsibility for timely repayment of Title IV financial aid.

Using information provided by the United States Department of Education, the JRCERT determines if that information calls into question the institution’s/program’s compliance with those STANDARDS relating to Title IV financial aid and, if necessary, the JRCERT will take action up to and/or including an on-site review of the program.

**Unrelated Functions** – Duties required of program officials that are not relevant to academic and organizational program responsibilities.

**United States Department of Education (USDE)** – The agency authorized by Federal statute to identify accrediting agencies that have documented compliance with Higher Education Act amendments and regulations. The Secretary of Education recognizes such agencies to accredit educational institutions and programs.

**Variety and Volume of Procedures** – The numbers and types of procedures available in a clinical education setting to support student attainment of program learning outcomes.
Appendix C

American Society of Radiologic Technologists Code of Ethics

Preamble

This Code of Ethics is to serve as a guide by which Radiologic Technologists may evaluate their professional code as it relates to patients, colleagues, other members of the allied professions and health care consumers.

The Code of Ethics is not law but is intended to assist Radiologic Technologists in maintaining a high level of ethical conduct.

Therefore, in the practice of the profession, we are members of the American Society of Radiologic Technologists, accept the following principles:

Principle 1

Radiologic Technologists shall conduct themselves in a manner compatible with the dignity of their profession.

Principle 2

Radiologic Technologists shall provide services with consideration of human dignity and the uniqueness of the patient, unrestricted by considerations of age, sex, race, creed, social or economic status, handicap, personal attributes or the nature of the health problem.

Principle 3

Radiologic Technologists shall make every effort to protect all patients from unnecessary radiation.

Principle 4

Radiologic Technologists should exercise and accept responsibility for independent discretion and judgment in the performance of their professional services.

Principle 5

Radiologic Technologists shall judiciously protect the patient’s right to privacy and shall maintain all patient information in the strictest confidence.
Principle 6

Radiologic Technologists shall apply only methods of technology founded upon a scientific basis and not accept those methods that violate this principle.

Principle 7

Radiologic Technologists shall not diagnose, but in recognition of their responsibility to the patient, they shall provide the physician with all information they have relative to radiologic diagnosis or patient management.

Principle 8

Radiologic Technologists shall be responsible for reporting unethical conduct and illegal professional activities.

Principle 9

Radiologic Technologists should continually strive to improve their knowledge and skills by participating in educational and professional activities and sharing the benefits of their attainments with their colleagues.

Principle 10

Radiologic Technologists should protect the public from misinformation and misrepresentations.
Appendix D

The Practice Standards for Medical Imaging and Radiation Therapy

Radiography Practice Standards

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Preface to Practice Standards

A profession’s practice standards serve as a guide for appropriate practice. The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession for judging the quality of practice, service and education provided by individuals who practice in medical imaging and radiation therapy.

Practice standards can be used by individual facilities to develop job descriptions and practice parameters. Those outside the imaging, therapeutic and radiation science community can use the standards as an overview of the role and responsibilities of the individual as defined by the profession.

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

Format

The Practice Standards for Medical Imaging and Radiation Therapy are divided into six sections: introduction, scope of practice, clinical performance, quality performance, professional performance and advisory opinion statements.

*Introduction.* The introduction provides definitions for the practice and the education and certification for individuals in addition to an overview of the specific practice.

*Scope of Practice.* The scope of practice delineates the parameters of the specific practice.

*Clinical Performance Standards.* The clinical performance standards define the activities of the individual in the care of patients and delivery of diagnostic or therapeutic procedures. The section incorporates patient assessment and management with procedural analysis, performance and evaluation.

*Quality Performance Standards.* The quality performance standards define the activities of the individual in the technical areas of performance including equipment and material assessment, safety standards and total quality management.

*Professional Performance Standards.* The professional performance standards define the activities of the individual in the areas of education, interpersonal relationships, self-assessment and ethical behavior.
Advisory Opinion Statements. The advisory opinions are interpretations of the standards intended for clarification and guidance for specific practice issues.

Each performance standards section is subdivided into individual standards. The standards are numbered and followed by a term or set of terms that identify the standards, such as “assessment” or “analysis/determination.” The next statement is the expected performance of the individual when performing the procedure or treatment. A rationale statement follows and explains why an individual should adhere to the particular standard of performance.

Criteria. Criteria are used in evaluating an individual’s performance. Each set is divided into two parts: the general criteria and the specific criteria. Both criteria should be used when evaluating performance.

General Criteria. General criteria are written in a style that applies to imaging and radiation science individuals. These criteria are the same in all of the practice standards, with the exception of limited x-ray machine operators, and should be used for the appropriate area of practice.

Specific Criteria. Specific criteria meet the needs of the individuals in the various areas of professional performance. While many areas of performance within imaging and radiation sciences are similar, others are not. The specific criteria are drafted with these differences in mind.
Introduction to Radiography Practice Standards

Definition

The practice of radiography is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A radiographer performs radiographic procedures at the request of and for interpretation by a licensed independent practitioner.

The complex nature of disease processes involves multiple imaging modalities. Although an interdisciplinary team of clinicians, radiographers and support staff plays a critical role in the delivery of health services, it is the radiographer who performs the radiographic procedure that creates the images needed for diagnosis.

Radiography integrates scientific knowledge, technical skills, patient interaction and compassionate care resulting in diagnostic information. Radiographers recognizes-patient conditions essential for successful completion of the procedure.

Radiographers must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology.

Radiographers must maintain a high degree of accuracy in radiographic positioning and exposure technique. They must possess, utilize and maintain knowledge of radiation protection and safety. Radiographers independently perform or assist the licensed independent practitioner in the completion of radiographic procedures. Radiographers prepare, administer and document activities related to medications in accordance with state and federal regulations or lawful institutional policy.

Radiographers are the primary liaison between patients, licensed independent practitioners and other members of the support team. Radiographers must remain sensitive to needs of the patient through good communication, patient assessment, patient monitoring and patient care skills. As members of the health care team, radiographers participate in quality improvement processes and continually assess their professional performance.

Radiographers think critically and use independent, professional and ethical judgment in all aspects of their work. They engage in continuing education to include their area of practice to enhance patient care, public education, knowledge and technical competence.

Education and Certification

Radiographers prepare for their role on the interdisciplinary team by successfully completing an accredited educational program in radiologic technology and attaining appropriate primary certification by the American Registry of Radiologic Technologists.
Those passing the ARRT examination use the credential R.T.(R).

To maintain ARRT certification, radiographers must complete appropriate continuing education and meet other requirements to sustain a level of expertise and awareness of changes and advances in practice.

**Overview**

An interdisciplinary team of radiologists, radiographers and other support staff plays a critical role in the delivery of health services as new modalities emerge and the need for imaging procedures increases. A comprehensive procedure list for the radiographer is impractical because clinical activities vary by practice needs and expertise of the radiographer. As radiographers gain more experience, knowledge and clinical competence, the clinical activities for the radiographer may evolve.

State statute, regulation or lawful community custom may dictate practice parameters. *Wherever there is a conflict between these standards and state or local statutes or regulations, the state or local statutes or regulations supersede these standards.* A radiographer should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure.
Radiographer Scope of Practice

The scope of practice of the medical imaging and radiation therapy professional includes:

- Receiving, relaying and documenting verbal, written and electronic orders in the patient’s medical record.

- Corroborating patient's clinical history with procedure, ensuring information is documented and available for use by a licensed independent practitioner.

- Verifying informed consent.

- Assuming responsibility for patient needs during procedures.

- Preparing patients for procedures.

- Applying principles of ALARA to minimize exposure to patient, self and others.

- Performing venipuncture as prescribed by a licensed independent practitioner.

- Starting and maintaining intravenous access as prescribed by a licensed independent practitioner.

- Identifying, preparing and/or administering medications as prescribed by a licensed independent practitioner.

- Evaluating images for technical quality, ensuring proper identification is recorded.

- Identifying and managing emergency situations.

- Providing education.

- Educating and monitoring students and other health care providers.

- Performing ongoing quality assurance activities.

The scope of practice of the radiographer also includes:

1. Performing diagnostic radiographic and noninterpretive fluoroscopic procedures as prescribed by a licensed independent practitioner.

2. Determining technical exposure factors.
3. Assisting licensed independent practitioner with fluoroscopic and specialized radiologic procedures.

4. Applying the principles of patient safety during all aspects of radiographic procedures, including assisting and transporting patients.
Radiography Clinical Performance Standards

Standard One – Assessment

The radiographer collects pertinent data about the patient and the procedure.

Rationale
Information about the patient’s health status is essential in providing appropriate imaging and therapeutic services.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:
   1. Gathers relevant information from the patient, medical record, significant others and health care providers.
   2. Reconfirms patient identification and verifies the procedure requested or prescribed.
   3. Reviews the patient’s medical record to verify the appropriateness of a specific examination or procedure.
   4. Verifies the patient’s pregnancy status.
   5. Assesses factors that may contraindicate the procedure, such as medications, patient history, insufficient patient preparation or artifacts.
   6. Recognizes signs and symptoms of an emergency.

Specific Criteria
The radiographer:
   1. Assesses patient risk for allergic reaction to medication prior to administration.
   2. Locates and reviews previous examinations for comparison.
   3. Identifies and removes artifact-producing objects.
Radiography Clinical Performance Standards

**Standard Two – Analysis/Determination**

The radiographer analyzes the information obtained during the assessment phase and develops an action plan for completing the procedure.

*Rationale*

Determining the most appropriate action plan enhances patient safety and comfort, optimizes diagnostic and therapeutic quality and improves efficiency.

*General Stipulation*

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

*General Criteria*

The radiographer:

1. Selects the most appropriate and efficient action plan after reviewing all pertinent data and assessing the patient’s abilities and condition.

2. Employs professional judgment to adapt imaging and therapeutic procedures to improve diagnostic quality and therapeutic outcome.

3. Consults appropriate medical personnel to determine a modified action plan.

4. Determines the need for and selects supplies, accessory equipment, shielding and immobilization devices.

5. Determines the course of action for an emergency or problem situation.

6. Determines that all procedural requirements are in place to achieve a quality diagnostic or therapeutic procedure.

*Specific Criteria*

The radiographer:

1. Reviews lab values prior to administering medication and beginning specialized radiologic procedures.
2. Determines type and dose of contrast agent to be administered, based on the patient’s age, weight and medical/physical status.

3. Verifies that exposure indicator data for digital radiographic systems has not been altered or modified and is included in the Digital Imaging Communications in Medicine (DICOM) header and on images printed to media.

4. Analyzes digital images to determine utilization of appropriate imaging parameters.
Radiography Clinical Performance Standards

Standard Three – Patient Education

The radiographer provides information about the procedure and related health issues according to protocol.

Rationale
Communication and education are necessary to establish a positive relationship.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:
1. Verifies that the patient has consented to the procedure and fully understands its risks, benefits, alternatives and follow-up. The radiographer verifies that written or informed consent has been obtained.

2. Provides accurate explanations and instructions at an appropriate time and at a level the patients and their care providers can understand. Addresses patient questions and concerns regarding the procedure.

3. Refers questions about diagnosis, treatment or prognosis to a licensed independent practitioner.

4. Provides related patient education.

5. Explains precautions regarding administration of medications.

Specific Criteria
The radiographer:
1. Consults with other departments for patient services.

2. Instructs patients regarding preparation prior to imaging procedures, including providing information about oral or bowel preparation and allergy preparation.
Radiography Clinical Performance Standards

Standard Four – Performance

The radiographer performs the action plan.

Rationale
Quality patient services are provided through the safe and accurate performance of a deliberate plan of action.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:
1. Performs procedural timeout.
2. Implements an action plan.
3. Explains each step of the action plan to the patient as it occurs and elicits the cooperation of the patient.
4. Uses an integrated team approach.
5. Modifies the action plan according to changes in the clinical situation.
6. Administers first aid or provides life support.
7. Utilizes accessory equipment.
8. Assesses and monitors the patient’s physical, emotional and mental status.
9. Applies principles of sterile technique.
10. Positions patient for anatomic area of interest, respecting patient ability and comfort.
11. Immobilizes patient for procedure.
12. Monitors the patient for reactions to medications.
Specific Criteria
The radiographer:

1. Employs proper radiation safety practices.

2. Utilizes technical factors according to equipment specifications to meet the ALARA principle.


4. Uses appropriate pre-exposure radiopaque markers for anatomical and procedural purposes.

5. Selects the best position for the demonstration of anatomy.

6. Injects medication into peripherally inserted central catheter lines or ports.
Radiography Clinical Performance Standards

Standard Five – Evaluation

The radiographer determines whether the goals of the action plan have been achieved.

**Rationale**
Careful examination of the procedure is important to determine that expected outcomes have been met.

**General Stipulation**
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

**General Criteria**
The radiographer:

1. Evaluates the patient and the procedure to identify variances that may affect the expected outcome.

2. Completes the evaluation process in a timely, accurate and comprehensive manner.

3. Measures the procedure against established policies, protocols and benchmarks.

4. Identifies exceptions to the expected outcome.

5. Develops a revised action plan to achieve the intended outcome.

6. Communicates revised action plan to appropriate team members.

**Specific Criteria**
The radiographer:

1. Evaluates images for positioning to demonstrate the anatomy of interest.

2. Evaluates images for optimal technical exposure factors.

3. Reviews images to determine if additional images will enhance the diagnostic value of the procedure.
Radiography Clinical Performance Standards

Standard Six – Implementation

The radiographer implements the revised action plan.

Rationale
It may be necessary to make changes to the action plan to achieve the expected outcome.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:
1. Bases the revised plan on the patient’s condition and the most appropriate means of achieving the expected outcome.

2. Takes action based on patient and procedural variances.

3. Measures and evaluates the results of the revised action plan.

4. Notifies appropriate health care provider when immediate clinical response is necessary based on procedural findings and patient condition.

Specific Criteria
The radiographer:
1. Performs additional images that will produce the expected outcomes based upon patient condition and procedural variances.
Radiography Clinical Performance Standards

Standard Seven – Outcomes Measurement

The radiographer reviews and evaluates the outcome of the procedure.

Rationale
To evaluate the quality of care, the radiographer compares the actual outcome with the expected outcome.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:

1. Reviews all diagnostic or therapeutic data for completeness and accuracy.

2. Uses evidenced-based practice to determine whether the actual outcome is within established criteria.

3. Evaluates the process and recognizes opportunities for future changes.

4. Assesses the patient’s physical, emotional and mental status prior to discharge.

Specific Criteria
None added.
Radiography Clinical Performance Standards

Standard Eight – Documentation

The radiographer documents information about patient care, the procedure and the final outcome.

Rationale
Clear and precise documentation is essential for continuity of care, accuracy of care and quality assurance.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:
1. Documents diagnostic, treatment and patient data in the medical record in a timely, accurate and comprehensive manner.
2. Documents exceptions from the established criteria or procedures.
3. Provides pertinent information to authorized individual(s) involved in the patient’s care.
4. Records information used for billing and coding procedures.
5. Archives images or data.
6. Verifies patient consent is documented.
7. Documents procedural timeout.

Specific Criteria
The radiographer:
1. Documents fluoroscopic time.
2. Documents radiation exposure.
3. Documents the use of shielding devices and proper radiation safety practices per institutional policy.
Radiography Quality Performance Standards

**Standard One – Assessment**

The radiographer collects pertinent information regarding equipment, procedures and the work environment.

**Rationale**

The planning and provision of safe and effective medical services relies on the collection of pertinent information about equipment, procedures and the work environment.

**General Stipulation**

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

**General Criteria**

The radiographer:

1. Determines that services are performed in a safe environment, minimizing potential hazards, in accordance with established guidelines.

2. Confirms that equipment performance, maintenance and operation comply with manufacturer’s specifications.

3. Verifies that protocol and procedure manuals include recommended criteria and are reviewed and revised.

**Specific Criteria**

The radiographer:

1. Maintains controlled access to restricted area during radiation exposure.

2. Follows federal and state guidelines to minimize radiation exposure levels.

3. Maintains and performs quality control on radiation safety equipment such as aprons, thyroid shields, etc.

4. Develops and maintains standardized exposure technique guidelines for all equipment.

5. Participates in radiation protection, patient safety, risk management and quality management activities.

7. Wears one or more personal radiation monitoring devices at the level indicated on the personal radiation monitoring device or as indicated by the radiation safety officer or designee.
Radiography Quality Performance Standards

Standard Two – Analysis/Determination

The radiographer analyzes information collected during the assessment phase to determine the need for changes to equipment, procedures or the work environment.

Rationale
Determination of acceptable performance is necessary to provide safe and effective services.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:
1. Assesses services, procedures and environment to meet or exceed established guidelines and adjusts the action plan.

2. Monitors equipment to meet or exceed established standards and adjusts the action plan.

3. Assesses and maintains the integrity of medical supplies such as a lot/expiration, sterility, etc.

Specific Criteria
None added.
Radiography Quality Performance Standards

Standard Three – Education

The radiographer informs the patient, public and other health care providers about procedures, equipment and facilities.

Rationale
Open communication promotes safe practices.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:
1. Elicits confidence and cooperation from the patient, the public and other health care providers by providing timely communication and effective instruction.

2. Presents explanations and instructions at the learner’s level of understanding.

3. Educates the patient, public and other health care providers about procedures along with the biological effects of radiation, sound wave or magnetic field and protection.

4. Provides information to patients, health care providers, students and the public concerning the role and responsibilities of individuals in the profession.

Specific Criteria
None added.
Radiography Quality Performance Standards

Standard Four – Performance

The radiographer performs quality assurance activities.

Rationale
Quality assurance activities provide valid and reliable information regarding the performance of equipment, materials and processes.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:
1. Maintains current information on equipment, materials and processes.
2. Performs ongoing quality assurance activities.
3. Performs quality control testing of equipment.

Specific Criteria
The radiographer:
1. Consults with medical physicist when performing the quality assurance tests.
2. Monitors image production to determine technical acceptability.
3. Performs routine archiving status checks.
Radiography Quality Performance Standards

**Standard Five – Evaluation**

The radiographer evaluates quality assurance results and establishes an appropriate action plan.

*Rationale*
Equipment, materials and processes depend on ongoing quality assurance activities that evaluate performance based on established guidelines.

*General Stipulation*
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

*General Criteria*
The radiographer:

1. Validates quality assurance testing conditions and results.

2. Evaluates quality assurance results.

3. Formulates an action plan.

*Specific Criteria*
None added.
Radiography Quality Performance Standards

**Standard Six – Implementation**

The radiographer implements the quality assurance action plan for equipment, materials and processes.

*Rationale*
Implementation of a quality assurance action plan promotes safe and effective services.

*General Stipulation*
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

*General Criteria*
The radiographer:

1. Obtains assistance to support the quality assurance action plan.

2. Implements the quality assurance action plan.

*Specific Criteria*
None added.
Radiography Quality Performance Standards

**Standard Seven – Outcomes Measurement**

The radiographer assesses the outcome of the quality management action plan for equipment, materials and processes.

*Rationale*

Outcomes assessment is an integral part of the ongoing quality management action plan to enhance diagnostic and therapeutic services.

*General Stipulation*

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

*General Criteria*

The radiographer:

1. Reviews the implementation process for accuracy and validity.

2. Determines that actual outcomes are within established criteria.

3. Develops and implements a modified action plan.

*Specific Criteria*

None added.
Radiography Quality Performance Standards

Standard Eight – Documentation

The radiographer documents quality assurance activities and results.

Rationale
Documentation provides evidence of quality assurance activities designed to enhance safety.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:
1. Maintains documentation of quality assurance activities, procedures and results in accordance with established guidelines.

2. Documents in a timely, accurate and comprehensive manner.

Specific Criteria
None added.
Radiography Professional Performance Standards

**Standard One – Quality**

The radiographer strives to provide optimal patient care.

*Rationale*

Patients expect and deserve optimal care during diagnosis and treatment.

*General Stipulation*

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

*General Criteria*

The radiographer:

1. Collaborates with others to elevate the quality of care.

2. Participates in ongoing quality assurance programs.

3. Adheres to standards, policies and established guidelines.

4. Applies professional judgment and discretion while performing diagnostic study or treatment.

5. Anticipates and responds to patient needs.

6. Respects cultural variations.

*Specific Criteria*

None added.
Radiography Professional Performance Standards

**Standard Two – Self-Assessment**

The radiographer evaluates personal performance.

*Rationale*
Self-assessment is necessary for personal growth and professional development.

*General Stipulation*
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

*General Criteria*
The radiographer:
1. Assesses personal work ethics, behaviors and attitudes.
2. Evaluates performance and recognizes opportunities for educational growth and improvement.
3. Recognizes and applies personal and professional strengths.
4. Participates in professional societies and organizations.

*Specific Criteria*
None added.
Radiography Professional Performance Standards

**Standard Three – Education**

The radiographer acquires and maintains current knowledge in practice.

*Rationale*
Advancements in the profession require additional knowledge and skills through education.

*General Stipulation*
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

*General Criteria*
The radiographer:

1. Completes education related to practice.
2. Maintains credentials and certification related to practice.
3. Participates in continuing education to maintain and enhance competency and performance.
4. Shares knowledge and expertise with others.

*Specific Criteria*
None added.
Radiography Professional Performance Standards

**Standard Four – Collaboration and Collegiality**

The radiographer promotes a positive and collaborative practice atmosphere with other members of the health care team.

*Rationale*
To provide quality patient care, all members of the health care team must communicate effectively and work together efficiently.

*General Stipulation*
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

*General Criteria*
The radiographer:
1. Shares knowledge and expertise with members of the health care team.

2. Develops collaborative partnerships to enhance quality and efficiency.

3. Promotes understanding of the profession.

*Specific Criteria*
None added.
Radiography Professional Performance Standards

Standard Five – Ethics

The radiographer adheres to the profession’s accepted ethical standards.

Rationale
Decisions made and actions taken on behalf of the patient are based on a sound ethical foundation.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:
1. Provides health care services with respect for the patient’s dignity, age-specific needs and culture.
3. Takes responsibility for decisions made and actions taken.
4. Delivers patient care and service free from bias or discrimination.
5. Respects the patient’s right to privacy and confidentiality.
6. Adheres to the established practice standards of the profession.

Specific Criteria
None added.
Radiography Professional Performance Standards

Standard Six – Research and Innovation

The radiographer participates in the acquisition and dissemination of knowledge and the advancement of the profession.

Rationale
Scholarly activities such as research, scientific investigation, presentation and publication advance the profession.

General Stipulation
The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

General Criteria
The radiographer:
1. Reads and evaluates research relevant to the profession.

2. Participates in data collection.

3. Investigates innovative methods for application in practice.

4. Shares information through publication, presentation and collaboration.

5. Adopts new best practices.


Specific Criteria
None added.
Radiography Advisory Opinion Statements

Injecting Medication in Peripherally Inserted Central Catheter Lines or Ports with a Power Injector.

Medication and Contrast Media Injections by Radiologic Technologists.

Medication Injection through Existing Vascular Access.

Placement of Personal Radiation Monitoring Devices.
The Gordon Kelley Academic Success Center

The concern of UAFS for the individual student is reflected in the Gordon Kelley Academic Success Center, which provides programs designed to meet individual student needs not met through the general curriculum. Supplemental materials, free group tutoring for many UA Fort Smith courses, core-skills instruction, motivational programs, and learning programs are all provided to encourage student success. Faculty members provide the supplemental materials, which may consist of class notes and sample tests, textbook-based CDs and DVDs, and additional forms of computer-aided instruction. Free group tutoring is provided for many UA Fort Smith credit courses. Time management, self-discipline, and motivational programs are provided for the student who wants to improve study skills and grades.

Learning programs focus on specific strategies to understand, retain, and apply new information, as well as traditional study skills techniques. Learning programs are individually designed to meet student needs and are free to any University student. The Gordon Kelley Academic Success Center is located in the Vines Building, room 202.

The Gordon Kelley Academic Success Center also provides academic support for students who are on academic probation. Individualized guided study and self-assessment instruments are used to develop a formal plan of action to succeed in college. Students taking advantage of this service will learn usable techniques for academic success.

Contact
Vines 202
479-788-7675
or email asc@uafs.edu

Hours
Fall/Spring Hours

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<thead>
<tr>
<th>Open Hours:</th>
<th>Vines 202</th>
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<tbody>
<tr>
<td>Mon-Thurs</td>
<td>7:45 a.m. – 9:00 p.m.</td>
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<td>Friday</td>
<td>7:45 a.m. – 5:00 p.m.</td>
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<td>1:00 p.m. – 6:00 p.m.</td>
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Summer Hours

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<td>7:45 a.m. – 8:00 p.m.</td>
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<tr>
<td>Friday</td>
<td>7:45 a.m. – 4:30 p.m.</td>
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<td>Sunday</td>
<td>1:00 p.m. – 6:00 p.m.</td>
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