

CHI HEALTH
SCHOOL OF
RADIOLOGIC TECHNOLOGY

2020-2022

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CHI HEALTH MISSION STATEMENT

As a division of CommonSpirit Health, CHI Health shares this Mission Statement with CommonSpirit healthcare ministries across the country.

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHI HEALTH CORE VALUES

At CHI Health, our core purpose is to heal the body, mind and spirit. Our most important focus is to care for our patients and their families. To do this, all CHI Health employees are expected to serve others by incorporating specific behaviors into their day-to-day work. Our Core Values describe specific day-to-day work expectations based on our mission and values.

Reverence

Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.

Integrity

Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.

Compassion

Solidarity with one another, capacity to enter into another's joy and sorrow.

Excellence

Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

PROGRAM MISSION

Our program strives to integrate and correlate theory with clinical education. Our students progress from directly supervised performance of duties to indirectly supervised performance. This approach promotes the self-confidence, teamwork, and resourcefulness that are essential for becoming a proficient professional. Our students are educated in cognitive, psychomotor, and affective skills for the care of the mind, body, and spirit of each person within their care.

The School is committed to upgrading and implementing new educational methods to meet the ever-changing advancement of the profession. Our program encourages student participation in professional organizations and activities for continued education and growth as health professionals.

PROGRAM GOALS

Upon graduation, our students are:

- Clinically competent
- Competent in safety practices
- Effective communicators
- Prepared to work in a professional environment

The above goals will be measured by attainment of academic standards in all course assignments and testing, clinical performance and competency evaluations, CPR training, laboratory experiments, image critique assignments, critical thinking situations, quality assurance testing, case studies, research papers/reports, and scientific exhibits.

PROGRAM ADMINISTRATION

CHI Health Immanuel Medical Center sponsors CHI Health School of Radiologic Technology. The Board of Directors and Executive Officers govern the CHI Health System:

Richard L. Herink
Board Chair
Lincoln, NE

Bill Yates
VP TD Ameritrade
Omaha, NE

Fr. James F. Clifton, SJ
Board Secretary
Omaha, NE

Thomas Murray, PhD
Provost Creighton University
Omaha, NE

Anthony Jones, FACHE
Interim EVP and COO CHI
Denver, CO

Sr. Maurita Soukup, RSM, RN, MSN, PhD
Health Trustee and Nurse Consultant
Omaha, NE

Suzanne L. Hruza, M.D.
Radiology Consultants
Omaha, NE

Barry G. Sandstrom
President and CEO Home Federal Bank
Grand Island, NE

Bob Lanik
CEO CHI Nebraska - retired
Lincoln, NE

Jennifer Beatty, M.D.
Program Director Creighton University
Colon and Rectal Surgery Fellowship
Omaha, NE

Amy L. McGaha, M.D.
Associate Professor
CHI Health Creighton University
Omaha, NE

Jason Kruger, M.D.
CHI Health – St. Elizabeth's
Lincoln, NE

Cliff A. Robertson, M.D.
CEO CHI Health
Omaha, NE

MEDICAL ADVISOR

Andrew Frager, M.D.
CUMC-Bergan Mercy Medical Center

FACULTY

Robert Hughes, M.S., RT(R)
Program Director

Jesse Larkin, BS, RT(R)(M)
Clinical Coordinator

Krista Lewis, BS, RT(R)(CT)(M)
Clinical Instructor

Tammy Tanner, RT (R)(M)(CT)
Clinical Instructor – Lakeside Hospital

Deb Coughlan, RT(R)
Clinical Instructor – Midlands Hospital

Jill Schukar, RT(R)(M)
Clinical Instructor – Mercy Hospital

Stephanie Zimmerer, RT (R)(CT)
Clinical Instructor – CUMC Bergan Mercy

Chelsea Muckey, RT (R)(CT)
Clinical Instructor – CUMC University

Jessi Janssen, RT (R)
Clinical Instructor – Immanuel

Jim Brown, RT (R)(MR)(CT)
Clinical Instructor – Immanuel

Additional guest lecturers from Children’s Hospital and Medical Center, University of Nebraska Medical Center, Clarkson College, imaging modalities, and other areas of interest.

ADVISORY COMMITTEE

Purpose: To provide continuous professional guidance for the School in maintenance of accreditation standards, make recommendations for improvement in the program, evaluate student development and capabilities, and equitably enforce all program policies.

Members: Program Director, Clinical Coordinator, Clinical Instructors, Operations Directors, non-radiology Allied Health professional, and first and second year student representatives. Input is sought from various representatives of the radiation modalities, clinic directors, Medical Advisor, radiology staff, employers of graduates, radiologists, HR representatives, and any other identified community-interest sources.

ACCREDITATION

The CHI Health School of Radiologic Technology is licensed and authorized by the State of Nebraska Department to grant a Bachelor's of Science in Radiologic Science degree and approved for Title IV funding, veteran, and other eligible persons' benefits.

Program Director, PPCSVE
301 Centennial Mall South
P.O. Box 94987
Lincoln NE 68509-4987

The School is fully accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

Joint Review Committee on Education in Radiologic Technology
20 N Wacker Drive Suite 2850
Chicago IL 60606-2901
(312) 704-5300

The school is accredited as a four year institution by the Coordinating Commission for Postsecondary Education within the State of Nebraska.

Coordinating Commission for Postsecondary Education
P.O. Box 95005
Lincoln, NE 68509-5005
(402) 471-2847

ADMISSIONS COMMITTEE

Purpose: To recruit new applicants, determine admissions criteria, and non-discriminately select new students on established criteria.

Members: Program Director, Clinical Coordinator, and Clinical Instructors

GENERAL INFORMATION

ADA Accommodations

1. It is the policy of CHI Health School of Radiologic Technology to comply with all local, state, and federal laws concerning individuals with disabilities.
2. Students may request accommodations by submitting documentation from appropriate, licensed professionals including educational information such as Individual Education Plan (IEP), 504 plan, Summary of Progress (SOP) or other information about a student's education and accommodation history.
3. CHI Health School of Radiologic Technology will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a radiographer unless doing so causes a direct threat to the individual, others in the workplace, or patients and the threat cannot be eliminated by reasonable accommodation or the accommodation creates undue hardship.

Bulletin Boards/Mailboxes/Lockers

1. Students are responsible for monitoring the bulletin boards and their mailboxes in the classroom and clinical education areas for updated information.
2. Lockers are available to students for personal belongings, books, markers, etc. All private belongings should be kept with you or in the locker for safekeeping. Bring your own combination or keyed lock for your locker. The Lakeside clinical site provides a keyed lock from security. The School/clinical education centers are not responsible for lost valuables.

Campus Security

Our goal is to provide a safe learning environment and access to services. The school and each clinical education site have 24-hour campus Security. If assistance is needed, you may call 402-717-4357.

Dress Code

1. As a student of CHI Health School of Radiologic Technology, you are a representative of the program as well as each department and hospital and are expected to maintain a professional image in both manner and appearance.
2. All students should formulate and maintain an individual program of good grooming and personal hygiene. Scrub uniforms should be kept clean and neat at all times.
3. Hair (including facial hair) should be neatly trimmed, styled, and of a natural color. No extreme looks are allowed. Longer hair must be pulled back to maintain medical asepsis.

4. Fingernails should be neat, clean, and well maintained. Nails should be short (no more than 1/4 inch). Polish color will be traditional and maintained without cracks or chips. Artificial nails, nail enhancements, and enhancement products are prohibited.
5. Colognes/perfumes should be applied sparingly as patients may be sensitive to scents/odors.
6. Jewelry and other accessories may be worn in a moderate manner and must not present a safety hazard to the employee or patient, nor interfere with job duties and/or the delivery of patient care. Jewelry will be small in size, not excessive, and equipped with safety clasps or guard chains; and cannot cover the picture or letter on the identification badge.
7. Facial piercings are limited to one stud piercing and must not exceed 16 gauge. Ear piercings are acceptable and are limited to three pair per ear. One gauge per ear is acceptable but may not exceed 10 mm or 00 gauge and a solid plug must be worn at all times while working. Body dermals and all subdermals (including facial) may not be visible at any time.
8. No tattoos on the face or front of the neck will be permitted, with the exception of permanent make-up that is not extreme in nature. In adherence to CHI Health Core Values, tattoos deemed as inappropriate, vulgar, obscene, or in violation of our "Harassment-Free Workplace" policy, must be covered at all times while working.
9. Steel gray scrub pants and scrub top are required. A lab coat is optional and must also be steel gray. Students will be given School patches that are to be attached to the upper, left sleeve. T-shirts worn under scrub tops must be white, black, or gray and always tucked in. Mostly white, leather (non-conducting), walking shoes are suggested. Socks must cover the ankle.
10. If a student comes in an improper uniform, he/she may be given a warning/demerit and asked to go home to change clothes. Time missed will be deducted from personal days.
11. When wearing surgical scrub clothes, and out of the surgery area, a lab or surgery coat must be worn to cover the scrubs.
12. Surgical scrubs are worn only during Surgery rotations. Surgical scrubs cannot be worn as a substitute for a uniform. Surgical scrubs must be checked out and returned to the surgery department at the end of the day. Surgical scrubs may not be worn outside the hospital.
13. Nametags and dosimeters must be worn, at collar level, at all times in the clinical setting.

Graduation

Graduation ceremonies will typically be held in late June. Students will be given a reception following graduation ceremonies. Graduation attire will be professional and appropriate.

Graduation Requirements

1. Demonstrate knowledge and skills relating to verbal, nonverbal, and written medical communication in patient care intervention and professional relationships.
2. Demonstrate knowledge of human structure, function, and pathology.
3. Anticipate and provide basic patient care, comfort, safety, and other patient needs, as well as appropriate patient education.
4. Understand basic x-ray production/interactions and operate radiographic imaging equipment and accessory devices.
5. Complete ARRT clinical education competencies and document a minimum of 1800 exams.
6. Modify standard procedures to accommodate for patient condition and other variables.
7. Demonstrate knowledge and skills, exposure factors, processing techniques, and analysis relating to digital imaging and processing.
8. Problem solve exposure factors/positioning methods for various patient conditions, equipment, accessories, and contrast media to maintain appropriate radiographic quality.
9. Evaluate/critique radiographic images for appropriate positioning and image quality.
10. Practice radiation protection for patient, self, and others.
11. Recognize emergency patient conditions and initiate first aid and BLS procedures.
12. Evaluate the performance of radiographic systems, know safe limits of equipment operation, recognize and report malfunctions to the proper authority, and all other aspects relating to quality assurance.
13. Exercise independent judgment and discretion in the technical performance of medical imaging procedures.
14. Support the profession's Code of Ethics and comply with the profession's Scope of Practice.
15. Return all books to the School library and return identification badges to the School's office.
16. Pay all final tuition and complete financial aid exit counseling, where applicable.
17. Complete all required attendance and clinical education time.

Harassment

1. Acts or threats of physical violence, including intimidation, harassment, or coercion, will not be tolerated. Threats include, but are not limited to, verbal threats, shoving, pushing, threats made via phone, fax, e-mail or conventional mail, or any other communication method.
2. Acts or threats of sexual harassment will not be tolerated. Harassment includes, but is not limited to, unwelcome physical contact, inappropriate touching, threats or rewards to solicit sexual favors, comments on appearance, sexual comments/jokes/stories, sexual advances, display of explicit material, or suggestive gestures.
3. Non-compliance will be subject to disciplinary action at the discretion of the Advisory Committee.

Health Policies

1. Students must obtain their own health insurance. No medical expenses incurred as a student in the program are covered by the School or CHI Health.
2. CHI Health is committed to a drug-free work environment. Students will be required to submit to a drug and/or alcohol test whenever actions, statements or appearance cause reasonable suspicion that the student is under the influence of illegal drugs, controlled substances, or alcohol. Students who refuse to submit to a drug or alcohol test, or have otherwise violated this policy, will be subject to corrective action that may include termination from the program.
3. If feeling ill, use discretion before attending clinical or academic times to avoid exposing others.
4. If sick, the student must call the hospital before 7:30 a.m. and report to your Clinical Instructor or supervising RT that you will not be in. A student may be required to furnish satisfactory medical proof of sickness, disability, or dental procedures at any time.
5. If the student is sick for three (3) consecutive days, a doctor's release must be presented to the Program before returning to school. If a student is absent for three (3) consecutive days without reporting in, it will be assumed that the student has left the program voluntarily.
6. If injured during class/clinical education, an incident report must be completed within 24 hours. If additional tests/treatments are ordered or the student uses the services of the ER/Occupational Health, it will be at the student's own expense.
7. If exposure occurs, follow the CHI Blood/Body Fluid Exposure Protocol found in the Emergency Preparedness Manual. A two-hour window is the recommended time allotment between exposure and treatment of the student with medication when required.
8. Depending on assessment for continued testing/treatment, the student may be financially responsible for further expenses beyond initial testing.

9. Hepatitis B vaccinations, medical records, and post-exposure follow-up are documented through Occupational Health. Universal precautions, use of warning labels, and personal protective equipment are employed and supplied.
10. If a student is unable to participate in clinical duties because of injury, class may be attended on written permission of physician.
11. A Counseling Assistance Program (CAP) is available for confidential counseling. Contact EAP Coordinator at 402-398-5795.
12. All accidents, falls, etc. must be reported to the Radiology Manager, lead technologist, Program Director, or Clinical Instructor immediately. All incidents should be reported on-line through IRIS. The report must be completed under direction of a RT or your Clinical Instructor following an incident, and the Operations Director should be notified.

ID Badges

Identification badges are provided for all students at their first clinical assignment. Badges are required for entrance to all clinical education sites as well as the classroom. Badges are to be worn at collar level and visible at all times.

Lead Markers

Each student will receive one set of 'R' and 'L' image identification markers. If lost, the student is responsible for replacing them.

Library

The medical libraries at all clinical education sites are available to students.

Non-discrimination

1. The CHI Health School of Radiologic Technology is committed to fostering an inclusive learning environment free from discrimination and harassment.
2. The CHI Health School of Radiologic Technology does not discriminate on the basis of race, ethnicity, color, national origin, sex, religion, age, disability, sexual orientation, gender identity, veteran status, marital status, and/or political affiliation. CHI Health complies with all local, state and federal laws prohibiting discrimination.

Outside Activities

1. A student may participate in any outside activity if it does not adversely affect grades, class preparation, or assignments. A drop below 75% average in either clinical or academic education at any time constitutes an adverse effect. Class or clinical education cannot be changed to accommodate outside activities.

2. Second year students employed as Temporary (Nebraska) or Limited (Iowa) technologists cannot count employment hours towards student clinical education time.
3. Exams completed while working cannot be counted towards the exam total, nor can CPEs be completed during work hours.
4. A second year student hired as a part-time employee in a Radiology Department at CHI Health may not supervise another student.

Parking

At all campuses, students will park in designated areas. A parking placard is required at some facilities, and will be provided. Areas closer to the hospital are for outpatients, families, and visitors. Parking in non-designated areas will result in tickets, boots, and/or towing.

Professional Conduct

1. Professional address will be the use of Mr., Mrs., Miss, Ms., or Doctor when addressing patients, visitors, administrators, or physicians.
2. Students will follow AIDET procedures with all patients. Before taking an exposure, always check two identifiers (i.e. name and DOB) and look at their armband, per CHI Health policy.
3. Eating in view of the public and patients is prohibited. Chewing gum is discouraged.
4. All CHI Health facilities prohibit smoking or carrying weapons of any kind.
5. All records of all departments are legal documents. All precautions should be maintained to see that only proper personnel handle or access these records. Under no circumstances should any information be revealed to a family member, news media, or any unauthorized person without the patient's written permission. Only information relevant to the patient's care may be accessed. It is likely that situations or conditions will be discussed in class, but the patient's privacy will be maintained.
6. Information about a patient, including images of a patient, must never be disclosed to your family and friends or posted to social media outlets. In personal conversations, do not mention patients' names or conditions in front of others, both in and outside the hospital.
7. Undue noise, conversation, laughing, or gossip is unacceptable behavior in the clinical education areas, in front of a patient, or while walking through the halls of the hospital.
8. Personality conflicts should be brought to the attention of the Clinical Instructors, Clinical Coordinator, or Program Director immediately. Criticizing other students, technologists, physicians, nurses, or other health care personnel to each other is discouraged.

Professional Societies

The School provides for membership in the Nebraska Society of Radiologic Technologists. Membership in the American Society of Radiologic Technologists is encouraged and recommended for professional growth and development, but is at the student's expense and not required.

Registry Examination

1. After meeting specified criteria, students are eligible for the American Registry of Radiologic Technologists (ARRT) certification exam. Students will follow current application guidelines and eligibility requirements, and all protocols of the testing center.
2. The student is responsible for initiating the application process, completing and signing the form, getting a suitable (passport) picture, enclosing the fee, and mailing the completed application. Your picture must be attached to the application before the Program Director will endorse your application.
3. The School is responsible for application availability, reviewing the application process in a class session, and timely endorsement of the application form.

Security/Maintenance of Student Records

In compliance with Title 92, Chapter 41,004.15A5, CHI Health School of Radiologic Technology maintains, in a fire resistance area, permanent academic records for all students for fifty (50) years. Financial records for all students are maintained for five (5) years post-graduation.

In compliance with Title 92, Chapter 41, 004.15B, CHI Health School of Radiologic Technology secures all permanent student academic and financial records in a locked cabinet and office. All computer records are coded and safeguarded by the CHI Health System. The School will release, transfer, disclose or otherwise disseminate students' records, or information therein, only on the written request of the student, except to persons authorized or required to have such information by state or federal law or regulation, or pursuant to a court order.

Telephone

1. Always identify yourself and department when answering the phone. Calls should be handled with tact and courtesy. First-year students should direct all questions/messages to a RT.
2. Take messages accurately recording the caller, time of call, pertinent information, and return number. Deliver all messages as promptly as possible.
3. Students may not use the hospital phone lines for long distance calls. Please keep incoming personal calls to a minimum. Text messaging and personal calls should be made during breaks and lunch. Do not use work area phones for personal calls. All cell phones must be turned off during class and clinical education.

ACADEMIC POLICIES

1. The academic program will consist of six (6) semesters. Students must complete the program within 150% of the program length.
2. Academic and clinical progress reports/evaluations will occur at mid-term and at the end of each semester; or sooner if necessary. Tuition must be paid or up-to-date by midterm evaluations or grades will be withheld.
3. The student must maintain an overall 2.8 GPA throughout the program. Students are required to receive a grade of 75% or better in each course (with the exception of Clinical Education).
4. If a student performs below 75%, but not failing (70%-74%) in any academic course during the 2 years, (s)he will be given an "I" (Incomplete), and placed on academic probation. Upon notification of the "I" grade, the student must contact the course instructor to schedule remedial assignments and/or re-testing within a specific time frame. If a student receives 2 or more 'I' grades in any one quarter, the student will be subject to dismissal.
5. Successful completion of the remedial assignments and testing will result in the student receiving a 75% in the course. Unsuccessful completion of remedial assignments and/or testing will result in the student receiving an 'F' in the course and dismissal from the program.
6. Students will be allowed one probationary period for academic and one for clinical education during the program. If a student exceeds this limit, they will be dismissed from the program. A student cannot be on both academic and clinical probation at the same time.
7. Students are required to have all materials and textbooks with him/her in class. Students are expected to be prepared for class with completed assignments.
8. If class is missed, the student must contact the course instructor concerning make-up of any missed materials. Tests that are missed due to an absence must be scheduled within one week of returning to class or a zero will be recorded for that test.
9. Studying is done primarily after academic and clinical education hours.
10. Tests will not be returned permanently to students until the completion of the academic year. However, the student may view the tests at any time in the School office. Students may not actively seek old worksheets/tests from a second year student or graduate. This action is considered cheating and subject to disciplinary action.

11. If a student fails an individual examination, it will be at the discretion of the course instructor to allow a repeat exam, under the following conditions
 - A student may re-test only if they receive an 'F' (below 70%)
 - A student may repeat the test only once
 - Combined points of both tests will be recorded
 - A student may repeat no more than twice in any one subject, or 4 total tests, per year
12. Extra credit assignments in any course are left to the instructor's discretion. Extra credit assignments cannot be excessive as to artificially inflate grades.
13. Eating and drinking in the classroom is allowed, however, the classroom is to be left orderly at all times.
14. Provisions for acceptance of transfer students:
 - Must have successfully completed coursework equivalent to the CHI Health Program
 - Must meet all admission requirements of CHI Health
 - Must have reference from previous Program Director stating reason(s) for leaving or transferring
 - Clinical Education evaluations and grades must meet the same standards as current students with the same length of time in our program
 - All decisions will be made on recommendation of the Advisory Committee
15. Provisions for students transferring to another institution:
 - Grade transcripts, clinical summary, recommendations, and other required information will be forwarded to the transferring institution
 - Recommendation that the student complete one full year before transferring to provide for continuity of instruction, unless extenuating circumstances exist
 - The School will comply with any further requirement of the transferring institution as deemed necessary

Disciplinary Action

1. Any student who infringes on the policies, rules, and regulations as stated in the Student Handbook or CHI Policy Manual is subject to demerits/written warnings, probation, suspensions, or termination.
2. The length of probation/suspension will be determined by severity and frequency of the offense, circumstances surrounding the violation, and the student's prior record. Suspensions are made up after graduation date.
3. On action of the Advisory Committee, a student may be disciplined/dismissed for any of the following reasons:
 - Failure to maintain academic standards
 - Repeated clinical warnings/probation/suspensions
 - Insubordination or unprofessional conduct
 - Accumulation of 2 or more demerits in any semester
 - Excessive or unexcused absences/tardiness
 - Cheating, dishonesty, or stealing
 - Illegal use of drugs, intoxication, or absences as a result of intoxication or drug use
 - Disclosure of confidential information
 - Failure to meet financial requirements
 - Any other behavior warranting such action as stated in the Student Handbook or CHI Policy Manual

Clinical

- Non-passing grade in Clinical Education in any quarter
- Non-compliance with proper radiation safety and protection
- Unsafe, immoral, or unethical practices/behavior
- Inefficiency or lack of cooperation
- Unwillingness to progress from a directly supervised environment to an indirectly supervised environment
- Excessive absences in clinical education other than previously scheduled time off

Insubordination/Unprofessional Conduct

- Any physical, verbal, or emotional abuse of another individual
- Unwillingness to perform clinical education duties and class assignments
- Unwillingness to improve behavior after suggestions for said improvements have been stated

Excessive/Unexcused Absences or Tardiness

1. An unexcused absence is defined as non-attendance in academic or clinical areas without 24 hour notice to the Program Director or Clinical Instructor
2. Excessive is defined as 2 or more absences/tardies in any one week, OR 4 in any one 30 day month, OR 8 or more in any 12 calendar months

Grading System

1. The grading system in use by the School is one of criterion reference. In order to evaluate student progress, regular examinations are an integral component in the evaluation process.
2. A point system determines academic course grades. Total course points are divided into the total points earned by the student. The Clinical Education grade is calculated differently (see page 31) to balance points in Clinical Education with Academic course work.
3. The Academic point/percentage system guidelines are as follows:

<u>Percentage</u>	<u>Grade</u>	<u>Scale</u>
98-100	A+	4.0
90-100	A	4.0
88-89	B+	3.5
80-87	B	3.0
78-79	C+	2.5
75-77	C	2.0
70-74	I	0.0
Below 70	F	0.0

Merits/Demerits

1. Merits can be earned by volunteering a schedule change to aid a classmate or clinical site alterations, extra effort in getting to school on a bad weather day, assisting in any way beyond normally expected duties, merit sheets, etc
2. In academics, merits will add points. In clinical, the student will earn 1 hour personal time.
3. Demerits may be given for sleeping, excessive talking, or inattention in class or lab; excessive tardiness/absences; incomplete class assignments; repeatedly forgotten books, materials, markers, nametags, or film badges; improper dress code; parking violations; or failure to comply with any other CHI or School policy.
4. Demerits may adversely affect grades; either academic or clinical education

Students' Rights

1. Examination of their permanent education record.
2. Published program description - candid, complete, and accurate information.
3. Published admissions criteria and procedure: fair, equitable, and non- discriminatory.
4. Requirements for continuance, good-standing, and graduation.
5. Adequate, appropriate advisement/guidance, up-to-date accurate career information.
6. Accurate, complete information including annual program costs and financial aid responsibility.
7. Family Educational Rights and Privacy Act of 1974 - Buckley Amendment.
8. Inspection, challenge, hearing, submission of explanatory statement, prevention of disclosure of personally identifiable information, and security of records.
9. Due Process:
 - Every student is encouraged to try to resolve his/her issues/grievances directly with the other party prior to seeking formal mediation.
 - A student may petition the Advisory Committee at any time for any complaint, grievance, or concern. The Advisory Committee will respond within 72 hours.
 - Within 72 hours after notice of the Advisory Committee's action, the student must inform the Program Director, in writing, that he/she wishes to make an appeal
 - After receipt of written request for an appeal, the Program Director will schedule a hearing within 5 days so that the student may appear before the Committee. A representative from Human Resources will be asked to serve as mediator.
 - Supportive documentation (not hearsay) shall be provided by the student relative to the appeal.
 - After hearing the student's appeal, the Committee will evaluate all documentation with a decision rendered within 48 hours. The student will be notified of the Committee's decision within 24 hours. The student may appeal this decision to a Human Resources representative within 24 hours. The external source's decision will be rendered within 48 hours and will be final and binding.

Procedure for addressing student complaints:

For those issues concerning non-compliance of JRCERT Standards, the School will conclude those concerns within 30 days (per JRCERT policy).

Address: Joint Review Committee on Education in Radiologic Technology
20 N Wacker Drive Suite 2850
Chicago IL 60606-2901
(312) 704-5300

The student may also contact the Program Director of Private Postsecondary Career Schools at the Nebraska Department of Education, or the Coordinating Commission for Postsecondary Education of Nebraska.

Address: Program Director, PPCSVE
301 Centennial Mall South
P.O. Box 94987
Lincoln NE 68509-4987

Address: CCPE
140 N. 8th St., Suite 300
Lincoln, NE 68508

10. Education records do not include:

- Records which are in the sole possession of the maker and are neither accessible nor revealed to any other person
- Records maintained by campus security for the purpose of law enforcement.
- Records relating to an individual's employment at a CHI facility, when such employment is not based on the individual's status as a student.
- Medical and counseling records used solely for treatment.
- Records that only contain information about an individual after (s)he is no longer a student (i.e. alumni records).

11. Consent to release records, or denial of release. The following circumstances allow for release of records without consent:

- Release to a school official if they are determined to have a legitimate educational interest in the information. School official shall include committee members, members of the Board of Directors, employment or degree verification services, accreditation agencies, financial aid clearinghouse, and other contracted services employed for a specific task by the program or sponsoring institution.
- Lawful compliance with a properly issued subpoena or court order.
- A request of a parent of a dependent student, as established by Section 152 of the Internal Revenue Code of 1986.
- In case of emergency, if the knowledge of the protected information is necessary to protect the health or safety of students or other persons.
- A request from authorized state or federal representatives in relation to a state or federal audit of government supported programs.

FINANCIAL AID

Financial Aid Policy

Any student accepted for admission or currently enrolled at CHI Health School of Radiologic Technology may be considered for financial aid. Upon completion of all necessary forms, the Financial Aid Office will determine the financial award and finalize a payment plan.

Students receiving financial aid must meet these eligibility requirements:

- Completed all necessary admission steps and be admitted into the program.
- Be in good academic standing and making satisfactory academic progress.
- Be a citizen or eligible non-citizen of the United States or Trust Territories.
- Not be in Default in the repayment of any educational loans or owe a refund on any Title IV grant program at any institution.
- Be registered with the Selective Service if you are a male. Any male born after January 1, 1960, must certify registration with the Selective Service before he can receive any Title IV funds. A signed statement to this effect is acceptable.

To be considered, the applicant must complete the following steps:

- Have gained admission into the program (See Admission Procedures)
- Complete and submit the Free Application for Federal Student Aid (FAFSA).
- Submit a signed copy of the student's federal Income Tax Return, with all W2s and attachments, or a signed completed Non-filer form with supporting documentation.
- Dependent Students Only: submit a signed copy of the parent's federal Income Tax Return (including all attachments and W2s, or a Non-Filer Form with supporting documentation).

Disbursement

If a student is awarded Financial Aid, disbursements will be made twice during the academic year. If the student is a first time loan borrower, there is a 30 day waiting period to show satisfactory academic progress before the first disbursement.

Loan and Scholarships/Grants

When a student receives student financial aid (federal/state/institutional) funds to attend an institution and subsequently takes a Leave of Absence (LOA), withdraws from the program, is dismissed, or fails to complete the period of enrollment for which the funds were received, federal law requires the institution to make a timely refund of "unearned tuition, fees, and other institutional charges" as assessed by the institution. The institution must also determine if the student owes a "repayment" of unearned funds that the institution either disbursed to the student directly or credited directly to the student's account for living expenses. Students receiving federal student financial aid are required to visit with the Office of Financial Aid prior to finalizing the LOA or complete withdrawal from semester coursework.

The Office of Financial Aid will provide you with a complete analysis of your rights and responsibilities as they pertain to the financial aid process when considering a withdrawal or LOA. Completion of refund repayment calculations and completion of the required exit paperwork takes approximately one hour.

Professional Judgment

Professional judgment is defined as a discretionary action on the part of the Financial Aid Office to address unusual circumstances that affect a student's/parent's ability to pay for educational expenses. Professional judgment will be reviewed on a case-by-case basis. A committee will be formed to ensure consistency. Documentation is required for any professional judgment consideration.

Return of Federal Student Aid Funds

Federal student financial aid is provided to students to fund their direct and indirect costs of education as determined by the institutional cost of education. Failure to complete a required term of enrollment may result in the student's need to refund or repay federal student financial aid for costs not incurred. A leave of absence (LOA), taken at any time after the start of a term, is considered a 'withdrawal of enrollment' for federal student aid purposes.

If the withdrawing student received federal student aid, the Financial Aid Office follows the guidelines provided by the US Department of Education for repaying financial aid. This is a proportional calculation based on time enrolled during the semester, type of aid received, and directs costs (tuition/fees). Students should also refer to the Withdrawal/Refund Schedule for determination of the amount of tuition owed if they withdraw from enrollment after the first week of classes.

Repayment of Student Financial Aid Funds

In addition to receiving funds for direct costs (tuition and fees), students may also be provided funds for living expenses. Failure to complete a term of enrollment will result in the "repayment" of funds for periods of non-enrollment. For this policy, financial aid is considered to be used first for payment of tuition, fees, and other payments to the Program. Therefore, all or part of any unearned funds will be used to reimburse financial aid programs. If a student withdraws from the Program for any reason, student financial aid dollars must be returned to the Office of Financial Aid for refund and repayment to the respective federal aid programs. In accordance with federal laws, the following fund priority listing will be used when refunding and repaying funds to Title IV aid programs for the academic term involved.

Federal Funds will be returned to the various federal aid programs in the following order:

1. Unsubsidized Federal Stafford Loan
2. Subsidized Federal Stafford Loan
3. Federal Perkins Student Loan (FPSL)

4. Graduate PLUS Loan
5. Federal Direct PLUS Loan (parent)
6. Federal Pell Grant
7. Federal Supplemental Educational Opportunity Grant (SEOG)

Students receiving federal student financial aid are required to contact the Office of Financial Aid prior to finalizing a leave of absence or complete withdrawal. Any student withdrawing from the Program, impacted by this policy receives a worksheet detailing the federal calculations for the return of federal student aid.

Satisfactory Academic Progress

Federal regulations require that policies for students receiving financial aid must be the same as, or stricter than, the institution's standards for a student enrolled in the same educational program who is not receiving assistance under the Title IV Programs. Students enrolled in the Radiography Program must meet the following requirements for satisfactory academic progress and be eligible for funds under the Title IV Programs:

- Be enrolled Full Time
- Maintain a minimum of a 2.8 GPA
- Complete 100% of attempted hours or progress to the next level of the program

Students required to repeat any academic year will not be eligible for federal financial aid for the "repeat" year unless granted an appeal.

Separation of Duties

The Financial Aid office will process aid information and calculate awards. The Financial Aid Office will also provide to the student entrance and exit counseling regarding their tuition and repayment obligations. The Finance Department will disburse the awards as they become available.

Verification

Verification is the process of verifying the reported information submitted by the student requesting Title IV Funds. If your application is chosen for verification, you must submit the verification worksheet (available in the Financial Aid Office), with all requested documentation.

- Verification worksheet and requested documentation must be returned within 3 weeks of notification.
- Students will be notified in writing, if the award amount changes as a result of the verification process.
- Students will be advised of any corrective measures necessary.
- Students will be advised of their responsibility to repay any overpayment resulting from the verification process.

Veterans Affairs Benefits

Certification for Veterans Affairs Benefits, including but not limited to the Post 9/11 GI Bill, will be completed each semester by the Program Director. Students are required to submit a letter of eligibility to the program prior to verification. Funds will first be applied to the student's account, and any remaining funds will be disbursed accordingly.

The program will not impose any penalty including: the assessment of late fees; the denial of access to classes; libraries or other institutional facilities; and/or the requirement that a Chapter 31 or Chapter 33 recipient borrow additional funds to cover the individual's inability to meet his or her financial obligations to the institution due to the delayed disbursement of a payment by the U.S. Department of Veterans Affairs.

Veteran and Eligible Person Standards of Progress Policy

A veteran and/or eligible person must make satisfactory progress toward an approved educational objective leading to employment. Veteran and/or eligible person Standard of Progress will be determined utilizing the Satisfactory Academic Progress policy and Disciplinary Action policy in the college catalog as well as the Academic Policies and Disciplinary Action Policy in the college handbook.

Withdrawal/Refund Policy

1. A student who has not visited the School facility prior to enrollment will be given an opportunity to withdraw without penalty within three (3) business days following either the regularly scheduled orientation procedures or following a tour of the School facilities and inspection of equipment.
2. If a student decides not to attend the program after signing the enrollment agreement, they have three (3) business days in which to cancel their enrollment and are entitled to 100% of their deposit back.
3. If a student chooses to withdraw from the program after the start of classes, a letter of resignation stating the reason for withdrawing should be submitted in person to the Program Director.
4. Effective at the start of classes each semester, a pro-rated, tuition refund policy exists:
 - Withdrawal in the first week - 100% of tuition
 - Withdrawal weeks 2 through 4 - 60% of tuition
 - Withdrawal weeks 5 through 6 - 40% of tuition
 - Withdrawal after 6 weeks - No refund
5. A student will be considered officially withdrawn from the program within 7 days after receipt of the student's letter of withdrawal or the last date of academically related activity. If the student is on a Leave of Absence (LOA), the date of withdrawal is the date the student was scheduled to return and failed to do so.

6. All refunds are made within 30 days of the determined date of withdrawal.
7. If a student wishes re-admission to the program after withdrawal, the student must re-apply to the program and satisfy all admissions criteria. No credit will be granted for previously completed courses, competencies, or clinical education time.
8. No student will be re-admitted if any of the following situations have occurred:
 - Failure to maintain academic standards
 - Repeated clinical warnings/probation/suspensions
 - Insubordination or unprofessional conduct
 - Accumulation of 2 or more demerits in any semester
 - Excessive or unexcused absences/tardiness
 - Cheating, dishonesty, or stealing
 - Illegal use of drugs, intoxication, or absences as a result of intoxication or drug use
 - Disclosure of confidential information
 - Failure to meet financial requirements
 - Any physical, verbal, or emotional abuse of a patient, visitor, peer, or superior
 - Non-compliance with proper radiation safety and protection methods
 - Unsafe, immoral, or unethical practices/behavior toward self, patients, or others
 - Or any other behavior that warranted disciplinary action as stated in the Student Handbook or CHI Policy Manual

ATTENDANCE/PERSONAL TIME

Personal Time

1. A time record has been established as all health professionals are accountable for punctuality and dependability to patients, staff, peers, and employers. Tardiness and absences will be deducted from personal time for clinical education and can affect clinical grades. The School utilizes an electronic clinical tracking system that includes a time clock. Students are expected to use a department computer to clock in and out for clinical assignments, and that time exceptions cannot be excessive.
2. Students are allowed 12 personal days during the length of the program. A request (pink card) for personal time off must be submitted to your Clinical Instructor, Clinical Coordinator, or Program Director at least 24 hours in advance to be considered excused.
3. Appointments should be made outside of clinical or academic time unless prior approval has been granted by the program faculty.
4. Students should not assume personal days will be granted before receiving approval by program faculty. Absences are discouraged while classes are in session and may adversely affect the student's grade.
5. A holiday occurring during personal time will not be counted as a personal day.
6. Students cannot carry over more than seven (7) personal days into their second year.
7. If the student exceeds 12 personal days at any time during the program, clinical education may be compromised. Therefore, the student has the option to complete clinical education after the program graduation date or during scheduled School breaks with prior approval, but not during holidays or when faculty are not present. To complete clinical education time of less than one (1) full day, the student may stay beyond regularly scheduled hours with prior approval from program faculty.
8. Personal time that is made up on breaks or off hours cannot exceed 10 hours per day. The total hours per week should not exceed 40, including classroom time, unless voluntarily requested by the student.
9. Personal time taken on academic days will not count towards personal days, but may affect course grades as determined by the instructor. Refer to course syllabi for more information.

Bereavement

1. Students who need time off to attend funeral services are allowed up to five (5) days for immediate family (spouse, parent, child, brother/sister; including step and half relations). Three (3) days will be given for extended family. Two (2) days will be granted for all other family funerals.

2. These are excused days and need not be made up. Personal days may be used for any absence beyond the given funeral leave.
3. Due to the sensitive nature of bereavement leave, any unusual circumstances or need for special considerations will be reviewed by the Advisory Committee.

Holidays/School Breaks

1. The School recognizes the following 6 holidays each year and the student will not have academic classes or clinical education: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day.
2. Official School breaks include Thanksgiving and Christmas breaks, Spring Break, and a summer break between the first and second year of the program.

Jury Duty and Military Service

The program recognizes the civil duties and obligations that may arise while enrolled. The school follows the policies of CHI Health.

Leave of Absence

1. Leave of absence (LOA) is granted only in unusual circumstances at the discretion of the Advisory Committee. It will not be granted if the student is on probation.
2. LOA length will be a maximum of 12 weeks. All personal days for that year must be taken first and then the LOA will begin. More than 12 weeks LOA requires re-admission into the program.
3. LOA time will be made up after the formal graduation date. Neither the diploma, nor the ARRT verification form, will be signed until all graduation requirements have been met.

Pregnancy

1. All students should be aware that radiation can cause genetic effects. The School follows the guidelines identified in NCRP Report #116, Section 10, "The NCRP recommends a monthly equivalent dose limit of 0.5 mSv (.05 rem) to the embryo-fetus (excluding medical and natural background radiation) once a pregnancy becomes known." Total dose equivalent limit to the embryo-fetus for the entire gestational period cannot exceed 5 mSv (.5 rem).
2. Notification of pregnancy is optional. If the student chooses to disclose a pregnancy, they must complete, in writing, the Declaration of Pregnancy Statement which includes an estimated date of conception. The student will review with the Program Director or Radiation Safety Officer the cardinal principles of time, distance, & shielding, and all other radiation safety policies and procedures.

3. Once pregnancy is declared, the student will be assigned a secondary dosimeter to be worn at waist level under the lead apron. Monthly doses will be closely monitored. The student may withdraw, in writing, her Declaration of Pregnancy at any time.
4. The student must submit a written statement from her physician giving her permission to continue in the program, identifying any restrictions or limitations. The Program Director will request a review by the Radiation Safety Officer or Radiation Physicist of the student's dosimetry history. Based on these findings and recommendations, the student may be reassigned or limited in her clinical education duties. If no restrictions are identified, the student will continue without modification to schedule or assignments. Any clinical competencies not allowed or not completed during pregnancy must be completed successfully prior to graduation.
5. Following delivery, the student may return to academic and/or clinical education courses as decided by the student and her physician. A written statement from her physician must be submitted indicating "return to school" status, identifying any restrictions or limitations.
6. Maternity leave and make-up time will be decided on an individual basis by the Advisory Committee.

Weather

1. In general, school is not canceled due to inclement weather. However, we do not expect or wish students to risk injury to reach the hospital in such conditions. Providing this is not the case, every reasonable effort should be made to arrive at the assigned time. If a student gets to the hospital but is tardy because of weather conditions, this is considered an excused tardy.
2. While the school may make its own weather related decisions, we will follow the weather cancellations of Metropolitan Community College in Omaha.

CLINICAL EDUCATION

1. Clinical experience is an essential component of the professional education. Participation in clinical education carries inherent risk of exposure to infectious diseases, as well as other health hazards. Students will be instructed in proper infection control protocols, PPE usage, and other safety measures. While such practices cannot eliminate the risk completely, it greatly reduces the likelihood of an adverse event. Failure to follow all safety protocols of the school and the health system will lead to disciplinary action.
2. Preparation for Clinical Education begins in the classroom with an Introduction to Terminology and Basic Principles of Radiographic Positioning. The student will receive orientation and practice time in the different rooms in the clinical area.
3. The student begins their clinical participation by first assisting a registered technologist in the execution of duties. This participation moves from a passive mode of observation to a more active role of assisting the RT in radiographic procedures. The rate of student progress is dependent upon the student's ability to comprehend and perform the various tasks assigned to him/her within a flexible time period.
4. The student begins positioning classes and simulated lab practice. Positioning classes include procedures for all body systems/structures, divided into 8 categories: Chest and Abdomen, Contrast Studies, Lower Extremities, Upper Extremities, Spine and Thorax, Routine Skull, Supplemental Skull, and Special Procedures.
5. A written test will be given to the student in each positioning category. Students must successfully complete the test and lab practice prior to completing an exam in the clinical area.
6. After successful completion of lab practice and the written test in a category, the student will practice category procedures under direct supervision of a RT. When the student feels capable of proper procedure performance, they will ask for a Clinical Performance Evaluation (CPE) regardless of difficulty of patient. These evaluations may be completed by the Clinical Instructor, supervising RT, or program faculty. Several procedures within each category must be completed within a designated time frame. Points will be deducted for late CPEs.
7. If any projection must be repeated when performing a CPE, a deduction will occur. The student must receive a minimum grade of 85% in each category before performing those procedures under indirect supervision.
8. Direct supervision is defined as:
 - A qualified radiographer reviews the request for examination in relation to the student's achievement;
 - A qualified radiographer evaluates the condition of the patient in relation to the student's achievement;
 - A qualified radiographer is present during the conduct of the examination; and
 - A qualified radiographer reviews and approves the radiographs

9. Indirect supervision is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.
10. In support of professional responsibility for provision of quality patient care and radiation protection, unsatisfactory radiographs shall be repeated under direct supervision, regardless of the student's level of competency. The repeated image must have a signed repeat evaluation form (pink sheet) completed for documentation and recorded in the clinical tracking system.
11. The student will progress through the various areas of the department on a rotational basis. Weekly evaluations by the supervising RT or Clinical Instructor will begin with the first rotation. All clinical evaluations will be reviewed by the student and program faculty.
12. Clinical progress guidelines are available at each clinical education site. The student should review these as the semester progress. Guidelines are set to correlate student progress within a certain time frame.
13. The student records all exams completed on a weekly basis. A minimum of 1800 exams must be documented to meet graduation requirements.
14. Good initiative, interest, and attitude will continuously be evaluated and reflected on weekly evaluations. Even if all CPEs have been successfully completed, active clinical participation is a must at all times.
14. At any time during the last three months of the program, the student will be observed and evaluated for terminal competencies to meet graduation requirements.
16. The School has designed all student educational needs within a 40 hour week of academic classes and clinical education. Any time in excess of the 40 hour week is voluntary.
17. For the majority of the program, the clinical education schedule will be 7 a.m. to 3:30 p.m. Class and clinical schedules will be posted at the beginning of each semester and/or rotation. Clinical education rotations may not necessarily coincide with the academic calendar.
18. Beginning in the second semester, clinical rotations will also include B-shifts (Noon - 8 p.m.) during the week, Saturday morning (7-11 a.m.), or full weekend rotations which will include one (1) B-shift and one (1) day shift. When non-standard shifts are completed, the student will receive compensatory time off to maintain the schedule less than 40 hours per week.
19. When scheduled for a Saturday and Sunday clinical education, one (1) clinical day during the preceding week and one (1) clinical day following the weekend will be given off as compensatory time to be determined by the student with the approval of the program faculty.

20. If a student has not completed competency testing in a category that is primarily seen on a B-shift/weekend, and these rotations are complete, the student may ask for additional B-shift/weekend rotations. This is to provide the student with the opportunity to complete course requirements in exams usually encountered on B-shift/weekend rotations.
21. Clinical education sites and room assignments will be arranged by the Clinical Instructors. Students may not switch assignments unless prior approval has been granted by the supervising Clinical Instructor or program faculty. Proposed switches must be submitted for approval/rejection to your Clinical Instructor at least 2 weeks prior to the proposed switch.
22. Lunch periods will be 30 minutes on clinical education days and one hour on class days. One 20-30 minute coffee break can be taken each morning in Clinical Education.

Clinical Education Grading System

1. After practicing exams under direct supervision, the student must complete designated Clinical Performance Evaluations (CPEs) during a specific time frame. The student must achieve an 85% in a CPE category before performing those procedures under indirect supervision. CPEs validate competency and may be repeated in subsequent semesters.
2. After each rotation, the student will be evaluated by two criteria: room evaluation and CPEs. Because CPEs validate competency and are considered an important aspect of the application of theory, they are double-weighted in grading. Before graduation, all mandatory and elective ARRT clinical competencies must be met.
3. A first-year student must maintain an 85% average in Clinical Education I and a grade of 88% in Clinical Education II and III. A second-year student must maintain a 90% average per in Clinical Education IV and a grade of 92% in Clinical Education V and VI. An escalating grade requirement is designed to encourage the students' improvement from a passive, dependent mode of participation into active, independent performance of procedures.
4. If a student is below the required percentage at mid-term/semester evaluation, they will be placed on a two (2) month probation. If the grade is still below the required percentage, the student will be dismissed. A student receiving a 'F' in Clinical Education at mid-term/semester evaluation will be dismissed.

<u>Percentage</u>	<u>Grade</u>	<u>Scale</u>
98-100	A+	4.0
94-100	A	4.0
92-93	B+	3.5
85-91	B	3.0
80-84	I	0.0
Below 80	F	0.0

Electives

Two (2) days will be given for elective rotations. The student will determine areas of interest and time in each area on approval of the Clinical Instructor. Elective rotations can begin in the 3rd semester. The student must be in good clinical and academic standing for elective rotations to be approved.

Modalities

1. In the late third or early fourth semester, students will rotate through the various specialty areas associated with radiology. These will include, but are not limited to: Magnetic Resonance Imaging, Sonography, Radiation Therapy, Nuclear Medicine, and Mammography.
2. Rotations through Mammography will be available to both female and male students; however, due to the sensitive nature of the exam, permission from each patient must be obtained prior to entering the room.
3. Computed Tomography is included as a general clinical rotation beginning in the second year of the program.

Radiation Protection

1. Radiology students should be acquainted with the danger of careless or accidental exposure to radiation.
2. Collimators must be used at all times. Shielding on patients should be used when it will not interfere with the examination. Close all radiographic room doors before making an exposure.
3. **Never** may any person willfully expose him/herself or any other person to radiation unless such exposure is for diagnosis or treatment and ordered by a physician.
4. Students will not be in the radiographic or fluoroscopic room when an x-ray tube is energized.
 - A. Exceptions are authorized only when procedures necessitate the presence of a doctor, RT, student, and/or nursing personnel.
 - B. Students are never to hold an IR, and only hold patients when absolutely necessary.
 - C. Such designated personnel must wear a lead apron, thyroid shield, and gloves when holding patients or in the radiographic or fluoroscopic room.
5. Radiation is monitored by dosimeters. Records are kept on each person by the radiation safety officer at the site. Dosimeters are changed monthly at the clinical education sites. It is the students' responsibility to change their dosimeters. Students are also responsible for initialing the monthly report. An annual report will be given to the student each year.

6. Dose limits are monitored for excess radiation. The Program follows the excessive dose limit regulations in place for the CHI Health System. The following dose limit levels are identified and will initiate warnings when exceeded.

Alara I is set at 10% of the quarterly allowable dose (125 mrem or 1.25 mSv)

Alara II is set at 30% of the quarterly allowable dose (375 mrem or 3.75 mSv)

Alara III is set at 80% of the quarterly allowable dose (1000 mrem or 10 mSv)

7. Dosimeters must be left in assigned areas at each clinical education site. Dosimeters should **never** leave the hospital. Students will be responsible for careful monitoring of dosimeters.
8. Your dosimeter must be worn at all times and positioned at collar level. When wearing a lead apron, the dosimeter must be outside the apron at collar level.
9. If your dosimeter is lost, destroyed or left in a room or on an apron unknowingly, notify the Program Director or Clinical Instructor.

ACTIVITY

OBJECTIVE

Positioning Lecture:

Discuss the basic anatomy relative to the procedure.

Describe the specific positioning necessary for the procedure and identify structure demonstrated on film. Practice film analysis.

Understand the principles of radiographic positioning and is able to apply these principles to both standard and nonstandard situations.

Technique selection and patient care/education.

Positioning Laboratory:

Observe and practice a simulation of the procedure.

Perform any procedure at any subsequent lab practice .

Performance with Direct Supervision:

Perform the procedure as often as possible in the clinical setting under direct supervision of a radiographer.

Clinical Performance Evaluation (CPE):

A Clinical Performance Evaluation (CPE)is conducted at the student's request within a designated time frame.

Performance with Indirect Supervision:

Perform procedures after attaining 85% or better on category CPEs

Final Competency:

Perform a variety of procedures with competency & proficiency. This will be on-going during the program, but especially within the last six months of the program.

If failing any of the above steps, return to laboratory simulation and practice in the clinical education areas with direct supervision

CATEGORIES IN CLINICAL PERFORMANCE EVALUATION

Category A

Chest
Abdomen

Category B

Lower Extremities:
Toes through pelvis

Category C:

Upper Extremities:
Fingers through Shoulder girdle

Category D (Contrast):

Gall Bladder
IVP
T-tube Cholangiograms
Voiding Cystograms
Retrograde Urethrograms
Esophagus
Cardiac Series
UGI
Small Bowel
Barium Enema
Barium Enema with Air Contrast

Category E

Cervical spine
Thoracic spine
Lumbar spine
Sacrum
Coccyx
Sacro-iliac joints
Ribs
Sternum

Category F: (Routine Skull)

Skull
Facial bones
Nasal bones
Sinus

Category G: (Supplementary Skull)

Mastoids
Mandible
Optic Foramen/Orbits
Temporomandibular Joints(TMJs)
Zygomatic arches
Submentovertical (SMV – Basilar)
Petrous Ridge

Category H:* (Special Procedures)

Myelography
Venography
Hysterosalpingography
Arthrography
Tomography
Scoliosis Exams
Portable Exams
Surgical Procedures with C-arm

* Some Special Procedures will not require a final competency

GUIDELINES FOR CLINICAL PROGRESS

First Year – August through February

Exam	Direct Supervision	Indirect Supervision
Routine 2V Chest	X	
W/C – Cart Chest	X	
KUB/Routine Multi-abd.	X	
Multi-abd w/ decub	X	
Knees, Tib-Fib, Ankle, Foot	X	
Forearm, Wrist, Hand, Finger	X	
ALL Portables, Surgery	X	

GUIDELINES FOR CLINICAL PROGRESS

First Year – March through May

Exam	Direct Supervision	Indirect Supervision
Routine 2V Chest		X
W/C – Cart Chest	X	
KUB		X
Routine Multi-abd	X	
Multi-abd w/ decub	X	
Knees, Tib-Fib, Ankle, Foot	X	
Elbow, Forearm, Wrist, Hand, Finger	X	
IVP	X	
UGI	X	
Esophagram	X	
BE	X	
Pelvis, Hip, Femur	X	
Humerus, Shoulder	X	
ALL Portables, Surgery, Pediatrics	X	

GUIDELINES FOR CLINICAL PROGRESS

First Year – June through August

Exam	Direct Supervision	Indirect Supervision
Routine 2V Chest		X
W/C – Cart Chest	X	
KUB		X
Routine Multi-abd		X
Multi-abd w/ decub	X	
Foot, Ankle		X
Tib-Fib, Knee		X
Pelvis	X	
Femur, Hip	X	
Wrist, Hand, Finger		X
Elbow, Forearm		X
Humerus, Shoulder	X	
IVP	X	
UGI, Esophagram		X
BE	X	
Ribs	X	
C-spine/T-spine	X	
L-spine	X	
ALL Portables, Surgery, Pediatrics	X	

GUIDELINES FOR CLINICAL PROGRESS

Second Year – September to December

Exam Direct Supervision Indirect Supervision

Routine 2V Chest		X
W/C – Cart Chest		X
KUB		X
Routine Multi-abd		X
Multi-abd w/ decub	X	
Foot, Ankle		X
Tib-Fib, Knee		X
Pelvis		X
Femur, Hip	X	
Wrist, Hand, Finger		X
Elbow, Forearm		X
Humerus, Shoulder	X	
IVP	X	
UGI, Esophagram		X
BE	X	
Ribs-Sternum	X	
C-spine	X	
T-spine	X	
L-spine (AP and Lateral)		X
L-spine (complete)	X	
Sacrum - Coccyx	X	
Scoliosis Series	X	
Sinus – Nasal bones	X	
Skull – Facial bones	X	
Mandible/Orbits	X	
Trauma Exams	X	
ALL Portables, Surgery, Pediatrics	X	

GUIDELINES FOR CLINICAL PROGRESS

Second Year – January to July

Exam	Direct Supervision	Indirect Supervision
Routine 2V Chest		X
W/C – Cart Chest		X
KUB		X
Routine Multi-abd		X
Multi-abd w/ decub		X
Foot, Ankle		X
Tib-Fib, Knee		X
Pelvis		X
Femur, Hip		X
Wrist, Hand, Finger		X
Elbow, Forearm		X
Humerus, Shoulder		X
IVP	X	
UGI, Esophagram		X
BE	X	
Ribs-Sternum	X	
C-spine		X
T-spine		X
L-spine		X
Sacrum - Coccyx	X	
Scoliosis Series	X	
Sinus – Nasal bones	X	
Skull – Facial bones	X	
Mandible/Orbits	X	
Trauma Exams	X	
ALL Portables, Surgery, Pediatrics	X	