

# RADIOLOGIC TECHNOLOGY PROGRAM

## Student Handbook *2024-2025*

Revised 7/23/24



**Schoolcraft**  
**College®**

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(available at [home.Schoolcraft.edu/college-policies](http://home.Schoolcraft.edu/college-policies))

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**Appendix to Regulatory Guide 8.13 .....Online Electronic Version**

General policies for college students as explained in the Schoolcraft College General Catalog, and the Class Schedules, apply to Radiologic Technology (RAD) students. In addition, the Radiologic Technology program has specific policies and guidelines for students in the RAD Program. This handbook explains those policies and guidelines as well as information about the RAD Program and curricula. The information contained in this student handbook is more specific to the RAD Program than the general catalog and, therefore, must be read and fully understood prior to starting the program. This handbook reflects the current curriculum policies and regulations in the RAD program. Policies contained herein are subject to change by the College, JRCERT, other regulatory agencies, legislative/executive orders, or the Medical Imaging department. It is your responsibility to know and follow the regulations here outlined and we suggest that you keep this booklet at hand for a constant reference. In addition, any faculty or staff member will be happy to speak with you personally should you have any questions. Best wishes for a stimulating and fulfilling educational experience at Schoolcraft College.

The Medical Imaging Department Faculty & Staff

Schoolcraft College

This is your copy of the Student Handbook, which contains information about the Schoolcraft COLLEGE RADIOLOGIC TECHNOLOGY PROGRAM. Sign the form below verifying that you have received the RADIOLOGIC TECHNOLOGY STUDENT HANDBOOK. It is important that you comply with these guidelines, policies and procedures. It is expected that each radiography student will read, understand, accept **and comply** with the guidelines, policies and procedures of the RADIOLOGIC TECHNOLOGY PROGRAM. If you have any questions, please contact the program officials. **Students must sign and return the RADIOGRAPHIC STUDENT HANDBOOK ACCEPTANCE form to the program director.**

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE Schoolcraft COLLEGE RADIOLOGIC TECHNOLOGY STUDENT HANDBOOK AND AGREE TO COMPLY WITH THE GUIDELINES, POLICIES AND PROCEDURES OF THE RADIOLOGIC TECHNOLOGY PROGRAM. I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, ACCEPT, AND RECOGNIZE MY RESPONSIBILITIES TO MEET THE REQUIREMENTS STATED HEREIN.

\_\_\_\_\_

Print Name	Student ID
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\_\_\_\_\_

Student Signature	Date
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I GIVE MY PERMISSION FOR MY RECORDS TO BE REVIEWED BY AN ACCREDITATION TEAM DURING THE ON-SITE VISIT FOR THE PURPOSE OF ACCREDITATION.

\_\_\_\_\_

Student Signature	Date
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## **RADIOLOGIC TECHNOLOGY PROGRAM MISSION STATEMENT AND GOALS**

The mission of the Schoolcraft College Radiologic Technology program is to serve the community by providing an education setting where students will receive the essential foundation for a career in radiologic science. Graduates will exemplify qualities of excellence in patient care, professionalism, safety and ethical behavior thereby enhancing the healthcare experience of the patients we serve.

### **Program Goals:**

- **Students will exemplify clinical competency.**
- **Students will demonstrate critical thinking during radiographic examinations.**
- **Students will promote professionalism and lifelong learning.**
- **Students will demonstrate effective communication skills.**

## **PROGRAM INFORMATION**

**PROGRAM DIRECTOR:**

Jufauri Ely, MBA, R. T. (R) (ARRT)  
Radiologic Technology Program

**ACADEMIC**

**CLINICAL COORDINATOR:**

Peyton DeBella, BSHA, R.T.(R)(ARRT)  
Radiologic Technology Program

**CURRENT**

**CLINICAL AFFILIATIONS:**

(Subject to change)

St. Mary Mercy Livonia, MI  
St. Joseph Ann Arbor, MI  
St. Joseph Oakland, MI  
Henry Ford Wyandotte, MI  
Henry Ford Brownstown, MI  
Beaumont Farmington Hills, MI  
Beaumont Livonia, MI  
Beaumont Troy, MI  
Beaumont Taylor, MI  
Henry Ford Royal Oak, MI  
Henry Ford Bloomfield, MI  
Henry Ford West Bloomfield, MI  
Michigan Medicine, Ann Arbor, MI

**PROGRAM LENGTH:**

Thirteen month continuous program with the clinical rotation consisting of 32 weeks

## RADIOLOGIC TECHNOLOGY PROGRAM

### **SECTION I: GENERAL INFORMATION**

The radiography curriculum is based on full-time study. Once admitted to the program, the student is encouraged to stay in the formal Radiography rotation schedule. Completion of the first two semesters of the Radiography program is on the Livonia campus. All major core courses **must** be completed with a 3.0 GPA or better **prior to** the start of clinical rotation, which constitute the final curriculum components. **Students in clinical rotation must maintain a 3.0 GPA average of “B” or better to continue their progression through clinical.**

During clinical rotation, students will work with patients at clinical affiliate hospitals. These sites are located throughout the state of Michigan. Students attend for 32 calendar weeks of clinical contact. The clinical coordinator will visit each site at least once per semester.

**The hospital experience is a maximum of 40 hours per week (breaks not included) with 25% or less of that being spent on an alternate shift (afternoons/weekends).** Students will be required to complete alternate shift rotations. Students will be in an observational role in the beginning of their clinical training. Once the student’s confidence increases and experience is gained, they will progress to assisting until the student is competent to perform independently. Experience will be gained in all areas of Diagnostic Radiology. The clinical experience is outcome based, which will assure the student of a quality education.

Students are required to purchase/obtain radiographic markers for clinical, white (or matching solid) lab coat or jacket for class and clinical (optional), and scrubs which will be used during class and clinical components.

Prior to beginning the clinical rotation, the student must have CPR (infant, child, & adult) certification and maintain it throughout the program. Proof of current certification is required. Training courses may be offered on campus, or are available through local adult education programs and the American Heart Association.

#### **Liability Insurance**

All Radiologic Technology students are covered by malpractice liability insurance available through the College insurance carrier. A copy of this policy is on file with Schoolcraft College. The policy does not cover actions that are outside of the scope of practice for a radiographer ([www.arrt.org](http://www.arrt.org)). Intentional malpractice is excluded from coverage as well.

#### **Clinical Coordinator Visits**

You will be visited at your clinical site by your clinical coordinator **at least once** per

semester; the number of visits may vary due to additional visits that may be necessary at other clinical facilities. The clinical coordinator aims to visit each site twice per semester, and will visit most sites at least once per month.

### **Registration**

Each student will register for RAD classes each semester during class or at the mid-term/final.

### **Tuition & Financial Aid**

See the Schoolcraft College Graduate/Undergraduate Catalog ([www.Schoolcraft.edu](http://www.Schoolcraft.edu)) for information regarding Tuition or financial aid or contact the Financial Aid office at 734-462-4433. *\*Please note that it is the student's responsibility for payment or to ensure that all necessary forms are filed with the Financial Aid office.*

### **Availability of Program & JRCERT Standards**

A copy of the JRCERT Standards is available in an electronic copy for the student at [www.jrcert.org](http://www.jrcert.org). Program Mission Statement and Goals are available at [www.Schoolcraft.edu](http://www.Schoolcraft.edu), posted in the laboratory, and in the beginning of this handbook.

### **Confidentiality of Student Records Policy**

The Family Educational Rights and Privacy Act of 1974 is a Federal law that provides that the institution will maintain the confidentiality of student education records. This federal law states that a written institutional policy must be established. A statement of adopted procedures covering the privacy rights of students is made available in the Schoolcraft College Catalog.

Schoolcraft College accords all the rights under the law to students who are declared independent. No one outside the institution shall have access to nor will the institution disclose any information from students' educational records without the written consent of students except to personnel within the institution, to officials of other institutions in which students seek to enroll, to persons or organizations providing students with financial aid, to accrediting agencies carrying out their accreditation function, to persons in compliance with a judicial order, and to persons in an emergency in order to protect the health or safety of students or other persons. All these exceptions are permitted under the Act.

Within the Schoolcraft College community, only those members individually or collectively, acting in the students' educational interest are allowed access to student education records. These members include personnel in the Student Services Office, College Administrators and Academic Personnel within the limitations of their need to know. At its discretion the institutional may provide directory information in accordance with the provisions of the act.

### **Dress Code and Appearance**

The student's appearance is a reflection of themselves as well as Schoolcraft College and the Clinical Affiliate. The students' appearance will reflect good personal hygiene and professional dress during all of their coursework/clinical training experiences. Students in



uniform are expected to demonstrate professionalism at all times. Failure to comply may result in a dress code violation in the classroom/clinical setting and a suspension or dismissal from the program. In addition to Schoolcraft policies, please be aware of your clinical site's policies regarding dress code and appearance.

The radiologic technology student uniform will consist of the following:

- a. Scrubs, or same color scrub coat (colors designated by program and clinical site).
- b. Continuously viewable identification stating student status.
- c. Clean (matching) socks and tennis shoes (nursing clogs are acceptable).

Grooming and Personal Appearance:

- a. Cleaned and wrinkle free attire.
- b. Clean hands and short fingernails (no acrylic nails or shellac).
- c. Neat and clean hair styles (no extreme colors/styles permitted, hair should be pulled back out of face).
- d. Excessive jewelry is not permitted.
- e. Visible tattoos need to be covered if required by facility
- f. Body piercings (other than earrings) are **not** permitted.

### **Communication between the College and Student**

The student will provide the program director and clinical coordinator a Schoolcraft E-mail address that can be used to send confidential as well as general messages to the student. This must occur before the start of clinical or the student will risk not receiving information necessary to successfully complete the program. **The student is responsible for checking his/her email every day. This will be the primary form of communication between students and clinical coordinator throughout the clinical experience. Failure to comply may result in disciplinary action.**

### **Equitable Clinical Learning**

In an effort to comply with the JRCERT standard of equitable learning opportunities, it is the position of Schoolcraft College that **no** student is required to participate in mammography or hysterosalpingography procedures. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student mammography clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT

position statement is available on the JRCERT Web site, [www.jrcert.org](http://www.jrcert.org), Programs & Faculty, Program Resources.

Clinical students shall have reasonable access to the resources of their peers. A student must submit a written request to the clinical coordinators for access to these procedures.

## **CLINICAL REQUIREMENTS**

### **Clinical Report Sheets**

All clinical paperwork must be kept organized and up to date. Student weekly reports and absence report forms should be completed and uploaded into Blackboard every Friday, due by Monday at the latest. All other paperwork should be completed and signed by the clinical instructor each week; however, **only the student absence report forms need to be uploaded to Blackboard. The clinical coordinator will collect the remaining paperwork during regular site visits and/or when students are on campus.**

Weekly student reports must be received by the college in a timely manner. Any weekly report not received by the Tuesday following the attendance period, will result in a 1% grade reduction, unless there are extenuating circumstances. Additionally, clinical paperwork needs to be kept organized, up to date, and signed. Any paperwork that has a space for a tech/CI signature **MUST BE SIGNED**. Failure to obtain necessary signatures may result in a 1% grade reduction for each sheet on which they are missing.

Students are permitted to make and keep copies of any clinical paperwork for their own records; however, all originals will be kept on campus in the clinical coordinator's office, which is kept locked when not in use.

The clinical coordinator will visit sites to collect all required paperwork at least once per semester. (See below) Students may also expect to bring any paperwork with them to any scheduled on campus dates. At the end of the clinical year, all remaining original paperwork will be turned in to the clinical coordinator on campus.

### **Clinical Instructor/Technologist Evaluations**

Students will be required to evaluate their clinical instructors at least once per year. Students are also given the option to evaluate technologists whom they have worked with. The clinical coordinator will collect and share evaluations with site supervisors and/or managers at least once every two years. These evaluations will be completed anonymously and every effort will be taken to keep the student's identity confidential, however sometimes this may not be possible at smaller clinical sites.

### **EVERY WEEK - ON FRIDAY/MONDAY - UPLOAD TO BLACKBOARD:**

- **Student Weekly Report:** Must be signed by CI at the bottom; this report is a record of supervision and serious consequences will result if it is found to be falsified (note:

may upload to Blackboard without CI signature at bottom if CI is not available, or may be signed by a lead technologist/supervisor if CI is not available).

- **Clinical Education Absence Report Form (if any):** Students do not need this form unless they have an absence.

**HAVE SIGNED, COMPLETED, AND READY FOR COLLECTION- DO NOT UPLOAD TO BLACKBOARD OR LMS. THESE WILL BE COLLECTED DURING SITE VISITS OR HANDED IN ON CAMPUS, PLEASE KEEP PAPERWORK ORGANIZED AS VISITS ARE SOMETIMES UNANNOUNCED:**

- **Individual Mastery Evaluation Form:** Dated and signed by any registered technologist or completed through Trajecsys.

**OTHER FORMS**

- **Clinical Site Orientation Checklist:** Dated and signed by CI and student. This should be uploaded to Blackboard in Module 1 of RAD 215, or any time a student is at a new clinical site. These will also be collected.
- **Repeat Log:** Repeats must be verified by any technologist as repeats should only take place under the direct supervision of a technologist. Repeat logs should be dated and signed by a CI, and uploaded to Blackboard once per month.
- **Mid-Term Progress Report:** Dated and signed by CI and student (only collected once on campus around mid-semester for RAD 215 and RAD 235). This will also be uploaded to Blackboard.
- **ARRT Radiography Clinical Competency Requirements Form:** all comps for the semester filled in and initialed by registered technologists. Collected before graduation, end of RAD 250 only.
- **Behavioral Trait Form:** Dated and signed by CI and student (only collected once at the end of the semester for RAD 215 and RAD 235) . This will also be uploaded to Blackboard.
- **Student Evaluation Form:** Dated and signed by registered technologist, and uploaded to Blackboard monthly.

**Clinical Assignment of Duties**

The clinical coordinator will work with the clinical instructors to develop a schedule of work assignments that provide each student with adequate rotations of practical clinical experience at each affiliated clinical site. **Students who are rotating to other sites will receive individual schedules for each site rotation.**

Specifically, the student shall participate and perform to the best of his or her ability, and

accept any duty or task as assigned by the clinical instructor or their deputy. If there is a question in regards to a specific task or assignment, please discuss the issue with the clinical instructor.

The usual assignment is 8.5 hours per day of clinical experience. A 30 minute lunch and two 15 minute breaks are included within each 8.5 hour assignment. These breaks may be taken together or separately, dependent on the policy/ workflow of the clinical site. The start time for lunch should be designated by the clinical instructor or supervising radiographer.

Students shall be assigned to different radiographic areas on a rotating basis. They will be under the supervision of the technologist working in the area in which they have been assigned, and their practical clinical application will be regularly evaluated by that technologist or the clinical instructor. Assignment of responsibilities as well as supervision expectations of student ability increases as the student progresses through the clinical portion of the program.

## DISMISSAL & RE-ENTRY

### Academic Failure

The student will not be allowed to repeat any program courses that have not been completed with a minimum grade of “3.0” or better. Students who fail to earn a “3.0” or better are considered dismissed from the program because they cannot retake courses or proceed with required coursework.

Re-entry into the academic portion of the program is at the discretion of the Program Director. Only those students that have been out of the program for 1 year or less will be considered for re-entry. (\*)

Re-entry will be determined based on classroom and/or clinical space availability, proper instructor/student ratio, and judgment of staff on student proficiency in all critical areas and the overall academic record of the student.

### Clinical Failure

Students must also complete each semester of their clinical rotation with a minimum grade of 3.0 or better. Those students with a failure for clinical courses not completed with a minimum grade of 3.0 or better will also be dismissed from the program. Written requests for incompletes must be submitted to the Program Director.

(\*)A student who has left the program for a period of 6 months or less will be considered for re-entry after repeating clinical courses specified by the Program Director. The specific courses will be dependent on the student’s ability to complete a competency based evaluation process.

Requests for re-entry will be considered only one time. Re-entry will be determined by space availability, proper instructor/student ratio at the time of the request, the availability of clinical placement and Program Director discretion.

1. Satisfactory completion of repeated courses will determine continuation in the Radiologic Technology program.
2. Students that were dismissed from the clinical portion of their education for patient safety, behavioral issues or confidentiality infractions **will not be considered** for re-entry.
3. Re-entry into clinical rotation is at the discretion of the Program Director.

## **Withdrawal and Re-entry**

Students who withdraw from the Radiologic Technology program for personal reasons such as hardship, medical or military reasons may request re-entry by submission of a formal letter to the Program Director. This re-entry request will be determined by space availability, instructor/student ratio at the time of classroom/clinical request, availability of clinical site, and Program Director discretion.

## **Professional Conduct Dismissal**

Students who are dismissed from the Radiologic Technology program for professional misconduct or gross negligence, as defined by the American Registry of Radiologic Technologist's Standards of Ethics, **will not** be considered for re-entry. Students who are dismissed from the Radiologic Technology program for professional misconduct as defined by the American Society of Radiologic Technologist's Radiography Practice Standards, **will also not** be considered for re-entry. Please refer to the Schoolcraft College Undergraduate student handbook policy and procedures for student conduct.

ASRT Radiography Practice Standards:

[https://www.asrt.org/docs/default-source/practice-standards-published/ps\\_rad.pdf?sfvrsn=16](https://www.asrt.org/docs/default-source/practice-standards-published/ps_rad.pdf?sfvrsn=16)

ARRT Standards of Ethics:

[https://www.arrt.org/docs/default-source/governing-documents/arrt-standards-of-ethics.pdf?sfvrsn=c79e02fc\\_14](https://www.arrt.org/docs/default-source/governing-documents/arrt-standards-of-ethics.pdf?sfvrsn=c79e02fc_14)

**Each student receives an electronic handbook (posted on website) and it will also be uploaded electronically into Blackboard. Changes to the handbook will be made to the electronic copy and an e-mail notification will be sent. Each student must sign and submit a new copy of the acceptance form after each change notification. Students should print and replace the updated material in their handbook.**

## **HARASSMENT POLICY**

### Schoolcraft College Radiography Program

Harassment involves making unwelcome comments, gestures, bullying, and other verbal or physical contact of a harassing nature that creates an offensive, intimidating, or hostile working/educational environment by such conduct.

The following are examples of harassment:

<b>Verbal:</b>	Name calling, berating, belittling, insults, and inappropriate humor.
<b>Nonverbal:</b>	Gestures, insulting noises
<b>Physical:</b>	Hitting, assault, touching, pinching, brushing the body
<b>Sexual Harassment:</b>	Sexual innuendo, suggestive comments (noises), jokes about gender-specific traits, sexual advances, requests for sexual favors, touching or sexual propositions.

Any student who believes he or she has been the subject of harassment should report the alleged conduct to Jufauri Ely (Program Director) or Dave Kesler (Associate Dean of Schoolcraft College). A confidential investigation of any complaint will be undertaken. Any student found by the college to have harassed a fellow student will be subject to appropriate disciplinary sanctions ranging from a warning in his/her file up to and including dismissal from the program. Retaliating or discriminating against a student for complaining in good faith about harassment is prohibited.

It is recognized that the issue of whether harassment has occurred requires a factual determination based on all evidence received. It is also recognized that false accusations of harassment can have serious effects on innocent men and women. We trust that all students will continue to act in a responsible and professional manner to establish a pleasant educational/working environment free of harassment.

Student Name Print: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SECTION II: ATTENDANCE/TARDINESS**

### **Attendance**

Full-time attendance is required in the classroom and in the clinical areas, in order to meet the requirements of the program. Punctuality and reliability are important aspects of the professional demeanor expected of all students, as well as of technologists in the field. It is also essential that assignments be completed on time, and that the student is prepared for class/lab/clinical. This is the student's sole responsibility and not that of the instructor.

### **Absenteeism**

If there is a legitimate reason that the student is unable to be in class/lab/clinical at the assigned time, **it is the student's responsibility** to notify the **site, clinical/academic instructor and clinical coordinator by phone or email**. **This notification should be done at least 1 hour prior to the start of the scheduled class or shift**. Likewise, if a student is to be absent for a scheduled class or shift, the **site, clinical/academic instructor, and clinical coordinator must be notified at least 1 hour prior to the start of said shift**. This policy also applies to any on-campus dates for exams and registry review.

Clinical students will be allocated one day each semester, that may be used for either personal or sick time. Days off should be scheduled in advance whenever possible, and may be taken in half day (4 hour) increments if necessary. Absences due to a **documented, contagious illness** will not count against days off, although **the clinical time must be made up**. Additionally, if a student is sent home from the clinical site due to illness, this will not count against the number of days off, but the clinical time must be made up. All makeup time must be approved by both the clinical instructor and clinical coordinator. Once a makeup day has been approved, it will be considered a scheduled clinical day and will be subject to the same attendance/ tardiness policies as any other clinical day. **Any absences that go beyond these guidelines will be considered excessive and subject to discipline**. Days scheduled on campus during clinical will be subject to the same attendance policies. Missing too much time will result in an incomplete grade.

### **Tardiness**

A student will be considered tardy if he/she enters the classroom/department **1 minute after** scheduled class/shift. A student will be considered absent if he/she is more than two hours late for a scheduled class/ shift. **Tardiness in excess of two incidents per semester will be considered excessive and subject to discipline**. **Notification of tardiness to Program officials and site should be provided when possible**.

### **Bereavement Leave**

Students will be allowed three clinical/classroom days of bereavement leave in the case of the death of an immediate family member. Appropriate documentation (notice from funeral home) must be provided to the clinical coordinator. Clinical coordinator and clinical



instructors must be notified as soon as possible of the days off that will be taken, and these days must be taken concurrently. Three days of bereavement time for an immediate family member will not count as excessive absences and does not need to be made up for the first instance of bereavement absence. Immediate family is herein defined as:

1. Spouse
2. Natural or adopted child
3. Natural or adopting parent
4. Adopting step-parent
5. Brother by half or whole blood
6. Sister by half or whole blood
7. Grandparent
8. Grandchild
9. Any near relative who resides in the same household with the student or any person with whom the student has made his/her home.
10. Mother-in-law, father-in-law, brother-in-law, sister-in-law

Students will be allowed one clinical/classroom day of absence in the event of the death of any other extended family member including those of his/her spouse. Appropriate documentation (notice from funeral home) must be provided to the clinical coordinator. Clinical coordinator and clinical instructors must be notified as soon as possible of the day off that will be taken off. This one day off will not be counted as an excessive absence and will not need to be made up for the first instance of bereavement absence.

Any additional time (max of 2 days) needed in the event of the death of immediate family and/or extended family members taken concurrently will not be counted as excessive but **will need to be made up**. Any student who needs to take more than one bereavement leave during the clinical experience will need to **make up the time missed**.

### **Disciplinary Action**

- **Excessive Absenteeism:** Any student absent in excess of the guidelines listed above will receive a 5% deduction in their final grade and an additional make-up day when appropriate, for that semester for each day absent above the allowed number of days, in addition to making up those days at the discretion of the clinical site/clinical coordinator. A student who has exceeded the allowed absences listed above by two incidents will be required to meet with the program director and clinical coordinator on-campus to determine discipline. Discipline will include suspension or expulsion from the program.
- **Excessive Tardiness:** Any student tardy in excess of two instances per semester will receive a 10% deduction in their final grade for the semester for each additional tardy.
- **Failure to Make up Clinical Time:** Any student found to have not made up required time due to illness/scheduled personal time will receive an incomplete grade until make up time has been arranged. The student will still be required to make up the clinical time per the clinical site/coordinator during the next semester or following

graduation, and may be subject to additional make up time as well. An incomplete grade could impact the student's ability to move forward in the program, or to graduate. Any missed time not made up will be limited to 1 week and will be subject to program dismissal.

- **Failure to Notify**: Any student failing to notify the clinical instructor/coordinator of an absence (scheduled or unscheduled) or tardy will receive a 10% reduction in the final grade for that semester.
- **Abuse of Clinical Time**: Any student found to be taking unauthorized or extended lunch/breaks or attending clinical without permission will receive a 10% reduction in their final grade for the semester for each instance. Students are not permitted to attend clinical more than 40 hours per week or in excess of 10 hours per day.
- **Falsifying of Time Slips**: Any student found leaving their clinical site without permission or found to be purposely falsifying information on time slips or any other clinical paperwork will be required to meet with the program director and clinical coordinator on-campus to determine discipline. Falsifying of paperwork is a serious infraction that will result in expulsion from the program.

### **Leave of Absence**

A Leave of Absence or extended absences may be granted only in **exceptional** circumstances (medical, pregnancy, or military), and only by arrangement of the program director/clinical coordinator and clinical instructor. All time missed shall be made up under the guidelines set by both the radiography program and clinical affiliate. If the Leave of Absence is excessive and does not allow the student to make up time in a timely manner, the student will be released from the program and considered for readmission the following year.

### **Make-Up Time**

It is a program standard that one academic year (2 semesters) of clinical rotation be experienced by the students. Within this academic year, time off is allowed for sick and personal time, as well as time off for recognized holidays. If clinical hours are not made up at the time of graduation, the student will be given an incomplete and graduation, as well as registry eligibility, would be postponed until all required time is completed. All make-up time must be completed following the end of the semester (summer) or following graduation (fall). Make-up time due to contagious illness or other documented medical reasons may be permitted to be made up during semesters if the student chooses to do so, with the approval and cooperation of the clinical site. **Make-up time is allowed at the program and clinical site's discretion.**

## **V**

### **Clinical Holidays**

The clinical student is excused from their clinical assignment during the following holidays:

- Memorial Day
- July 4th
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving

### **Cancellations Due to Weather**

In reflection of the reality of working in a healthcare setting, students are still expected to be in attendance for their clinical rotations on days when the campus is closed due to inclement weather, unless specifically notified otherwise by the program director or clinical coordinator. Students may choose to use allotted personal time off from clinical experience for the day. If a student does not have any personal time available the time must be made up after graduation. For all clinical sites the clinical instructor may, in rare weather related instances, excuse his or her students early. In this situation it will not count against the student's personal days and will not need to be made up.

### **Jury Duty**

In the event that a student receives a summons for jury duty during clinical, the student should contact the program director and clinical coordinator as soon as possible.

## **SECTION III: GENERAL HEALTH & SAFETY**

### **Pre-Clinical Medical Statement/Health Appraisal**

Prior to entering any clinical education site, each student **MUST** have a medical evaluation completed by their physician. This medical form is kept on file in the Clinical Coordinator's office in case the student needs emergency treatment. Prior to assignment to a clinical experience, students are required to provide proof of immunization for, but not limited to, the following diseases: Measles, Mumps, Rubella, Diphtheria, Tetanus, Pertussis, Polio, Influenza, Hepatitis B and COVID-19. (Medical/religious exemptions are at the discretion of the clinical site and not the program or college.). Screening for TB is also required. A copy of current CPR certification must also be submitted from either AHA or American Red Cross with BLS for infant, child, and adult with AED.

### **Medical Insurance**

Students **are not** provided with any form of medical or health insurance by the college or the clinical affiliates. The hospital/clinical site is **not** responsible for your health care. Students are encouraged to maintain health insurance during all clinical semesters and are responsible for any medical expenses incurred throughout the program.

### **Technical Standards**

Standards related to the Radiologic Technology program are listed in the technical performance standards form. These functions are in accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990.

### **Infection Control Policy**

Medical and surgical aseptic techniques are to be used while in the clinical facilities to protect healthcare personnel, patients and students from transmission by potentially infectious organisms. Proper aseptic techniques will minimize the spread of infection, but it will not eliminate them.

The following conditions are symptoms of possible infections; therefore, they are labeled reportable diseases. You should not report to your clinical site if determined by your physician to have any of the following, until the condition is resolved (doctor's note required). This includes the following reportable conditions:

- o Diarrhea
- o Vomiting
- o Upper Respiratory Infection
- o Fever
- o Rash (any part of body)
- o Open sores (any part of body)
- o Boils
- o Herpes – this includes cold sores on the mouth. (Cold sores on the mouth must be heavily scabbed over before the infection reaches the non-contagious stage.)
- o Parasite Infestation
- o Strep or staph Infection
- o Infectious mononucleosis
- o Conjunctivitis (pink-eyed)
- o MRSA

## **Communicable Disease Prevention Policy**

To ensure the protection of students from transmission ALL patients are considered as potentially infected with HIV and/or other blood-borne pathogens and students will adhere rigorously to infection control precautions for minimizing the risk of exposure to blood, body fluids and moist body substances of all patients.

1. All students should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or body fluids. In cases that require an N95 respirator students will not be allowed in those exam rules. Please notify staff that you should not be in airborne isolation rooms.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. All students should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles and when handling sharp instruments after procedures. Refer to the procedure and policy manual of each clinical site for the specific methods for disposing of the objects mentioned above. All non-routine events must be reported using the incident report form located in Section XI.
4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
5. Students who have oxidative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
6. Pregnant students are not known to be at greater risk of contracting HIV infection than students who are not pregnant; however, if a healthcare worker develops HIV infections during pregnancy, the infant is at risk of infection resulting from prenatal transmission. Because of this risk, pregnant students should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
7. Body fluids and substances such as feces, urine, airway secretions and wound drainage always contain potentially infectious organisms. Universal Precautions not

only protects students from transmission of bloodborne pathogens, but also from other infectious agents found in most body substances. Patients are protected from organisms present on the hands of personnel and the student's hands are protected from acquiring new organisms.

### **Drug Policy**

A drug screen and/or nicotine screen will be required by clinical sites and the Schoolcraft Radiology Program. A positive result on any drug screen, including marijuana, is grounds for immediate dismissal from the program.

### **Chemical Hazards**

Federal law requires that all individuals must be notified about hazardous chemicals present in the workplace/laboratory. This law applies to all occupations, with the basic purpose of raising the level of consciousness on chemical safety (but not to the point of over concern). Obviously, there are safe levels, proper procedures and precautions to be followed when working with any chemical just as there are when working with x-ray.

Chemical suppliers are required to prepare Safety Data Sheets (SDS) for all chemicals in radiology. The SDS, once available, should be accessible for your review (in the lab). The clinical instructor will provide the student with information regarding the Radiology Department in the hospital. The following information concerns x-ray and photographic processing chemicals which will be found on campus as well as in the hospital.

### **Airborne Precautions**

Students who come into contact with patients who are in airborne precautions due to a contagious illness should be fitted for an N95 mask. Schoolcraft College does not provide this for students. If the site does not provide fit-testing for the student, the student may not enter the room of a patient who is under airborne precautions that require the N95 mask.

### **MRI Safety Policy**

Throughout the course of the clinical experience, students may have the opportunity to shadow in other modalities, including magnetic resonance imaging (MRI). **In MRI, the magnetic field is ALWAYS on.** Prior to beginning clinicals, MRI screening must be completed. Carrying ferromagnetic articles or introducing them to the MRI scanning area is strictly prohibited. These objects can become projectiles within the scanning room causing serious injury or death and/or equipment failure. Additionally, there are certain medical implants or other internal foreign bodies that the student may possess that can pose a risk in the MRI suite. Clinical students must verify that they can safely enter the MRI suite before being placed in an MRI rotation by signing the MRI Safety Screening Form which states they do not have any internal foreign bodies that may be affected by the MRI scanner. If a student is unable to verify that they can safely enter the MRI suite, they will not be permitted to have a rotation in MRI.

## **SECTION IV: RADIATION SAFETY FOR LAB / CLINICAL EXPERIENCE**

The following rules have been established for your protection against ionizing radiation during **laboratory** and **clinical** procedures. These rules are established for the radiologic technology student and must be strictly adhered to.

1. No student is to be permitted into the radiology laboratory or clinical department for observation or clinical experience without dosimeter badges. It is the student's responsibility to turn in the badge quarterly for interpretation. Dosimeter badges must be worn at all times during hospital observation, lab and clinical. If protective aprons are used, the appropriate badge must be placed above the apron so that any radiation reaching any part of the body will be recorded.
2. The practice of using students to hold patients during an imaging exam is strongly discouraged and should not be done when an immobilization method is the appropriate standard of care. **Students must not hold image receptors during any radiographic procedure for any reason.** A student may still achieve competency on an examination that requires a patient to be held, even if the technologist does the actual holding. Students must still demonstrate knowledge of positioning and must be able to instruct technologists as to what exactly needs to be done. On rare occasions, a student may choose to hold a pediatric patient if that is the appropriate standard of care for a specific exam. If this occurs, the following procedures will prevail:
  - a. The student must wear a lead apron and the dosimeter badge will be worn as noted above.
  - b. During the exposure or procedure the student will not place themselves in direct line with the central ray, even though they are wearing a lead apron.
3. Under no circumstances will the student permit themselves or fellow students (or any other human being) to serve as patients for test procedures or experimentation.
4. During fluoroscopic procedures the following procedures will prevail:
  - a. The student will wear a lead apron at all times or they will remain behind a lead protective screen and not in visible line with either tube or patient.
  - b. The dosimeter badge will be worn as noted above.
  - c. Stand as far from the patient and tube as possible, consistent with the conduct of the examination.
5. When observing and/or performing radiographic procedures in surgery, the following will prevail:
  - a. A lead apron will be worn.
  - b. A dosimeter badge will be worn as noted above.
  - c. The student will stand as far from the patient and tube as practicable.
  - d. The student will observe all regulations which apply to work in surgery, such as preserving sterile fields, wearing surgical garments, etc.
6. When observing and/or performing radiographic portable procedures in a room occupied by patients, the following will prevail:

- a. A lead apron will be worn.
- b. A dosimeter will be worn as noted above.
- c. The student will stand as far from the patient and tube as practicable.
- d. The student will stand so that the central ray is pointing away from the student's body.
- e. The student will observe all regulations which apply to work in portable radiography, such as asking patient visitors to leave the area during exposure, proper shielding of patients, etc.
- f. In addition, during actual exposure, the student must step outside the room if the student cannot stand at least ten feet from the patient.

**Radiation Monitoring**

In order to ensure proper precautions against radiation accidents, all students shall be provided with dosimeter badges for radiation control and monitoring, in compliance with existing rules and regulations of the Michigan State Board of Health. All standard radiation safety practices in regard to protection of patients and personnel shall be strictly adhered to.

**Dose monitoring reports (dosimeter badges) must be initialed and viewed at [Dose check](#). Under law, this report must be available to the student at all times.**

**Exposure Policy**

The dose value is calculated as the average of deep, eye and shallow doses unless one of these categories exceeds 200 mrem in a semester. Where the recorded value in a single category exceeds 200 mrem in a semester that value will be the evaluated dose.

Lab students will be monitored for exposure and they historically are M-minimal where the exposure is not of significant value. Lab students are expected to remain below 20 mrem/semester. Clinical students are expected to have an average exposure of less than 20-70 mrem/semester. In the event that a student has received a higher than average exposure (71-120 mrem) of exposure the radiation safety officer will investigate and suggest changes if this level of exposure is recorded during the next dosimeter report.

Dose Range and Affected Individual	Lab Instructor	Lab Student	Clinical Student
Less Than 20 mrem/semester	A	A	A
20-70 mrem/semester	C	D	B
71-120 mrem/semester	D	D	C
Over 120 mrem/semester	D	D	D



**Situation A:**

This is considered an insignificant exposure and may be incidental to badge handling or transit. No action is necessary.

**Situation B:**

The individual has received a normal exposure for the functional environment. The value indicates good radiation safety practices. No action is necessary.

**Situation C:**

The individual has received a higher than average exposure. This may be due to a special situation where good radiation safety practices were applied but similar incidents of exposure should be kept to a minimum. The individual should take precautions to prevent this from being the consistently received exposure level. The radiation safety officer will investigate and suggest changes in routine if this level of exposure is recorded during the next two consecutive months. Disciplinary action shall be taken if suggestions are not followed. Discipline may include dismissal from the program upon approval of the campus president.

**Situation D:**

The individual has received a higher than average exposure that is of special concern. There shall be no continued activities near energized X-ray generating equipment until the radiation safety officer has investigated the exposure and there is documentation of a reasonable and probable explanation. If it is concluded that exposure was caused by poor radiation safety practices by the individual of whom the badge monitors, then disciplinary action will be taken. Discipline may include dismissal from the program upon approval of the campus president.

**Radiation Safety Practices for Patients.**

Students are instructed in the methods and necessity of patient radiation safety throughout the Radiography program. During the clinical experience, the student radiographer will ensure that patient radiation safety practices are employed.

1. The student will appropriately shield (collimate) all patients for all exams whenever possible. Shielding should not interfere with the imaging procedure.
2. The student will select proper image receptor size and technical factors for each patient.
3. The student will use appropriate collimation.
4. The student will be either directly or indirectly supervised at all times during radiographic procedures.
5. All repeated images will be done under the direct supervision of a registered radiographer. This will be documented on the Repeat Log, indicating the number of images repeated, and verified by the supervising technologist. This form will be forwarded to the Clinical Coordinator.

## **ADVISEMENT REGARDING PREGNANCY**

The National Council on Radiation Protection and Measurements recommends that the dose limit equivalent to the embryo-fetus from occupational exposure to the expectant mother should be limited to 5 mSv (0.5 REM) for the entire gestational period. Through proper instruction of all safety precautions, personnel monitoring and strict adherence to these precautions, it is possible to limit all occupational exposure to under 5 mSv (0.5 REM) per year, and prevent fetal dose limit levels from being surpassed.

A valuable part of learning is maintaining a rotation schedule through the various assigned areas without interruption. The student should carefully consider this if she is trying to become pregnant. In any event, the program will assist the student during pregnancy within the provisions of the pregnancy policy.

Should any student suspect pregnancy, they are encouraged to choose to report it immediately to the program director. This is voluntary on the part of the student. However, failure on the part of a student to notify the Program Director (in writing) of an existing pregnancy shall absolve both the college and the clinical education center (hospital) of any responsibility from an assignment to a radiation area. Please see the Pregnancy Declaration Form.

## **RADIATION SAFETY DURING PREGNANCY**

### **Student in Lab**

1. Offer student a declaration form ("Notice of Pregnancy")
2. Have student read NRC Regulatory Guide 8.13
3. Student discusses concerns with the program director and decides whether to sign the declaration. Declaration of pregnancy is completely voluntary.
4. Send Radiation Safety Plan and Program Exposure Policy with the student to her physician. Initial additional restrictions of the program are listed as "none".
5. Physician and student discuss if or what restrictions to add to the safety plan.
6. Student is double monitored and continues with normal lab activities unless otherwise indicated by written recommendation submitted by the student and her physician.
7. Student may declare end of pregnancy status in writing at any time.

### **Student in Clinical Assignments**

1. Offer student a declaration form ("Notice of Pregnancy")
2. Have student read NRC Regulatory Guide 8.13

3. Student discusses concerns with program director and decides whether to sign declaration. Declaration of pregnancy is completely voluntary.
4. The declared pregnant student will be given the opportunity to select from one of the following options for completing the program:
  - A. Withdraw from the program during the period of the pregnancy and re-enter with the next available offering of the non-completed courses. Within two weeks after end of pregnancy the student must provide the program director with written notice of intent to re-enter. This provision cannot be used repeatedly.
  - B. Continue in the program but adhere to the following:
    - She should limit herself to no more than half of her scheduled clinical day participating in portable or fluoroscopy assignments during first and second trimesters.
    - She should exit the procedure room when a fluoroscopy procedure has exceeded 5 minutes of exposure time (finding a replacement technologist for the procedure if necessary).
    - She should wear a lead apron that wraps around entire abdomen when involved in fluoroscopic procedures.
  - C. Continue in the program without modification.
5. Student and her physician discuss if or what recommendations to follow. Physician may offer additional recommendations to the student.
6. Student presents the program director and clinical coordinator with a list of the recommendations that she has agreed to accept and follow.
7. Consistent with accepted medical practice and pharmaceutical labeling, the student shall avoid all procedures involving the use of methotrexate and/or other chemotherapy agents of which contact is known to present extreme risk to a fetus.
8. Student discusses the plan with her clinical instructor to assure that she may have assistance with following the accepted recommendations.
9. Student is double monitored and continues with normal clinical activity schedule until delivery. Reasonable accommodations are made to accomplish normal cohort graduation date.
10. Student may declare end of pregnancy status in writing at any time.

**Schoolcraft College**  
**Pregnancy Declaration or Withdrawal Form**  
**RADIOLOGY TECHNOLOGY PROGRAM**  
**RADIATION CONTROL**

I \_\_\_\_\_ would like to declare that I am pregnant. I understand that I may continue in the program without any modification to the program. I may also request to continue in the program with certain restrictions regarding radiation exposure in

fluoroscopy/ portable rotations, or I may request to re-enter after voluntary withdrawal of courses and/or clinical rotations.

Date \_\_\_\_\_

Signature\_\_\_\_\_

I \_\_\_\_\_ would like to withdraw my declaration of pregnancy.

Date \_\_\_\_\_

Signature\_\_\_\_\_

- Option 1: Student continuance in the program.

Pregnant students may submit and complete this form notifying the Program Director that they intend to continue in the program following one of the three options stated above.

**Select and initial one of the following options:**

\_\_\_\_\_ Continuance with modification

\_\_\_\_\_ Continuance without modification

\_\_\_\_\_ Voluntary withdrawal and re-entry

- Option 2: Written withdrawal of declaration.

The student may at any time, after declaring pregnancy, submit and complete this form notifying to the Program Director stating that she is withdrawing her declaration of pregnancy.

**Pregnancy Un-declaration:**

After submitting this written withdrawal of declaration, any restrictions in connection to the pregnancy are void.

**SECTION V: REPORTS**

**Incident Report**

An incident is any happening, which is not consistent with the routine operation of the hospital or department, or the routine care of a particular patient. It may be an accident, a

happening, or a situation which might result in an accident.

Each affiliated clinical site will have its specific rules and regulations in reference to accidents, actions to be taken at the time and the reporting routine. These will be made known to you during your orientation period and shall be followed explicitly. *Incident report form is located in Section XI.*

### **Incident Report Procedure**

- 1) Immediately following an incident the student will be expected to contact the Clinical Instructor and Clinical Coordinator/Program Director. The student will then complete the Incident Report form as well as any paperwork that the clinical facility requires.
- 2) When appropriate (needle stick, injury etc.), the student should follow hospital protocol and go to the designated area (Emergency Department, occupational health, etc.) located at the clinical facility, immediately.
- 3) A copy of the Schoolcraft College Incident Report must be forwarded to the Clinical Instructor and the Clinical Coordinator/Program Director within 24 hours of the incident.
- 4) The student must complete any follow-up that is necessary (medical, paperwork, etc.) All Schoolcraft College incident reports will be kept in the student file. All clinical site paperwork will remain at that site.

## **Grievance Policy**

The Federal Higher Education Act of 1965, as amended, provides that a student, graduate, faculty or any other individual who believes he or she has been aggrieved by an educational program or institution has the right to submit documented allegations(s) to the agency accrediting the institution or program. In accordance with this Federal Act, the Schoolcraft College presents the following policy for submission of allegations of non-compliance:

**Step 1:** Contact program director with a written grievance.

**Step 2:** The grievance should be submitted to the program director within three (3) working days following the date of the claimed incident that caused the grievance. Students will retain one copy.

**Step 3:** The program director will respond within three (3) working days following the date of the claimed incident that caused the grievance.

**Step 4:** If the reporting individual is not satisfied with the response given, a meeting will be scheduled between the associate dean of health sciences and the individual regarding the grievance.

## **Reporting Allegations to JRCERT**

Please note that the individual submitting the grievance should attempt to resolve the issue with the school prior to escalating the grievance to JRCERT. Refer to the "Grievance Policy" on page 30 for instructions on submitting a formal grievance and for information on the time frame in which the grievance will be responded to.

If the concern is not resolved in Step 4 of the Grievance Policy and the student wishes to pursue the issue, the student or individual may contact JRCERT utilizing the Allegations Reporting Form found on the JRCERT website, using the following link.

[jrcert.org/program-director-and-faculty/allegations/](http://jrcert.org/program-director-and-faculty/allegations/).

Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Ste 2850  
Chicago, Illinois 60606-3182  
Phone: (312) 704-5300  
Fax: (312) 704-5304  
e-mail: [mail@jrcert.org](mailto:mail@jrcert.org)  
website: [www.jrcert.org](http://www.jrcert.org)

## **Student Infraction Notice Procedure**

Radiologic Technology students are expected and required to conduct themselves in a professional manner at all times in the classroom and laboratory as well as in the clinical setting. An infraction notice is the first step of the disciplinary process. The notice will be issued soon after the problem is identified. On occasion a student may have received a verbal warning of unsatisfactory performance prior to a written warning.

### **The criteria for receiving a notice include but are not limited to:**

1. Unsatisfactory achievement of performance level in the clinical or classroom objectives.
2. Failure to establish effective working relationships with healthcare team members in providing patient care.
3. Failure to establish effective relationships with other students, technologists and/or patients.
4. Violation of ARRT Standards of Ethics.
5. The Radiologic Technology Program does not consider the use of alcoholic beverages or illegal drugs as necessary or conducive to the processes of higher education. If a Radiography student is **suspected** to be under the influence of alcohol or mind altering drug(s) during a class, lab or clinical assignment, the following will occur:
  - a. The student will be sent from the clinical or campus area immediately.
  - b. The Clinical Coordinator and/or Program Director will be notified immediately. If neither of these two people can be reached, then the Dean of Health Sciences will be notified.
  - c. The student will be sent home or to the Program Director's office. They will not return to the classroom or clinical site until directed to do so by the Program director or Clinical Coordinator.
  - d. The student may be permanently dismissed from the Radiologic Technology Program, at the discretion of the Program Director.
6. If there is evidence of a pattern of substance abuse, the student will be:
  - a. Required to withdraw from the program.
  - b. Counseled regarding the availability for a recognized program of substance abuse treatment.
  - c. Required to obtain written verification from a physician or psychologist that they are no longer chemically dependent.
  - d. Permanently dismissed from the campus for a repeated offense.
7. Unsafe clinical practice. It is understood that unsafe practice may include either a combination of several or repetitive examples of the following:
  - a. Errors in recordings of pertinent clinical data
  - b. Failure of safely adopting basic patient care skills to actual patient care resulting in actual or potential patient harm. This is relative to the degree of completion of the RADIOLOGIC TECHNOLOGY curriculum.
  - c. Failure to demonstrate sound judgment relative to the student's degree of RADIOLOGIC TECHNOLOGY curriculum completion.

- d. Allowing personal or emotional problems to interfere with safe & appropriate diagnostic services to the patient.
8. Failure to assume the responsibilities of a student in the RADIOLOGIC TECHNOLOGY program:
  - a. Excessive tardiness or absences.
  - b. Inappropriate personal appearance or inappropriate clinical behavior.
  - c. Unethical or immoral behavior, i.e., lying, cheating, stealing, etc. Serious violations may warrant immediate dismissal from the program.
  - d. Repeated failure to submit required written work in the clinical area or repeated lateness in submitting work.
9. Failure to meet the “Clinical Guidelines & Competency levels” of the Radiologic Technology program.
10. Violation of HIPAA or patient confidentiality.
11. **Removal of Student** – If the college is required to remove a student from an affiliate site, the college has the right to temporarily or permanently remove the student from the program. *\*See Re-entry policy.*

**In instances where a student is warned and correction does not need to be monitored, the student will sign the warning notice and understand that if behavior is not corrected they will be dismissed from the program. This occurs when a warning notice is in effect through graduation.**

**In case of a serious infraction, the student will not be warned and will be dismissed immediately.**

#### **Student Response to the Infraction Notice**

**In instances where a student is warned and correction does need to be monitored, the student will be considered to be on probation, and is expected to reply to the infraction notice within 3 days, using the STUDENT REPLY form. The student’s reply must show evidence of problem solving regarding the identified unsatisfactory behaviors. This will include the following:**

1. Students’ perception of the problem.
2. Awareness of the seriousness of the Infraction Notice.
3. Methods that will be utilized to correct problem.
4. In the case of physical, emotional problems, a release from a professional healthcare worker may be required.

#### **Resolution of the Infraction**

At the end of the established probationary period, the student, Program Director and/or Coordinator and the instructor will again have a conference to discuss the effectiveness of the corrective action taken. If the student has progressed to another clinical area during this time, the student will be evaluated by the clinical coordinator and instructor who issued the Infraction Notice, and the present instructor.

1. If the student shows satisfactory improvement, the Notice will be resolved. A written evaluation of the student’s progress will be submitted, signed and dated by both the instructor(s) and the student. This will remain on file until the student graduates. Copy to the Dean of Health Services.



2. If the behavior which elicited the notice in the first place reoccurs after the student has resolved an Infraction Notice, the student will automatically fail that clinical portion, and thus fail the course.
3. If the student does not show satisfactory improvement after receiving a Notice, the recommendations of the instructor that issued the Notice will be followed.

## **SECTION VI: SUPERVISION**

All clinical practicum experiences will be under the supervision of a qualified ARRT registered radiographer, Academic Clinical Coordinator and/or Clinical Instructor. Department assignments may direct the student to rotate in a particular setting or with a particular person, designed to assist the student through their training with guidance, support and leadership. Department assignments may direct the student to rotate in a particular setting or with a particular person, designated to assist the student through their training with guidance, support and leadership. 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. In compliance with JRCERT standards, supervision is defined as follows:

### ***A. Direct Supervision***

1. The qualified registered radiographer reviews the requisition for the examination and/or procedure in relation to the student's achievement and the curriculum level completed.
2. The qualified registered radiographer evaluates the condition of the patient in relationship to the achievements and performance level of the student.
3. The qualified registered radiographer observes the student perform the radiographic exam.
4. The qualified registered radiographer reviews and critiques the radiographs with the student and approves all finished radiographs.
5. After demonstrating competency, students may perform procedures with indirect supervision.
6. All OR, fluoroscopy, and portable examinations must be performed under direct supervision, regardless of the student's level of competency.

### ***B. Indirect Supervision***

Is supervision provided by a qualified registered radiographer who is **IMMEDIATELY AVAILABLE** (in an adjacent room and able to hear call for help from the student) to assist the student regardless of the level of the student's achievements. **The use of a phone or pager is not considered immediately available!!**

### ***C. Repeating of Radiographs***

In support of professional responsibilities for provision of quality patient care and radiation protection, **unsatisfactory radiographs (repeats) shall be repeated only under the direct supervision of a qualified radiographer, regardless of the student's level of competency.** This is a JRCERT standard for accredited educational programs of radiography. *Form is located in section XI.*

## **SECTION VII: STUDENT CONDUCT**

Radiologic Technology students are expected and required to conduct themselves in a professional manner at all times. (Professional conduct as defined in the Code of Ethics)

The Radiologic Technology students must acknowledge the importance of the protection of confidential information concerning patients and their families. Any and all information (official and unofficial) regarding a patient or his/her family is considered to be confidential and privileged information. Any RADIOLOGIC TECHNOLOGY student violating a patient's right to confidentiality may be dismissed permanently from the RADIOLOGIC TECHNOLOGY program upon proof of such violation.

RADIOLOGIC TECHNOLOGY students are required to follow all reasonable rules and regulations in the classroom, lab and clinical facility to which they are assigned.

All RADIOLOGIC TECHNOLOGY students are to park their cars in their designated area while on campus or at their particular clinical education facility.

### **Professional Conduct**

1. Professional behavior is expected of all students, in the classroom, lab or clinical facility, but especially in the presence of patients.
1. Smoking, chewing gum, whistling, clowning, and horseplay are prohibited during clinical hours.
2. Students shall not leave the laboratory or the Radiology Department without permission from their immediate lab/clinical supervisor.
3. Students shall not accept gratuities from patients.
4. Substance abuse of federally illegal drugs, including cannabis (THC), or alcohol during the student's training will be cause for permanent removal from the clinical site and/or dismissal from the Radiologic Technology Program.
5. The student will not divulge information relevant to the patient's medical affairs or privileged communication relative to the department or hospital affairs.
6. The student shall make every effort to protect all other healthcare workers, patients as well as themselves from unnecessary radiation.
7. The student shall judiciously protect the patient's right to privacy in accordance with HIPAA regulations.
8. The student shall not diagnose, but shall provide the Radiologist with all information relative to the radiologic diagnosis or patient management.
9. The student shall refrain from using a cell phone, texting or using any social media during classroom/lab or during their clinical rotation.
10. Theft or stealing on the part of the student in the classroom/lab/clinical setting shall not be tolerated.
11. The student shall practice proper classroom etiquette at all times during the

- program.
12. The student shall abstain from submitting to any internet or social media site any information pertaining to specific experiences at a clinical institution affiliated with Schoolcraft College.

**Dishonesty**

Any student found cheating or falsifying information in any Radiologic Technology course/clinical may be subject to a failing grade in that course and expulsion from the program.

**Defined as:**

- Plagiarism
- Copying from another individual
- Receiving information from another individual
- Giving answers to others during testing situations to include lab evaluations
- Bringing answers to a test situation
- Falsifying information on **any** document
- Time card fraud

## **SECTION VIII: Program Requirements**

### **Academic or Clinical Deficiencies**

In recognition of the need to maintain acceptable standards for professional performance as well as academic achievement, the following requirements shall apply to all students in the Radiologic Technology program.

#### ***IN ORDER TO PROGRESS IN THE PROGRAM A STUDENT MUST:***

1. Complete all Radiography courses and clinical rotations with a (3.0) or above in order to proceed to the next course in the prescribed sequence.
2. Meet the minimum requirements set for each semester in regards to the mastery (competency) concept. (Mastered Procedures)
3. Maintain at least a 3.0 overall cumulative honor point average.
4. Complete all course requirements for graduation within a maximum of three years from their official entry into the Radiography program.

### **Dismissal Policy**

Any student receiving less than a “B” grade or 3.0 in any of the courses will be dismissed from the Radiologic Technology Program unless probationary status is granted for a special circumstance as judged appropriate by the program director. **A violation of safety policy, act of dishonesty, or substance abuse is grounds for immediate program dismissal.**

### **Mastering Radiographic Examinations**

Competency in performing radiographic examinations is expected. Performing these examinations independently using independent judgment in setting technical factors, positioning the part, evaluating the image and determining any corrective measures is expected in order to obtain credit for a mastered procedure. Each student will be evaluated, in performance of a mastered procedure by the clinical instructor or their assigned technologist.

To receive credit for a mastered procedure, the student should be evaluated for performance utilizing the mastery evaluation card checking all items listed which are applicable for that exam. A student is expected to **continue to perform all examinations that have been mastered throughout the remainder of their clinical experience** and demonstrate competency in performing these examinations with more difficult patients.

If the student is unable to show competency in performing an examination that has been previously mastered (excluding patient problems such as critically ill or injured) that mastery can be taken away. **Mastered Exams can only be taken away by the clinical instructor after advisement with program officials.** If a mastery is taken away, some form of written documentation as to the reason why must be given to the student as well as forwarded to the clinical coordinator.

## **SECTION IX: RAD 215, 235, and 250**

### **Clinical Rotation**

The responsibilities of the student radiographer will continue to become more complex and the procedures more sophisticated as the student progresses through each term. The clinical practicum portion of the radiography program offers the student the opportunity to perform radiologic procedures under the supervision (see section VI for definition of supervision) of registered radiographers and radiologists.

The clinical practicum phase of the program is a structured educational experience set in a hospital/imaging center designed for general patient care. At all times, patient care is a primary concern.

Through the clinical practicum experiences, the student develops the competencies needed to prepare themselves for entry-level positions as Radiologic technologists. The clinical practicum portion of the program is not complete until all needed skills are mastered by the student.

In order for the students to meet/satisfy the objectives for clinical practicum it is necessary that positioning skills be evaluated in the clinical setting. Competency in performing and mastering a minimal number of radiographic examinations is expected prior to student progressing to the next quarter.

### **Clinical Shifts**

Second year students are in the clinical rotation four days per week with one day on campus.

### **Daytime Shift**

This will be an eight hour shift within the timeframe of 6:00am and 7:00pm. This shift will be considered routine and the student will spend a majority of their time within the Radiology department improving their positioning, techniques, and departmental protocols. The students will participate in the day to day routine of the department. The patient examinations that are accomplished during this shift include, but are not limited to:

- Inpatient
- Outpatient
- Fluoroscopy
- Surgery / OR / Ambulatory Care
- Portables
- Emergency Department
- Orthopedics

### **Alternate Shift**

This will be a shift that will be scheduled similar to an “afternoon or split shift”. This shift will be considered non-routine (alternate) and exact times will be determined by the clinical instructor.

The student will experience all types of trauma and non-routine examinations on this shift (example of this type of exam – gunshot wounds, stabbings, and motor vehicle accidents).

Along with observing and participating in the care of trauma patients, the student will learn the importance of effective communication between different shifts as well as different departments and staff members. Higher acuity patients and differences in administrative staffing and supervision will assist students in strengthening critical thinking and problem solving skills.

The patient examinations that are accomplished during this shift include, but are not limited to:

Emergency / Trauma  
Surgery / OR  
Portables

### **RAD 215- 15 weeks**

**Fall semester:** A minimum of 24 masteries are required for RAD 215. At least 4 of these masteries must be electives.

Please note these requirements take into consideration the first two weeks of student orientation to your department. These are **minimum requirements** in order to obtain a B (80%) grade. Additional masteries can be performed to increase grade. See grading scale (p.44). *Simulations will not be accepted for summer semester.*

### **RAD 235- 15 weeks**

**Winter semester:** A minimum of 27 masteries are required for RAD 235. Students will not graduate without meeting the minimum requirements as outlined by the ARRT. Students will have a minimum of 51 masteries total between both semesters. These are **minimum requirements** in order to obtain a B (80%) grade. Additional masteries can be performed to increase grade. See grading scale (p.44). *Simulations will be considered for fall semester if deemed necessary by the clinical instructor and clinical coordinator.*

### **RAD 250 (Capstone) - 7 Weeks**

**Capstone (Spring):** A minimum of 51 masteries are required for the Capstone. Students will not graduate without meeting the minimum requirements as outlined by the ARRT. These are **minimum requirements** in order to obtain a B (80%) grade.

*A maximum of eight mandatory procedures and any elective procedure may be simulated if demonstration on patients is not feasible. Simulations will be considered for fall semester if deemed necessary by the clinical instructor and clinical coordinator. See Section X.*

By the end of the capstone, candidates must demonstrate competence in the clinical activities identified below:

- Ten mandatory general patient care activities (these are not included in the mastery count);
- 37 mandatory imaging procedures;
- 15 elective imaging procedures selected from a list of 34 procedures;
- One of the 15 elective imaging procedures must be selected from the head section;
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section, one of which must be either upper GI or contrast enema

**Rotating in Other Modalities:** Up to two weeks of Fall semester (RAD 215 or RAD 235) may be used for a rotation in other modalities, at the discretion of the clinical coordinator and instructors. In this rotation, students may observe other imaging departments (CT, ultrasound, special studies, angio, nuclear medicine, MRI, etc.) within their assigned hospital (at the discretion of the site's clinical instructor or department supervisor) , or at another affiliate site if not available at their assigned site (also at the discretion of the site's clinical instructor or department supervisor). The student may rotate into any or all of these specialty areas; however, due to staffing/ availability, these days may not be consecutive or correlate to the student's order of preference. The total time spent in other modalities will not exceed two weeks.

#### FALL SEMESTER- RAD 215

NUMBER OF MASTERIES	GRADE
21 or below	50% 250 pts
22	80% 400 pts
23	90% 450 pts
24	100% 500 pts
<b>Minimum of (24) Masteries Total (at least 4 elective procedures) Completed by the end of Fall Semester</b>	

#### WINTER SEMESTER- RAD 235



NUMBER OF MASTERIES	GRADE
28 or below	50% 250 pts
29 ( <b>Minimum</b> )	80% 400 pts
29 or Minimum plus 1 special procedure	90% 450 pts
29 or Minimum plus 2 special procedures	100% 500 pts
<b>Minimum of (29) Total Masteries</b> Completed by the end of the Winter Semester	

**SPRING SEMESTER- RAD 250- CAPSTONE**

NUMBER OF MASTERIES	GRADE
51 or below	Fail- 0
52 ( <b>Minimum</b> ) + 2 Special Procedures	Pass- 100
<b>Minimum of (52) Total Masteries</b> Completed by the end of the Capstone	

*The clinical coordinator or program director may choose at any time to evaluate students on past competencies. Any student failing an evaluation will have to re-do the mastery for that exam in addition to completing a written quiz or assignment at the discretion of the clinical coordinator or program director. Masteries that have to be re-done do not count toward the minimum requirement for that semester.*

**Please note that minimum requirements must be met each semester for progression in the program to occur.**

**Final grades for Clinical I (RAD 215) will be calculated as follows:**

**50% (500 points)** of grade from procedure masteries/special procedures

**15% (150 points)** Repeat logs, mini quizzes, random competency, & forms

**10% (100 points)** of grade from Behavioral Trait Form

**10% (100 points)** of grade from discussion board activity

**10% (100 points)** Midterm Progress Report

**5% (50 points)** of grade from Student Evaluation Forms

**Final grade for Clinical II (RAD 235) will be calculated as follows:**

**50% (500 points)** of grade from procedure masteries/special procedures

**20% (200 points)** of grade from Behavioral Trait Form

**10% (100 points)** of grade from Student Evaluation Form

**5% (50 points)** of grade from Blackboard discussion board activity

**10% (100 points)** of grade from Clinical Experience Essay

**5% (50 points)** Midterm Progress Report

**Final grade for the Capstone course (RAD 250) will be calculated as follows:**

**50% (500 points)** of grade from Kettering Review

**30% (300 Points)** of grade from Assignments, Indeed, and Journal (Blackboard and Resume)

**10% (100 Points)** of grade from tests/quizzes

**10% (100 Points)** of grade from procedure masteries/special procedures

**\*Note- Capstone is Pass/Fail but is still based on 1000 points. Students will NOT pass Capstone if they do not have at least 80%, have completed all Capstone coursework, AND have met all ARRT competency requirements.**

## GRADING SCALE

Descriptions	Grade Scores	Grade Points		Descriptions	Grade Scores	Grade Points
Excellent	100-90	4.0		Unacceptable	74	2.4
Very Good	89	3.9			73	2.3
	88	3.8			72	2.2
	87	3.7			71	2.1
	86	3.6			70	2.0
	85	3.5			69	1.9
Good	84	3.4			68	1.8
	83	3.3			67	1.7
	82	3.2			66	1.6
	81	3.1			65	1.5
Unacceptable	80	3.0			64	1.4
	79	2.9			63	1.3
	78	2.8			62	1.2
	77	2.7			61	1.1
	76	2.6			60	1.0
	75	2.5			59 & Below	0.0

NOTE: A final No Show “NS” grade shall be issued after the third week of class to students who register and meet the criteria below:

- Traditional and Remote - Student did not attend at all.
- Online - Student did not participate in an academically-related assignment.
- Hybrid - Student did not participate in an academically-related assignment or did not attend at all.

The “NS” grade will not be used in computing the grade point average.  
*(Board Procedures 2150.1 and 2210.4, 2020)*

### Assignments/Tests

As with any course at Schoolcraft College, the clinical component of the radiologic technology program will include weekly readings, assignments, and quizzes/tests. Students are expected to read the syllabus/assignment summary carefully and check Blackboard regularly for assignments and due dates. Evaluations will account for 15-20% of the overall clinical grade.

## Discussion Board

As part of the clinical process, we will periodically post questions or activities on Blackboard in the discussion board as a means to ensure that students remain engaged. These questions and activities will relate to or enhance the clinical experience and are mandatory. The clinical coordinator will send out an email through Blackboard notifying students when a new post is available, what the deadline is, and what the expectations are for responding.

## Special Procedures

A “special procedure” is documentation that the student is assertively seeking personal and professional growth as a radiologic technologist. A maximum of two special procedure activities may be performed each semester for credit, up to a total of four for the entire clinical experience. Credit for special procedures will be given only after minimum competency requirements are met. *Two special procedure activities are due by the end of Capstone and are required for graduation.*

*Rare, Special or Advanced Procedure* – The CI may establish certain procedures that are worthy for credit as a PD. Examples of these may include a CT head or abdomen exam (without contrast), mastoids, facet injections, DEXA, scanogram, intrathecal chemo injection, interventional procedure, stress or weight bearing study, angiography, etc. The CI is requested to complete a competency form with a notation recognizing it as a PD.

Clinical instructors may assign a specific special procedure that measures competency at the respective clinical institution (ex: orthopedic knee protocol or feeding tube check utilizing contrast).

## SECTION X: STUDENT REQUIREMENTS FOR CLINICAL COMPETENCY

### Imaging Procedures

#### *Requirement:*

*As part of the education program, candidates must demonstrate competence in the clinical procedures identified below. These clinical procedures are listed in more detail in the following sections:*

- Ten mandatory general patient care procedures;
- 36 mandatory imaging procedures;
- 15 elective imaging procedures selected from a list of 34 procedures;
- One of the 15 elective imaging procedures must be selected from the head section; and
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section. One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (*e.g., a portable femur can only be used for a portable extremity or a femur but not both*)

\*Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc.

#### Note:

The ARRT requirements specify that certain clinical procedures may be simulated. Simulations must meet the following criteria: (a) the student is required to competently demonstrate skills as similar as circumstances permit to the cognitive, psychomotor, and affective skills required in the clinical setting; (b) the program director is confident that the skills required to competently perform the simulated task will generalize or transfer to the clinical setting.

Examples of acceptable simulation include: demonstrating CPR on a mannequin; positioning a fellow student for a projection without actually activating the x-ray beam, and evaluating an image from a teaching file; performing venipuncture by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or grapefruit.

### **Do not submit the following page to the clinical coordinator!**

- Please use the mastery form on pages 56-58 to record your competencies.

Procedure	Mandatory or Elective	Procedure	Mandatory or Elective
<b>Chest and Thorax</b>		<b>Spine and Pelvis</b>	
Chest Routine	M	Cervical Spine	M
Chest AP (Wheelchair or Stretcher)	M	Trauma: Cervical Spine (Cross Table Lateral)*	M
Ribs	M	Thoracic Spine	M
Chest Lateral Decubitus	E	Lumbosacral Spine	M
Sternum	E	Pelvis	M
Upper Airway (Soft-Tissue Neck)	E	Hip	M
<b>Upper Extremity</b>		Cross Table Lateral Hip	M
Thumb or Finger	M	Sacrum and/or Coccyx	E
Hand	M	Scoliosis Series	E
Wrist	M	Sacroiliac Joints	E
Forearm	M	<b>Abdomen</b>	
Elbow	M	Abdomen Supine (KUB)	M
Humerus	M	Abdomen Upright	M
Shoulder	M	Abdomen Decubitus	E
Trauma: Upper Extremity (Non-shoulder)*	M	Intravenous Urography	E
Trauma: Shoulder (Scapular Y, Transthor. or Axillary)*	M	<b>Fluoroscopy Studies</b>	
Clavicle	M	Upper GI Series (Single or Double Contrast)	E
Scapula	E	Barium Enema (Single or Double)	E
AC Joints	E	Small Bowel Series	E
<b>Lower Extremity</b>		Esophagus	E
Foot	M	Cystography/Cystourethrography	E
Ankle	M	ERCP	E
Knee	M	Myelography	E
Trauma: Lower Extremity *	M	Arthrography	E
Tibia-Fibula	M	Hysterosalpingography	E
Femur	M	<b>Surgical Studies</b>	
Patella	E	C-Arm Procedure (More than one projection)	M
Calcaneus (Os Calcis)	E	Surgical C-arm Procedure	M
Toe	E	<b>Mobile Studies</b>	
<b>Cranium</b>		Chest	M
Skull	E	Abdomen	M
Paranasal Sinuses	E	Orthopedic	M
Facial Bones	E	<b>Pediatrics (age 6 or younger)</b>	
Orbits	E	Chest Routine	M
Zygomatic Arches	E	Upper Extremity	E
Nasal Bones	E	Lower Extremity	E
Mandible (Panorex acceptable)	E	Abdomen	E
Temporomandibular Joints	E	Mobile Study	E
		<b>Geriatrics (age 65 or older)</b>	
		Chest Routine	M
		Upper Extremity	M
		Lower Extremity	M

# SECTION XI: FORMS

Note to Clinical Instructor/ Department Administrator

All Student documents are to be secured/locked and remain at the clinical education site at all times. Student is allowed access during clinical education hours and must return all documents to their Clinical instructor/department manager at the end of each day unless the student is taking forms to hand in on campus the following day.

## Incident/Exposure/Occurrence Report

An incident is any occurrence inconsistent with the routine operation of the facility or in the routine care of a person. In addition to the incident report specific to each clinical site/facility, the following report must be completed following the incident and placed in the student's file at Schoolcraft College.

STUDENT NAME: \_\_\_\_\_

ID#: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CLINICAL SITE/ FACILITY: \_\_\_\_\_

CLINICAL CONTACT: \_\_\_\_\_ CLINICAL PHONE#: \_\_\_\_\_ \

INCIDENT DATE: \_\_\_\_\_ INCIDENT TIME: \_\_\_\_\_

INCIDENT LOCATION: \_\_\_\_\_

Description of incident/occurrence (narrative):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the incident/occurrence involved exposure to blood or body fluids:

Was blood drawn from the source? YES \_\_\_\_\_ NO \_\_\_\_\_

Will the results be made available to the person exposed? YES \_\_\_\_\_ NO \_\_\_\_\_

Indicate where medical treatment was provided:

\_\_\_\_\_ Clinical site/facility

\_\_\_\_\_ Personal Physician

\_\_\_\_\_ Other

Describe the date and type of treatment that was provided (narrative):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was follow-up care required: YES \_\_\_\_\_ NO \_\_\_\_\_

Physician to provide follow up care: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Program Official Signature:** \_\_\_\_\_

*(One copy to student file and one copy to Campus Safety)*



**Schoolcraft College**  
**RADIOLOGIC TECHNOLOGY PROGRAM**  
**Clinical Site Orientation Checklist**

Student's Name: \_\_\_\_\_  
 Clinical Site: \_\_\_\_\_

**Meets standards (Y)**                      **Does not meet standards (N)**

Using this scale, please indicate the student's familiarity/understanding of the following tasks with a (Y) indicating the student understands the policy/location or (N) the student does not. If the student does not meet the standard, please provide comments to support this rating. **Must be returned ASAP following orientation.**

At the conclusion of department orientation, the student must be able to:

- |   |     |
|---|-----|
| 1. Recall hospital policy / procedure in regards to student responsibilities in Emergency/trauma situations.  | Y N |
| 2. Locate emergency crash carts/AED's in the radiology department.  | Y N |
| 3. Identify and apply the department and hospital protocol for calling a code.  | Y N |
| 4. Demonstrate and apply appropriate procedures to prepare room oxygen for use.   | Y N |
| 5. Is familiar with accidental needle stick/sharps policy of the hospital. Knows the location of the Infection control office, and the location of PPE required for protection against infectious diseases. | Y N |
| 6. Is familiar with hospital safety policies/procedures regarding fire, electrical and chemical hazards.  | Y N |
| 7. Understands the procedure for STAT or critical test results for inpatients and outpatients.  | Y N |
| 8. Understands HIPAA standards and policies of the hospital.  | Y N |

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Clinical Instructor Signature

\_\_\_\_\_  
 Date

Schoolcraft College  
**WARNING/INFRACTION NOTICE**  
**ACADEMIC OR CLINICAL PERFORMANCE DEFICIENCIES**  
**RADIOLOGIC TECHNOLOGY PROGRAM**

Student: \_\_\_\_\_

The above named student has been evaluated and counseled regarding deficiencies specifically listed below. This warning constitutes official notice to the student regarding status and improvement required to remove this probationary status.

Specific reason for issuing this notice to the student: \_\_\_\_\_

Area(s) in which improvement is expected:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Re

commendations designed to assist student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_D

uration of warning notice:

\_\_\_\_\_

Reasons for this Warning Notice were discussed with me on: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Program Director/ Clinical Coordinator

**STUDENT CORRECTIVE ACTION REPLY**

Student \_\_\_\_\_ Date: \_\_\_\_\_

I have been given a written warning notice and counseled that my progress is unsatisfactory.

My perception of the problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awareness of the seriousness of the problem:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Steps I will implement to correct problem:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator or Director Signature

\_\_\_\_\_  
Date

Student Corrective Action Reply due **three (3)** days after issuance of Written Notice.

**STUDENT CORRECTIVE ACTION  
FOLLOW-UP DOCUMENTATION**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

STUDENT: Document corrective measure you have implemented.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COORDINATOR or DIRECTOR: Document corrective measure observed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statement of problem resolution.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Schoolcraft College  
**STUDENT EVALUATION FORM**  
**RADIOLOGIC TECHNOLOGY PROGRAM**

<b>STUDENT NAME</b>	
<b>TECHNOLOGIST NAME</b>	
<b>TECHNOLOGIST EMAIL ADDRESS</b>	
<b>TECHNOLOGIST SIGNATURE</b>	
<b>ROTATION &amp; DATE</b>	

*This evaluation is for any registered radiologic technologist and/or clinical instructor to evaluate Schoolcraft radiography students. These may be completed and submitted at any time during the clinical experience. Please choose the applicable comment by circling your selection or highlighting your selection and making it BOLD.*

***Completed evaluations should be given directly to the student, returned to the designated clinical instructor at your location, or emailed directly to pdebella@Schoolcraft.edu.***

*Completed evaluations which are emailed directly to the clinical coordinator will be discussed with students, but the technologist may choose to remain anonymous.*

Accountability - Student is present in their assigned clinical area and makes themselves available.

- 4. Always available
- 3. Usually available
- 2. Difficult to locate
- 1. Unable to locate, absent from their assigned area without any explanation (*PLEASE LIST EXAMPLES IN COMMENTS FOR #2 AND #1*)

Adaptability- Student is able to accept change and receive constructive critique with a positive attitude. Student can adapt to changes in workload and stressful situations, including but not limited to trauma and elective procedures.

- 4. Willingly accepts change and remains positive
- 3. Willingly accepts change with minor resistance or hesitation
- 2. Difficulty with change and reacts in a defensive manner
- 1. Will not accept change and is negative to any constructive criticism (*PLEASE LIST EXAMPLES IN COMMENTS FOR #2 AND #1*)

Clinical Participation - Student utilizes clinical time properly and participates in exams.

4. Exceptional productive use of clinical time, exhibits a “self-starting” attitude, demonstrates initiative, leadership, confidence teamwork and participates with enthusiasm
3. Productive use of clinical time and fully participates in all procedures
2. Productivity is adequate, frequently needs to be asked to participate in assigned areas
1. Productivity is below average and does not assist with procedures in assigned areas  
*(PLEASE LIST EXAMPLES IN COMMENTS FOR #1 & #2)*

Communication- Student’s communication skills in reference to patients and staff are:

4. Exceptional, always polite, personable and professional
3. Somewhat reserved, although polite and cooperative, does communicate well with others
2. Quiet, needs to make more of an effort
1. Speaks in a harsh rude and/or curt manner *(PLEASE LIST EXAMPLES IN COMMENTS FOR #1)*

Judgment- Student can interpret instructions correctly and effectively, using reasoning abilities and critical thinking skills.

4. Exceptional, sound decision making with positive conclusions in reference to routine and non-routine situations, including but not limited to trauma and elective procedures.
3. Good, effective decision making in routine and non-routine situations
2. Adequate, but needs some assistance in routine situations
1. Poor and limited, often not logical reasoning in what would be termed a routine situation  
*(PLEASE LIST EXAMPLES IN COMMENTS FOR #1)*

Patient Care- Student addresses patients’ needs and rights, and follows HIPAA.

4. Exceptional, consistent in displaying respect, addressing the patient by surname, informing and explaining to the patient of the procedures being performed
3. Above average in the areas listed above
2. Minimal performance in the listed areas
1. Unsatisfactory in the listed areas *(PLEASE LIST EXAMPLES IN COMMENTS FOR #1 & #2)*

Comments:

**ADDITIONAL PAGES MAY BE ATTACHED FOR EXTRA COMMENTS**

## ARRT Radiography Clinical Competency Requirements Form

### *Requirement:*

- Candidates must demonstrate competence in all 37 procedures identified as mandatory (M). Procedures should be performed on patients; however, up to eight mandatory procedures may be simulated (see endnote) if demonstration on patients is not feasible.
- Candidates must demonstrate competence in 15 of the 35 elective procedures. Elective procedures should be performed on patients; however, electives may be simulated (see endnote) if demonstration on patients is not feasible. Institutional protocol will determine the positions or projections used for each procedure. Demonstration of competence includes requisition evaluation, patient assessment, room preparation, patient management, equipment operation, technique selection, positioning skills, radiation safety, image processing, and image evaluation.

\*Trauma is considered a serious injury or shock to the body. Modifications may include variations in positioning, minimal movement of the body part, etc.

### **Note:**

The ARRT requirements specify that certain clinical procedures may be simulated. Simulations must meet the following criteria: (a) the student is required to competently demonstrate skills as similar as circumstances permit to the cognitive, psychomotor, and affective skills required in the clinical setting; (b) the program director is confident that the skills required to competently perform the simulated task will generalize or transfer to the clinical setting.

Examples of acceptable simulation include: demonstrating CPR on a mannequin; positioning a fellow student for a projection without actually activating the x-ray beam, and evaluating an image from a teaching file; performing venipuncture by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or grapefruit.

<b>Imaging Procedures</b>	<b>Mandatory or Elective</b>		<b>Eligible for Simulation</b>	<b>Date Completed</b>	<b>Competence Verified By</b>
	<b>Mandatory</b>	<b>Elective</b>			
Board Approved January 2021 Effective January 2022					
<b><u>Chest and Thorax</u></b>					
<b><u>Chest Routine</u></b>	✓				
<b><u>Chest AP (Wheelchair or Stretcher)</u></b>	✓				
<b><u>Ribs</u></b>	✓		✓		
<b><u>Chest Lateral Decubitus</u></b>		✓	✓		
<b><u>Sternum</u></b>		✓	✓		
<b><u>Upper Airway (Soft-Tissue Neck)</u></b>		✓	✓		
<b><u>Sternoclavicular Joints</u></b>		✓	✓		
<b><u>Upper Extremity</u></b>					
<b><u>Thumb or Finger</u></b>	✓		✓		
<b><u>Hand</u></b>	✓				
<b><u>Wrist</u></b>	✓				
<b><u>Forearm</u></b>	✓				
<b><u>Elbow</u></b>	✓				
<b><u>Humerus</u></b>	✓		✓		
<b><u>Shoulder</u></b>	✓				
<b><u>Clavicle</u></b>	✓		✓		
<b><u>Scapula</u></b>		✓	✓		
<b><u>AC Joints</u></b>		✓	✓		
<b><u>Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*</u></b>	✓				
<b><u>Trauma: Upper Extremity (Non-Shoulder)*</u></b>	✓				
<b><u>Lower Extremity</u></b>					
<b><u>Toes</u></b>		✓	✓		
<b><u>Foot</u></b>	✓				
<b><u>Ankle</u></b>	✓				
<b><u>Knee</u></b>	✓				
<b><u>Tibia-Fibula</u></b>	✓		✓		
<b><u>Femur</u></b>	✓		✓		
<b><u>Patella</u></b>		✓	✓		
<b><u>Calcaneus</u></b>		✓	✓		
<b><u>Trauma: Lower Extremity*</u></b>	✓				

<b>Imaging Procedures</b>	<b>Mandatory or Elective</b>	<b>Eligible for</b>		
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	<b>Mandatory</b>	<b>Elective</b>	<b>Simulation</b>	<b>Completed</b>	<b>Verified By</b>
<b>Head – Candidates must select at least one elective procedure from this section.</b>					
<b>Skull</b>		✓	✓		
<b>Facial Bones</b>		✓	✓		
<b>Mandible</b>		✓	✓		
<b>Temporomandibular Joints</b>		✓	✓		
<b>Nasal Bones</b>		✓	✓		
<b>Orbits</b>		✓	✓		
<b>Paranasal Sinuses</b>		✓	✓		
<b>Spine and Pelvis</b>					
<b>Cervical Spine</b>	✓				
<b>Thoracic Spine</b>	✓		✓		
<b>Lumbar Spine</b>	✓				
<b>Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)</b>	✓		✓		
<b>Pelvis</b>	✓				
<b>Hip</b>	✓				
<b>Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)</b>	✓		✓		
<b>Sacrum and/or Coccyx</b>		✓	✓		
<b>Scoliosis Series</b>		✓	✓		
<b>Sacroiliac Joints</b>		✓	✓		
<b>Abdomen</b>					
<b>Abdomen Supine</b>	✓				
<b>Abdomen Upright</b>	✓		✓		
<b>Abdomen Decubitus</b>		✓	✓		
<b>Intravenous Urography</b>		✓			

<b>Imaging Procedures</b>	<b>Mandatory or Elective</b>		<b>Eligible for Simulation</b>	<b>Date Completed</b>	<b>Competence Verified By</b>
	<b>Mandatory</b>	<b>Elective</b>			
<b>Fluoroscopy Studies – Candidates must select two procedures from this section and perform per site protocol.</b>					
Upper GI Series, Single or Double Contrast		✓			

Contrast Enema, Single or Double Contrast		✓			
Small Bowel Series		✓			
Esophagus ( <i>NOT</i> Swallowing Dysfunction Study)		✓			
Cystography/Cystourethrography		✓			
ERCP		✓			
Myelography		✓			
Arthrography		✓			
Hysterosalpingography		✓			
<b>Mobile C-Arm Studies</b>					
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	✓		✓		
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	✓		✓		
<b>Mobile Radiographic Studies</b>					
Chest	✓				
Abdomen	✓				
Upper or Lower Extremity	✓				
<b>Pediatric Patient</b> (Age 6 or Younger)					
Chest Routine	✓		✓		
Upper or Lower Extremity		✓	✓		
Abdomen		✓	✓		
Mobile Study		✓	✓		
<b>Geriatric Patient</b> (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)					
Chest Routine	✓				
Upper or Lower Extremity	✓				
Hip or Spine		✓			
<b>Subtotal</b>					
Total Mandatory exams required	36				
Total Elective exams required		15			
Total number of simulations allowed			10		

## Radiologic Technology Program Mastery Evaluation Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Exam \_\_\_\_\_

	Yes	No	N/A
1. Proper management and care for patient delivered- used effective communication, obtained patient history, verified patient identity and verified correct exam ordered			
2. Prepared room adequately, selected appropriate image receptor size, SID, and OID			
3. Proper technique used density/contrast kVp _____ mAs _____ and exposure number for digital _____			
4. Appropriate collimation and manipulation of equipment			
5. Applied radiation safety practices and adequate shielding used appropriately			
6. Images marked correctly			
7. Displayed confidence and professional demeanor throughout exam			
8. Correct positioning used; able to adapt to patient needs			
9. Proper image critique and evaluation of anatomy			
10. Produced diagnostic quality radiographs			
11. Followed protocol for sterile/ aseptic technique (as applicable)			
12. Interacted appropriately with other members of the health care team (i.e. nurses, doctors, surgical techs, etc.)			

Students must pass all applicable sections in order to achieve mastery. Limited repeats are allowed on exams consisting of 6 or more images. For exams consisting of less than 6 images, no repeats are allowed. Repeats due to uncooperative or challenging patients should not prevent the student from achieving mastery. Please use your professional judgment in assigning masteries.

Evaluator \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Exam Mastered \_\_\_\_ Yes \_\_\_\_ No      Repeat Mastery \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Registered Technologist Signature \_\_\_\_\_ Date \_\_\_\_\_

**Success at Rare or Advanced Procedure, Modality  
Shadowing or CI Assigned Professional Development**

Please attach a completed competency form only if the exam is a general x-ray exam.

Description of Procedure: \_\_\_\_\_

Modality: \_\_\_\_\_

Technologist: \_\_\_\_\_

Signature of Clinical Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Schoolcraft College

**REPEAT LOG**

**Radiologic Technology Program**

ALL REPEATS MUST BE DONE UNDER THE DIRECT SUPERVISION OF A REGISTERED RADIOGRAPHER

Only one repeat of the same view may be completed by the student. A registered radiographer must perform any subsequent views.

**\*\*Must include student and technologist initials.**

**Initial below**

DATE	EXAM	REASON List site if different from home site	# OF VIEWS	Technologist	Student

Please initial to state that you are the registered technologist who provided direct supervision for the repeat radiograph(s) taken during the exams and that you were present while the student repeated the unsatisfactory radiograph.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical Instructor \_\_\_\_\_ Date \_\_\_\_\_

**Schoolcraft College**  
**STUDENT WEEKLY REPORT**  
**RADIOLOGY TECHNOLOGY PROGRAM**

Student Name: \_\_\_\_\_  
 Week of: \_\_\_\_\_ Site: \_\_\_\_\_

*The student is responsible for providing all information on this form other than verifying initials/signature.*

**Supervision**

Prior to successfully passing a mastery evaluation for a procedure or whenever performing OR, mobile, fluoroscopy procedures, or repeat exams- students must be directly supervised by a registered technologist. Indirect supervision is required at all times that do not require direct supervision.

<b>Direct</b>	<b>Indirect</b>	<b>Repeats</b>
Have you complied with this policy at all times this week?	Have you complied with this policy at all times this week?	Have you complied with this policy at all times this week?
Yes    No	Yes    No	Yes    No

**Repeats**

Number of repeat exams completed this week. \_\_\_\_\_

**Competencies**

	<b>Masteries</b>	<b>Electives</b>	<b>PD's</b>
Number of competencies completed this week			
Number of competencies completed to date			

**Clinical Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Comments/Concerns:** \_\_\_\_\_

**Schoolcraft College**  
**CLINICAL EDUCATION ABSENCE REPORT FORM**  
**RADIOLOGY TECHNOLOGY PROGRAM**  
 MUST BE SIGNED BY CLINICAL INSTRUCTOR  
 AND UPLOADED TO Blackboard

**Record of Days Off- This form is only to be used in the event that a student is absent during the clinical semesters.**

Month \_\_\_\_\_ Year \_\_\_\_\_

Student Name: \_\_\_\_\_

Clinical Education Site: \_\_\_\_\_

Date	Scheduled (Y or N)	Called (Y or N)	Signature	Make Up Day Scheduled (Date/Shift)

Clinical Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Schoolcraft College**  
**MID-TERM PROGRESS REPORT**  
**\_\_\_\_\_ SEMESTER**

Student Name: \_\_\_\_\_

Please select the rating that most accurately demonstrates the student's performance.

If any ratings are below expectations, please give examples or constructive comments.

	Performance Expectations		
	below	meets	exceeds
Exam Skills	0	20	30
Patient Care	0	30	40
Team Work	0	20	30

Total: \_\_\_\_\_

Areas of concern:

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Corrective Action Plan (if needed):

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Signature of Clinical Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Schoolcraft College**  
**STUDENT FINAL EVALUATION/BEHAVIORAL TRAIT FORM**  
\_\_\_\_\_ **SEMESTER**

\*TO BE COMPLETED ONLY BY THE CLINICAL INSTRUCTOR \*

Student \_\_\_\_\_

Hospital \_\_\_\_\_

**POINT DEFINITIONS**

**1 point**      NON-PERFORMANCE – This level of performance is consistently below that which is acceptable for a didactically prepared student. Immediate improvement is required. **Ratings in this category should be supported by comments.**

**2 points**      TRANSITIONAL PERFORMANCE -- Performance which is inconsistent.

**3 points**      NOVICE PERFORMANCE -- No critical issue of improvement can be cited.  
*This level of performance is expected of students with one semester of radiography clinical experience.*

**4 points**      EFFECTIVE PERFORMANCE -- This level of performance is expected of students with a majority of ARRT competencies successfully completed.

**5 points**      **GRADUATE PERFORMANCE** -- Performance which frequently resembles that of an experienced, highly capable technologist. This may also relate to an item that is expected of all, regardless of experience level. **Ratings in this category should be supported by comments.**

**PLEASE REMEMBER:**

**1 and 5 point ratings must be justified in the comments section.**

<b>Competency</b>		Comments:
1. Positioning- performs exams with appropriate supervision for clinical level, avoids making the same errors, manipulates equipment appropriately, identifies radiographs with correct markers, avoids total reliance on textbooks		
2. Techniques- avoids total reliance on technique charts, manipulates to accommodate circumstances		
3. Procedural workflow- operates effectively under stressful or difficult conditions		
4. Patient Care- Speaks to patients with respect and consideration, identifies needs, minimizes discomfort, ensures privacy (HIPAA) and modesty, projects pleasant disposition		
5. Patient radiation safety- shields appropriately		
6. Occupational radiation safety- wears radiation monitors correctly, utilizes time, distance, and shielding		
Subtotal		
<b>Critical Thinking</b>		Comments:
7. Recognizes mistakes and is able to initiate corrective action.		
8. Adapts to challenging and stressful situations.		
9. Able to effectively critique images with regards to positioning and technique.		
Subtotal		
<b>Communication</b>		Comments:
10. Provides thorough patient explanations and answers questions using terms the patient will understand.		
11. Produces concise, organized notes and history for physician- utilizes appropriate medical terminology		
12. Effectively plans / coordinates patient care and department flow with other healthcare team members while avoiding gossip about patients and/or personnel.		
Subtotal		

<b>Professionalism</b> (Scores of 5 are expected in this section for all students - please add comments for any scores lower than 5)		Comments:
13. Avoids tardiness and absences.		
14. Overall attitude.		
15. Personal grooming- complies with hospital and school policies regarding grooming and dress codes		
16. Welcomes constructive criticism and uses it positively.		
17. Pleasant disposition, positive communication.		
18. Appropriate confidence versus information seeking- asks appropriate questions, retains information		
19. Initiates duties without prompting, active involvement		
20. Operates effectively within the team concept, adapts well to different technologists.		
Subtotal		

TOTAL SCORE \_\_\_\_\_

LETTER GRADE \_\_\_\_\_

**CLINICAL INSTRUCTOR ADDITIONAL COMMENTS**

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**STUDENT COMMENTS**

I have been able to discuss this information and evaluation with my clinical instructor. My signature does not necessarily mean that I agree with the comments on this evaluation.

Student response to evaluation:

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**This evaluation must be signed by both clinical instructor and student.**

Evaluated by	Date	Reviewed by (Student Signature)	Date

**This evaluation must be submitted by the end of each clinical academic term.**

## Schoolcraft College MRI Safety Screening Form

Throughout the course of the clinical experience, students may have the opportunity to shadow in other modalities, including magnetic resonance imaging (MRI). **In MRI, the magnetic field is ALWAYS on.** Any student prior to beginning clinical rotations must be screened and oriented for MRI safety and comply with the clinical site's policies and procedures pertaining to metallic objects being introduced into the MRI scanning suite. Carrying ferromagnetic articles or introducing them to the MRI scanning area is strictly prohibited. These objects can become projectiles within the scanning room causing serious injury or death and/or equipment failure.

Additionally, there are certain medical implants or other internal foreign bodies that the student may possess that can pose a risk in the MRI suite. If any of the below conditions apply to you, you may be prevented from experiencing an MRI rotation. Please identify with a check mark any of the following that pertain to you:

- Pacemaker
- Implantable cardioverter defibrillator (ICD)
- Neurostimulator system
- Aneurysm clip
- Metallic implant
- Implanted drug infusion device
- Foreign metal objects, especially if in or near the eye
- Shrapnel or bullet
- Dentures/teeth with magnetic keepers
- Other implants that involve magnets
- Medication patches that contain metal foil (i.e., transdermal patch)
- None of the above

Please note: The program director and clinical coordinators must be informed in writing by the clinical student if there is any change in the student's MRI safety status over the course of the program.

**Students must complete and submit the ACR MRI safety screening form prior to the start of clinicals. [MRI Screening Form](#)**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

MRI Technologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Authorization to Release Information

## Schoolcraft College

Student Name: \_\_\_\_\_

ID #: \_\_\_\_\_

DOB: \_\_\_\_\_

Section 438 of "The Family Educational Rights and Privacy Act" (FERPA) of 1974, as amended, provides for the confidentiality of student educational records. Institutions may not disclose information about students nor permit inspections of their records without the student's written permission except as stipulated in the Act.

I, the undersigned, hereby authorize Schoolcraft College to release the following information (identify records or type of records):

\_\_\_\_\_  
\_\_\_\_\_

To each person or agency listed below:

Name

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the purpose of:

\_\_\_\_\_  
I understand further that: (1) I have the right not to consent to the release of my education records; (2) that by signing below I am waiving my right to privacy as indicated in Section 438 of the Family Educational Rights and Privacy Act of 1974, as amended; and that this consent shall remain in effect until revoked by me, in writing, and delivered to a Schoolcraft College Registrar. Any such revocation shall not affect disclosures previously made by Schoolcraft College prior to the receipt and posting (within 5 working days of receipt) of any such written revocation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar Signature

\_\_\_\_\_  
Date

# Health Sciences Policies

Read and Initial statement below

## Disclosure Statement Regarding Social Media Policy

\_\_\_ I understand that students are not allowed to use personal cell phones or other personal electronic devices to transmit clinical information, including phones/smart watches in patient care areas during clinicals.

\_\_\_ I understand that clinical site information is not to be discussed on any form of social network of any electronic account outside of those required by the instructor for class participation.

\_\_\_ I agree to abstain from using computers at my clinical site for personal use and or social networking.

## Drug/Nicotine Screen Testing - results

\_\_\_ I understand that a drug, including marijuana, and/or nicotine screen may be required by my clinical site. I understand that a positive result on this drug/nicotine screen may impact my ability to complete program requirements, including though not limited to clinical experience.

## Flu Shot

\_\_\_ I understand that a flu shot may be required by my clinical site. I understand that I am required to pay for this if my clinical site does not provide it to me.

.....

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## **Radiologic Technology Clinical Sites 2024**

\*Refers to a rotational site

### **Beaumont Farmington Hills**

Manager: Judith Schafer

CI: Adam Moore

Day Shift: 7:30am-4:00 pm

Scrubs: Royal Blue

### **\*Beaumont Livonia**

Manager: Judith Schafer

CI: Lisa Kalem

Day Shift: 7:30am-4:00pm

Scrubs: Royal Blue

### **Beaumont Taylor**

Manager: Nicole Shook

CI: Glenn Page

Day Shift: 8:00am-4:30pm

Scrubs: Royal Blue

### **Beaumont Troy**

Manager: Brittany Dutt (CI)

CI: Kayla Turo, Jessica Wehrman, George David, David Maier, Jenelle Keinath

Day Shift: 7:30am-4:00pm

Scrubs: Royal Blue

### **Henry Ford West Bloomfield/\*Royal Oak/\*Bloomfield**

Administrator: Karen Sparks

CI: Windy Gorski

Day Shift: 7:30am-4:00pm/Afternoons: 2:30pm-11pm

Scrubs: Navy Blue

### **Henry Ford Downriver (Wyandotte)**

Supervisor: Michelle Dolan

CI: Amanda Brewer

Day Shift: 8:00am-4:30pm

Scrubs: Navy Blue

### **\*Henry Ford Brownstown**

Manager (CI): Laure Tartal (734)341-9854

CI: Sandra Douglas (313) 410-1055

Day Shift: 8:00am- 4:40pm

Scrubs: Navy Blue



**Henry Ford Macomb**

Manager (CI): Wanda Francisco

CI: Altin Stefa

Day Shift: 8:00am- 4:30pm

Scrubs: Navy Blue

**Michigan Medicine**

Supervisor:

CI: Kelsey Haas

Day Shift: 8:00am-4:30pm

Scrubs: Navy Blue

**St. Mary's Livonia**

Supervisor: Sally Santoni

CI: Kim Presutti

Day Shift: 7:30am-4:00pm/Afternoons: 11:30am-8:00pm

Scrubs: Navy Blue

**St. Joseph's Ann Arbor**

Manager: Traci Snider

CI: Ashley Dupuis, Denise Ulanowski, Gina Hynek

Day Shift: 7:00am-3:30pm/ Afternoons: 11:00am-7:30pm or 3:00pm-11:30pm

Scrubs: Navy Blue

**St. Joseph's Oakland**

Supervisor: Sheila Foust

CI: Katelyn Genovese & Melanie Bolotta

Day Shift: 7:30am-4:00pm

Scrubs:Navy Blue

# **Schoolcraft College**

## **Radiologic Technology Program**

### **Tentative 2024-25 Clinical Calendar**

*This calendar is subject to change to better support educational outcomes.*

**Fall Semester 2024 (15 weeks, 6 credits, 32 hrs/week) RAD 215**  
**August 27th, 2024- December 13th, 2024**

**Students will be off on:**

**Labor Day- Monday, September 2nd**

**Thanksgiving Break - Tuesday, November 26st through Friday, November 29th**

**The last clinical date will be December 13th, 2024.**

**Winter Semester 2025 (15 weeks, 6 credits, 32 hrs/week) RAD 235**  
**January 7th, 2025- April 25th, 2025**

**Students will be off on:**

**MLK Day - Monday, January 20th**

**Mid-Term Break - Monday, March 3rd - Sunday, March 9th**

**The last clinical date will be 4/25/2025.**

**Spring Semester - Capstone (7 weeks) RAD 240; RAD 250**

# **Schoolcraft College**

## **Radiologic Technology Program**

### **Revision Criteria**

Updates are as follows:

- List of current clinical affiliates.
- Clinical calendar.
- Updated CI list and shift times.
- Updated student evaluation.
- Study time elimination.
- Clinical 1 score breakdown.