Aurora St. Luke’s Medical Center
School of Radiologic Technology
STUDENT HANDBOOK – 2020/2021

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### FACULTY/SITE CONTACT INFORMATION

#### FACULTY

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
<th>Pager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breanne Rosenbaum</td>
<td>Program Supervisor, School of Radiologic Technology</td>
<td>(414) 747-4335</td>
<td></td>
</tr>
<tr>
<td>Tracie Maxwell</td>
<td>Clinical Coordinator, Aurora St. Luke's Medical Center</td>
<td>(414) 747-4357</td>
<td>222-3724</td>
</tr>
<tr>
<td>Sara Rossmann</td>
<td>Clinical Instructor, Aurora Sinai Medical Center</td>
<td>(414) 219-7234</td>
<td>222-6394</td>
</tr>
<tr>
<td>Linda Radike</td>
<td>Clinical Instructor, Aurora St. Luke’s Medical Center</td>
<td>(414) 649-6148</td>
<td>222-8482</td>
</tr>
<tr>
<td>Kayla Wolf</td>
<td>Clinical Instructor, Aurora St. Luke’s Medical Center</td>
<td>(414) 649-6148</td>
<td></td>
</tr>
<tr>
<td>Jessica Sughroue</td>
<td>Clinical Instructor, West Allis Memorial Hospital</td>
<td>(414) 328-6473</td>
<td>990-9485</td>
</tr>
<tr>
<td>Sara Ratajewski</td>
<td>Clinical Liaison, St. Luke’s South Shore</td>
<td>414-489-4487</td>
<td></td>
</tr>
<tr>
<td>Peggy Wendt</td>
<td>Clinical Liaison, Greater Milwaukee Clinics – Layton</td>
<td>(414) 294-4522</td>
<td></td>
</tr>
<tr>
<td>Ashley Hanson-Butry</td>
<td>Clinical Liaison, Aurora- Summit</td>
<td>(262) 434-1337</td>
<td></td>
</tr>
<tr>
<td>Miranda Hurley</td>
<td>Co-Clinical Liaisons, Aurora – Grafton</td>
<td>(414) 329-1515</td>
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#### CLINICAL SITES

<table>
<thead>
<tr>
<th>Aurora St. Luke's Medical Center</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Sorting/ Main Department</td>
<td>649-6507</td>
</tr>
<tr>
<td>Sorting/ Outpatient Facility</td>
<td>649-6079</td>
</tr>
<tr>
<td>Front Desk/ Main Department</td>
<td>649-6429</td>
</tr>
<tr>
<td>Security/Loss Prevention</td>
<td>649-7901</td>
</tr>
</tbody>
</table>
St. Luke's South Shore  
Front Desk  
(414) 489-9000  
489-4062

Aurora Medical Center Grafton  
Imaging Department  
(262) 329-1515

Aurora Sinai Medical Center  
(414) 219-2000
Liteside/ Main Department  
219-7210  
ER Satellite  
219-7240  
Outpatient Health Center (OHC)  
219-7043  
Front Desk/ Main Department  
219-3001  
Security/Loss Prevention  
219-7014

Aurora Medical Center- Summit  
(262) 434-1337  
(262) 434-1000

West Allis Memorial Hospital  
(414) 546-6000
Quality  
328-6428  
School office  
328-6473  
Front Desk  
328-6440  
Security/Loss Prevention  
328-7425

Greater Milwaukee Clinics/Layton  
(414) 294-4522

Professional Organizations

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

American Society of Radiologic Technologists (ASRT)  
15000 Central Avenue SE  
Albuquerque, NM 87123-3909  
Tel: 800-444-2778, press 5  
505-298-4500  
Fax: 505-298-5063  
www.asrt.org

Wisconsin Society of Radiologic Technologists (WSRT)  
www.wsrt.net

American Registry of Radiologic Technologists (ARRT)  
1255 Northland Drive  
St. Paul, MN 55120-1155  
(651) 687-0048  
www.arrt.org
Aurora St. Luke’s Medical Center
School of Radiologic Technology

MISSION STATEMENT

At Aurora St. Luke’s Medical Center School of Radiologic Technology we are committed to the education of student radiographers in the art and science of medical radiography. We strive to impart the knowledge, skills, abilities and values our students will need to deliver personalized, quality health care to their patients.

Vision Statement

In support of the School mission, our School will:

1. Provide the best educational experience available for radiologic technology students.
2. Maintain an educationally oriented environment that produces technologists who continually make exceptional contributions to their communities, profession, and patients.
3. Continually measure program outcomes to improve our service and quality.

Program Goals

In support of our mission we continually measure program outcomes to insure our School meets the expectations of our students, the requirements of our regulatory agencies and needs of the radiography community. Program assessment is in support of the following goals.

- Students will possess the knowledge required for professional practice in medical radiography.
- Provide a clinical educational experience that ensures students are capable of performing all routine radiographic procedures and related functions.
- Provide an educational experience that promotes effective communication skills, critical thinking abilities and professionalism.
- Promote the development of core values and ethical standards necessary for the delivery of quality, patient-centered care.
- Graduate competent, professional entry-level radiographers that meet the needs of the medical imaging community.

Revised 8/18
ADVOCATE AURORA HEALTH BEHAVIORS PLEDGE

I commit to demonstrate and model the Advocate Aurora Health Behaviors.
We have great aspirations for our future as Advocate Aurora Health. We are working to broaden our impact through our Transformation 2025 Strategy, and our Consumer First Focus positions us to lead our industry, enabling us to fully pursue our purpose of helping people live well.

**OUR VALUES**

Our values of excellence, compassion and respect will continue to anchor and inspire the way in which we will achieve this future purpose.

To ensure a strong culture is at the foundation of this transformation, we must foster a workplace that is more collaborative, innovative, and transparent.

This requires setting clear expectations—our behaviors—about how we work together.

**OUR BEHAVIORS**

All team members will be accountable for demonstrating six behaviors in their work.

Our unified set of behaviors are an important part of developing, evaluating and recognizing our people. Our behaviors are organized into categories—Engage, Empower, Execute, and Transform—key concepts that will contribute to our culture.

**TEAM MEMBER BEHAVIORS**

<table>
<thead>
<tr>
<th>ENGAGE</th>
<th>EMPOWER</th>
<th>EXECUTE</th>
<th>TRANSFORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborates</td>
<td>Builds partnerships, shares information, and involves others to accomplish group goals.</td>
<td>Values Differences</td>
<td>Engages with people with a variety of backgrounds and perspectives with openness and respect.</td>
</tr>
<tr>
<td>Communicates Effectively</td>
<td>Keeps others informed, providing information in a clear, concise, and professional manner.</td>
<td>Fosters Resilience</td>
<td></td>
</tr>
</tbody>
</table>

**VALUES**

EXCELLENCE

COMPASSION

RESPECT

**PURPOSE**

WE HELP PEOPLE LIVE WELL.

**TAKE ACTION**

- Talk with your team about living our values and demonstrating these behaviors
- Recognize your peers for these actions by visiting our Kudos site (advocateaurorahealth.performnet.com)
Team Member Behaviors
Quick Reference Guide

Purpose
This guide was developed to support the introduction of our new Team Member Behaviors and explain how these show up in our everyday work. This guide gives quick tips on behaviors to model, as well as behaviors to avoid.

How do I use this?
This guide can be used by leaders and team members to clarify expectations, provide feedback and to assist using the Behaviors language with everyday practices like recognition – via Kudos. By understanding what it means to “Collaborate” or “Foster Resilience” specifically, we can ensure we are promoting these behaviors consistently across all PSAs, Regions and Sites.

What are the Team Member Behaviors?
Our Behaviors are a specific set of expectations about how we work together to achieve our shared purpose. Additionally, the Behaviors represent the knowledge and skills that team members should develop throughout their careers to be successful. The Behaviors are organized into four categories - Engage, Empower, Execute, and Transform – key concepts that will contribute to our transformation.

For more detailed information regarding the Behaviors, refer to the Performance Standards posted on the IL (ATMS) and WI (My HR Connection) sites.

Illinois Team Members: Wisconsin Team Members
# Team Member Behaviors – What’s expected of me?

<table>
<thead>
<tr>
<th>Behaviors to Model</th>
<th>Behaviors to Avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engage</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Collaborates</strong></td>
<td>• Volunteering to help when needed, making positive contributions to the group</td>
</tr>
<tr>
<td></td>
<td>• Asking probing questions to get at greater detail</td>
</tr>
<tr>
<td></td>
<td>• Identifying and enlisting a wide variety of stakeholders who can add value to team outcomes</td>
</tr>
<tr>
<td></td>
<td>• Competing rather than collaborating with team members in other departments or teams</td>
</tr>
<tr>
<td></td>
<td>• Taking credit for others’ efforts and/or accomplishments</td>
</tr>
<tr>
<td></td>
<td>• Working in isolation, neglecting opportunities to partner with others across Advocate Aurora Health</td>
</tr>
<tr>
<td><strong>Communicates Effectively</strong></td>
<td>• Acknowledging and addressing all forms of communication in a timely and considerate manner</td>
</tr>
<tr>
<td></td>
<td>• Actively listening to and acknowledging others’ thoughts and ideas</td>
</tr>
<tr>
<td></td>
<td>• Proactively sharing information – considers what others want to know, not just need to know</td>
</tr>
<tr>
<td></td>
<td>• Interrupting, displaying disinterest in other’s input or acting impatient when others talk</td>
</tr>
<tr>
<td></td>
<td>• Providing too little or too much information</td>
</tr>
<tr>
<td></td>
<td>• Withholding important information that should be shared with others</td>
</tr>
<tr>
<td><strong>Empower</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Values Differences</strong></td>
<td>• Showing openness and respect to people and groups, regardless of their background</td>
</tr>
<tr>
<td></td>
<td>• Seeking opportunities to learn and put into practice ideas from others who have different perspectives, backgrounds, and/or styles</td>
</tr>
<tr>
<td></td>
<td>• Helping create an environment where everyone feels comfortable</td>
</tr>
<tr>
<td></td>
<td>• Tolerating but not embracing partnerships with those who are different from yourself</td>
</tr>
<tr>
<td></td>
<td>• Preferring to work only with those who have similar views</td>
</tr>
<tr>
<td></td>
<td>• Limiting the idea of diversity to ethnicity, gender, or other demographic differences</td>
</tr>
<tr>
<td><strong>Fosters Resilience</strong></td>
<td>• Handling new or unexpected challenges without exhibiting frustration</td>
</tr>
<tr>
<td></td>
<td>• Recovering swiftly from setbacks and problems</td>
</tr>
<tr>
<td></td>
<td>• Effectively adapting to change or ambiguity and maintaining productivity</td>
</tr>
<tr>
<td></td>
<td>• Losing composure under stress</td>
</tr>
<tr>
<td></td>
<td>• Waiting to be told to change course, rather than taking initiative</td>
</tr>
<tr>
<td></td>
<td>• Letting speed outweigh quality, safety or reliability</td>
</tr>
<tr>
<td><strong>Execute</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Ensures Accountability</strong></td>
<td>• Taking clear steps to learn from both successes and failures</td>
</tr>
<tr>
<td></td>
<td>• Championing established standards and practices, encouraging others to do the same</td>
</tr>
<tr>
<td></td>
<td>• Delivering on commitments, even in difficult circumstances</td>
</tr>
<tr>
<td></td>
<td>• Hiding mistakes or underperformance of team members or yourself</td>
</tr>
<tr>
<td></td>
<td>• Inconsistently following established standards and practices</td>
</tr>
<tr>
<td></td>
<td>• Underdelivering on commitments to others without providing notice about issues or risks</td>
</tr>
<tr>
<td><strong>Transform</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Exhibits Courage</strong></td>
<td>• Taking reasonable, well calculated risks</td>
</tr>
<tr>
<td></td>
<td>• Openly sharing ideas and points of view, regardless of potential criticism or risk</td>
</tr>
<tr>
<td></td>
<td>• Challenging the status quo</td>
</tr>
<tr>
<td></td>
<td>• Letting fear of being wrong prevent you from acting</td>
</tr>
<tr>
<td></td>
<td>• Hesitating to address difficult issues that need attention</td>
</tr>
<tr>
<td></td>
<td>• Hiding from necessary confrontation</td>
</tr>
</tbody>
</table>
Transformation 2025: Destination Health

**OUR PURPOSE:** We help people live well.

- **Transform the Core**
  - Safety
  - Health Outcomes
  - Growth
  - Financial Health

- **Consumer First**
  - Anytime, Anywhere Access
  - Personalized Experience
  - Self Service

- **Whole Person Health**
  - New Care Models
  - Consumer Health Businesses

**OUR PEOPLE • OUR VALUES:** Excellence | Compassion | Respect
Services

Ask the Librarian!

If you have questions about library services and resources, we are here to help. Please check our website for information about hours, policies, and services. If you have a question about copyright issues, refer to the Copyright Office page. You may also find answers to your questions in our website’s help section.

Current Awareness Service

For any topic in which you have a continuing interest, your Librarian can create and save a search strategy in an appropriate database and email updates to you at intervals of your choosing. Please let us know what topic you’d liked searched on a regular basis.

Use the Stay Current link on the Advocate Aurora Library Network website for more ideas on how to stay current on medical topics.

Librarians Supporting Teams

Librarians are available to join your work teams to hear questions and quickly return answers. Please let us know your needs.

Interlibrary Loan

Library staff can obtain materials not available in-house through a nationwide resource-sharing network. Articles may be faxed, emailed or sent interdepartmentally.

Literature Searches

For systematic reviews, evidence-based research, updating policies, and other work-related queries, consider requesting a literature search. Searches are formulated and executed by our librarians who are experienced in accessing different systems and databases. Request a Search

Photocopy/Fax/Scan Services

Photocopy machines are available in each library. Advocate Aurora-affiliated teammembers, medical staff and students may use the photocopy machines or printers for work-related copying or faxing at no charge. Personal copying or printing by non-affiliate users may be done at 10 cents per page for black and white copies, and $1 per page for color copies. There is no charge for faxing or scanning.

Training

Want to learn how to use a library resource? Find the best evidence? Class and class schedules are available throughout the year. See class listing. You may also contact a librarian to arrange a demonstration or class on Advocate Aurora Libraries online resources, evidence-based medicine, or consumer health resources.

Mobile Resources

Some library resources are available for mobile devices. On the Advocate Aurora Libraries Resources by Subject and select Mobile Apps.
Making it easy for you to find the answer

How May We Help You?

Using the Library Website

The library offers short, 1-3 page help sheets for many of our resources and publishes them as Quick Guides.

. eBooks
  - Access Medicine
  - Books@Ovid
  - ClinicalKey
  - Nutrition Care Manual

. Databases (Finding Articles on a Topic)
  - Access Medicine
  - CINAHL - Cumulative Index to Nursing and Allied Health Literature
    - Basic (Short YouTube Tutorial)
    - Advanced (Short YouTube Tutorial)
  - ClinicalKey
  - Cochrane (Tutorial)
  - Facts and Comparisons
  - Health and Wellness Resource Center (Short YouTube Tutorial)
  - Medical Letter
  - Micromedex
  - Natural Medicines
  - Ovid
    - How do I broaden my search?
    - How do I do a basic search?
    - How do I narrow my search results?
    - How do I print, email or export the results of my search?
    - How do I search by a topic in Ovid Medline?
    - How do I use My Projects
    - How do I use the Explode feature?
  - Pivot
  - Primal Pictures
  - PubMed
  - Scopus
  - Soundview
  - UpToDate
. **Articles, Journals, & Table of Contents**
  - Creating Links to Online Articles
  - Locating Online Journal Table of Contents
  - New England Journal of Medicine Multimedia and Mobile Apps
  - Printing Full Text Articles When you Have the Citation
  - Review Article Options
  - Systematic Review Process

. **Citation Manager Software**
  - Citation Managers
  - Zotero: Basics
  - Zotero: Creating Bibliographies
  - Zotero: Online Features

. **Library Catalog**
  - Online Catalog

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*Last updated: October 17, 2017*
Aurora St. Luke's Medical Center  
School of Radiologic Technology

CURRICULUM

Program curriculum is based on the Standards for an Accredited Educational Program in Radiologic Sciences as established by the Joint Review Commission on Education in Radiologic Technology (JRCERT), the radiography curriculum recommendations of the American Society of Radiologic Technologists (ASRT) and radiography didactic and clinical competency requirements of the American Registry of Radiologic Technologists (ARRT). A standard of 15 contact hours per credit serves as a guideline for course credits awarded and includes both synchronous and asynchronous activities.

The faculty presents the curriculum through formal lecture, laboratory and clinical application to enhance the learning experience. The curriculum is based on two years of full-time study. The program is divided into six semesters. Fall and spring semesters are 16 weeks, summer semesters are 12 weeks.

CLINICAL EDUCATION

The student's clinical rotations provide “hands on” learning in diagnostic radiology departments. Students are required to prove competency by performing specified examinations in the clinical setting. Specialty rotations are also included to broaden the scope of the student's clinical experience. A standard of 100 clinical hours per credit serves as a guideline for clinical coursework. Program faculty and qualified technologists supervise students in the clinical setting. The program maintains various clinical sites to offer students a diverse and equitable educational experience. A list of clinical facilities and the maximum number of students assigned per site follows:

<table>
<thead>
<tr>
<th>PRIMARY PLACEMENT SITES</th>
<th>SITE CAPACITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aurora Sinai Medical Center</td>
<td>8 students</td>
</tr>
<tr>
<td>Aurora St. Luke's Medical Center</td>
<td>15 students</td>
</tr>
<tr>
<td>West Allis Memorial Hospital</td>
<td>8 students</td>
</tr>
</tbody>
</table>

Additional Rotational Sites Include (but are not limited to)

St. Luke’s South Shore  
Aurora Medical Center Summit  
Aurora Medical Center Grafton  
Greater Milwaukee Clinic/Layton
### SEMESTER SCHEDULE (class of 2022)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Length</th>
<th>Credits</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester I</td>
<td>16 weeks</td>
<td>14</td>
<td>August 31st, 2020 - December 18, 2020</td>
</tr>
<tr>
<td>Semester II</td>
<td>16 weeks</td>
<td>14</td>
<td>January 4, 2021 - April 30, 2021</td>
</tr>
<tr>
<td>Semester III</td>
<td>12 weeks</td>
<td>7</td>
<td>May 11, 2021 - August 6, 2021</td>
</tr>
<tr>
<td>Semester IV</td>
<td>16 weeks</td>
<td>13</td>
<td>August 30, 2021 - December 17, 2021</td>
</tr>
<tr>
<td>Semester V</td>
<td>16 weeks</td>
<td>12</td>
<td>January 3, 2022 - April 29, 2022</td>
</tr>
<tr>
<td>Semester VI</td>
<td>12 weeks</td>
<td>6</td>
<td>May 9, 2022 - August 5, 2022</td>
</tr>
</tbody>
</table>

**2020-2021**

**Winter Holiday:** December 19, 2020 - returning Jan 4, 2021

**Easter Break:** April 2, 2021 - returning April 12, 2021

**Spring Break:** May 1, 2021 - returning May 10, 2021

**Summer Break:** July 3, 2021 - returning July 12, 2021
August 6, 2021 - returning August 30th, 2021

**GRADUATION:** August 6, 2021

**2021-2022**

**Winter Holiday:** December 18, 2021 - returning January 3, 2022

**Easter Break:** April 15, 2022 - returning April 26, 2022

**Spring Break:** May 1, 2022 - returning May 10, 2022

**Summer Break:** July 2, 2022 – returning July 11, 2022

**GRADUATION:** August 5, 2022
COURSE LIST BY SEMESTER

SEMESTER I – 14 Credits
Intro to Radiologic Science & Healthcare (2 credits)
Principles of Imaging I (2 credits)
Imaging Procedures I (5 credits)
Radiation Protection (2 credits)
Clinical Education I (3 credits)

SEMESTER II – 14 Credits
Seminar in Radiography I (3 credits)
Principles of Imaging II (3 credits)
Imaging Procedures II (5 credits)
Clinical Education II (3 credits)

SEMESTER III – 7 Credits
Imaging Procedures III (3 credits)
Clinical Education III (4 credits)

SEMESTER IV – 13 Credits
Cross Sectional Anatomy (3 credits)
Imaging Procedures IV (2 credits)
Digital Imaging (3 credits)
Radiographic Physics I (2 credits)
Clinical Education IV (3 credits)

SEMESTER V – 12 Credits
Radiographic Physics II/Imaging Equipment (2 credits)
Seminar in Radiography II (2 credits)
Radiographic Pathology (3 credits)
Radiation Biology (2 credits)
Clinical Education V (3 credits)

SEMESTER VI – 6 Credits
Professional Development in Radiography (2 credit)
Clinical Education VI (4 credits)
Aurora St. Luke's Medical Center
School of Radiologic Technology

COURSE DESCRIPTIONS

SEMESTER I

Intro to Radiologic Science and Healthcare (2 credits)
This course introduces the student to the basic concepts of patient care, including consideration for the physical and psychological needs of the patient and family, emergency care, CPR, pharmacology, and standard precautions are also covered. The pharmacology of contrast media is introduced. Medical ethics, legal issues and cultural diversity will be discussed.

Principles of Imaging I (2 credits)
This course provides the student with knowledge of radiographic qualities and the factors influencing those qualities. This semester the student is introduced to the principles of x-ray production, interactions with matter, the x-ray tube, and prime factors. The relationship between exposure factors and radiographic quality is also discussed.

Imaging Procedures I (5 credits)
This course provides the student with radiographic positioning for the chest, abdomen, and extremity. Students practice positioning skills in the laboratory and demonstrate proficiency by written testing and skills demonstration in a laboratory setting. Each unit includes radiographic image evaluation modules which correlate knowledge and skills from several didactic units, laboratory assignments and clinical education. Through the image evaluation component students learn to identify radiographic anatomy, evaluate diagnostic quality, identify poor quality radiographs and determine the appropriate corrective actions for unacceptable images. During this course the student will also study both the structure and physiology of the human body as they relate to radiography. This course focuses on the thoracic and abdominal structures, the urinary system and skeletal anatomy of the upper extremity.

Radiation Protection (2 credits)
This course covers all aspects of radiation protection for both the patient and the radiographer focusing on the principles of ALARA (as low as reasonably achievable). Specific topics include radiation safety methods and devices as well as the detection and measurement of radiation dose.

Clinical Education I (3 credits)
The clinical component of our program allows students to rotate through all aspects of the radiologic science field. Students progress in competence and ability on an individual basis. A total of 66 competencies, including 36 mandatory competencies, must be achieved during the student’s two years in the program.
SEMESTER II

Seminar in Radiography I (3 credits)
This course will discuss the medical ethics and legal issues of healthcare. Cultural diversity will also be discussed. Students will also be introduced to venipuncture and will develop hands on skills during a scheduled venipuncture lab.

Principles of Imaging II (3 credits)
This course provides the student with knowledge of radiographic qualities and the factors influencing those qualities. This semester the student is introduced to the geometric factors, scatter radiation, grids, beam restriction, filters and compensating filters.

Imaging Procedures II (5 credits)
The procedure course provides the student with radiographic positioning for lower extremity, spine and digestive and accessory digestive system structures. Students practice positioning skills in the laboratory and demonstrate proficiency by written testing and skills demonstration in a laboratory setting. Each unit includes radiographic image evaluation modules which correlate knowledge and skills from several didactic units, laboratory assignments and clinical education. Through the image evaluation component students learn to identify radiographic anatomy, evaluate diagnostic quality, and critique images exhibiting poor radiographic quality. In this course the student will also study both the structure and physiology of the human body as they relate to radiography. This course will focus on the digestive system, accessory digestive organs, and skeletal anatomy of the lower extremity, thorax, spine and vascular anatomy as well as determine the appropriate corrective actions for unacceptable images.

Clinical Education II (3 credits)
The clinical component of our program allows students to rotate through all aspects of the radiologic science field. Students progress in competence and ability on an individual basis. A total of 66 competencies, including 36 mandatory competencies, must be achieved in the two years.

SEMESTER III

Imaging Procedures III (3 credit)
The student learns basic concepts of advanced imaging methods, special procedures and supplementary imaging modalities. In this course the student also studies both the structure and physiology of the human body as they relate to radiography. This semester focuses on and the circulatory system, urinary system and skull anatomy.

Clinical Education III (4 credits)
The clinical component of our program allows students to rotate through all aspects of the radiologic science field. Students progress in competence and ability on an individual basis. A total of 66 competencies, including 36 mandatory competencies, must be achieved in the two years.
SEMESTER IV

**Imaging Procedures IV** (2 credits)
This course provides the student with radiographic positioning for the skull and facial bones (including nasal bones, orbits, sinuses and mandible). Students practice positioning skills in the laboratory and demonstrate proficiency by written testing and skills demonstration in a laboratory setting. Each unit includes radiographic image evaluation modules which correlate knowledge and skills from several didactic units, laboratory assignments and clinical education. Through the image evaluation component students learn to identify radiographic anatomy, evaluate diagnostic quality, identify poor quality images as well as determine the appropriate corrective actions for these unacceptable images. In addition, this course also provides instruction in CT imaging of the head.

**Cross-Sectional Anatomy** (3 credits)
This course is designed to give the student basic knowledge of cross-sectional anatomy to include the brain, skull and facial bones, spine, thorax, and abdomen. Extremities will be included as time allows. Instruction incorporates both CT and MRI images.

**Digital Imaging** (3 credits)
This course imparts an understanding of the components, principles and operation of the digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Guidelines for selection of exposure factors and evaluating images within a digital system assist students in bridging between film-based and digital imaging systems. A basic overview of film-screen systems and processing is provided. The student is also introduced to the basic components of a CT Scanner and their function.

**Radiographic Physics I** (2 credits)
This course provides basic electronics and electrical theory, x-ray circuitry, equipment operation and maintenance, computer fundamentals and digital image acquisition and display.

**Clinical Education IV** (3 credits)
The clinical component of our program allows students to rotate through all aspects of the radiologic science field. Students progress in competence and ability on an individual basis. A total of 66 competencies, including 36 mandatory competencies, must be achieved in the two years.

SEMESTER V

**Radiographic Physics II/Equipment** (2 credits)
This course familiarizes the student with current concepts in quality assurance. The physics of advanced modalities are introduced. The physics of radiobiology and radiation protection are also examined.

**Seminar II in Radiography** (2 credits)
This course integrates previous coursework to focus on image quality. Quality control and quality assessment procedures will be discussed. Content is designed to provide the student the ability to evaluate all aspects of the imaging system from processor to generator.
Radiographic Pathology (3 credits)
This course acquaints the student with pathologic processes and injury as well as how pathology affects the radiographic appearance of anatomic structures. The use and benefits of other imaging modalities in the diagnosis of disease is also discussed.

Radiation Biology (2 credits)
Radiation biology covers radiation effects on the cellular, tissue, organ and systemic structures of the human body. Long term somatic effects, short terms somatic effects and genetic effects are investigated.

Clinical Education V (3 credits)
The clinical component of our program allows students to rotate through all aspects of the radiologic science field. Students progress in competence and ability on an individual basis. A total of 66 competencies, including 36 mandatory competencies, must be achieved in the two years.

SEMMESTER VI

Professional Development in Radiography (2 credit)
This course investigates the current topics in health care and medical imaging. The course focuses on developing a comprehensive understanding of professional practice standards as well as preparation for the certification examination administered by the American Registry of Radiologic Technologists (ARRT).

Clinical Education VI (4 credits)
The clinical component of our program allows the student to rotate through all aspects of the radiologic science field. Students progress in competence and ability on an individual basis. A total of 66 competencies, including 36 mandatory competencies, must be achieved in the two years.
PROGRESSIVE OBJECTIVES

ATTENDANCE

*Upon completion of Semester I, the student will with 80% accuracy:*
- Be able to recite/recall the attendance policy.
- Apply the rules of the attendance policy to their behavior.

*Upon completion of Semester II, the student will with 80% accuracy:*
- Explain why good attendance is important in the clinical setting.
- Examine the impact of absenteeism/tardiness in the clinical setting as it relates to patient care and customer service.
- Integrate the rules of the attendance policy into their everyday practice.

*Upon completion of Semesters III-VI, the student will with 80% accuracy:*
- Assume responsibility for consistently adhering to the attendance policy as it is stated.

PROFESSIONAL APPEARANCE

*Upon completion of Semester I, the student will with 80% accuracy:*
- Be able to recite the dress code policy.
- Apply the rules of the dress code policy to their mode of dress in the clinical setting.

*Upon completion of Semester II, the student will with 80% accuracy:*
- Explain the importance of maintaining a professional appearance in the clinical setting in reference to the dress code.
- Differentiate between appropriate and inappropriate clinical appearance.
- Integrate the dress code policy into their everyday practice.

*Upon completion of Semesters III-VI, the student will with 80% accuracy:*
- Assume responsibility for consistently adhering to the dress code as it is stated in the policy.
- Appreciate how appearance may impact patient interactions.
COMMUNICATION

Upon completion of Semester I, the student will with 80% accuracy:
- Participate in appropriate conversation with patients in the clinical setting.
- Ask questions in an appropriate manner and suitable surroundings.
- Listen to technologist explain procedure and obtain history.
- Introduce self to patient and/or visitors.
- Describe the procedure for reporting concerns.
- Maintain an appropriate relationship with staff members and peers through the utilization of adequate communication skills.

Upon completion of Semester II-III, the student will with 80% accuracy:
- Initiate appropriate conversation with patients in the clinical setting.
- Respond appropriately to patient questions.
- Document appropriate patient history utilizing correct medical terminology.
- Listen and respond to suggestions regarding clinical performance.
- Refrains from inappropriate conversations in the clinical setting.
- Maintain an effective relationship with staff members and peers by communicating in a respectful manner.

Upon completion of Semesters IV-VI, the student will with 80% accuracy:
- Routinely demonstrates communication skills appropriate to situation.
- Adapt conversation to patient preference.
- Actively listens and responds to patients, visitors, staff and peers.
- Effectively reports concerns to appropriate individuals.

ATTITUDE TOWARD CONSTRUCTIVE CRITICISM/ACCOUNTABILITY

Upon completion of Semester II-III, the student will with 80% accuracy:
- Listen to constructive criticism.
- Usually acknowledge errors.
- Display conduct appropriate to situation.
Upon completion of Semester II, the student will with 80% accuracy:

- Be receptive to constructive criticism.
- Routinely acknowledge errors made.
- Display conduct appropriate to situation and follows procedures.

Upon completion of Semester III - IV, the student will with 80% accuracy:

- Be receptive to constructive criticism and makes an effort to improve
- Acknowledge and accept responsibility for errors made.
- Recognizes and reports concerns.

Upon completion of Semester V - VI, the student will with 80% accuracy:

- Accept and benefit from constructive criticism.
- Acknowledge and accept responsibility for errors and take corrective measures.
- Identify areas of concern and offer possible solutions.

POSITIONING KNOWLEDGE

Upon completion of Semester I, the student will with 80% accuracy:

- Position for chest, abdomen, upper extremity, and urinary exams on patients with varying conditions with either direct or indirect supervision.
- Assist physician with administration of contrast media.
- Attach appropriate radiopaque markers to IR, table/patient to indicate body side, position or other relevant information.
- Complete a total of 3 competencies.

Upon completion of Semester II, the student will with 80% accuracy:

- Position for lower extremity, pelvis, lumbar spine, sacrum, coccyx, ribs, sternum, all GI exams, all biliary exams, and portable exams (i.e. chest and abdomen), cervical spine and thoracic spine.
- Attach appropriate radiopaque markers to IR, table/patient to indicate body side, position or other relevant information.
- Complete 12 competencies for a total of 15 for the semester.
- Complete 2 re-test out exams
Upon completion of Semester III, the student will with 80% accuracy:
➢ Perform minor special procedures, including arthrograms, myelograms, HSG’s, pediatric and geriatric examinations
➢ Attach appropriate radiopaque markers to IR, table/patient to indicate body side, position or other relevant information.
➢ Complete 18 competencies for a total of 33 for the semester.

Upon completion of Semester IV, the student will with 85% accuracy:
➢ Position for skull, sinuses, facial bones, orbits and mandible.
➢ Position for temporal bone procedures.
➢ Attach appropriate radiopaque markers to IR, table/patient to indicate body side, position or other relevant information.
➢ Complete 10 competencies (for a total of 43) for the semester.
➢ Complete 2 re-test out exams.

Upon completion of Semester V, the student will with 80% accuracy:
➢ Discuss all special procedures and surgical procedures.
➢ Perform radiographic examinations in a sequence, which avoids or minimizes undesirable effects, which may result from prior procedures.
➢ Complete 10 competencies (for a total of 53) for the semester.
➢ Complete 2 re-test out exams.

Upon completion of Semester VI, the student will with 80% accuracy:
➢ Complete 13 competencies (for a total of 66) for the semester.

APPLICATION OF TECHNIQUE

Upon completion of Semester I, the student will with 80% accuracy:
➢ Have a basic knowledge of kVp, mAs, and automatic exposure.
➢ With assistance, will be able to determine appropriate exposure factors using calipers and technique charts.
➢ Select correct IR and/or grid combination appropriate for the part to be imaged.
➢ Input correct patient demographics into the image processing unit.
➢ Input correct IR identification into the image processing unit.
Select appropriate views for the exam from the procedure menu for processing.

Process the IR.

Identify the appropriate S-number range for the image.

**Upon completion of Semester II, the student will with 80% accuracy:**

- Maintain technical skill acquired in semester I.
- With minimal assistance, be able to determine appropriate exposure factors using calipers and technique charts.
- Select appropriate annotation (AP, supine) etc. for input onto image prior to processing.
- Be able to reprint images.
- Recognize unacceptable images.

**Upon completion of Semester III, the student will with 80% accuracy:**

- Maintain technical skills acquired in semester II.
- With minimal assistance, be able to determine appropriate exposure factors using calipers and technique charts.
- Identify reasons for unacceptable images, improper penetration, exposure intensity, positioning or motion.

**Upon completion of Semester IV, the student will with 80% accuracy:**

- Maintain technical skills acquired in semester III.
- Evaluate an image for appropriate penetration and exposure intensity.
- Be able to offer corrective measures for an image that is not of diagnostic quality.
- Modify exposure for varying situations (pt. size, pt. age, pathology, etc.).

**Upon completion of Semester V-VI, the student will with 80% accuracy:**

- Independently set kVp, mAs or automated exposure to achieve optimum image quality, safe operating conditions and minimize radiation exposure.
- Consistently select appropriate exposure factors using calipers and technique charts.
- Modify exposure for varying situations (pt. size, pt. age, pathology, etc.).
- Consistently be able to determine corrective measures for an image which is not of diagnostic quality.
PROFESSIONAL CONDUCT

Upon completion of Semester I, the student will with 80% accuracy:

➢ State what constitutes appropriate conduct/behavior in the clinical setting.

➢ Identify activities that represent inappropriate conduct/behavior in the clinical setting.

➢ Be able to recall where they could locate the policies regarding professional conduct and the ARRT Code of Ethics.

➢ Demonstrate awareness of appropriate behaviors in the clinical setting in regards to patients, co-workers and others as evidenced by:
  • Ensuring confidence of privileged information
  • Maintaining forthright and honest behavior at all times
  • Communicating readily with patients, co-workers and others
  • Being attentive to the emotions, needs, rights and comforts of others
  • Exhibiting concern for the dignity and welfare of patients
  • Exhibiting a pleasant, courteous, tactful nature that fosters positive response from others

Upon completion of Semester II, the student will with 80% accuracy:

➢ Differentiate between appropriate and inappropriate professional behaviors and state the rationale as to why the behavior would be appropriate or inappropriate.

Upon completion of Semester III-VI, the student will with 80% accuracy:

➢ Demonstrate appropriate conduct/behavior in the clinical setting and follow stated policies and procedures as prescribed by the ARRT Code of Ethics.

➢ Use independent judgment, in any given clinical situation as to how to best demonstrate professionalism.

➢ Assume responsibility for consistently adhering to the policies as they relate to professional conduct.
Advisory Committee

PURPOSE: An advisory committee shall be appointed to assist the Program Director in the evaluation and coordination of the program.

SCOPE: This policy applies to the School of Diagnostic Medical Sonography and the School of Radiologic Technology.

COMPOSITION: The Advisory Committee will be made up of the following individuals:

- Program Directors – Co-Chairpersons
- Medical Directors
- Radiology Department Managers
- Clinical Instructors
- Class senior president student representative
- Member from the community of interest:
  - Human Resource Representative
  - UWM
  - University Affiliate Representative
- Supervisory Representatives:
  - SLMC
  - ASMC
  - West Allis
  - Other site representatives as necessary

GUIDELINES:
1. The Advisory Committee will hold a minimum of one meeting annually.
2. Agendas will be distributed in advance and minutes will be recorded and filed.
3. The Advisory Committee will be instrumental in future planning, reviewing policies, curriculum and clinical rotations and evaluating program effectiveness.
4. Each meeting will include the following standing agenda items:
   a. Review of program mission and goals
   b. Review of outcomes/survey data
   c. Curriculum
   d. School policies
5. The Advisory Committee will serve as arbitrator when student grievances cannot be resolved by the Program Director.
6. The Advisory Committee will ensure that the program will be responsive to
reasonable recommendations and provide channels of communication between
the Advisory Committee and individuals in a position to make program
decisions.

7. For all matters put to a vote, each representative will have one (1) vote.
Clinical Liaison

PURPOSE: To define the role of the clinical liaison.

SCOPE: School of Radiologic Technology

PROCEDURE:
1. Clinical liaisons will be named at sites at which students rotate but are not permanently assigned.
2. The clinical liaison is responsible for understanding the program policies and procedures and will act as a resource for both technologists and students in these areas.
3. The clinical coordinator will orientate all site liaisons prior to the start of student clinical rotations.
Dress Code

PURPOSE: To establish guidelines for appropriate attire in the clinical and classroom settings.

SCOPE: This policy applies to students enrolled in the Radiologic Technology Program.

Dress Code - Clinical

Students shall dress in a professional manner in the clinical setting.

<table>
<thead>
<tr>
<th>Aurora Health Care</th>
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<tbody>
<tr>
<td>Any color scrub may be worn except denim, camouflage, or light blue surgical scrubs. Coordinating print tops are acceptable. A white, matching solid, or coordinating print lab coat or scrub jacket may be worn. Sweaters and other outer covering are not permitted.</td>
</tr>
</tbody>
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Note: **Light blue surgical scrubs may not be worn** unless the student is rotating thru the OR, Portable, Interventional or 2nd shift rotations at ASLMC. Light blue scrubs may not be removed from the hospital at any time.

Tops

- White, print or solid color turtlenecks or tank tops may be worn under the scrub shirt for warmth
- No loud/bold, suggestive or obnoxious tops
- No decals, caricatures, slogans or advertising
- No sweatshirt or sweatshirt type tops
- If a shirt is worn below a scrub top, it must not be visible below the hemline of the scrub top

Pants

- Scrub pants should be clean and pressed
- No tight/clinging, jogging or sweatpants
- No crop pants – pants are to be ankle length
FOOTWEAR

- Clean athletic shoes or clogs should be worn - shoes must be in good condition (plain color clogs may be worn, e.g. black, blue, white, brown)
- Open toed shoes and sandals are not allowed for safety reasons
- Socks or stockings that cover the ankles must be worn at all times

IDENTIFICATION

- Department name badges are to be worn and visible at all times
- Film badges must be worn at collar level at all times
- Student markers must be in possession of the student at all times

PERSONAL GROOMING

- Professional grooming requires that the hair be clean, simple in style and not below the top of the collar. Long hair should be pulled away from the face and tied back so it does not interfere with work.
- Hair, mustaches and beards must be neatly trimmed and/or styled so as not to come in contact with patients or interfere with clinical performance or safety. Handlebar mustaches are not allowed.
- Hair color should be natural shades or subtle undertones.
- No perfume, after-shave, scented body lotion or cologne is allowed in the clinical setting. Fingernails are to be kept clean and less than ¼ inch long. Muted color polish may be used but should not be chipped.
- Artificial fingernails or extenders must not be worn when providing direct patient care.
- Professional grooming also requires that make-up be used sparingly.
- Regular bathing and the use of deodorant are required.
- Undergarments that comply with professional decorum must be worn.
- A moderate amount of jewelry may be worn but it must look professional. No large rings or long necklaces are allowed. For safety reasons, hoop and dangling earrings are limited to a length/diameter of ½ inch.
- Aside from earrings, visible body piercing is not permitted. Concealing body piercing with a bandage is not acceptable.
- A single small tattoo, no larger than 2” X 2” is allowed on the leg, ankle, and feet. Any tattoo that does not meet the above criteria must be covered by clothing at all times. Any tattoo that is showing may not be disruptive, offensive or in conflict with Aurora Values.

The Faculty is responsible for interpretation of the dress code. Any instances of non-compliance with this policy will result in the following:

- Dress/Shoes/Grooming: student will be sent home to change
- Department name badges: student will be sent home to retrieve
- Film Badge: student will notify faculty
- Student markers: student must provide proof of purchase of new markers to faculty within 3 days of notification – markers must arrive within 7-10 business days of transaction. The student is not allowed to test out on any exam until new markers are provided.
  - Failure to provide proof of purchase may result in disciplinary action

Any lost time is deducted from the student’s time off bank.
Dress Code - Classroom

PURPOSE: To establish guidelines for appropriate attire for students involved in classroom activities.

SCOPE: This policy applies to the School of Radiologic Technology.

CLASSROOM DRESS CODE

Scrub may be worn in the classroom. Appropriate casual clothing may also be worn. Students are advised to select clothing that represents the professional nature of the institution.

PANTS & SKIRTS

- Thighs and midriffs must be covered
- No tight or clinging fabrics/styles
- No cotton sweat pants
- Skirts/skorts/shorts must be of appropriate length
- Denim pants may be worn if not ripped, frayed and/or faded

TOPS, SHIRTS, BLOUSES, SWEATERS

- Shoulders must be covered
- Cleavage or buttocks should not be exposed
- No advertisements, sexual or racial references are permitted
- Midriff and back must be covered – no crop tops

OUTERWEAR

- Outdoor coats/jackets must be placed in the designated area when in the process of entering or leaving the building
- Hats may not be worn in the classroom

NAMETAGS

- Must be worn at all times and are worn above the chest, name side out
- Students are required to follow the clinical dress code when scheduled for demonstration/practice sessions held at the Radiology Education facility

The Faculty is responsible for interpretation of the dress code. In instances of non-compliance with this policy, the student is sent home to change. Any lost time is deducted from the student’s time off bank.
1. PURPOSE

To establish caregiver appearance and dress expectations. Aurora prides itself on the professional atmosphere it maintains and the positive image that caregivers present. How we dress, our grooming and identification have a major influence on how patients perceive their experience with us. Our goal is to create a patient experience that instills confidence in all that we do for everyone that we interact with.

The dress code at Aurora is business casual attire at all patient facing sites and administrative office buildings (uniforms/scrubs are required in identified direct patient care areas). The dress code at sites where caregivers do not have face-to-face interactions with patients is casual attire. It is important that caregivers use their best judgment in dressing appropriately for their day.

2. SCOPE

This policy applies to all caregivers in any entity or facility owned, in whole or in part, or controlled by Aurora Health Care.

3. DEFINITIONS

Customer Facing Sites: Sites that have face-to-face interactions with patients.

Non-Customer Facing Sites: Sites where caregivers do not have face-to-face interactions with patients.

4. POLICY

4.1 POLICY STATEMENTS

a) Leaders at the site level in non-patient service areas may set standards that vary from the general guidelines to meet the department or site needs.

b) At sites where caregivers do not have face-to-face interactions with patients casual attire is allowed. This includes the following sites: Forest Home Business Center, New Berlin Business Center, Park Place, Airport Business Center (non-pharmacy and eICU), Bluemound Business Center, Central Fill Pharmacy, Green Bay Business Center, all non-patient or non-client facing IT locations, Heil Center (not including the Aurora Conference Center), Sheboygan Business Office, the Northshore Training Center, Aurora Park Place, Pharmacy offices on 39th Street and Mitchell and Miller Parkway, and all other comparable sites or locations.

c) Caregivers should always dress according to the expectations of the facility they are visiting and working. Some departments or facilities may have expectations that vary according to their job responsibilities. When visiting an alternate location, for any purpose, including education, always ask and meet their expectations. If you are unsure, the expectation would be to present in business casual attire.
d) Caregivers should discuss with their supervisor what is acceptable or unacceptable in their department.

e) The patient and our visitors come first. Always dress to match your situation, utilizing the guidelines in the policy as minimum standards.

f) These general guidelines will not always cover every situation, leaders and caregivers need to use the goal of “instilling confidence in the patient experience” as our primary decision making guide.

g) It is essential that all caregivers and their attire are neat, clean, pressed and professional. Clothing or accessories should never obstruct job performance or cause a safety concern.

h) It is expected that all caregivers will follow good personal hygiene practices.

i) If someone is wearing something that is inappropriate, approach that person respectfully as a colleague or speak with your direct supervisor. Leaders are essential in ensuring the policy is applied consistently.

j) A caregiver’s appearance should never compromise Aurora Health Care’s mission, vision, and values. Among other things this means that a caregiver’s appearance should not interfere with the patient’s perception of the caregiver’s competence, or interfere with the patient experience in any way.

k) Name badges are worn at all times as identification for our patients and caregivers. Name badges are worn above the chest, name side out, so that it is easily seen and read utilizing standard human resource badge holders. Logos, vendor names, or other verbiage is not allowed on name badges or holders. Stickers, service awards or other items will cover up no part of the name or other information on the badge. CAREGIVER PHOTO IDENTIFICATION BADGE

l) Hair, mustaches, and beards must be neatly trimmed and/or styled so as not to come in contact with patients or interfere with job performance or safety. Hair color should be natural shades or subtle undertones. Note: The Aurora Health Care Foundation may sponsor hair extension fundraisers to benefit certain initiatives. During such events, caregivers may have up to two hair extensions, applied by an approved vendor approved by the Aurora Health Care Foundation.

m) Artificial fingernails or extenders must not be worn when providing direct patient care (direct patient care defined as having direct contact with patients as part of job requirements). Natural nail tips must be kept less than 1/4 inch long. Nail polish must be intact and must be able to be easily removed if chipping or damage occurs. HAND HYGIENE/ SURGICAL HAND ANTISEPSIS OPERATIVE AND PROCEDURAL ATTIRE

n) Care providers who provide direct hands-on care in clinical areas, which require a 5-minute scrub, should wear no artificial nails or nail polish. This includes OR, OB, catheterization lab, and electrophysiology lab. (Specific guidelines attached)
o) OSHA Standard 1910.136(a) mandates that caregivers use protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such caregiver's feet are exposed to electrical hazards. Closed toed shoes are required in departments and areas in which the above hazards exist including all patient care areas. In addition, OSHA requires that protective clothing/covering must be worn that will prevent blood or other potentially infectious materials from reaching the skin.

p) Where OSHA standards are not an issue, foot and leg cover is optional at all times.

q) There are many times during your work that you are meeting and interacting with community, business and governmental members. It is critical that during these interactions, your appearance instills confidence. When in doubt, err on the side of traditional business attire.

r) We make reasonable accommodations for disability and religious purposes; please discuss this with your direct supervisor.

s) Aurora Health Care meets all minimum standards as established by regulatory agencies or applicable laws.

t) A single small tattoo, no larger than 2" x 2", is allowed on the leg, ankle, and feet. Any tattoo that does not meet the above criteria must be covered by clothing at all times. Any showing tattoo must not be disruptive or offensive and not be in conflict with our Values or any other policy.

u) Non-employed individuals that provide services to our patients need to adhere to the expectations outlined in this policy, not limited to students, volunteers, medical staff, allied staff, vendors, contracted service staff, and temporary staff.

v) Leadership will announce celebration/recognition days that may vary by department/location.

4.2 ACCEPTABLE DRESS

a) Slacks/Pants: Pants that are clean and wrinkle free, including shorter business pants that are coordinates or separates, leggings accompanied by a long top or jacket. At sites that are located in non-patient care service areas, jeans, in good condition, are acceptable on a regular basis. Jeans, in good condition, may be acceptable in administrative office buildings on Friday's, including the Aurora Administrative Office (AAO), the Trade Center Building (TCB), and the Aurora Conference Center (ACC).

b) Shirts: Casual shirts with collars, polo shirts, Aurora Logo shirts, sweaters, and sleeveless business attire.

c) Dresses/Skirts: Casual dress and skirts with modest hemlines, are acceptable.
d) Jeans may be allowed in customer/patient facing care areas when allowed by leaders on designated days by leadership.

e) Around holidays, tasteful holiday themed apparel or holiday colors may be worn. This includes vests, sweaters, fleece tops and sweatshirts.

4.3 UNACCEPTABLE DRESS

a) Slacks/Pants: Sweatpants, shorts, overalls, spanxex, shorts, military fatigues, or pants that are excessively worn or faded.

b) Shirts: T-shirts, sweatshirts, tank tops, halter tops, bare shoulders or backs, muscle shirts, bare midriff tops, sheer shirts, and shirts with non-Aurora logos larger than 1x1.

c) Dresses/Skirts: Mini-skirts and spaghetti strap dresses.

d) Non-religious head coverings, hats, and bandanas cannot be worn unless part of a defined approved uniform.

e) Clothing that is not allowed include clothing that is too, loose fitting and/or exposes cleavage, undergarments, or mid-section.

f) Sweatshirts, t-shirts or any shirt, buttons, badges, or banners with verbiage or logos, are not permitted unless worn in conjunction with approved promotions or reasons specifically approved by the facility administrator and human resources.

g) Aside from earrings, body piercing may not be worn. No other visible body piercing is allowed. This includes, but is not limited to, piercing in the tongue, nose or eyebrow. Concealing body piercing with a bandage is not acceptable.

h) Strong perfumes, colognes, and other scents may not be worn. Strong is defined as any scent that can be detected at a distance of 3 feet.

4.4 UNIFORMS

a) Some caregivers are required to wear uniforms as appropriate attire as defined by your department leadership, in collaboration with human resources. Examples may include clinical uniforms, scrubs, laboratory coats, maintenance, loss prevention and dietary uniforms. Please refer to your specific department/facility policy and expectations.

b) Each department/facility determines color or fabric of uniforms and the color of shoes, stockings and accessories, along with other more specific uniform requirements. Department/facility leadership, in consultation with human resources, will approve department dress and appearance policies. Any specific department/facility policies will always align with the “General Guideline” section of this policy.
c) Athletic shoes may be worn in patient care areas and other departments as deemed appropriate by responsibilities.

d) Scrub apparel are common uniforms in health care and may be considered as a department uniform worn when consistent with identified guidelines.

### 4.5 RESPONSIBILITIES

a) LEADERS

i) Serve as a role model of the appearance standards

ii) Monitor and enforce the standards for our patients and caregivers

iii) Work with caregivers in professional and confidential ways to address any challenges

iv) Review appearance expectations periodically as needed

v) Consult with Human Resources Business Partner when establishing departmental guidelines and/or have questions regarding religious and disability accommodations.

b) CAREGIVERS

i) Be knowledgeable of appearance expectations

ii) Adhere to the standards and if questions arise, talk with your leadership

iii) Communicate with your leadership any challenges in meeting standards and work cooperatively to address the situation

iv) Notify Human Resources if personal religious beliefs or accommodations that may be necessary

**CROSS REFERENCES:**

- CAREGIVER PHOTO IDENTIFICATION BADGE
- HAND HYGIENE/ SURGICAL HAND ANTISEPSIS
- OPERATIVE AND PROCEDURAL ATTIRE

**REFERENCES:**


APIC Text of Infection Control and Epidemiology 2000, p.53-4.


Moolenaar et al. A Prolonged Outbreak of Pseudomonas aeruginosa in a Neonatal Intensive Care Unit: Did Staff Fingernails Play a Role in Disease Transmission? Infection Control and Hospital Epidemiology 2000; 21:80-85.
Equal Opportunity - Nondiscrimination Statement

Purpose:

The Aurora St. Luke's School of Radiologic Technology is committed to selecting the most qualified candidates from the eligible pool of applicants. All student applicants are provided the same opportunity and are assessed in a non-discriminatory manner without regard to age, race, color, creed, religion, disability, marital status, sex, sexual orientation, national origin, ancestry, citizenship, or membership in any legally protected category.

Scope:

This policy applies to all those who apply to Aurora St. Luke’s School of Radiologic Technology.

Policy:

1. The procedure for assessing student applicants is described more fully in the Application Procedure found in the program Master Plan.

2. Program faculty adhere to the Aurora System wide Equal Opportunity Policy.
1. PURPOSE

The purpose of this policy is to state Aurora Health Care's expectations for organizational and individual conduct pertaining to nondiscrimination and to ensure that patients and caregivers are free from discrimination. This policy also provides the process by which a patient or caregiver may file an employment or service delivery discrimination complaint (Refer to Appendix A and B).

2. SCOPE

This policy applies to Aurora Health Care, Inc. and any entity or facility owned and controlled by Aurora Health Care.

3. DEFINITIONS

None

4. POLICY

4.1 No otherwise qualified person shall be excluded from employment, be denied the benefits of employment, or otherwise be subject to discrimination in employment in any manner on the basis of age (over 40), race, religion, color, sex, national origin or ancestry, disability or association with a person with a disability, genetic information of caregivers or their family members, arrest or conviction record, sexual orientation, gender identity, marital status, pregnancy or childbirth, political belief or affiliation, military participation, genetic testing, submitting to honesty testing, or use or non-use of lawful products off the employer's premises during non-working hours.

4.2 Caregivers may not be harassed in the workplace based on their protected status nor retaliated against for filing a complaint, for assisting with a complaint, or for opposing discrimination in the workplace.

4.3 All caregivers are expected to support goals and programmatic activities relating to nondiscrimination in employment.

4.4 The Federal Health Care Provider Conscience Protection Laws prohibit recipients of certain federal financial assistance from discrimination against health care providers because of the provider's refusal or willingness to participate in sterilization procedures or abortions contrary to or consistent with the provider's religious beliefs or moral convictions. This protection applies to both employment and service delivery.

4.5 No otherwise qualified applicant for service or program participant shall be excluded from participation, be denied benefits, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin or ancestry, sex, sexual orientation, gender identity, religion, age, political belief or affiliation, disability or association with a person with a disability.
4.6 This policy covers eligibility for access to service delivery, and to treatment in all of the programs, services and activities. All caregiver are expected to support the goals and programmatic activities relating to nondiscrimination in service delivery.

4.7 No caregiver shall intimidate, threaten, coerce, or discriminate against any otherwise qualified individual for the purpose of interfering with any right or privilege secured under one of the applicable civil rights laws, or because they have made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing under one of the applicable civil rights laws.

5. PROCEDURE

5.1 Office of the Civil Rights Coordinator

a) The Civil Rights Coordinator is responsible for working with Aurora patients and caregivers to assist in the compliance with all applicable equal opportunity rules, regulations and guidelines.

b) The Civil Rights Coordinator may be reached Monday-Friday from 9:00 a.m.-5:00 p.m. at (1-888)568-6845. Further information can be found in Appendix A (Service Delivery or Employment Discrimination Complaint Form) and Appendix B (How to File An Employment or Service Delivery Discrimination Complaint).

5.2 Informal Complaints Process

a) Patients are encouraged to bring any informal complaints or discuss any perceived discrimination problems in service delivery with the Civil Rights Coordinator. Caregivers are also encouraged to bring any informal complaints or discuss any perceived discrimination problems in employment with the Civil Rights Coordinator.

b) When a patient or caregiver ("complainant") files an informal complaint, this policy prohibits other caregivers from threatening or harassing the complainant. This policy prohibits another caregiver from threatening or harassing a witness because they are willing to say what they saw, heard or experienced.

c) To file an informal discrimination complaint the complainant will request a Discrimination Complaint Form (See Appendix A) by calling the Civil Rights Coordinator at (888) 568-6845. The complainant will complete the form and return the completed form to the Civil Rights Coordinator. It is important that the complainant include his or her name on this form.

5.3 Formal Complaints Process

a) All formal complaints must be filed by the complainant within 180 days of the event or when the discrimination took place.
b) The complainant should file the complaint as soon as possible after the discrimination took place. To file a complaint, the complainant will complete and send the complaint form (Appendix A) to the appropriate state or federal agency listed in Appendix B. The complainant should include a letter with the form stating the complainant’s intent to make a formal complaint to the designated agency as the funding source.

ADDITIONAL APPENDIX/APPENDICES ASSOCIATED WITH POLICY:

- EQUAL OPPORTUNITY WISCONSIN POLICY:HMONG APPENDIX A
- EQUAL OPPORTUNITY WISCONSIN: SPANISH APPENDIX B
- SERVICE DELIVERY OR EMPLOYMENT DISCRIMINATION COMPLAINT FORM: APPENDIX C
- HOW TO FILE AN EMPLOYMENT OR SERVICE DELIVERY DISCRIMINATION COMPLAINT: APPENDIX D

CROSS REFERENCES: EQUAL OPPORTUNITY ILLINOIS

REFERENCES: Program access for persons with disabilities is covered in the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 as amended. Political belief or affiliation is protected under the Food Stamp Act of 1997 and the Workforce Investment Act of 1998

PRIOR REVIEW / REVISION DATES: 01/11, 04/13, 01/14, 12/16
Health & Safety Services

PURPOSE: To identify the types of health services available.

SCOPE: This policy applies to students enrolled in the School of Radiologic Technology.

GUIDELINES:

Health:

Health Insurance
Each student is required to carry health insurance while enrolled; if not covered by their parents or spouse’s policy. Aurora insurance does not cover student for medical, health or pharmaceuticals. Aurora hospital will not be responsible for any medical bills incurred by the student.

1. The Employee Health Department is available to the student technologist with certain limitations. Specifically, Employee Health cannot be used in place of a personal physician. It can, however, be accessed for injuries sustained while participating in school activities.
   a. The allied health teaching programs will adhere to the Aurora’s "Safety Manual" and "Infection Control Policies" (SDS). Manuals can be found on the hospital intranet Safety Site.

2. Should the student be exposed to a communicable disease or injured during a clinical rotation, the following guidelines must be followed:
   a. Immediately notify the Radiology Supervisor and a member of the faculty.
   b. Complete an Employee Incident Report. Check the appropriate box to indicate student status.
   c. For non-emergent situations, the student should contact their personal physician. For emergent situations report to the Emergency Department. Employee Health evaluates injuries sustained at the medical center or its affiliates and makes recommendations for appropriate follow-up. The student incurs the cost of any related treatment.

3. When the student’s personal physician recommends the student not participate in patient-related activities, the student must return to their physician to be cleared prior to participating in any patient-related duties.
Safety:

4. EVACUATION ROUTES Fire - SCHOOL OF RADIOLOGIC TECHNOLOGY
The evacuation routes are designated as either the back or front stairwells. Do not use the elevator. Once outside, students should meet at the back of the parking lot until the “all clear” is given by the fire department.

5. DANGEROUS SITUATION
Should a dangerous situation occur, students should lock themselves in the classroom, turn off lights, cellular devices, barricade the doors and remain quiet until an all clear is given.

6. The Aurora Safety Preparedness policy will be followed at each individual clinical site.
PURPOSE: To identify the types of services available.

SCOPE: This policy applies to students enrolled in the School of Radiologic Technology.

Academic Assistance
Didactic instructors are available by appointment to provide additional assistance to students experiencing difficulty with academic coursework.

Accommodations
Students may be granted testing accommodations including additional time and/or a distraction free environment for test taking.

Email/Internet/Intranet
Upon enrollment, students are assigned an N-number. The N-number is used to generate an Aurora email account and access to the internet and Aurora intranet, as well as other IS applications.

Learning Connection
All students will have access to the Aurora educational/compliance website. Students are required to complete specific modules (Compliance HIPAA, Safety Fair, MRI safety, etc.). Students will be notified of specific mandatory modules throughout the 24-month program.

Guidance
Guidance is available to all students enrolled in the program. The faculty will assist the student with academic and clinical concerns.

Immunizations/Vaccines
All immunizations vaccines must be completed by the student’s physician.

Liability Insurance
Each student is provided with professional liability insurance at no charge to the student.

Library
Students are provided with an orientation to the Aurora Libraries. Following orientation, students have access to all Aurora Health Care Libraries, including onsite services and online access.

Parking
Students are provided with surface lot parking at the Radiology Education facility free of charge. Students are also provided with free parking at each clinical site.
Radiation Safety
Students are provided with radiation-monitoring devices which are collected and processed on a monthly basis.

Remediation
Program faculty provide remediation for students who fail coursework on the first attempt.
Learning Resources

- PURPOSE: Aurora St. Luke’s School of Radiologic Technology is committed to providing adequate resources that support student learning.

- SCOPE: This policy applies to resources available to students enrolled in Aurora St. Luke’s School of Radiologic Technology.

<table>
<thead>
<tr>
<th>Resources</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>A variety of Anatomic Models are available and include but are not limited to the following: full skeleton (2), disarticulated skeleton, life size torso, miniature torso, heart, brain (3), circle of Willis, pancreas, ear, complete skull (3), individual bones</td>
<td>Classroom</td>
</tr>
<tr>
<td>Audiovisuals and related equipment</td>
<td>Classroom, Aurora Health Care Libraries</td>
</tr>
<tr>
<td>Books</td>
<td>Classroom, Aurora Health Care Libraries and an Aurora on-line library</td>
</tr>
<tr>
<td>Computers</td>
<td>School office, Classroom and clinical sites</td>
</tr>
<tr>
<td>CPR Equipment (adult and infant phantoms, AED trainer, AHA training materials and related supplies)</td>
<td>AHC Airport</td>
</tr>
<tr>
<td>Imaging Lab (working general room, various cassettes, grids and related accessories) C-arm lab</td>
<td>AHC Airport</td>
</tr>
<tr>
<td>Internet access</td>
<td>All sites</td>
</tr>
<tr>
<td>AHC Intranet</td>
<td>All sites</td>
</tr>
<tr>
<td>Periodicals</td>
<td>Aurora Health Care Libraries and on-line library</td>
</tr>
<tr>
<td>Phantoms (torso (1), chest (1), skull (2), hand, elbow, knee, foot)</td>
<td>AHC Airport Imaging Lab, each clinical site with home-based students</td>
</tr>
<tr>
<td>2 - Articulating, full body phantoms</td>
<td>AHC Airport</td>
</tr>
<tr>
<td>Teaching File</td>
<td>Classroom, AHC Airport CI Office</td>
</tr>
<tr>
<td>Visual Aids (x-ray tubes and components, full collimator, control panel, cassette and screen examples, filters, beam restrictors, grids, sensitometer, densitometer, miscellaneous equipment)</td>
<td>Classroom</td>
</tr>
</tbody>
</table>

1. Students have access to the Internet and Aurora Health Care’s intranet at all sites.
2. Students have privileges at all of the Aurora Health Care Libraries.
3. Students may check out the school’s library holdings, including periodicals, and AV materials with proper approval from program faculty.
PURPOSE: This policy is intended to provide guidelines for the achievement of basic patient care abilities prior to independent clinical involvement with patients.

SCOPE: This policy applies to all students enrolled in the School of Radiologic Technology.

GUIDELINES:
1. Students must comply with all department, site and/or organization patient safety policies and practices.
2. All students must provide documentation or achieve CPR certification within their first semester of program enrollment.
3. Students will have instruction in the following patient care areas within their first semester of program enrollment:
   - Patient identification
   - Patient transfer and movement
   - Immobilization techniques
   - Assessment of vital signs
   - Aseptic technique
   - Standard precautions
   - Isolation techniques
   - Use of PPEs
   - Oxygen administration
   - Care and handling of tubes, catheters, lines and collection devices
   - Recognition and treatment of shock, diabetic crises, respiratory and cardiac failure, airway obstruction, cerebral vascular accidents, fainting and convulsive seizures
   - Appropriate procedure for handling patients with nausea, epistaxis, postural hypotension, vertigo and asthma as well as head and/or spinal injuries, extremity fractures, wounds, burns and contrast reactions
3. Didactic instruction for the above stated competencies is included in the "Introduction to Radiography" course which is taught during the first semester of program enrollment.
4. Students must participate in annual safety education and complete additional training as required.
Program Effectiveness

PURPOSE: Program faculty will track program effectiveness by collecting and analyzing student outcomes and feedback. Program improvements will be implemented based on these findings, to maintain a high-quality education for students with continual program improvements.

POLICY:

1. A variety of tools will be used to measure and assess student outcomes. Outcomes measured include but are not limited to the following:
   a. ARRT examination pass rates
   b. Graduate employment rates
   c. Average ARRT examination grade compared to national average
   d. Attrition / retention / graduation rates

2. A variety of tools will be used to assess program effectiveness. Measurement tools include but are not limited to the following:
   a. Student semester evaluations of academic courses & instructors, clinical sites & clinical instructors
   b. Resource Surveys
   c. Graduate Exit Evaluation
   d. Graduate Surveys (6 months – 1 year post graduation)
   e. Employer Surveys (6 months – 1 year post graduation)

3. An outcome assessment tool will be used to collect outcomes data. Faculty will analyze outcome data at faculty meetings a minimum of 1X per year. Program improvements will be implemented based on this analysis.
   a. Data selected for study is collected on activities that support program goals
   b. The tool itself will be assessed for effectiveness annually and updated as needed
   c. Outcomes data will be maintained in the “Outcomes” binder.
Semester Program Evaluations

PURPOSE: The program will routinely gather feedback from students in an effort to promote continual program improvement.

POLICY: This document is intended to establish guidelines that promote consistency in the gathering and assessment of student feedback for didactic courses and instructors, and clinical sites and instructors.

At the end of the Fall Semester (Semesters I & IV)
All didactic courses and instructors will be evaluated by students. Juniors will complete site specific and clinical instructor evaluations at the closing of semester I.

Seniors will complete rotational site evaluations which include questions on the site clinical instructor. These evaluations will be completed for all the sites the senior student has rotated to thus far.
If the student has not yet completed any rotations, they will complete the rotational eval on the primary home site.

At the end of the Spring Semester (Semesters II & V)
All didactic courses and instructors will be evaluated by students. Juniors will complete site specific and clinical instructor evaluations at the closing of semester II.

Seniors will complete rotational site evaluations which include a few questions on the site clinical instructor. These evaluations will be completed for all the sites the senior student has rotated to thus far.
If the student has not yet completed any rotations, they will complete the rotational eval on the primary home site.

At the end of the Summer Semester (Semesters III & VI)
Junior students will not be asked to complete evaluations this semester. Students will be asked to complete rotational site evaluations for those non-primary clinical sites they visit as they complete those visits.

Graduating senior students will be asked to complete exit evaluations, which provide a summary of the student’s perception of the quality of education / instruction they received over that past two years.
Program Operations Committee

PURPOSE: The Operations Committee will serve as a communication link between departmental staff and the program.

COMPOSITION: The Program Operations Committee will consist of:
- Program Director
- Clinical Instructors
- Clinical Liaisons
- Student Representative(s) - Maximum of 2 students per major clinical site
- Two (2) Staff Technologists from each major clinical site with five (5) or more assigned students

GUIDELINES:
1. The Operations Committee will hold a minimum of two meetings annually. Agendas will be distributed in advance and minutes will be recorded and filed.
2. Any person with an interest in the school may request an item to be discussed by this committee.
3. Each representative will have one (1) vote when matters require voting procedures.
4. This committee will review policies and procedures of the school and recommend revisions and/or clarifications as necessary.
Radiation Safety

PURPOSE: Students will adhere to the principles of ALARA to protect the safety of patients, visitors, co-workers, and themselves. Students will follow the Aurora St. Luke’s Radiology Departments’ established radiation safety policy which is available to students via the Radiology Intranet.

PROCEDURE FOR IMPLEMENTATION:

1. Prior to orientation the student will complete the appropriate form to request a radiation monitoring badge. The program director will submit the form to the radiation safety officer (RSO).
2. During orientation the RSO and program faculty will provide an overview of radiation protection standards, polices and practices.
3. Students must wear a radiation monitoring badge during clinical rotations and follow established ASLMC radiology department guidelines.
4. Badges will be distributed and collected on academic class days closest to the first of the month.
5. In the event that the radiation badge is lost, the student will notify the program director, who will notify the radiation safety officer.
6. In the event the badge is radioactively contaminated or suspected of contamination, the student will be required to submit a description of the events which caused the contamination, along with the badge which is forwarded to the radiation safety officer.
7. Students may contact the RSO to review their personal radiation monitoring records.
8. Students are provided documentation regarding their individual radiation exposure data on a quarterly basis.
9. Students will be provided with NRC Form 5 annually, showing their occupational dose for the prior year.
10. Students will complete the Aurora staff mandatory annual educational modules on safety, found on the Aurora ‘learning connection” via the system intranet.
11. Aurora Health Care is pledged to keep occupational doses As Low As Reasonably Achievable (ALARA). In accordance with the NRC ALARA program, the RSO will review occupational exposure quarterly to decide if investigation is warranted when the levels listed below are exceeded.

<table>
<thead>
<tr>
<th>ALARA Investigational levels mrem/quarter</th>
<th>Level I (10% of limit)</th>
<th>Level II(30% of limit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole body deep</td>
<td>125</td>
<td>375</td>
</tr>
<tr>
<td>Lens of the eye</td>
<td>375</td>
<td>1125</td>
</tr>
<tr>
<td>Whole body shallow</td>
<td>1250</td>
<td>3750</td>
</tr>
<tr>
<td>Extremities and skin</td>
<td>1250</td>
<td>3750</td>
</tr>
</tbody>
</table>

Exposures less than Level I are expected.
The RSO will review the dose of each individual whose quarterly dose equals or exceeds investigational Level I and will report the results of the reviews at the first Radiation
Safety Committee (RSC) meeting following the quarter when the dose was recorded. If the dose does not equal or exceed Investigational Level II, no action related specifically to the exposure is required unless deemed appropriate by the RSC. The RSC will, however, review each such dose in comparison with those of others performing similar tasks as an index of ALARA program quality and will record the review in the RSC minutes.

11. The RSO will investigate in a timely manner the causes of all personnel doses equaling or exceeding Investigational Level II and, if warranted, will take action. The investigation will include an interview of the student by the RSO to determine the validity of the reading, determine if possible extenuating circumstances caused such a reading. If the reading is deemed indicative of the student’s occupational dose, modification of the student’s radiation safety practices will be implemented to prevent the annual regulatory dose limits** being exceeded. A report of the investigation, any actions taken, and a copy of the individual’s Form NRC-5 or its equivalent will be presented to the RSC at its first meeting following completion of the investigation. The details of these reports will be included in the RSC minutes.

12. When in a fluoroscopy procedure, students will be required to wear a protective lead apron at least 0.5 mm thick covering at least the anterior of their body from lower thigh to the neck. The radiation monitoring badge will be worn at collar level outside the lead apron during fluoroscopy procedures.

13. Students shall NOT hold patients during exposures of ionizing radiation.

14. Prior to the MRI rotation, all students shall complete the MRI safety module on the learning connection and complete an MRI screening form.

*To locate ASL radiation safety policy go to caregiver connect, radiology services, site department links, Aurora St. Luke’s Medical Center Radiology, radiation safety information, radiation safety manual

** The annual occupational dose limits are a total effective dose equivalent being equal to 5 rem, the sum of the deep dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 50 rem, 15 rem to the lens of the eye, and 50 rem to the skin of the whole body or to the extremities.
Radiation Safety – Energized Lab

PURPOSE: To ensure the safe operation of the energized lab located at the school for the purpose of enhancing student learning.

PROCEDURE FOR IMPLEMENTATION:

1. Students must get approval from a faculty member who is present in the building, prior to operating the energized lab.
2. The faculty member will be in the building, and readily available to assist the student as needed.
3. The energized lab is used to image phantoms, objects, and artifacts only. Under no circumstances will the lab be used to image a living person.
4. Students must wear a radiation monitoring device when operating the lab.
5. Routine tube warm up procedures will be followed prior to learning session.
6. Equipment shut down procedures will be followed before the student leaves the area. The student will turn off the console, switch the breakers off, and flip the main power switch to the off position.

NOTE: Students must follow all Radiation Safety guidelines and standards set forth by the Sponsoring organization
I. PURPOSE

To establish radiation dose monitoring practices that comply with State and Federal regulations and to ensure that that annual occupational doses of team members working in a radiation area are within regulatory limits.

II. SCOPE

This policy applies to radiation workers, as defined in this policy, that work in hospital or ambulatory departments/areas in any entity or facility owned and controlled by Advocate Aurora Health. Radiation workers whose practice is restricted to a physician office setting are out of scope for this policy.

III. DEFINITIONS/ABBREVIATIONS

ALARA: An acronym for “as low as reasonably achievable” which means making every reasonable effort to maintain exposures to ionizing radiation as far below the dose limits as practical.

Badge Coordinator: An individual identified by each department who is responsible for collection and distribution of radiation monitoring devices.

Control Badge: A radiation monitoring device used to measure non-occupational radiation exposure.

Declared Pregnant Worker: An occupational radiation worker who has voluntarily informed the Radiation Safety Officer or designee, in writing, of the pregnancy and estimated date of conception.

Delinquent Badge: A radiation monitoring device that has not been collected for evaluation within 7 business days of the end of the monitoring period.

DHS (Wisconsin): Department of Health Services
Fluoroscopic Operator: a licensed practitioner or a radiologic technologist, trained in the safe use of fluoroscopic x-ray systems, who activates x-ray production in the fluoroscopic unit.

IEMA (Illinois): Illinois Emergency Management Agency

Monitoring Period: The length of time a radiation monitoring device is worn before collection for evaluation.

NRC: U. S. Nuclear Regulatory Commission

Occupational Dose Limits (Adults): The permissible upper bounds of radiation doses established for radiation workers.

RMD: Radiation Monitoring Device (radiation badge or dosimeter)

Radiation Dosimetry Report: A record of radiation dose information for participants wearing dosimeters and is generated when dosimeters are returned to the vendor for analysis.

Radiation Worker: An individual engaged in activities licensed or regulated by the U. S. Nuclear Regulatory Commission (NRC)/agreement state or a team member working in an area where radiation producing equipment is used and who has been assigned a radiation monitoring device.

Restricted Area: Any area to which access is controlled for the protection of individuals from exposure to radiation and radioactive materials.

Rem: A unit used to express dose equivalent

Radiation Safety Officer (RSO): The individual responsible for implementing the radiation protection program and ensuring that radiation safety activities are being performed in accordance with organizational approved procedures and regulatory requirements.

RSC: Radiation Safety Committee

TLD: Thermoluminescent Dosimeter

IV. POLICY

A. Each facility/department must have a defined process for requesting/issuing radiation monitoring devices (RMDs) to team members who have been identified as radiation workers.

B. RMDs will be issued in accordance with State of Illinois and State of Wisconsin regulations.
   1. A RMD will be issued to any Advocate Aurora Health team member who is identified as a radiation worker and whose annual radiation
exposure is expected to exceed 10% of the annual whole-body radiation exposure limit of 5000 mrem.

a) Department leadership or the facility RSO may elect to issue RMDs to radiation workers whose annual radiation exposure is expected to be less than the 10% of the annual whole-body radiation exposure limit of 5000 mrem.

b) The use of RMDs may be waived if it has been documented that doses will not exceed 10% of the regulatory limits.

2. An additional fetal radiation badge will be issued to declared pregnant workers.

3. In Wisconsin, a radiation badge will be issued to operators of fluoroscopic imaging devices.

4. RMDs may be also be assigned at the discretion of the RSO or his/her delegated representative.

C. The type and number of RMDs issued are commensurate with the type of ionizing radiation to which a worker is exposed and by the activities and functions the worker performs.

D. When working in, or near, a restricted area, it is the responsibility of each individual team member to wear and properly use the assigned RMD(s) as described in V. Procedures, B. Proper Use of Radiation Monitoring Devices (RMD).

1. Prior to the start of an exam utilizing fluoroscopy, the technologist in the procedure room will initiate a "time out for badges" to verify that all radiation workers are wearing their radiation badges.

2. Radiation badges must be worn, regardless if the department has additional radiation measurement tools. Real time radiation dose monitoring systems, such as Raysafe, are not a substitute for facility issued personal radiation monitoring devices.

E. All RMDs are the property of the issuing hospital or clinic and are only to be worn to monitor radiation exposure while at that facility.

F. Radiation monitoring devices may be exchanged monthly or quarterly as determined by department leadership or the facility RSO.

G. Team members are responsible to return used RMDs to the facility RSO, or his/her designee or Badge Coordinator within seven (7) business days after the monitoring period ends.

H. Each department/area/division responsible for radiation workers that have been assigned a personal RMD must designate a Badge Coordinator.

1. Hospital Imaging/Radiology Departments should consider identifying multiple badge coordinators based on the number of radiation workers in the department/area.

I. Each facility/department that does not have a RSO must designate a team member who is responsible for reviewing dosimetry reports.

J. Radiation dosimetry reports must be reviewed on a quarterly basis by the RSO or designated team member for the department/facility.

K. All radiation workers must receive an annual exposure report from each Advocate Aurora Health facility that issued the team member a RMD.

L. Radiation dosimetry reports must be maintained as specified by NRC or applicable state regulations.
1. Paper dosimetry reports must be permanently retained in a secured location.

V. PROCEDURE

A. Radiation Badge Requests/Deactivation
   1. Department leadership, facility RSO or his/her designee must have a defined procedure for team members to request a RMD.
   2. Team members who have a previous exposure history from another institution will be required to complete an authorization form which will allow Advocate Aurora Health to obtain the team member's radiation exposure history.
   3. Pregnant radiation workers are urged to voluntarily declare their pregnancy in writing, along with the estimated date of conception, to the facility RSO or his/her designee.
   4. The department leader must notify the RSO, his/her designee or the Badge Coordinator if a team member no longer requires a badge and request that the RMD be removed/deactivated.

B. Proper Use of Radiation Monitoring Devices (RMD)
   1. Radiation workers assigned one radiation badge must wear the badge at the chest or collar level.
      a) When a protective lead apron is worn, the badge must be worn outside the apron.
   2. Radiation workers in Interventional Radiology or Interventional Cardiology will be assigned two badges, each with an icon indicating the location of where the badge is to be worn.
      a) A collar badge is to be worn at the collar level outside of any protective lead apron.
      b) A waist badge is to be worn at the waist level under any protective lead apron.
   3. Radiation workers may be assigned a ring badge at the discretion of the RSO or his/her designee. Ring badges should be worn on the dominant hand, under gloves to reduce possible contamination of the badge, with the TLD detector facing the radiation source.
   4. Declared pregnant workers will be issued an additional fetal badge which is to be worn at the waist level, under any protective lead apron.

C. Proper Care of Radiation Monitoring Devices (RMD)
   1. Radiation badges must be stored on-site at the issuing facility, in a safe, low exposure area, when not in use.
      a) Badges must not be removed from the issuing facility.
   2. Team members must take reasonable care to avoid loss or damage to RMDs.
   3. Team members should not intentionally irradiate radiation monitoring devices.
   4. RMDs are not to be shared and are to be worn only by the team member to whom the RMD was assigned.
5. Team members must not wear RMDs for non-work exposures such as while having x-rays that are part of your medical or dental care.

6. Team members are expected to store RMDs in a safe location at the issuing facility, away from sun, heat or sources of radiation, when not in use.

7. Team members are responsible for notifying the RSO, his/her designee and/or the facility/department Badge Coordinator whenever a RMD has been tampered with or lost.

D. Ordering, Collection and Distribution of Radiation Monitoring Devices

1. The RSO, his/her designee or the Badge Coordinator is responsible for ordering assigned and unassigned RMDs from the designated vendor.
   a) Unassigned badges are to be used by team members who are scheduled to work in a radiation area and meet criteria as defined by section 4.2 but do not have an assigned badge at that facility.
   b) Once unassigned RMDs are worn, they must be assigned to the team member for the remainder of the monitoring period, labeled with the team member’s name, and the RMD ID numbers entered in the vendor’s database for appropriate dose tracking.

2. The facility/department RSO, his/her designee or the Badge Coordinator is responsible for storing the control badge at their designated facility, in a location away from any radiation source.

3. The RSO, his/her designee or the Badge Coordinator are primarily responsible for collecting and distributing RMDs for their assigned departments/areas.
   a) Badge coordinators are responsible for ensuring new RMDs are distributed prior to the 1st of the month or start of the new monitoring period.
   b) Badge coordinators are responsible for returning all used and unused RMDs and control badges to the vendor within seven (7) business days following the end of each monitoring period.

(1) RMDs returned to the Badge Coordinator more than seven (7) business days after the facility/department RMD collection date will be returned to the vendor with the RMDs from the next monitoring period.

E. Dosimetry Records and Reports

1. The RSO, his/her designee or the Badge Coordinator is responsible for reviewing the radiation dosimetry reports on a regular basis, no less than once per quarter.

2. The RSO, his/her designee or the Badge Coordinator is responsible for distributing annual exposure reports to team members at the assigned facility.

3. Team members may request additional radiation dosimetry reports.
   a) Requests should be submitted to the facility/department RSO or his/her designee or the Badge Coordinator.
b) Team members will be provided a copy of the dosimetry report within thirty (30) days of the request.

F. Radiation Monitoring Device Compliance, Response and Reporting
   1. The Badge Coordinator will notify the department leader when RMDs are either not turned in or returned 7 business days after the facility/department RMD collection date.
   2. Radiation workers who fail to turn in their RMDs within seven (7) business days following the end of the monitoring period will be subject to corrective action.
   3. The RSO or designated team member is responsible for the timely investigation of occupational exposures exceeding ALARA levels in accordance with state regulations.
   4. The RSO or designated team member will provide written notification to any team member whose dose results exceed ALARA levels.
      a) The RSO or designated team member will coach team members on proper use of RMDs and safe radiation practices.
   5. For facilities with a Radiation Safety Committee, the RSO will report to the Committee and department leader on compliance with radiation monitoring as defined by this policy.
   6. For facilities without a Radiation Safety Committee or RSO, the Badge Coordinator or designated team member will report compliance with radiation monitoring as defined by this policy to the department leader.

VI. CROSS REFERENCES

Not Applicable

VII. RESOURCES AND REFERENCES

Wisconsin Legislature: Chapter DHS 157
IEMA 32 ILLINOIS ADMINISTRATIVE CODE 340
NRC: 10 CFR Part 20—Standards for Protection Against Radiation

VIII. ATTACHMENTS

Not Applicable
# Notices Instructions and Reports to Workers and Inspections

1. **Purpose**

   The regulations in HFS 157, subchapter X establish requirements for notices, instructions and reports by licensees to individuals participating in licensed activities. The regulation also defines inspections to ascertain compliance with radiation regulations and licenses issued thereunder regarding radiological working conditions.

2. **Scope**

   It is the policy of the Nuclear Medicine Department to comply with guidelines set forth by the State of Wisconsin.

3. **Definitions**

   None

4. **Policy**

   4.1 In compliance with these regulations, all radiation workers at this institution are hereby informed of the location and availability of required documents and instructions as follows:

   (a) “Standards for Protection Against Radiation” are available at all times to radiation workers. These documents are located in the Nuclear Medicine Section file or available upon request from the Diagnostic Supervisory person.

   (b) The radioactive materials license, amendments, conditions, operating procedures and related documents are available at all times to radiation workers. These documents are located in the Nuclear Medicine Section file or upon request from the licensed user or Diagnostic Supervisory person.

   (c) All radiation workers will be informed of any notice of violation or related matters resulting from any Federal or State Inspection that involves radiological working conditions.

   (d) All radiation workers are expected to be familiar with the regulations pertinent to this facility and to request from the licensed user and/or Radiation Safety Officer, or delegates, any clarifications of these regulations, license and/or existing radiation safety procedures that may be required at any time for thorough understanding by the worker.

   (e) The Radiation Safety Program, radiation surveys, film badge reports and related radiation safety records are all on file in the Nuclear Medicine Section or available upon request from the licensed user and/or Radiation Safety Officer or delegates.

   Radiation Safety Officer: (Name and phone number posted adjacent to hot lab door.)
CROSS REFERENCES: None

REFERENCES: HFS 157 and subchapter X

PRIOR REVIEW/REVISION DATES: 05/21/04, 03/03/08, 11/03/08, 05/10/11, 10/01/14, 04/20/15

APPENDIX/APPENDICES: None
Records Maintenance

**PURPOSE:** To provide guidance for the maintenance of student admission, attendance and performance records.

**SCOPE:** This policy applies to the School of Radiologic Technology.

**PROCEDURE:**

1. Records shall be maintained for every student enrolled in the program, including those who graduated, withdrew, or otherwise terminated. A summary transcript for all courses attempted or completed shall be maintained.
2. The following documents will be included in the school’s permanent record for each graduate:
   - Official summary transcript and summary clinical evaluation
   - Semester transcripts and clinical evaluations
   - Attendance, clinical competency and simulation summary logs
   - Disciplinary action notices
   - Progress, exit/outcome assessment
   - Student application documents
3. All student records shall be maintained in a secure location for perpetuity. Transcripts from recent graduates may be stored on secured computer disc(s).
4. The availability of student records will comply with the Buckley Amendment. No transcripts shall be released without written authorization of the student. Provisions are made however, for the inspection of said transcripts and other records by duly appointed program officials and accreditation bodies.
5. Students have the right to examine their own records on the school premises during regular business hours. The program reserves the right to request a 24-hour advance notice of such inspection.
6. The Radiation Safety Officer maintains monitoring records during active student enrollment. The Radiation Safety Officer monitors the reports on a monthly basis and alerts the student of elevated readings.
   Students who wish to review their radiation monitoring records should contact the Radiation safety Officer at Aurora St. Luke’s Medical Center. Upon graduation or termination from the program, the Radiation Safety Officer maintains radiation-monitoring records. Acquisition of these records follows State of Wisconsin and Federal guidelines.
Review of Program Policies/Master Plan

PURPOSE: To ensure students have access to all program policies and procedures.

SCOPE: This policy applies to all students enrolled in Aurora St. Luke’s School of Radiologic Technology.

GUIDELINES:

1. During orientation all students will be given access to the school handbook, which includes all policies that are directly related to student activities.

2. Faculty will review critical policies with the students during orientation.

3. Updated/revised school policies are distributed and reviewed as needed.

4. Should a student have any additional questions regarding program policies or procedures, the student may request to review the Master Plan during normal business hours.

5. Students are given intranet access which provides access to organizational and school policies. An electronic version of the handbook is available to students via the radiology intranet, and also to students and the public via the program’s web page at www.aurora.org/radtech.
Policy 3:16

Category: General 3:16
Effective: 6/86
Revised: 6/88, 6/89, 6/94, 6/00, 8/06

Smoking Regulations

PURPOSE: To provide a safe and healthful environment, consistent with the philosophy of Aurora Health Care.

SCOPE: This policy applies to students and faculty of the School of Radiologic Technology.

PROCEDURE:
1. The use of tobacco products is not allowed anywhere on Aurora Health Care property.
2. Students who smoke during breaks/lunch on class days scheduled at AHC-Airport must leave the grounds. Students are required to appropriately dispose of smoking materials.
3. In the clinical setting, students are expected to abide by the organization’s rest period and meal break policies, including departmental policies regarding the scheduling and taking of breaks and lunches. As such, students may not be allowed to leave the premises during rest periods.
4. Failure to comply with this policy will result in progressive disciplinary action, including termination.

*Please refer to AHC Tobacco Free Environment policy.
Textbooks, Tuition, Fees, and Student Expenses

PURPOSE: To identify expenses associated to enrollment in the School of Radiologic Technology.

Textbooks
1. Incoming students receive a list of textbooks which must be purchased prior to the start of classes.
2. Students are required to have the specific edition as indicated on the list.
3. Students may purchase textbooks directly from the school’s distributor, Rittenhouse, through an affiliate university bookstore, or from an independent source if they so choose.
4. The cost of books varies from year to year. The school does not have a deferred payment arrangement with Rittenhouse. This means that the student is responsible for paying for his or her books at the time the order is placed.

Fees
1. In addition to tuition, student fees are collected annually to cover such expenses as printing, markers, the WAERT/WSRT Educational Symposium Registration, participation in the Developmental Testing Program, and the E*Value student records system.
2. UW-Oshkosh and community students are responsible for payment of school fees, private University students are not, as this fee is covered by the tuition reimbursement the program receives from the university.

Tuition

Total tuition including fees - $12,000.00

<table>
<thead>
<tr>
<th></th>
<th>Tuition</th>
<th>Fees</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Acceptance Deposit</td>
<td>$500.00</td>
<td></td>
<td>Within one week of acceptance</td>
</tr>
<tr>
<td>Year 1 (junior)</td>
<td>$5,500.00</td>
<td></td>
<td>October 15th</td>
</tr>
<tr>
<td>Year 2 (senior)</td>
<td>$5,500.00</td>
<td></td>
<td>October 15th</td>
</tr>
<tr>
<td>Lab Fee</td>
<td></td>
<td>$500.00</td>
<td>October 15th</td>
</tr>
<tr>
<td>Total</td>
<td>$12,000.00</td>
<td></td>
<td>Graduation</td>
</tr>
</tbody>
</table>
Statements and Payments

1. Annual tuition is due in full by October 15th unless arrangements have been made with the program director (see Deferral).
2. Tuition for students jointly enrolled in the School of Radiologic Technology and an affiliated college/university is paid by the educational institution as defined in the contract with the university.
3. Tuition/fee payments must be in the form of a check or money order and be made payable to Aurora St. Luke’s Medical Center. Credit card payments are accepted as well.
4. Payments may be mailed to the Program Director at:

   Radiology Education - Airport Site
   180 West Grange
   Milwaukee, WI 53207

Deferral

1. In the case of hardship, a payment plan may be worked out with the program director.
2. Should a student withdraw from the program for any reason, the student is responsible for the payment of any outstanding tuition/fees.
3. All tuition and fees must be paid in full before graduation.

ARRT Certification Examination

1. The application fee for the certification exam administered by the American Registry of Radiologic Technologists (ARRT) is not collected as part of the student's tuition/book bill, nor is the fee for licensure through the State of WI.
2. The school assumes no responsibility for submission of the application to write the examination, other than signing of the application by the Program Director.

General Guidelines

1. Students will not be allowed to graduate until all financial obligations for educationally related expenses and housing have been met (this does not include medical expenses related to illness).
2. Tuition and related fees constitute only a part of the actual cost of the student's education. Aurora St. Luke's Medical Center School of Radiologic Technology reserves the right to change the tuition and/or fees for any term.
Policy 3:18

Category: General 3:18
Effective: 7/94
Revised: 5/98, 1/00, 8/05, 6/07, 8/10, 8/13, 7/14, 8/18, 8/20

Tuition Reimbursement for Non – Affiliate Candidates

PURPOSE: To establish guidelines for refunding tuition monies previously paid in the event of student withdrawal or dismissal.

SCOPE: This policy applies to students in the School of Radiologic Technology.

PROCEDURE:

1. All candidates who have been offered and accepted a position for the upcoming school year must submit an acceptance fee of $500.00 along with his or her letter of acceptance. Should a student elect to withdraw from the program prior to the start of classes, the acceptance fee will not be refunded.
   a. The acceptance fee will be applied towards the 1st year student fee

2. Tuition refunds (not including acceptance fee) are available for students who voluntarily withdraw for any reason in accordance with the following yearly schedule:
   • by the end of the first week, 80%
   • by the end of the second week, 60%
   • by the end of the third week, 40%
   • by the end of the fourth week, 20%

4. No refund of tuition will be made to students dismissed for disciplinary or academic reasons.

5. All other fees are non-refundable
Individuals wishing to complete job shadowing for the School of Radiologic Technology or the School of Diagnostic Medical Sonography must adhere to the following guidelines:

- **Maximum** shadow time per individual – eight (8) hours
- Shadow experience should be **completed in one (1) day** but may be broken up into two four (4) hour increments if completed within one (1) week
- Shadow **experience that exceeds** the above guidelines will require the individual to meet the regulations of AHC Policy #159 Non-employees Working in AHC, which would include documentation of vaccinations, criminal background check and orientation.

Aurora facilities that participate in job shadowing experiences will adhere to the following guidelines:

- Verify the identify of the individual for job shadowing using a valid ID
- Explain the confidentiality statement and complete and sign the volunteer info form
  - Return the signed volunteer form to the manager of volunteer services at your facility
- Complete a brief evaluation of the individual upon completion of the shadow experience
  - Return the evaluation to the appropriate program in Radiology Education

All shadowing experiences will be coordinated by program faculty:

- Radiologic Technology – 414-747-4357
- Sonography – 414-747-4344 or 414-747-4358

Individuals wishing to complete shadow experience will be informed of the following:

- Candidates must bring a valid photo ID to the scheduled appointment
- Candidates will be observing patient procedures during the experience
- Candidates will dress professionally; the following attire is recommended:
  - Dress pants
  - Appropriate shirt or top
  - Leather shoes that fully enclose the foot
- The following attire is not allowed:
  - Blue jeans
  - Cropped/tank tops
  - Shirts or tops with writing, messages, or advertisements
  - Open toed shoes or sandals
MRI Safety

PURPOSE: To ensure the safety of student radiographers in the MRI Department

POLICY: MRI Safety

1. Students shall be provided an overview of MRI safety during orientation to the radiography program.
2. A copy of the Aurora MRI safety policy will be provided for students during orientation.
3. Students shall follow all safety protocols set forth in the Aurora safety policy.
4. Students shall complete an MRI safety screening form.
5. A faculty member will review the safety screening form and will discuss any student safety concerns with the lead MRI technologist, who will determine if the student may enter the scan room.
6. Students with contraindications will complete their MRI rotation, but will not be allowed to enter the MRI scan room.
7. Student screening forms shall be kept on file in the school’s competency binder.
8. Prior to the student’s MRI rotation, all students will complete the MRI safety module on Learning Connection and review the MRI safety screening form.
<table>
<thead>
<tr>
<th>1. Legal Name</th>
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<tr>
<td>Last Name</td>
<td>Suffix (i.e., Jr.)</td>
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<td>First Name</td>
<td>Middle Name</td>
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<td>Maiden Name (if Applicable)</td>
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<tr>
<td>Other Names that may appear on your student record (if applicable)</td>
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| 2. Last 4 digits of SS number |                                                |

| 3. E-Mail |                                                                 |

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<th>4. Current Mailing Address</th>
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<td>Apartment Number</td>
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<tr>
<td>City</td>
<td>State</td>
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<th>5. Home Address (If different from above)</th>
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<td>Number and Street Address</td>
<td>Apartment Number</td>
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<tr>
<td>City</td>
<td>State</td>
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<th>6. Phone Number</th>
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## EDUCATION:
List all post-secondary education institutions you have attended in the table below. Please list in chronological order.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Year Graduated</th>
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<tbody>
<tr>
<td>Junior/Technical College (if applicable)</td>
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<td>Other Post-Secondary Institution</td>
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## EMPLOYMENT HISTORY:

<table>
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<tr>
<th>Employer</th>
<th>Position Held</th>
<th>Dates Employed</th>
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## PREVIOUS HEALTH CARE EXPERIENCE: (Do not include shadowing experience)

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<tr>
<th>Institution</th>
<th>Capacity</th>
<th>Dates of Experience</th>
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## REFERENCES: Please list 3 references: (teachers, TA's, employers; do not include friends or relatives).

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<thead>
<tr>
<th>Name</th>
<th>Address (Include City, State and Zip Code)</th>
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11. **Course Progress Report:** Please indicate where and when the following post-secondary prerequisite coursework was completed.  
*Note: this information must match your official transcripts.*

Health Care Courses:

<table>
<thead>
<tr>
<th>Course</th>
<th>Date Completed (Month/Year)</th>
<th>Institution</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy &amp; Physiology</td>
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<tr>
<td>Medical Terminology</td>
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All Math & Science Courses (include repeated courses)

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<th>Course</th>
<th>Date Completed (Month/Year)</th>
<th>Institution</th>
<th>Grade</th>
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</table>
**Shadowing Experience.** Please attach a copy of the verification form from the institution

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<tr>
<th>Date Completed (Month/Year)</th>
<th>Institution</th>
<th>Hours Spent</th>
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**Other Certificates (CPR, CNA, ETC…)** Please attach a copy of the certificate for verification

<table>
<thead>
<tr>
<th>Date Completed (Month/Year)</th>
<th>Institution</th>
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</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

Date (month/yr) of Informational Session Attendance: _______/_______

**IN CASE OF AN EMERGENCY, PLEASE NOTIFY:**

NAME_______________________________________________________________

__ __  

Last  First

ADDRESS____________________________________________________________

__ __  

Street  City  State  Zip

PHONE (   )__________________________________

I acknowledge that the information I have supplied in this application is correct and understand that any falsification of information on this form may be cause for rejection as an applicant. I understand that this application is not legally binding on me in any way, that I am not obligated to enroll in the clinical program to which I may be assigned, and that after enrollment as a student, I have the right to withdraw voluntarily from the program for personal reasons.

_________________________________________________________________

Signature of Applicant ___________________________  Date ____________
Admissions Policy & Procedure

PURPOSE: To provide guidance, consistency, objectivity for a non-discriminatory practice for the student application process.

SCOPE: This applies to all applicants to the Aurora School of Radiologic Technology.

METHODS OF APPLYING:
1. Applicant is through an affiliate university
   a. UW-Oshkosh
   b. Marian University
   c. Carroll University
   d. Concordia University
   e. Cardinal Stritch University
   f. Wisconsin Lutheran College
2. Applicant has an Associate degree (health science field preferred)
3. Applicant has a Bachelor’s degree from a university (math/science focus preferred)

SUBMISSION:
All candidates must submit the following information for application:
1. Application form. Required forms are available on the website from November to the end of January.
2. Official transcripts from all post-secondary colleges. If a student is not submitting an application through an affiliate university, the transcript must be an original and forwarded to us directly from the educational institution(s).
3. Three letters of recommendation. Two of the three references should come from professional or educational affiliations.
4. A brief autobiography. 1-2 typed pages, covering the past 4 years of the applicant’s life. The narrative should also include the reason(s) for pursuing radiologic technology education.
5. Non-affiliate applicants need to include a $25 non-refundable application fee in the form of a check or money order, made payable to Aurora St. Luke’s School of Radiologic Technology.
6. Each applicant must attend a school informational session. Attendance is mandatory. Applicants who do not attend will be considered to have an incomplete application.
7. The School does not maintain a waiting list. Selection is based on most qualified applicant.

PROCEDURE:
The application procedure consists of a 3-part assessment:
   i. Transcript/Application Assessment
   ii. Interview Assessment
   iii. Final Point Assessment
Transcript/Application Assessment

- Math and Science GPA is calculated. Must be 2.5 or above to be considered a complete application.
- Points are awarded for:
  - Autobiography
  - Letters of recommendation
  - Shadowing experience
  - Previous healthcare experience
  - Employment history
  - Certifications (CNA, CPR)
  - Upper level math and science courses successfully taken
- Faculty decides where the point cut off will be and all applicants above that cut off point earn an invitation for an interview.

Interview Assessment

- General applicant: Meet with faculty members for individual interviews
  Re-Applicant: Panel interview with faculty members.
- Total Interview assessment points are an average of all faculty interview points.

PROCEDURE:

- Applicants meeting the required minimum point value are invited for a personal interview.
- Personal interviews are typically scheduled from late February through March.
- The interview consists of:
  - Completion of essay questions
  - Behavioral Interview questions posed by members of the Admissions Committee
- Admissions Committee typically conduct interviews.
- The Interview Assessment form is used to score the interview.
  - Prior to scoring the Interview Assessment form, each member of the Admissions Committee reviews the candidate’s file and responses to all interview questions.
  - The average of all the scores is calculated to determine total points
  - Total points earned for each student are calculated by adding the transcript assessment points and interview points.
  - Offers are extended to those students earning the highest total point value.

Offer & Acceptance

- An offer will be extended to the applicant, who will be given a set number of days to respond to the offer
- The applicant must then send an email letter of acceptance and a deposit
- The applicant must pass a criminal background check before final acceptance to the program
- Specific program requirement policies will be emailed to incoming students
Re-applicants: Those applicants who are not accepted and wish to re-apply the following year will be required to submit the following:

- A letter of intent to re-apply.
- The program director will then review the previous application material and send a letter with suggestions for improvement/development.
- The re-applicant must submit an updated application, autobiography, and 2 letters of recommendation.
- The re-applicant is not required to attend an additional informational session.
Student Re-Admission

PURPOSE: To define guidelines for students seeking re-admission to the program.

SCOPE: This policy applies to the School of Radiologic Technology.

PROCEDURE:

1. A student who voluntarily withdraws from the program may be eligible for readmission, pending Admission Committee’s approval.

2. In order to be eligible for reinstatement the student must be in good standing at the time of withdrawal.

3. The student must submit a letter of intent and a non-refundable acceptance fee of $500.00 in order to retain a position in the upcoming class.

4. Students seeking advance standing must successfully complete:
   a. A comprehensive written exam to include previously completed coursework.
   b. An evaluation of clinical performance to include procedures completed during initial enrollment.
Policy 4:1

Category: Attendance 4:1
Effective: June 1986
Revision: 6/92, 7/93, 4/98, 4/99, 12/99,
4/00, 8/01, 7/03, 2/05, 8/06,
7/07, 8/10, 10/10, 11/10, 8/12, 7/14,
9/14, 1/17, 10/17, 8/18, 9/18, 8/19, 8/20

Attendance Policy

Purpose: To establish attendance guidelines and standards for students and faculty.

Scope: This policy applies to all students enrolled in the Radiography Program.

Responsibility: It will be the responsibility of the Program Supervisor and the faculty to ensure compliance with this policy.

Guidelines:
The Aurora St. Luke’s Medical Center School of Radiologic Technology is a 24-month, full-time program. Students enrolled in the school are required to be in attendance at the Medical Center on the basis of 40 hours per week (Monday through Friday). Incorporated within the forty (40) hours are both the clinical and didactic phases of the educational program. No student will be scheduled didactic and clinical hours to exceed forty hours per week.

1. The recording of student attendance will be maintained electronically through Aurora Health Care’s iConnect time stamp system.
   a. Students are required to use time stamp to log in upon arrival to their clinical site and log out upon departure. Students are expected to arrive on time and stay for the entire 8 hours unless prior approval has been granted. Written approval documents will be retained in the student file.
   b. All entries must be made from the computer within the department that the student is scheduled; entries from home or from any other device with internet capabilities are not allowed and will be considered falsification of records. Falsifying time card entries is grounds for immediate dismissal from the program.

2. One clinical credit is based on the offering of a minimum 100 hours of clinical practicum. **Semester credits will not be awarded until the student has achieved all the clinical education requirements.

3. Student attendance is evaluated each semester and as part of the Semester Compliance Assessment does affect the student’s semester clinical education grade.

4. Attendance is documented on the semester transcript to include the number of tardy and absence occurrences.

5. Any absence from the posted schedule without notification of the faculty will be considered unauthorized/unapproved and will be subject to disciplinary action. The faculty evaluates emergency situations on an individual basis.

6. A student absence for two or more consecutive school days without notifying the program supervisor or clinical instructor may be terminated.
Policy 4:1

**Vacation Days**
Each student will be scheduled for vacation days each year. These days are scheduled as follows:

1. Friday after Thanksgiving
2. Two weeks at the end of December to include Christmas Day and New Year’s Day
3. Two weeks in spring
4. One week to include the Fourth of July
5. Three weeks before Labor Day

**Occurrence:**
Two unexcused tardies or one unexcused absence will count as one occurrence. An absence that consists of more than 1 day will be counted as a single occurrence as long as the time missed is successive. Each student is given a bank of 80 hours of time off for the two-year period to be used for planned time off and unplanned absences, such as an illness or emergent situations.

**2. Unplanned Absence**

A. The student is responsible for notifying the appropriate individuals of his or her absence at least one-half hour prior to the scheduled starting time on each day of absence.

B. On class days, the student must notify the program supervisor AND clinical coordinator via a phone call or email.

C. On clinical days, the student must notify the supervising clinical instructor and the lead/ supervising person of the area he or she is assigned.

D. If the occurrence lasts more than 3 days, a doctor’s release is required prior to allowing the student to return to any scheduled educational activities.

E. In the event of an illness or injury, students may report to Employee Health at the discretion of program faculty. The student should refer to their primary care physician for further evaluation.

F. Special consideration may be given to students with chronic medical conditions (ongoing or intermittent). The student will meet with the program director to discuss their situation and accommodation will be made on a case by case basis.

G. If a student returns to school with a doctor’s excuse, the missed hours will still be taken out of the student’s time off bank, however the absence will not count as an occurrence.

**Unplanned Academic/Clinical Absence – Amount of Time Deducted**

A. Class absence: 6.5 hrs
B. Clinical absence: 8.0 hrs
C. Demo day: 3.5 hrs
D. Evaluation day: 4.0 hrs

The following are the attendance requirements based on semester length.

- **Semester I, II, IV and V (16 weeks) - 2 occurrences are allowed**
- **Semester III and VI (12 weeks) - 1 occurrence is allowed**

The home site clinical instructor records all occurrences on the student’s Summary Attendance Record.

1. The home site clinical instructor will tally the occurrences for the semester on the summary attendance record and grade the Semester Compliance Assessment accordingly.
2. Non-compliance with the attendance standard will adversely affect the student’s clinical education grade and may result in disciplinary action.
3. **Personal Time Off**  
All students will receive a time off bank with a total of 80 hours (40 hours per year) to use over the 2 years for either personal days off, interview time or sick/tardy time.

Guidelines:
1. All requests for personal time off must be made on clinical days only (not on class, demo, simulation or scheduled school event days) and **no time off will be granted during a student’s 3rd shift rotation.**
   a. **3rd Shift Rotation**  
      Any student who calls in during their 3rd shift rotation and DOES NOT have a doctor excuse is required to make up the time that is missed. The time is to be made up on 3rd shift. This is required even if the student has time in their time off bank.  
      The student should schedule a time to meet with the clinical coordinator to determine when the days will be made up. If the missed time has to be made up after graduation, the student will not receive their diploma until the days are made up.

2. All requests for personal time must be made in writing, using the “Time Off Request” form and submitted to the program supervisor at least **1 week prior** to the date requested off.

3. Personal time off can only be requested in 4 hour or 8 hour increments.
   a. Personal time off can only be used at a maximum of 2 consecutive clinical days
   b. No personal time will be approved during the last week of semester III
   c. No personal time will be approved in semester VI after June 30th

4. Forms will be presented to the program supervisor for approval.

5. Personal time off will be granted on a case by case basis at the discretion of the program supervisor. The program supervisor will notify the student if the request has been approved or not.

6. Students receive 40 hours each year. If a student does not use the whole 40 hours in the 1st year (by the end of semester III), they will lose that time and be given a new bank of 40 hours for the 2nd year (beginning of semester IV)
   - Approved personal days will not negatively impact student attendance

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**Tardiness**

1. A student is considered tardy if he or she is not in the assigned location and ready to begin patient procedures by the designated starting time or has logged in 1 minute after their schedule start time.

2. The student is responsible for notifying the appropriate individuals of his or her tardiness. The notification is to be made to the program supervisor, clinical coordinator, and to the supervising clinical instructor.

3. A student who is 1-14 minutes tardy, will receive ½ an occurrence. Any student who is tardy 15 minutes or more, will also acquire ½ an occurrence AND have the time taken out of their time off bank.

4. Tardies are counted as ½ an occurrence regardless of the amount of time tardy.
Exhaustion of Time Off

1. A student who has exhausted his or her allotment of time off will be notified in writing (see attached).
   a. The Program Director will complete the Notification of Exhaustion of Time Off hours form and review it with the student. The signed form is then forwarded to the clinical coordinator and clinical instructor.
   b. Additional absences, beyond allotted time off, will require the student to make up the time missed (class or clinical), during non-scheduled hours (vacation, weekend, etc.) and will result in disciplinary action.

2. A student who misses 160 hours, didactic and/or clinical hours, may be required to withdraw.

3. As stated in Section 2 Unplanned Absence, letter F, special consideration may be given a student with a chronic medical condition.
## Attendance Record Summary

### SEMESTER I - 40hrs

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**Total time taken**

**Total # of Occurrences**

**TO hours remaining**

### SEMESTER II -

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**Total time taken**

**Total # of Occurrences**

**TO hours remaining**
### SEMESTER III -

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**Total time taken**

**Total # of Occurrences =**

**TO hours remaining =**

### SEMESTER IV - 40 Hrs

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**Total time taken**

**Total # of Occurrences =**

**TO hours remaining =**
## SEMESTER V

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**Total time taken**

**Total # of Occurrences**

**TO hours remaining**

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## SEMESTER VI

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**Total time taken**

**Total # of Occurrences**

**TO hours remaining**
It is the policy of Aurora St. Luke’s Medical Center School of Radiologic Technology to allow each student enrolled in the two-year program time off from school to use for personal days off, interview time or sick/tardy time. The amount of time should not exceed 40 hours per year.

I, ______________________________________, have been informed that as of ______________________________ I have a remaining balance of “0” hours in my Personal Time Off bank. Any additional time off from school (class or clinical), regardless of the cause, will result in disciplinary action and/or affect my date of release from the program.

I understand that any additional time taken (clinical or class), must be made up in the clinical setting. I am also aware that if my total amount of time off exceeds 160 hours, I may be required to withdraw from the program.

_________________________________________  __________________________
Student                                      Date

_________________________________________  __________________________
Clinical Coordinator                         Date

_________________________________________  __________________________
Clinical Instructor                          Date

_________________________________________  __________________________
Program Director                             Date

Updated June 2018
Aurora St. Luke’s
School of Radiologic Technology
Voluntary Attendance Form

Attendance record for student voluntary clinical assignments in excess of forty hours.

Student Name (printed): ________________________________

This is to verify that I, ___________________________________________, will voluntarily be in attendance more than 40 hours. I understand that the time over 40 hours will be credited toward unscheduled time off that I have taken.

I am therefore volunteering for a clinical assignment of:

_____ Hours on _______       _____ Hours on _______

_____ Hours on _______       _____ Hours on _______

_____ Hours on _______       _____ Hours on _______

_____ Hours on _______       _____ Hours on _______

_____ Hours on _______

Student Signature: ________________________________ Date: _________________

Program Director Signature: _________________________ Date: _________________
COMPENSATORY TIME

PURPOSE: The purpose of this policy is to define compensatory time, how it is earned, and used.

DEFINITION:

Compensatory time, or comp time, is the term used for time earned by the student who stays beyond their scheduled clinical shift. Comp time is considered any time 15 min or more hours stayed over.

PROCEDURE FOR IMPLEMENTATION:

Any student who stays past their scheduled clinical time performing clinical duties has earned compensatory time.

The student must choose a day to leave early or come in late (the amount of comp time earned), during the same time period.

1. The comp time must be taken in the 2-week time period that the student earned the comp time, otherwise the student forfeits the time.
   a. If comp time was earned on the last Friday of the time period, or if that Friday is a scheduled demo session, the student has until the end of the next 2-week time period to use the compensatory time.
   b. If comp time was earned by attending a WSRT/Informational session meeting, the student has until the end of the semester to use the time.

2. The student must notify their site Clinical Instructor and provide a completed Comp Time Form prior to the student using the comp time.

Policy 4:5

Category: Attendance 4:5
Effective: 6/86
Revised: 6/92, 7/93, 5/99, 8/04, 8/05, 8/06, 10/10, 6/11, 4/12, 9/13, 7/14, 8/18, 8/19, 10/19
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

**COMP TIME EARNED – Form 4:5a**

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<th>DATE</th>
<th>PATIENT MRU OR ACTIVITY</th>
<th>COMP TIME EARNED</th>
<th>TECHNOLOGIST’S SIGNATURE</th>
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______________________________  
Student Signature

______________________________  
Print name

Date student will be taking Comp Time that was earned: ______________________________

Leave ___________min early  
Come in _____________min late

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Aurora St. Luke’s Medical Center  
School of Radiologic Technology

**COMP TIME EARNED**

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<th>TECHNOLOGIST’S SIGNATURE</th>
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______________________________  
Student Signature

______________________________  
Print name

Date student will be taking Comp Time that was earned: ______________________________

Leave ___________min early  
Come in _____________min late
Funeral Leave

PURPOSE: To establish guidelines for absences related to a death of a student's family member.

SCOPE: This policy applies to all students enrolled in Aurora St. Luke's School of Radiologic Technology.

PROCEDURE

Definitions:
- **Immediate family** includes husband, wife, father, mother, daughter, son, brother or sister
- **Extended family** includes grandmother, grandfather, great grandmother, great grandfather, granddaughter, grandson, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, stepmother, stepfather, stepdaughter, stepson, stepsister, stepbrother, step grandmother, step-grandfather

Amount of Funeral Leave

A. The student will be granted up to four (4) days of absence in case of a death in the immediate family.

B. Three (3) days of absence will be granted for the loss of an extended family member (see definition above)

C. One (1) day of absence will be granted to attend the funeral of an aunt, uncle, niece, nephew, grandmother-in-law, grandfather in-law or “Other”.

D. The student must inform the faculty prior to the absence. The time taken will not come out of the student’s time off bank and does not need to be put into Timestamp.

E. Extenuating situations (death of someone other than a family member or a family member not mentioned above) need to be discussed and approved with the program supervisor.

F. Faculty reserve the right to verify absences related to funeral leave and may require proof of relationship and/or death notice.
INCLEMENT WEATHER POLICY

PURPOSE: To provide students with guidelines in the event of inclement weather.

SCOPE: This policy applies to all students enrolled in the Diagnostic Medical Sonography and Radiologic Technology Programs.

PROCEDURE:
1. Students are expected to make allowances for severe weather conditions in order to arrive on time. However, the program reserves the right to make exceptions to the policy based on the timing and severity of weather conditions.

2. The determination to report to class and/or clinical when travel conditions are potentially hazardous is at the student’s discretion. Students are encouraged to consider their personal safety when travel conditions are potentially hazardous.

3. Academic classes for the Aurora St. Luke’s Medical Center Radiology Education may be canceled in the event of inclement weather. In the event that academic classes are canceled, clinical activities WILL continue on a voluntary basis.

4. Absence due to adverse weather conditions when the school remains open, are considered an absence and will be logged as an occurrence. The time missed may be deducted from the student’s time off bank.

5. School closure
   • Determination will be made as far in advance as feasible
   • Notice of school closures will be emailed to student’s aurora email account and posted to school’s Facebook page.

6. In the event that conditions worsen during the day and the school elects to close early, the students may be dismissed from their sites at the determined time of closing without penalty.
Jury Duty

PURPOSE: To outline the procedure for handling the release of students for jury duty.

SCOPE: School of Radiologic Technology

PROCEDURE:
1. A student called to jury duty should immediately inform his/or clinical instructor and/or program director.
2. Any student called to jury duty will be released for the time of service.
3. If the student is called for half-day service, the student must report to school for the rest of the day.
4. Students are responsible for assuring that all missed work is completed in a timely fashion.
Leave of Absence

PURPOSE: To define guidelines for managing excessive and/or extended absences from the program.

SCOPE: School of Radiologic Technology

PROCEDURE:

Petition Submission
1. The student may petition the faculty for a continuous or non-continuous leave of absence.
2. The petition must be in writing and include the nature of the leave, the length of time and terms of the leave. A request for a leave of absence due to medical and emotional reasons must be accompanied by certification from the attending physician.
3. The program director must agree to and approve the terms of the leave.

Duration
1. All enrolled students are given a bank of 80 hours of time off for the two-year period. Time off due to the leave will first be deducted from the 80-hour time off bank. The Notification of Exhaustion of Time Off Hours form is used to alert students that they have used the 80 hours of allotted time off.
2. Once the student has exhausted the 80-hour bank of time off, additional time off will be allowed if the absences are directly related to the leave identified in the petition. In addition, the student must be in good standing, other than attendance issues. No matter what the nature of the leave the maximum time off allowed is 200% of the time off hours, or 160 hours to include the original bank of 80 hours.
3. A student who exceeds 160 hours may be asked to withdraw.
4. Students who are in good standing at the time of withdrawal may seek readmission to the program.

Leave Requirements
1. Students who have been granted a leave due to medical or emotional reasons must be cleared by their primary physician prior to engaging in any program activities.
2. Conditions for completing all clinical education requirements must be defined by the student and agreed to by the program director, the student and the clinical instructor supervising the student’s clinical education. Clinical credits will not be awarded until all missed clinical hours have been made up. The student will be placed on clinical probation if he or she fails to earn the required clinical credits by the end of the semester.
3. Conditions for making up all academic course work must be defined by the student and agreed to by the program director, the student and all didactic instructors. Academic credits will not be awarded until all coursework has been satisfactorily completed. The student will be placed on academic probation if he or she fails to earn the required academic credits by the end of the semester.
4. Failure to comply with the terms as set forth in the student’s initial petition may lead to a release date later than the original anticipated date of graduation or disciplinary action up to and including termination.
Legal Holidays

PURPOSE: To identify the legal holidays and establish guidelines for clinical rotations or academic classes that fall on a legal holiday.

SCOPE: This policy applies to the School of Radiologic Technology.

GUIDELINES:

1. The Aurora St. Luke's Medical Center School of Radiologic Technology is closed on the following legal holidays:

   1. Memorial Day
   2. 4th of July
   3. Labor Day
   4. Thanksgiving Day
   6. New Year's Day – Jan. 1

2. Students are not scheduled for academic classes or clinical rotations on legal holidays.

3. July 4, December 25, and January 1, all coincide with scheduled school breaks.

4. The school is also closed on the Friday following Thanksgiving Day, even though Aurora has not designated this day as an official holiday.
Military Leave

PURPOSE:

The purpose of this policy is to ensure that students enrolled in the Radiologic Technology Program and who are also members of the military reserves will be afforded opportunity to fulfill their obligations to their reserve units.

PROCEDURE FOR IMPLEMENTATION:

Students who are enlisted in the National Guard or any other type of Military Reserve unit will be allowed to meet their military service commitments in the following manner.

Weekend Drills
1. The student must submit a list of drill weekends to the clinical coordinator well in advance.

Yearly Two-Week Active Duty Commitment
1. Every effort should be made by the student to postpone any active duty commitment.
2. Students that are unable to do so will be excused.
3. The student will be responsible for completion of all course work.

***The student must use time off from their time off bank for any time missed due to their military commitment.

***If the student has no hours left in their time off bank, they need to meet with the program director to set up a make-up schedule for additional clinical hours missed.
**Pregnancy Policy**

**PURPOSE:**
This policy is intended to provide guidelines for the pregnant student.

**SCOPE:**
This policy applies to female students of reproductive capacity enrolled in Aurora St. Luke’s School of Radiologic Technology.

**State Of Wisconsin Regulations** state that a worker who finds out that she is pregnant is urged to voluntarily inform her employer in writing of her pregnancy with her best estimate of the date of conception. Upon doing so the worker becomes a *declared pregnant woman*. The state requires that the occupational dose to the fetus for the whole pregnancy not exceed 500 mrem. Additionally, monthly dose should not be allowed to significantly exceed 50 mrem.

**PROCEDURE:**

1. Declaration of pregnancy is voluntary; however, the student is *encouraged* to inform the program director.
2. Once the program director is informed, the student will be considered a *declared pregnant worker*. The program director will provide the student with the appropriate forms, which will be completed and submitted to the Aurora St. Luke’s radiation safety officer.
3. The student must discuss her status as a declared pregnant worker with the radiation safety officer as soon as possible.
4. A student who declares pregnancy may request to have her clinical rotations modified based on pregnancy status. For example, no fluoro rotations during the first trimester. A written request specifying clinical rotation changes must be submitted to the clinical coordinator. The clinical coordinator will make the requested changes and provide the student, program director and supervising clinical instructor(s) with a copy of the revised clinical rotation schedule. Modification is not mandatory. The student may continue in the program without modification to her clinical assignments.
5. The student will be required to complete all scheduled clinical rotations. However, the rotations need not be completed in the same order as posted on the master and clinical rotation schedules.
6. An alteration of the clinical rotation schedule may lead to a release date later than the original anticipated date of graduation.
7. In addition, the student must abide by the terms and conditions set forth in the Leave of Absence policy.
8. Students may withdraw their declaration of pregnancy at any time by submitting a written notice to the program director.

* Additional information is available on the St. Luke’s intranet under Radiation Safety for the X-ray Worker.
Policy 4:13

**Category:** Attendance 4:13  
**Effective:** 6/86  
**Revised:** 6/92, 7/93, 7/94, 6/98, 8/01, 8/02, 7/03, 8/06, 9/10, 2/12, 8/18, 8/20

**Time Card Recording**

**PURPOSE:** To establish guidelines for appropriate use and completion of the IKronos System for student time recording.

**SCOPE:** This policy applies to the School of Radiologic Technology.

IKronos System:

**Student Responsibilities:**
- Log in and out in the TIMESTAMP system on a daily basis.
- Notify CI of any comp time earned and when it will be taken.
- Log in all time off hours/days (TOU & TOS)
- Report any “mistakes” (missing a log in/out) to the clinical coordinator ASAP.
- All student responsibilities must be completed by the Friday ending the two-week timecard period.

**Clinical Coordinator Responsibilities:**
- Complete timecards at the end of the two-week time period.
- Correct any errors reported by students.
- Log student time card errors.

**GUIDELINES:**

1. Each student must log in and out of the clinical rotation on a daily basis.

2. At the end of each two-week time period, the student must review his or her timecard for verification that all entries are true and correct.

3. Failure to follow proper time card protocol will affect the compliance component of the semester clinical education grade and may result in disciplinary action.

4. False entries will result in dismissal from the program.
Requests For Change In Hours

PURPOSE:
The purpose of this policy is to assist the program faculty in maintaining a current and accurate student schedule and to prepare the student for future accountabilities in their chosen career.

PROCEDURE FOR IMPLEMENTATION:

1. All requests for changes in scheduled hours should be emailed to the program supervisor by 3:30 pm (M-F) the day prior. The email should have the subject heading of “Change in hours Requested”. The email should include the following:
   a. Date
   b. Hours requesting to switch

2. The program supervisor will forward the email back to the student either approving or not approving the request. The program supervisor will then forward any approved request to the clinical instructor and Clinical Coordinator.

3. No change is approved until an approval email has been sent from the program supervisor. For all approved requests, the student is responsible for updating all posted schedules to reflect the change.
Authorization for Radiographic Examinations

PURPOSE: To define the circumstances under which a student in the program may have a radiographic examination performed.

SCOPE: This policy applies to the School of Radiologic Technology.

PROCEDURE:
1. Under no circumstances is a student technologist to have a radiographic examination performed upon him/herself unless prescribed by a physician.
2. Students performing unauthorized radiographic examinations or exposures on a living subject will face disciplinary action, up to and including termination.
3. The student is required to follow routine patient procedures when obtaining radiographic procedures ordered by a physician.

Please refer to the specific clinical site’s Department Policy Manual.
**Purpose:** To establish the appropriate time frames for break periods, as allows in the clinical setting.

**Scope:** This policy applies to all students involved in the program.

**Responsibility:** It will be the responsibility of the faculty and site supervisory personnel to ensure compliance with this policy.

**Guidelines:**

1. Each student is granted a thirty (30) minute lunch period. The technologist or supervisor in charge assigns this break.
2. If the student is in an area that allows a morning break, and if procedure volumes allow, a fifteen (15) minute break will be given.
3. Scheduled break periods are intended to take care of personal business, such as telephone calls or as a food break.
4. Whenever a student needs to leave the assigned clinical area at any time other than for a scheduled break, the student must seek authorization/permission from the individual in charge. The student must state where he or she is going and for how long he or she will be out of the area. Upon his or her return, the student should check in with the person in charge.
5. A student who habitually returns late from break or lunch or frequently wanders from the assigned clinical area without proper notification will be subject to loss of the time from their time off bank and/or disciplinary action.
Policy 5:3

Category: Conduct 5:3
Effective: 6/86
Revised: 6/94, 6/99, 7/03, 8/05, 8/12, 8/18

Classroom Deportment

PURPOSE: To establish appropriate guidelines for conduct in the Radiography classroom.

SCOPE: This policy applies to all students enrolled in the radiography program.

GUIDELINES:

1. Expectations for student behavior will be explained during orientation.
2. Students will treat their classmates and faculty respectfully.
3. Disruptive behavior is disrespectful to both classmates and the instructor and will not be tolerated.
4. Audible alarms on cell phones must be turned off during classroom activities. Hand-held electronic devices are not to be used during lectures or other educational activities, unless requested by faculty as part of a class activity.
5. Cell phones are to be kept in student bags at the back of the room during class time. Students may use cell phones and other electronic devices during breaks only. Special consideration will be given in emergencies. In these situations, the student should discuss their request with the instructor prior to the beginning of class.
6. Students are expected to adhere to the class schedule. They should be in the classroom, ready to begin the next session at the scheduled start time of each class.
4. In order to provide a safe and organized environment, coats and book bags should be kept in the designated areas.
5. Students may bring snacks and beverages to class but are responsible for ensuring their area is clear of debris. Any school property that has been used during the session must be returned to its original location.
Clinical Rotations & Conduct

PURPOSE: To establish guidelines and standards that regarding appropriate behaviors in the clinical setting.

SCOPE: This policy applies to all students enrolled in the School of Radiologic Technology.

ROTATION GUIDELINES:
1. Clinical rotations are designed to provide equitable clinical opportunity to all program participants. For that reason, no student will be exempt from clinical assignments nor can assignments be changed without approval from the clinical coordinator or program director.
2. While in the clinical setting, students are responsible for performing all duties assigned by the supervising radiographer. These may include any/all of the following:
   - Technical duties, including positioning and/or assistance with lifting
   - Imaging processing, printing, archiving, retrieval
   - Providing patient care and transportation
   - Clerical duties, including data entry, creation and organization of files, answering telephone calls
   - Cleaning exam rooms and associated equipment
   - Stocking of supplies

BEHAVIORAL GUIDELINES:
1. Students are expected to conduct themselves in a professional manner at all times.
2. Absolutely no cell phones, laptops, Apple watches and other hand-held video devices are to be brought into the clinical setting at any time.
3. Students are a guest of the affiliate department, and therefore must demonstrate the basic courtesies expected of a visitor.
4. Students are encouraged to introduce themselves to staff, physicians, and potential patients.
5. Conversations/procedures performed at clinical sites are of an extremely private nature. Students must be aware of their surroundings and monitor conversations and/or questions for appropriateness relative to the environment/situation.
6. Students should refrain from asking overt questions during the procedure and/or in front of the patient. Students should observe, take notes if needed, and ask questions after the patient is no longer in the area.
7. Students should refrain from making comments or offering opinions while the patient is in the room. The supervising technologist is ultimately responsible for what occurs before, during and after the exam. The student is expected to exhibit respect for the technologist's knowledge, skills and abilities.
Aurora Health Care
Privacy Compliance
Privacy Awareness Education

Patient Information and Mobile Devices
Is that device properly safeguarded?

No doubt about it, people love today’s technology. At home, in public, in the workplace - everywhere you look it’s no surprise to see someone using a smartphone, iPad, iPod, or other mobile device. These devices provide a ready access and convenience that fits right into our fast paced, busy lives.

But laptops, smartphones, Blackberries, iPads, and other mobile devices pose additional HIPAA privacy and security risks when patient health information is involved. If the devices are not properly safeguarded, the loss or theft of the device could result in a HIPAA Privacy violation and breach notification because of an inappropriate disclosure of patient identifiable information. Imagine the loss of trust if we had to notify your patients that their personal health information was compromised because it was lost or stolen.

The Aurora Information Security Policy #118 requires that the following safeguards must be in place when caregivers use a mobile device for patient care or other Aurora business:

- Use password protection on your mobile device.
- Whenever feasible, use a security cable or locking mechanism with mobile devices, particularly when away from the office or work space.
- Use encryption if you store ePHI or other confidential information on any mobile device.
- Keep your mobile device out-of-sight and locked away when unattended.
- Remove your mobile device from your vehicle, especially if left overnight.

Protect our patient’s privacy - protect your mobile devices.

1/22/2013
Confidentiality

PURPOSE: To define guidelines that ensure all activities are consistent with federal and state laws as well as organizational policies and procedures.

SCOPE: This policy applies to the School of Radiologic Technology.

DEFINITION: Protected health information (PHI) is defined as any information, whether oral or recorded in any form or medium, which relates to:

- The past, present or future physical or mental health or condition of an individual;
- The provision of health care to an individual; or
- The past, present or future payment for the provision of health care to an individual; and
- There is a reasonable basis to believe the information can be used to identify the individual.

GUIDELINES:
1. Students working in a patient care environment have access to confidential information regarding patients and/or employees. This information should not be disclosed or discussed outside the hospital(s), nor in public areas of the hospital.
2. Information should be discussed only on a "need to know" basis as required in the performance of your duties. Should a question arise as to the appropriateness of a request for disclosure of confidential information, clarify the situation with the program director, clinical instructor or radiology supervisor.
3. Students will participate in confidentiality/ HIPAA training during orientation.
5. Students are required to participate in on-going training as assigned by the program, department, site and/or organization.
6. All Aurora policies regarding HIPAA and patient confidentiality will be adhered to.
7. Misuse of confidential information is grounds for disciplinary action, including immediate dismissal from the program.
Counseling and Guidance Policy

PURPOSE: To assist the student in successful completing the program by obtaining any required counseling and/or guidance as the need arises.

SCOPE: This policy applies to students enrolled in the School of Radiologic Technology.

PROCEDURE:

1. Students needing academic educational counseling and/or guidance are requested to discuss their needs with the specific instructor. The faculty member will assist the student in clarifying the problem and determine a course of action to resolve the problem.

2. Students needing clinical educational counseling and/or guidance are requested to discuss their needs with their clinical instructor. If the student’s needs are not being met through the clinical instructor, the student should seek assistance from the clinical coordinator.

3. When a student is placed on academic or clinical probation the terms of the probation are outlined. The student is counseled on specific areas for improvement and how additional occurrences will affect his/her standing in the program.

4. Students with personal problems, which cannot be adequately addressed by program faculty, are referred to their university affiliate academic advisor and/or primary care physician. The student incurs the cost of any related services, treatment, etc.
Reporting of Criminal Conduct

SCOPE: This policy applies to students enrolled in the Aurora St. Luke's Medical Center School of Radiologic Technology.

PROCEDURE:
A student must notify the Aurora St. Luke's Human Resources Department as soon as possible, but no later than three (3) working days, when any of the following occurs:

- The student is charged with or has been convicted of (or pled no contest to) any crime.
- The student has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect or threat of abuse or neglect to a child or other person receiving direct care or treatment services from an Aurora Health Care facility, or an investigation related to misappropriation of the property of a person receiving direct care or treatment services from an Aurora Health Care facility.
- The student has a governmental finding substantiated against him or her of abuse or neglect of or misappropriation of the property of a person receiving direct care or treatment services from an Aurora Health Care facility.

Failure to provide Aurora Health Care with required notice may lead to discipline, up to and including termination from the program.

Note: If any of the above situations occur the student is also advised to contact the American Registry of Radiologic Technologists in order to determine eligibility for certification.
Disciplinary Process

PURPOSE: To define the program’s disciplinary process

SCOPE: This policy applies to the School of Radiologic Technology

Aurora St. Luke’s School of Radiologic Technology is committed to maintaining quality academic and ethical standards consistent with those set by the profession, Aurora St. Luke’s Medical Center and the Aurora Medical System. Reasonable rules and regulations have been established through policies which are found in the Student Handbook. Any student who engages in conduct, clinical performance or scholastic achievement that is not consistent with hospital, department, or program policy will incur disciplinary action.

Discipline may include:
- Verbal Counseling
- Written Warning
- Probation
- Suspension
- Termination

Discipline may begin at any step in the procedure, including termination. The seriousness of the infraction and the surrounding circumstances will determine what step in the process discipline is initiated at, and whether steps in the procedure may be skipped. Most discipline follows an order of progression in severity, however.

Verbal Counseling:
- Consists of a conference between faculty and the student involved where the offense and consequences are outlined. This counseling is documented in the student’s file.
- Verbal warnings are issues for first-time infractions of minor rules and policies.
- Any additional occurrences will result in a written warning

Written Warning:
- Consists of a conference between faculty and the student involved. The problem and expectations for improvement will be outlined, discussed and documented using the disciplinary action form which will be signed by the student and faculty.
- The original will be retained in the student’s file and a copy will be given to the student
Probation:
- All students are on probation during Semester I.
- Students who are demonstrating poor academic progress will meet with the course instructor and/or program supervisor to discuss potential tutoring and possible tactics for improving study habits.
- After Semester I, students who earn a failing grade in a course will be placed on probation and a remediation plan will be developed. Successful completion of remediation will lift the probationary status, however, failure to successfully complete remediation may result in termination from the program.
- After the initial probationary period a student may be placed on probation for cause. Grounds for probation include, but are not limited to the following:
  - Failure of an academic course
  - Failure of any component of the clinical education
  - Failure to earn a passing grade of 80% on the Semester II Proficiency
  - Repeating a radiograph without direct supervision
  - Excessive unexcused absences and/or tardiness
  - Disregard for program policies
- Will involve a conference between the student involved, program director, and faculty member.
- The infraction and terms of probation will be discussed and documented on the disciplinary action form which will include a description of the infraction, length of probation, actions necessary to lift the probationary status, and consequences of failure to follow through.

Suspension:
- A student who is not compliant with Employee Health requirements may be suspended until the requirements are met.
- A student may be suspended while an incident is researched when that incident is severe enough to result in termination, but additional facts need to be gathered.
- Events are documented using the disciplinary action form. The original is maintained in the student record and a copy is given to the student.

Termination:
- The most severe disciplinary action may result from a single infraction that warrants immediate dismissal or after prior disciplinary action and counseling steps have been taken without the desired outcome or noncompliance with the terms of probation.
- Causes for termination include but are not limited to the following:
  - A student who is on probation and fails a second course or incurs a second infraction
  - A student who is on probation and fails to successfully complete the remediation plan
  - A student who is placed on probation for the 3rd time
  - Failure to earn a passing grade of 80% on the Semester II Re-take proficiency
  - Repeated failure to complete a mandatory clinical competency
  - Any behavior that would put a student’s right to certification in question
  - Unprofessional, unethical or dishonest actions including cheating on tests and falsification of records or timecards
  - Excessive unexcused or unexplained absences or tardiness
  - Gross insubordination
  - Stealing
  - Intoxication by alcohol or drugs while in class or clinical activities
  - Failure to follow medical center or school policy while on probation
  - Failure to maintain academic or clinical standards while on probation
  - Any action or behavior listed under “Work Rules” in the Aurora Health Care employee handbook
Policy 5:8

- Unauthorized intentional disclosure of confidential information
- Sexual harassment of an employee, student, patient or guest
- Willful or negligent behavior which endangers the life of another person; patient, visitor, caregiver or fellow student

- All disciplinary actions are documented on the disciplinary action form. The original is maintained in the student record and a copy is provided to the student

*Reference Aurora Health Care Policy No 4: Caregiver Accountability*
Aurora Health Care is dedicated to providing the best care to patients and the best work environment for caregivers. The Caregiver Service Commitments as well as reasonable rules and regulations have been established and driven by the Aurora values. Aurora policies, the Handbook, Aurora’s Code of Ethical Conduct and the rules of various departments guide caregivers in making behavioral choices critical to fostering an environment focused on the patient. We expect all caregivers to align their behavior with the Service Commitments, to perform their jobs at a fully competent level, and to abide by Aurora and department policies and guidelines.

The intent of this policy is to define expected behavior within our organization. The policy also defines disruptive and inappropriate behavior and the consequences of those behaviors.

I. The Patient Experience and our Caregiver’s Service Commitments

We believe . . . that every patient deserves the best care
We believe . . . in accountability, teamwork and respect
We believe . . . in responsibly managing resources

At Aurora Health Care, we believe that every person who works for us is a caregiver. “Everyone, regardless of role, department or title, who directly or indirectly provides care, and whose compassion, ideas and skills transform places of work into places of healing” is an Aurora caregiver.

To enhance the Patient Experience at Aurora Health Care, every caregiver, regardless of job or location, contributes to creating an environment that meets what each patient needs to heal the whole person – mind, body and spirit.

As responsible caregivers, we own the Patient Experience and contribute to creating an environment that anticipates and meets the emotional, physical and spiritual needs of our patients. We listen to our patients and treat them with respect, compassion and concern – every person, in every situation, every time. This is our guiding philosophy for providing patient-centered care, which helps to create an exceptional Patient Experience.

Through Ownership of the Patient Experience, Accountability, Respect, Teamwork, and Efficient Management of Resources, we ensure we are focused on keeping the patient at the center of everything we do, and making Aurora Health Care the best place to deliver and receive care.

Caregiver Service Commitments

Be Kind
- Treat every patient with kindness, every time. Help patients overcome fears, anxiety and isolation by treating them as an individual and showing compassion in every interaction.
- Speak positively about each other and the people we serve. Remember, you are the voice of Aurora, and your comments may be overheard or read by others.
- Collaborate, support others, and help wherever needed. We are one team working towards providing the best patient experience.

Show Respect
- Listen and respond to the clinical, emotional and spiritual needs of our patients. Be resourceful, welcoming and empathetic. Remember that if it is important to our patients, it is important to us.
- Promptly acknowledge everyone, using eye contact and a smile. Answer every phone call promptly and with a smile.
- **Protect patient privacy** and all personal and confidential information.
- **Respect each other's time.** Inform patients and caregivers of delays, apologize for the wait and provide regular updates.

**Communicate**
- **Involve patients and their families in their plan of care.** Be their advocate in planning what's best for them. Allow families and friends to play an important role in the emotional, spiritual and care support of their loved one.
- **Communicate in a way that everyone understands.** Use simple, conversational language and avoid jargon. Be aware of the patient's feelings and concerns, and give careful explanations about pain, delays and other worries.
- **Own and resolve concerns, questions and service breakdowns.** Patients don't always express concerns, so be observant and sensitive. When a patient expresses a concern or question, make it yours and help them until it is resolved.

**Champion clinical quality**
- **Uphold clinical quality and Care Management standards of care.** Contribute to quality in measurable ways.
- **Provide care that is comfortable and safe.** Be personally responsible for providing a clean and healing environment for our patients and families. Seek better ways and continuously improve.
- **Provide well-coordinated care.** Always offer patients and their families help in understanding and accessing the full spectrum of our integrated care.

**II. Corrective Action**

All caregivers are expected to demonstrate the behaviors that support the Aurora Service Commitments, to perform their job at a fully competent level, and follow our policies and guidelines. A caregiver who engages in conduct that is contrary to these standards, or that violates Aurora Health Care policies or procedures, will be addressed through the Aurora Corrective Action process. The nature of the corrective action will depend on the nature of the violation, *i.e.*, the type of behavior the caregiver has demonstrated and the surrounding circumstances.

The purpose of the corrective action procedure is to encourage caregivers to make improvement in their work performance, work habits, or work behaviors. Where appropriate, an incident resulting in corrective action will be evaluated according to the Fair and Just Principles.

Corrective action will align with the type of behavior the caregiver has demonstrated.
- Ordinarily, a discussion with a caregiver to point out what is expected or to tell the caregiver how he or she is doing should be enough.
- There are times, however, when these corrective actions are not enough and additional corrective action is required.
- Such action may include verbal warnings, performance improvement plans, written warnings, suspensions without pay (subject to applicable limitations for exempt caregivers) or discharge.
- Some work performance or conduct issues are better addressed through a performance improvement plan. In such instances, your supervisor may establish a plan for you, which may involve your input. The plan will state your supervisor's expectations of you, with deadlines for achieving the stated expectations. Failure to meet the terms of the performance improvement plan will result in the consequences stated in the plan.
It should be emphasized that the caregiver’s corrective action need not go through each of the steps involved in the corrective action process. Corrective action, up to and including termination, is based on the seriousness of the matter or the offense committed and the surrounding circumstances.

The Employee Assistance Program (EAP) is another resource for any caregiver and can be a resource for any caregiver in the corrective action process. Management will typically recommend a voluntary EAP referral for any caregiver who receives corrective action. An EAP referral will be made when a manager and human resources feel strongly that outside resources may help the caregiver be successful. A mandatory EAP referral is typically made as part of a drug/alcohol intervention, if the caregiver poses a threat to him/herself or others or demonstrates other significant behavioral issues.

III. Work Rules

The following list of reasons for corrective action is not intended to be all-inclusive; the mere fact that a violation is not listed does not mean that it would not result in a corrective action, including discharge:

- Failure to exhibit Aurora Health Care Values.
- Failure to follow Aurora Health Care Service Commitments.
- Failure to follow Aurora Health Care or department specific rules, policies or guidelines.
- Unsatisfactory, negligent, or careless work performance.
- Dishonesty or falsification or unauthorized altering of corporation records, patient records, employment applications, time records (falsification of time records includes swiping the badge reader or phoning in time for another caregiver or allowing another caregiver to swipe one's own badge or phone in one's time), etc.
- Unauthorized or unlawful manufacture, distribution, dispensing, possession or use of drug paraphernalia or chemical substances, including any controlled substance, on any corporation property or while conducting corporate business off such property and any inappropriate, on-duty workplace behavior related to the lawful or unlawful use of chemical substances, whether or not such use occurs on any corporation property.
- Failure to follow the self-reporting requirements in the Criminal Background Checks policy.
- Theft of or willful damage to property.
- Unauthorized use and/or disclosure of confidential information contained in personnel, patient, or other corporate records.
- Unauthorized use and/or possession of intoxicating beverages on any corporation property, or inappropriate workplace behavior related to such use, whether or not on corporation property.
- Workplace behavior indicating inattention to duties, including, but not limited to, sleeping.
- Unauthorized or undisclosed video, photos or audio recording of patients, business-related meetings or conversations.
- Absence for three or more consecutive days without notifying the supervisor.
- Failure to timely report absence before the start of the scheduled shift.
- Excessive tardiness and/or absenteeism.
- Stopping work before time specified or overstaying rest or meal periods.
- Soliciting gratuities or commendations from patients or patients’ families.
- Violation of the Solicitation Policy.
- Posting any unauthorized notice, circular, display or sign on corporation premises.
- Failure to observe fire prevention or safety regulations, or failure to report on-the-job injuries or unsafe conditions in a timely manner.
- Failure to follow the Tobacco Free Environment Policy.
- Failure to adhere to Caregiver Appearance and Caregiver Photo Identification Badge policies.
- Violation of the Electronic Communication System Policy.
- Use of corporate office equipment for personal business without permission of the supervisor.
- Failure to follow parking regulations.
- Displaying behaviors that disrupt operations or affect the ability of others to do their jobs.
- Abuse or neglect of a patient.
- Abusive behavior towards or Harassment of any caregiver, patient, or guest or threatening, intimidating or coercing others while on any corporation premises.
- Insubordinate conduct toward a supervisor, refusal to carry out the reasonable instructions of a supervisor, or leaving the job without permission during regularly assigned working hours.
- Possession of a dangerous weapon on corporation premises.
- Fighting
- Behavior or action that endangers or potentially could endanger the life of a patient, client, resident, caregiver or guest.
- Rude, disruptive behavior or conduct creating discord, including verbal or physical attacks directed at or regarding others that go beyond the bounds of acceptable professional conduct.
- Gambling, horseplay or other inappropriate workplace behavior which creates a disturbance or hazard.
- Using profane, obscene, abusive, or otherwise inappropriate language while at work.

IV. RESPONSIBILITIES

A. Leaders

- Serve as a role model of the Aurora Health Care values and Service Commitments.
- Maintain constant awareness of how caregiver behavior impacts the patient experience and the work environment and promptly address inappropriate behaviors.
- In collaboration with human resources, work with caregivers in a professional and confidential way to address deficiencies in meeting performance, service or policy requirements, and where appropriate, to ensure that corrective action is aligned with the Fair and Just Principles.
- Review Aurora Health Care values and Service Commitments standards with caregivers periodically and as needed.

B. Caregivers

- Know the Aurora Health Care values and Service Commitments.
- Adhere to the expectations and if questions arise, address them with leadership.
- Communicate with leadership any challenges in meeting the expectations and work cooperatively to address situations.

C. Human Resources

- Support leadership in appropriate application of the Aurora Health Care values and Service Commitments.
- Ensure consistent and sound application of corrective action.
- Inform all candidates of the standards and expectations.
**CROSS REFERENCES:**

**REFERENCES:**

**PRIOR REVIEW / REVISION DATES:**

06/88, 11/89, 08/90, 01/93, 03/95, 04/97, 09/97, 05/98, 06/02*, 04/05, 09/10

*THIS POLICY SUPERSEDES PREVIOUS SITE POLICIES*
STUDENT DISCIPLINARY NOTICE

STUDENT NAME

STUDENT DISCIPLINARY NOTICE

OCCURRENCE DATE

Disciplinary Action | Issue
--- | ---
☐ Verbal counseling
☐ Written warning
☐ Probation
☐ Termination

DESCRIBE INCIDENT AND ATTACH ADDITIONAL DOCUMENTS IF NEEDED:

ACTION PLAN FOR IMPROVEMENT (including time frame, action steps, and expectations):

STUDENT’S RESPONSE TO VIOLATION:

MEET WHEN APPROPRIATE TO REVIEW PROGRESS.

Failure to show improvement could lead to disciplinary action, up to and including, termination.

The above has been discussed with me, and I have received a copy of this notice.

STUDENT SIGNATURE  DATE  PROGRAM DIRECTOR SIGNATURE  DATE
Drug Free Workplace

PURPOSE: Aurora St. Luke’s Medical Center and the School of Radiologic Technology are committed to achieving and maintaining a drug free workplace.

SCOPE: This policy applies to the School of Radiologic Technology.

PROCEDURE:
1. Final acceptance into the program depends on the results of a drug-screening test. Offers of acceptance to candidates with a positive test will be rescinded.
2. The possession or use of alcohol, drug paraphernalia or any controlled substance on Aurora Health Care property is prohibited.
3. Any student under the influence of alcohol or illegal drugs, or uses these substances while at school, will be terminated.

Please refer to Maintaining a Drug and Alcohol Free Workplace policy #2584

Aurora St. Luke’s School of Radiologic Technology will defer to the Aurora policy where clarification is required.
Grievance Policy

PURPOSE: To provide guidance for achieving a fair and equitable solution to grievances.

SCOPE: This policy applies to all students enrolled in the School of Radiologic Technology as well as program faculty.

PREFACE: It is the position of the education program at Aurora St. Luke's Medical Center, Radiology Department to treat all students fairly and equitably. Although all sources of dissatisfaction cannot be eliminated, it is the policy of the program to afford students the opportunity to bring their concerns to the proper authority for review.

PROCEDURE: Student Grievance

1. The aggrieved student must provide the program director or clinical faculty with a written statement outlining the situation/event to be considered. The student must submit the grievance within twenty-four (24) hours of the precipitating event.

2. The program faculty member receiving the complaint will communicate the specifics of the grievance to program faculty in a timely manner, preferably within twenty-four (24) hours after having been advised of the grievance. Every effort shall be made to investigate the problem and reach a resolution at this step. The program director will poll faculty members and communicate the outcome to the student no later than seventy-two (72) hours after having been advised of the grievance.

3. Successful resolution will end the grievance process. However, if the aggrieved student does not agree with the decision made by the faculty, the student has the right to petition the Advisory Committee, continuing this process to step 4. The student must advise the program director of his or her decision to petition the Advisory Committee as well as submit a written summary of the grievance within twenty-four (24) hours, but no later than seventy-two (72) hours after having been informed of the faculty’s decision.

4. A special meeting of the Advisory Committee will be called to convene within seven (7) working days to discuss the grievance and formulate a resolution. The student will receive written notification of the Advisory Committee’s decision. Successful resolution at this point will end the grievance process. The student may appeal the decision made by the Advisory Committee, continuing this process to step 5 listed below. The student must advise the program director of his or her decision to petition the Final Appeals Committee as well as submit a written summary of the grievance within twenty-four (24) hours, but no later than seventy-two (72) hours after having been informed of the Advisory Committee’s decision.
5. The Final Appeals Committee consists of individuals external to the school:
   a. ASLMC Director - HR Services
   b. ASLMC Director - Patient Care Services
   c. ASLMC Director - Organizational Development

   A special meeting of the Final Appeals Committee will be called to convene within seven working days after the student’s decision to appeal the decision of the Advisory Committee has been communicated. The decision of this committee is final.

**Student Complaints & Concerns:**

Student concerns or complaints that do not rise to the level of a grievance will be dealt with on an individual basis with the clinical instructor, clinical coordinator, and/or program director.

The guidelines outlined in the above policy should also be followed when dealing with organizations other than the student’s or employee’s assigned facility. This not only includes other Aurora Health Care facilities but also external organizations, such as JRCERT.

**JRCERT Contact Information:**

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

Phone: 312.704.5300
Fax 312.704.5304

Email: www.jrcert.org
Harassment

PURPOSE: To define harassment and identify the procedure for reporting

SCOPE: This policy applies to the students and faculty of the School of Radiologic Technology.

DEFINITION:
Intimidation and harassment can arise from a broad range of physical or verbal behaviors which can include, but is not limited to, physical or mental abuse; racial, ethnic or religious insults or slurs; unwelcome sexual advances or touching; sexual comments, jokes, stories or innuendoes; requests for sexual favors, display of sexually explicit or otherwise offensive posters, calendars or materials; making sexual gestures with hands or body movements; inappropriately staring at another employee or touching his or her clothing, hair or body; asking personal questions about another employee’s sexual life; and repeatedly asking out an employee or student who has stated that he or she is not interested.

PROCEDURE:
1. If the student does not feel in danger and is comfortable doing so, he or she should first speak to the person who has engaged in the inappropriate behavior about his or her conduct.
2. If the inappropriate behavior does not stop or the student is not satisfied with the result of the discussion with the offender or if the student is uncomfortable speaking to the offender directly, the student should inform a member of the program faculty and/or clinical site supervisor.
3. Any such reports will be investigated promptly, and the student may be required to report the incident to Human Resources.
4. Any student who engages in such harassment is subject to disciplinary action, up to and including termination from the program.

Please refer to the AHC Policy #71 Harassment
1. Purpose

Aurora Health Care (“Aurora”) is committed to maintaining a work place free from intimidation and harassment of any caregiver, patient, physician or visitor.

2. Scope

This policy applies to Aurora Health Care, Inc., and all entities and facilities owned and controlled by Aurora.

3. Definitions

**Intimidation and Harassment** refers to a broad range of physical or verbal behaviors (by caregivers or by non-caregivers such as patients, physicians, visitors, vendors or outside contractors) which can include, but is not limited to, physical or mental abuse; insults or slurs based on race, ethnicity, age, genetics, religion or any other legally protected characteristic; unwelcomed sexual advances or touching; sexual comments, jokes, stories or innuendoes; requests for sexual favors used as a condition of employment or affecting any personnel decisions such as hiring, promotion, compensation or termination; displays of sexually or otherwise offensive posters, calendars or materials; making sexual gestures; inappropriately staring at another caregiver or deliberately touching his or her clothing, hair or body; asking personal questions about another caregiver’s sexual life; and repeatedly asking out a caregiver who has stated that he or she is not interested.

**Hostile or Offensive Work Environment** is defined as intimidating, abusive and/or otherwise offensive conduct and speech, going beyond rudeness or casual joking, that is intentional, severe, recurring and/or pervasive and interferes with a caregiver’s ability to perform his/her job.

**Retaliation** is defined as any adverse action taken, either overtly or covertly, against a caregiver because they exercised their rights under law, spoke out against discrimination or harassment, or assisted someone in exercising their rights.

**Consensual Close Personal Relationships** refers to relationships between Aurora caregivers (including romantic, dating and/or sexual relationship) involving either a leader and one of his/her caregivers, or two caregivers whose job responsibilities require that they routinely interact in the performance of their work.

4. Policy

4.1 **Aurora’s Prohibition of Intimidating, Harassing or Hostile Work Environment Behaviors**

Behaviors that reflect intimidation or harassment or behaviors that create a hostile work environment will not be tolerated by Aurora. This prohibition of such behaviors applies whether in the workplace, at work assignments outside the workplace, at Aurora-sponsored social functions, or through activities outside of work, such as inappropriate e-mails or social media postings, when directed at Aurora caregivers or those with whom they come in contact during the course of work-related duties, including patients, visitors, clients, residents, physicians, vendors, and contractors.

4.2 **Aurora’s Commitment to Fully Address All Allegations of Harassment, Intimidation, Hostile Work Environment or Retaliation**
Aurora takes all allegations of harassment, intimidation, or hostile work environment seriously and is fully committed to initiating a thorough and timely investigation. Aurora is further committed to taking appropriate action when it is able to substantiate allegations of harassment, intimidation, or hostile work environment. Aurora will not tolerate any form of retaliation against a caregiver for having reported inappropriate behaviors or for having participated in Aurora’s investigation of a report of inappropriate behaviors.

4.3 Shared Responsibility

It is the responsibility of all Aurora leaders to take all caregiver allegations of intimidation, harassment, or hostile work environment seriously, ensuring that Aurora’s policy is thoroughly followed in a timely manner working in partnership with their HR Business Partner. All caregivers who directly experience and/or observe such behaviors are strongly encouraged to report such behaviors to their leader, another representative of leadership, or to their HR Business Partner.

4.4 Caregiver Response – Situations of Potential Intimidation, Harassment or Hostile Work Environment

If a caregiver does not feel in danger and is comfortable in doing so, it is recommended that the caregiver first speak to the person who has engaged in the inappropriate behavior and clearly state that the caregiver does not appreciate the person’s conduct and ask that person to refrain from any continuation of such behaviors. The offensive conduct may have been based on a mistaken belief that it was welcome. Nevertheless, it is usually most effective if a caregiver responds immediately and does not ignore the problem. If the inappropriate behavior does not stop or a caregiver is not satisfied with the result of his/her discussion with the offender, or if a caregiver is not comfortable speaking to the offender directly, the caregiver should notify their leader, or another member of leadership, or their HR Business Partner. It is important that caregivers notify leadership about inappropriate conduct as soon as possible, as leadership cannot responsibly act to remedy the situation if it has no knowledge of its existence.

If a caregiver believes that he/she has been the subject of intimidation, harassment, or has been subjected to a hostile work environment, or retaliated against for having reported such behaviors or participated in an investigation of such behaviors, the caregiver should report the matter immediately to his/her leader or HR Business Partner. All allegations of intimidation, harassment or hostile work environment will be taken seriously and a timely, thorough investigation will be made. Aurora appreciates the sensitivity surrounding these situations and will keep them as confidential as possible, except to the extent necessary to perform a thorough, complete and fair investigation and take corrective action, or unless disclosure is required under law. It is important that caregivers retain any notes, letters or other written, electronic or audio material that they may have related to their complaint.

4.5 Consequences for Engaging in Harassment, Intimidation or Behaviors Creating a Hostile Work Environment

Any caregiver who has been found to have engaged in harassment, intimidation, or behaviors that create a hostile work environment, or who retaliates against another caregiver because the caregiver reported the inappropriate behavior, or participated in an investigation of alleged inappropriate behaviors, is subject to corrective action, up to and including termination.
4.6 Consensual Close Personal Relationships at Work

While Aurora does not seek to interfere with the private off-duty conduct of its caregivers, consensual close personal relationships (including romantic, dating and/or sexual relationships), between a leader (any individual having authoritative influence over the terms and conditions of employment of a caregiver) and a caregiver that they supervise, or between two caregivers working in the same area, may interfere with the effective performance of their job duties.

a) Leader/Caregiver Consensual Close Personal Relationships

The existence of a consensual close personal relationship between an Aurora leader and a caregiver that he/she supervises creates a conflict of interest. These conflicts include: i) workplace distractions; ii) misunderstandings; iii) perceptions of favoritism; and iv) potential complaints of sexual harassment, a hostile work environment, and breach of confidentiality. Therefore, consistent with Aurora’s values and policy prohibiting harassment, Aurora will not condone the existence of these relationships.

Leaders who engage in a consensual close personal relationship with a caregiver that he/she supervises are required to disclose the relationship to his/her leader and his/her HR Business Partner. The leader who is engaged in the relationship will be provided a reasonable period of time, not to exceed ninety (90) days, within which to obtain a reassignment, unless the staff caregiver voluntarily elects to transfer to a position that is not under his/her leader, and his/her HR Business Partner will make reasonable efforts to assist the leader in Aurora’s competitive transfer process. If a reassignment is not successful, the leader may voluntarily resign his/her employment, or be involuntarily terminated.

b) Caregiver/Caregiver Consensual Close Personal Relationships

Caregivers, including physicians, whose job responsibilities require that they routinely interact with each other in the course of their work, who engage in a consensual close personal relationship are required to disclose their relationship to their leader(s) and HR Business Partner(s). The caregiver’s leader(s) and HR Business Partner(s) will conduct a risk assessment, and the HR Business Partner(s) will subsequently meet individually with each caregiver to: i) confirm that the relationship is consensual; ii) review and discuss any potential risks/distractions; iii) ensure that work performance expectations are clearly understood; iv) discuss consequences should the relationship cause work performance issues and/or interfere with a department’s efficient and harmonious operation; and v) provide and review a copy of Aurora’s Harassment Policy.

Should it be determined, either through the initial risk assessment process, or as the result of an identified failure of either caregiver to meet work performance expectations, job reassignment may be required.
HARASSMENT

CROSS REFERENCES:
- ABUSE, NEGLECT OR HARASSMENT OF PATIENTS IN HOSPITALS
- NON-RETAIATION
- REPORTING COMPLIANCE CONCERNS
- CONFLICTS OF INTEREST-CAREGIVERS

REFERENCES:
- Americans with Disabilities Act (ADA), 42 U.S.C. §§12101, et seq.
- Wisconsin Fair Employment Act (WFEA), Wis. Stats. §§111.31, et seq.

PRIOR REVIEW / REVISION DATES: 06/93 09/94 05/99 10/99 12/02 03/14 01/14 12/17
PURPOSE: To provide a mechanism for verifying the review of school policies and procedures during school orientation as well as the student’s understanding of his or her responsibilities as a student enrolled in the Aurora St. Luke’s Medical Center School of Radiologic Technology.

SCOPE: This policy applies to students in the School of Radiologic Technology.

PROCEDURE:
1. The student receives access to the employee handbook as well as the School handbook during orientation.
2. School policies and procedures are reviewed with incoming students during program orientation.
3. Upon completion of orientation the student is required to sign a copy of the policies binding clause, which indicates that the student understands his or her rights and responsibilities as a student and further agrees to abide by all school, department, institution and organization policies.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

HANDBOOK ACKNOWLEDGMENT

I acknowledge that I have been informed of the pertinent policies and procedures of the Aurora St. Luke’s Medical Center School of Radiologic Technology handbook. I have also been shown how to access a complete copy of the handbook on the Aurora Healthcare intranet website.

___________________  
Initials

POLICIES BINDING CLAUSE

The policies set forth in the student handbook and program brochure are considered binding upon the part of the program and the student. The policies are not intended to be all inclusive, but those listed shall remain in effect until such time as the Program Director announces a change. The program reserves the right to make adjustments in order to meet the demands of changing conditions. The policies set forth are consistent with the Metro Region Department of Radiology policies and procedures.

Any items not included in this handbook shall be followed in accordance with the policies of the institution and/or the Department of Radiology.

In addition to the policies and procedures of the School of Radiologic Technology and the Radiology Department policies, the student must abide by all guidelines and provisions outlined in the organization’s Employee Handbook.

Please sign your name on the line below indicating that you have read and understand your obligations as a student.

________________________________________  __________________  
Student Signature  Date

________________________________________  __________________  
Program Director  Date

Revised 09/11
Policy 5:16
Category: General 5:16
Effective: 6/86
Revised: 6/94, 5/98, 6/99, 12/02, 8/12, 10/14, 8/18

Student Employment at Aurora Affiliates

PURPOSE: To identify the responsibilities of the student, employment supervisor and the School of Radiologic Technology when an enrolled student is also employed in any capacity at an Aurora affiliate.

SCOPE: This policy applies to the School of Radiologic Technology.

OVERVIEW: Students may apply for employment within Aurora Health Care while participating in the radiography program. This employment is not considered a portion of the educational program.

General Guidelines
1. The School of Radiologic Technology does not employ, facilitate or mediate employment through an Aurora facility.
2. Students are ineligible to receive pay for any activity performed during scheduled school hours.
3. Disciplinary actions taken as a result of a student’s performance as a paid employee may affect the status within the School of Radiologic Technology.
4. If a student is terminated for cause as a result of violating a major work rule, either as a student or an employee, the student is automatically terminated from both positions. Specific work rule violations include, but are not limited to, unauthorized use and/or possession of dangerous weapons, intoxicating beverages, drug paraphernalia or chemical substances while on Aurora Health Care premises, fighting, theft, or willful damage to property.

Student Responsibilities
1. A student working for pay is considered an employee and falls under the responsibility of the respective manager/supervisor. As an employee, the student must abide by all respective institution and department policies as well as the established employment work rules for all Aurora Health Care employees.
2. The student is responsible for notifying the supervisor of his or her availability for scheduled employment hours. Scheduled student activities take precedence over paid employee hours.
3. Students may not change scheduled student start times, shifts or rotations for the sole purpose of working as a paid employee. In accordance with the Attendance Policy, students may elect to request time off to meet personal commitments, including employment. In this event, students must submit a request for time off. The posted student schedule will remain in effect until a school official approves the request.
4. Enrolled students who are also employed by Aurora Health Care will receive a secondary identification badge with his or her job title. The student must wear the appropriate identification at all times; school ID during school assignments and employee ID while working as a paid employee.
5. Students will not perform competencies, or other activities related to school performance while acting in the capacity of an employee of Aurora Health Care. A registered technologist must perform the above duties.
**Employer Responsibilities**

1. The department manager or supervisor is responsible for the recruitment, selection and orientation of students for available positions within his or her respective department.
2. Once hired, the manager or supervisor is responsible for the scheduling and supervision of the student employee. The supervising department is responsible for investigating and addressing any issues, incidents or complaints that arise while the student is functioning as an employee.
3. In the event an emergent situation arises which requires the student to function in an employment capacity, the clinical site supervisor must contact program faculty prior to the reassignment of any scheduled student hours. Program faculty must approve the reassignment of hours and will communicate the reassignment to the student.
4. Application approval for the educational assistance program is the responsibility of the supervisor.

**Program Responsibilities**

1. The program will provide each student with a semester schedule outlining the beginning and end of each semester for the twenty-four-month program.
Student Withdrawal/Dismissal

PURPOSE: To provide guidance to faculty in advising individuals of his or her rights following termination or withdrawal from the program.

SCOPE: This policy applies to the School of Radiologic Technology.

PROCEDURE:

**Student Withdrawal**

1. Should a student withdraw from the program, they will be informed of their rights according to the:
   a. Records maintenance policy
   b. Tuition reimbursement policy
2. Students that elect to withdraw from the program will be asked to submit documentation of their intentions to include the reason for withdrawal.
3. Students who voluntarily terminate from the program may be considered for reinstatement at a later date.Consideration for reinstatement is assessed on individual basis by the faculty.
4. The student must return all hospital and school property.

**Student Dismissal**

1. Should a student be dismissed from the program, they will be informed of their rights according to the:
   a. Grievance policy
   b. Records maintenance policy
   c. Tuition reimbursement policy (if applicable)
2. Students that are involuntarily terminated from the program will receive written notification from the program director.
3. Students who are dismissed from the program will not be considered for reinstatement, unless mandated by the findings of a grievance process.
4. The student must return all hospital and school property.
Clinical Supervision

PURPOSE: To ensure students are supervised appropriately in the clinical setting

SCOPE: This policy applies to all students enrolled in the School of Radiologic Technology

PREFACE: The clinical training component of any radiography program is an extremely important portion of the radiography student’s education. Clinical education must be carefully supervised and modified when necessary, to meet the individual needs of each student. The level of supervision is dependent upon the student’s level of competency. All orders and radiographs must be reviewed by a registered radiographer, regardless of the student’s level of competency.

PROCEDURE:

Repeat Radiographs
1. Unsatisfactory radiographs shall only be repeated in the presence of a qualified radiographer regardless of the student’s level of competence.

2. If a student elects to repeat a radiograph without supervision, the student will receive zero points for the compliance portion of the Semester Compliance Assessment form and will be placed on clinical probation for a period of six months.

Direct Supervision: All clinical assignments shall be carried out under the direct supervision of a qualified radiographer until the student has achieved documented evidence of competence. The supervising technologist must be physically present during the examination. The parameters of direct supervision are:

1. A qualified radiographer reviews the request for examination in relation to the student’s achievement to determine the student’s level of participation with the exam.

2. A qualified radiographer evaluates the condition of the patient in relation to the student’s level of achievement to determine the student’s level of participation with the exam.

3. A qualified radiographer is present during the examination.

4. A qualified radiographer reviews and approves the images.

5. Both the student and supervising technologist’s name will be entered in the Epic system. The supervising technologist’s name will be listed first, and the students name second.

6. Students may perform procedures with indirect supervision once they have demonstrated competence.

7. Improper documentation may result in disciplinary action.
Indirect Supervision: A student who has achieved documented competence for a specific examination may perform that examination under indirect supervision. Indirect supervision is provided by a qualified technologist who is immediately available to assist student as needed.

1. A qualified radiographer must be physically present in an area adjacent to where the student is performing the examination and available to assist the student as necessary.

3. Radiographers use several guidelines to determine whether a student may proceed with a specific examination. These are merely guidelines. Individual considerations may be necessary when assigning clinical tasks. Guidelines include the following:
   1. Consider the age appropriateness of the patient
   2. Consider the patient’s history and condition
   3. Consider the form of transportation and the patient’s status
   4. Consider the level of trauma
   5. Consider the student’s level of education / training

4. When performing a patient examination under indirect supervision, the student will enter his/her own name in the RIS system first, then the name of the supervising technologist who verified the order and final images.

5. Improper documentation may result in disciplinary action.

6. Supervising technologists are advised to consult with a clinical instructor when in doubt of a student’s level of competence.
Clinical Performance Evaluations

PURPOSE: To establish guidelines for the use of the clinical performance evaluation form. Specifically, this form is used to monitor the student's professional growth, staff interactions and technical ability.

SCOPE: This policy applies to the technical staff of all clinical affiliates and students enrolled in the School of Radiologic Technology.

GUIDELINES:

Student Responsibilities
1. The student is responsible for sending a technologist a clinical performance evaluation through the Evalue system at the end of their clinical rotation.
2. The student must obtain an evaluation for each clinical rotation. A single evaluation form may be submitted for rotations lasting 2 weeks. If the student is scheduled for a split rotation (i.e. 1 week - chest room, 1 week - general room) the student must submit two separate evaluation forms. Rotations in specialty areas require 1 (one) evaluation for the entire rotation.
3. Failure to submit the required number of evaluations in a timely fashion affects the semester compliance grade which in turn affects the semester clinical education grade.

Technologist Responsibilities
1. Complete the evaluation in a timely fashion.
2. A technologist may “suspend” an evaluation if they feel the evaluation was sent in error or if they do not feel that they have worked with the student enough to sufficiently complete the evaluation.
3. Under “Comments”, the technologist is encouraged to document any additional observations or explanations of criteria identified below 3 pts.
4. The completed form should then be submitted. The technologist is responsible for completing and submitting the form in a timely manner.
5. Technologists may elect to submit student evaluations at any time if there are concerns regarding student performance by requesting an evaluation to the clinical coordinator via email.
   - The student may view the evaluation by logging into their Evalue account.
     o The clinical instructor/coordinator will discuss unsatisfactory evaluations with the student on a timely basis.

Each semester the site clinical instructor will calculate an average staff assessment – clinical performance grade which accounts for a portion of the semester clinical grade.
1 (rarely) - Student is unable to perform task with direct supervision/prompting
2 (inconsistent) – Student can perform task minimally with direct supervision/prompting
3 (sometimes) – Student can perform task adequately with direct supervision/prompting
4 (usually) – Student can perform task well with indirect supervision
5 (consistently) – Student can perform task flawlessly with indirect supervision

**PROFESSIONAL GROWTH**

*(Question 1 of 5 - Mandatory)*

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<tr>
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<th>5</th>
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<tbody>
<tr>
<td>Demonstrates a Positive Attitude and a Strong Initiative to participate in exams</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Maintains Professional Conduct</td>
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<tr>
<td>Demonstrates a professional image &amp; appearance</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>Accepts &amp; Benefits from Constructive Criticism</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Shows Dependability and Attendance</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Demonstrates a solid level of self-Confidence</td>
<td>O</td>
<td>O</td>
<td>O</td>
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**PERSONAL INTERACTIONS**

*(Question 2 of 5 - Mandatory)*

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<tbody>
<tr>
<td>Effective Patient Interactions</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Effective Staff Interactions</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Effective Overall Communication Skills</td>
<td>O</td>
<td>O</td>
<td>O</td>
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**TECHNICAL ABILITY**

*(Question 3 of 5 - Mandatory)*

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<tbody>
<tr>
<td>Imaging Equipment &amp; Accessories</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Demonstrates competent Positioning Skills</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Able to set correct technical factors and make appropriate adjustments if needed</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Can evaluate image for diagnostic quality</td>
<td>O</td>
<td>O</td>
<td>O</td>
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</table>
Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.

Save For Later    Submit
Student Semester/Pod Rotation Evaluation

PURPOSE: To establish guidelines for the use of the student semester/pod rotational form. Specifically, the clinical instructors use the form to monitor technical skills and performance as well as professional growth and development.

SCOPE: This policy applies to the School of Radiologic Technology faculty and students.

GUIDELINES:

Initial Assessment
1. Between the 8th and 10th week of Semester I, the supervising clinical instructor will conduct a preliminary assessment and complete the form for each assigned student.
2. The clinical instructor will review the form with student, as well as provide a copy of the document, no later than the 12th week of Semester I.
3. The clinical instructor will record the assessment scores for professional growth and clinical skills on the Professional/Clinical Growth Assessment form.

Semester Evaluations
1. The clinical instructor will use the form to calculate the semester clinical performance score for each student.
2. The clinical instructor will record the assessment scores for professional growth and clinical skills on the Professional/Clinical Growth Assessment form under the corresponding assessment period.
3. The clinical instructor will calculate an average score using the professional growth and clinical skills assessment scores. The average score is used for the clinical performance grade.
4. A copy of the clinical instructor’s semester assessment form will be provided to the student during the semester clinical performance evaluation session.
5. The clinical instructor will forward a copy of the Professional/Clinical Growth Assessment form for each student to the Clinical Coordinator at the end of each semester.

Pod Rotational Evaluations
1. The supervising clinical instructor will use the form to assess clinical performance at rotational sites for Semesters IV and V.
2. Upon completion, the evaluating clinical instructor forwards the form to the home site clinical instructor.
3. The home site clinical instructor will utilize the rotational assessments from other sites to complete the clinical instructor semester evaluation for Semesters IV and V.
<table>
<thead>
<tr>
<th>I. TECHNICAL SKILLS AND PERFORMANCE</th>
<th>0 (Rarely)</th>
<th>7 (inconsistent)</th>
<th>8 (sometimes)</th>
<th>9 (usually)</th>
<th>10 (consistently)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Application of Technique</td>
<td>Minimal understanding of technique setting/adjustments (AEC vs Manual). Rarely selects appropriate techniques. Does not check S/EI #s or mAs readouts only with multiple reminders.</td>
<td>Inconsistent understanding of technique selection/adjustments. Checks S/EI #s and mAs readouts only with multiple reminders.</td>
<td>Average understanding of technique/adjustments for level of training. Sometimes selects appropriate techniques and adjustments. Sometimes checks S/EI #s and mAs readouts. May need infrequent reminders.</td>
<td>Usually selects appropriate techniques. And makes appropriate adjustments when needed. Always checks S/EI #s and mAs readouts without reminders.</td>
<td>Consistently selects appropriate techniques. And makes appropriate adjustments when needed. Consistently collimates/chooses correct field size.</td>
</tr>
<tr>
<td>4. Radiation Protection</td>
<td>Rarely utilizes appropriate radiation protection for patient or self. Does not ask LMP. Does not collimate or collimate to or choose correct light field size.</td>
<td>Inconsistently utilizes protection (frequent reminders to shield and ask LMP). Frequent reminder to collimate/choose correct light field size.</td>
<td>Sometimes utilizes appropriate radiation protection for patient or self and asks LMP with minimal reminders. Some reminder to collimate/choose correct light field size.</td>
<td>Usually utilizes protection for patients and self (inrequent reminders). Usually asks LMP. Minimal reminders to collimate/choose correct light field size.</td>
<td>Always utilizes appropriate radiation protection. No reminders. Consistently asks LMP. Consistently collimates/chooses correct field size.</td>
</tr>
<tr>
<td>6. Identification and Order Verification</td>
<td>Does not perform required verifications correctly or at all. Does not check orders with tech.</td>
<td>Inconsistently performs required patient verification correctly with reminders. Reminders to check orders with tech.</td>
<td>Correctly performs verification and reviews orders with tech with reminders.</td>
<td>Usually performs verification correctly and verifies orders with tech with minimal reminders.</td>
<td>Correctly performs all verifications and verifies all orders with tech w/o reminders.</td>
</tr>
<tr>
<td>9. Image Assessment</td>
<td>Rarely can identify poor quality images and anatomy seen. Has significant difficulty doing CI image reviews.</td>
<td>Inconsistently able to identify poor quality images &amp; anatomy seen. Has some difficulty when doing CI image reviews.</td>
<td>Can sometimes identify but may not be able to verbalize corrections &amp; anatomy. Has minimal difficulty when doing CI image reviews.</td>
<td>Can usually identify image quality &amp; anatomy. Usually has no difficulty when doing CI image reviews.</td>
<td>Can verbalize all corrective actions necessary &amp; anatomy. Has no difficulty when doing CI image reviews.</td>
</tr>
<tr>
<td>10. Documentation/Paperwork</td>
<td>Does not do paperwork or has frequent errors/corrections. No understanding of PACS/EPIC procedure. No patient history. Incorrect terminology used.</td>
<td>Does paperwork, but not in a timely fashion and with frequent errors/corrections. Minimal understanding of PACS/EPIC procedure. Does not obtain full patient history, unfamiliar w/correct medical term use.</td>
<td>Sometimes does paperwork in a timely fashion w/ minimal errors. Average understanding of PACS/EPIC procedure. Obtains patient history with proper basic use of medical terms.</td>
<td>Usually does paperwork in a timely fashion without errors. Above average understanding of PACS/EPIC procedure. Obtains complete history w/ advanced use of medical terms.</td>
<td>Consistently completes paperwork in a timely fashion without errors. Thorough understanding of PACS/EPIC procedure. Obtains full patient history w/advanced medical terms.</td>
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## II. PROFESSIONAL GROWTH AND DEVELOPMENT

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<tbody>
<tr>
<td><strong>1. Attendance: Absence/Punctuality</strong></td>
<td>Exceeds allowed occurrences.</td>
<td>Occurrences within allowed limits.</td>
<td>Conduct appropriate to situation.</td>
<td>No occurrences.</td>
</tr>
<tr>
<td><strong>2. Professionalism:</strong></td>
<td>Unprofessional. Rarely follows policies &amp; procedures. Has been on disciplinary for policy infraction.</td>
<td>Inconsistently follows policies &amp; procedures. Has been on disciplinary for policy infraction.</td>
<td>Sometimes conduct appropriate to situation. Follows policies &amp; procedures. Has never been on disciplinary for policy infraction.</td>
<td>A model student. Consistently professional conduct in all situations. Follows all policies &amp; procedures. Has never been on disciplinary for policy infraction.</td>
</tr>
<tr>
<td><strong>4. Self-confidence</strong></td>
<td>Too confident/No confidence.</td>
<td>Unsure or hesitant.</td>
<td>Acceptable/average amount of confidence for level of training.</td>
<td>Good/above average amount of confidence for level of training. Excellent.</td>
</tr>
<tr>
<td></td>
<td>* Evaluate Evaluations</td>
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<tr>
<td></td>
<td>* Mandatory Compliance Modules</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. Accurate Documentation: Clinical Time in Timestamp</strong></td>
<td>More than 3 timecard corrections documented.</td>
<td>3 timecard corrections documented.</td>
<td>2 timecard corrections documented.</td>
<td>1 timecard correction documented.</td>
</tr>
<tr>
<td><strong>8 JRCERT Compliance: Film Repeat Rule</strong></td>
<td>Repeats images without direct supervision.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9. Assigned Area Responsibility</strong></td>
<td>Not in assigned area. Continuously wanders.</td>
<td>Late to assigned area. May wander throughout the day.</td>
<td>In assigned area. Infrequently wanders to other areas.</td>
<td>In assigned area on time. Engaged in exams. Does not wander to other areas. In assigned area early, engaged in activities/exams/stocking of supplies, etc…. Does not wander to other areas.</td>
</tr>
<tr>
<td><strong>10. Critical Thinking/Problem Solving</strong></td>
<td>Unaware when variations in procedures are needed.</td>
<td>Recognizes a need for variation in procedure, but unable to implement.</td>
<td>Can identify when variations are needed in procedures. Needs assistance with implementation.</td>
<td>Independently identifies and implements correct variations in procedures.</td>
</tr>
</tbody>
</table>
Student Evaluation Summary

Student ____________________________________________________________

Strengths: __________________________________________________________________________________________________________________

Development Needed: ______________________________________________________________________________________________________

Comments: ____________________________________________________________________________________________________________

Clinical Instructor __________________________ Date ____________ Student __________________________ Date ____________

Technical Skills & Performance grade (70%): ____________ Professional Growth & Development grade (30%): ____________

SCORE: _______________________
Clinical Rotation – Observation Only

PURPOSE: Certain rotations, due to the nature of the procedures performed, limit the students participation to that of an observational experience. As such, different criteria and evaluation tools are used to assess student performance.

SCOPE: This policy applies to the technical staff of all clinical affiliates and students enrolled in the School of Radiologic Technology.

PROCEDURE FOR IMPLEMENTATION:

1. The form is specifically designed to evaluate student performance for rotations limited to observation only. The form will be completed following Elective rotations in the following modalities: Breast Imaging, DVI, Ultrasound, Cath Lab, Quality Control, Reading Room, Radiation Therapy, Nuclear Medicine and MRI.

2. The student will complete the student evaluation section of the form and must present the evaluation form to the technologist supervising the clinical rotation.

4. The technologist should complete the form based on observed clinical performance. The technologist is responsible for completing and submitting the form in a timely manner. The technologist should forward the completed form to the supervising clinical instructor.

5. The supervising clinical instructor will calculate a numeric grade using the following scale:
   - Significant Strength - 10 points
   - Criteria Met - 8 points
   - Criteria Not Meet - 7 points

   Unsatisfactory evaluations will be reviewed with the student on a timely basis.

6. If the rotation occurred away from the student’s home site, the supervising clinical instructor forwards the completed form to the home site clinical instructor for recording. The grade is recorded as a clinical rotation grade. The student is required to review and initial the graded form.

7. Failure to submit the required number of evaluations in a timely fashion affects the semester compliance grade which in turn affects the semester clinical education grade.
Staff Assessment – Observation Rotation

Student Name______________________________ Date ______________________
Modality/Area __________________________________________________________
Employee Supervising Rotation ____________________________________________

<table>
<thead>
<tr>
<th>PERSONAL/ PROFESSIONAL ATTRIBUTES:</th>
<th>Significant Strength</th>
<th>Criteria Met</th>
<th>Criteria Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Presents a professional image.</td>
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<tr>
<td>B. Displays appropriate behaviors and conducts self professionally</td>
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<tr>
<td>C. Works and communicates effectively with others</td>
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<tr>
<td>D. Treats patients with respect and courtesy.</td>
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<tr>
<td>E. Dependability, accountability, punctuality</td>
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<tr>
<td>F. Listened carefully and accepted direction willingly.</td>
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<tr>
<td>G. Asks appropriate questions &amp; Actively participated in examinations</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>TECHNICAL KNOWLEDGE:</th>
<th>Significant Strength</th>
<th>Criteria Met</th>
<th>Criteria Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Understanding of general concepts/functions of modality/area</td>
<td></td>
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<tr>
<td>B. Basic understanding and utilization of equipment/technology.</td>
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<tr>
<td>C. Basic understanding frequently performed procedures</td>
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</tr>
</tbody>
</table>

Comments/Recommendations to the student:

Evaluator ____________________________ Date ____________________________
<table>
<thead>
<tr>
<th>TO BE COMPLETED BY THE STUDENT.</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. This experience improved my understanding of the modality.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. This experience is of value to my overall education.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment/relate the information you found most beneficial to your professional growth as a radiographer.

Describe a case you found interesting. Include the initial diagnosis, a review of the procedure(s) performed, the results of the procedure, and what you learned from this case.

__________________________________________  ______________________________________
Student                                      Date
Student Evaluation – Clinical Experience

PURPOSE:

This form will be utilized by the student to evaluate student/staff interactions. It is the goal of Aurora St. Luke’s Medical Center School of Radiologic Technology to produce highly qualified, professional radiographers. In order for students to achieve this goal a positive environment must be maintained.

PROCEDURE FOR IMPLEMENTATION:

1. The student is responsible for generating the “Student Clinical Experience” evaluation in Evalue. The evaluation focuses on the student’s interactions with the assigned technologist. The student will not evaluate technical performance.
2. The student must generate a minimum of 3 evaluations each semester. Failure to submit the required number of evaluations in a timely fashion affects the semester compliance grade which in turn affects the semester clinical education grade.
3. The clinical instructor reviews evaluations and informs the clinical coordinator if an evaluation needs an immediate investigation or response.
   a. If the clinical instructor receives an evaluation that requires immediate investigation and/or response, the form should be printed, and a copy forwarded to the clinical coordinator as soon as possible.
   b. Urgent matters will be addressed on an individual basis.
4. The clinical coordinator will share pertinent information with the program director and/or radiology department manager/supervisor in order to enhance the student’s clinical experience.
Clinical Competency

PURPOSE: To establish guidelines for achieving competency in all required radiographic examinations, while providing quality patient care.

SCOPE: This policy applies to the School of Radiologic Technology.

DEFINITION:
Clinical Education is a continuous process of learning and is assessed throughout the student's twenty-four (24) months of schooling. Clinical Competency is a method of evaluating the skills a radiography student has acquired through observation, assistance and performance of diagnostic procedures.

OVERVIEW:
The process of achieving clinical competency may be divided into the following components:
1. Classroom instruction
2. Demonstration
3. Student practice of psychomotor skills
4. Observation and assistance
5. Performance of graded simulated examination(s)
6. Clinical competency testing
7. Evaluation of radiographs
8. Competency re-assessment

PROCEDURE:
1. The students are exposed to new examinations/procedures in the classroom setting. The students are provided didactic and clinical objectives for each instructional unit.
2. Each examination/procedure is then demonstrated in the laboratory setting. Standard positions as well as department routines are included.
3. Students are scheduled for demonstration/practice sessions in a laboratory environment. During these sessions the students have the opportunity to develop their positioning skills with classmates acting as the "patient". Phantoms may also be used, as appropriate. Additional practice may be required and as such the students are urged to practice positioning skills whenever the patient schedule allows.
4. Following practice and observation of actual procedures, the student is scheduled for a simulation session. The students are required to simulate the examination/procedure for the clinical instructor with other students acting as the patient.
5. The student will continue to perform examinations under direct supervision until he or she has successfully completed competency testing for the specific procedure.
6. The student should test out when he or she feels prepared to complete clinical competency testing for a given examination/procedure (see Clinical Competency Testing Policy). The students are urged not to "test out" until they have demonstrated the appropriate skills necessary to perform the examination.

7. Except for extreme circumstances, the competency test is not considered complete until the radiographs are reviewed and evaluated with the clinical instructor.

8. Once a competency is completed for a specific examination, the student may perform subsequent examinations under indirect supervision. A qualified radiographer must evaluate the condition of the patient before allowing the exam to be performed and review and approve the radiographs.

9. All repeat radiographs must be performed under direct supervision, regardless of the level of competence of the student.

10. To ensure the student maintains competency in all procedures, the clinical instructor performs re-assessment of competency.
   a. At any time, the clinical instructor may “re-test” a student on a radiographic procedure he or she has already completed as part of competency testing. In Semesters II, IV and V the clinical instructor will complete a minimum of 2 competency re-assessments per student.
   b. Re-assessment scores will be logged in the competency log next to the initial test out grade.
   c. Re-assessment grades will be included in the competency testing portion of the clinical grade but will not count towards the required number of test outs for the semester.
   d. If the student receives a failing grade for the re-assessment, the student is no longer deemed competent to perform the procedure under indirect supervision. Following remediation, the student must successfully repeat the test out. The repeated test out grade will be included in the competency testing portion of the clinical grade but will not count towards the required number of test outs for the semester.
   e. The completion and results of competency re-assessment are included in the program’s outcome assessment plan.
Laboratory Simulation

PURPOSE: To develop a consistent method of grading the laboratory simulation form.

SCOPE: This policy applies to the faculty and students enrolled in the School of Radiologic Technology.

RESPONSIBILITY: It will be the responsibility of the program faculty to ensure compliance with this policy.

PROCEDURE:

1. The clinical instructor completes the laboratory simulation form based on direct observation of the student's performance.

2. For each listed criterion the clinical instructor evaluates and scores student performance utilizing the following scale:
   - SS – Significant Strength 10 points
   - FC – Fully Competent 8 points
   - ND – Needs Development 7 points
   The student receives “0” points for any criterion that was omitted or performed unsatisfactorily.

3. Point values are logged in the box corresponding to the simulated position/projection and listed criteria. The clinical instructor may also note comments regarding student performance in the appropriate criteria box.

4. The maximum number of points awarded is 100. To achieve this score the student's performance must be flawless and all pertinent information must be included in the student's pocket reference manual.

5. The clinical instructor checks simulation as completed and assigns a date.

6. The laboratory simulation record becomes part of the student's permanent record following completion of the program.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  
Simulation Record

Student Name: ________________________________

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Completion Date</th>
<th>CI Intials</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA &amp; Lat Chest</td>
<td></td>
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<tr>
<td>WC Chest</td>
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<td>Decub Chest</td>
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<td>Cart Chest</td>
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<td>AP Supine Abd</td>
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<td>Upright Abdomen</td>
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<tr>
<td>Decubitus Abdomen</td>
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<td>Finger</td>
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<td>Thumb</td>
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<td>Hand</td>
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<td>Wrist</td>
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<td>Forearm</td>
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<td>Elbow</td>
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<td>Partial flexion</td>
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<td>Complete flexion</td>
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<td>Humerus</td>
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<td>Shoulder</td>
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<td>Trauma Shoulder</td>
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<td>Trauma Humerus</td>
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<td>Scapula</td>
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<td>Clavicle</td>
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<td>AC joints</td>
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<th>Completion Date</th>
<th>CI Intials</th>
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<td>Foot</td>
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<td>Calcaneus</td>
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<tr>
<td>Ankle</td>
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<tr>
<td>Lower Leg</td>
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<td>Knee</td>
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<td>Patella</td>
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<td>Femur</td>
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<td>Hip</td>
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<tr>
<td>Trauma Hip</td>
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<tr>
<td>Pelvis</td>
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<td>Ribs</td>
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<td>Sternum</td>
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<td>Trauma Sternum</td>
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<tr>
<td>Lumbar Spine</td>
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<td>Sacrum</td>
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<td>Coccyyx</td>
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<td>SI Joints</td>
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<tr>
<td>Cervical Spine</td>
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<td>Trauma C Spine</td>
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<td>Thoracic Spine</td>
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<td>CI Initials</td>
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<td>Sinuses</td>
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<td>Facial Bones</td>
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<td>Orbits</td>
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<td>Nasal Bones</td>
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<td>Mandible</td>
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<tr>
<td>TMJ's</td>
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</tbody>
</table>

Clinical Instructor
Policy 6:12

Effective: 5/92
Revised: 6/97, 4/98, 4/00, 7/00, 8/01
8/05, 8/06, 7/07, 3/08, 7/12, 8/16, 8/19

Competency Testing

PURPOSE: To establish guidelines for correctly completing the clinical competency testing form.

SCOPE: This policy applies to the technical staff of all clinical affiliates, students enrolled in the School of Radiologic Technology, and the faculty.

RESPONSIBILITY: It will be the responsibility of the Radiology Supervisor, in conjunction with the manager, and program faculty to ensure compliance with this policy.

GUIDELINES:
The form is divided into three main sections. The following guidelines are used to correctly complete the form.

<table>
<thead>
<tr>
<th>Completed by:</th>
<th>Standard Form</th>
<th>Fluoro Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Includes date, patient name, DOB, ID number, procedure, history, technical factors used and S number for first image</td>
<td>Includes date, patient name, DOB, ID number, procedure, history, technical factors used and S number for first image</td>
</tr>
<tr>
<td>Clinical Tester</td>
<td>Includes patient type, all performance criteria, number of repeated images, signature, date and response to competency statement</td>
<td>Includes patient type, all performance criteria, signature, date and response to competency statement</td>
</tr>
<tr>
<td></td>
<td>Also includes a section for comments. This section is mandatory if any images are repeated</td>
<td>Also includes a section for comments.</td>
</tr>
<tr>
<td>Clinical Instructor</td>
<td>Includes image evaluation, grading, comments and signature</td>
<td>Includes and signature</td>
</tr>
</tbody>
</table>

General Guidelines

1. Copies of the clinical competency testing form are available at each of the clinical affiliates.
2. The student is required to complete **66 test outs**. On the competency log, mandatory competencies containing a “P” in front of the “M” is declared to be a program mandatory competency (not an ARRT mandatory competency).
3. Infrequently performed or low volume radiographic examinations, of which phantoms are available, may be simulated during the last two (2) weeks of Semester VI. The student is encouraged to test out on an actual examination, even after simulated competency testing is completed. The clinical instructor(s) will monitor and oversee simulated competency testing. The standard clinical competency testing form is used for simulated examinations. The clinical instructor will indicate that the examination was simulated on both the test out form and competency testing log.
4. **Examinations and those procedures deemed mandatory by the school (M or M(P)) and the ARRT may not be simulated.** A student cannot be released from the program until all competency tests for those procedures identified as mandatory are completed.
5. Each semester the site clinical instructor will calculate an average clinical competency testing grade which accounts for a portion of the semester clinical education grade.

6. Students are also required to prove competency in 6 of the following general patient care activities: CPR, vital signs, sterile/aseptic technique, venipuncture, transfer of patient and care of patient medical equipment.

**Procedure**

1. The student will be required to commit to performing the competency after being given an opportunity to review the requisition, not the patient. The student contacts a qualified clinical tester prior to the start of the examination. The tester will evaluate the patient condition and determine if the situation is appropriate for competency testing. Once the exam has begun, the student and tester must complete the testing process unless in the opinion of the tester, the student is not competent to complete the procedure, in which case, the competency test is terminated.

2. All declared competencies must have an evaluation sent to the testing technologist, regardless of how the student “feels” the exam went.

3. The clinical tester must complete the testing form based on the direct observation of actual student performance. The clinical tester assesses each area of student performance and circles the point value which corresponds to the level of student performance.

4. The clinical instructor reviews the resultant images with the student on an individual basis and completes the image evaluation form.

5. The final grade for the competency test is determined by averaging the image evaluation grade scored by the clinical instructor and the performance grade scored by the clinical tester.

6. The final grade is recorded on the clinical competency record.

7. For the sake of clarification, “markers not visible” includes a marker which is not fully distinguishable, coned/collimated off, or otherwise not detected.

**NOTE:** See also, Competency Testing Form - Grading
Competency Testing

PURPOSE: To establish guidelines for correctly completing the clinical competency testing form.

SCOPE: This policy applies to the technical staff of all clinical affiliates, students enrolled in the School of Radiologic Technology, and the faculty.

RESPONSIBILITY: It will be the responsibility of the Radiology Supervisor, in conjunction with the manager, and program faculty to ensure compliance with this policy.

GUIDELINES:

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<td>Clinical Tester</td>
<td>Includes patient type, all performance criteria, number of repeated images, signature, date and response to competency statement</td>
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<td></td>
<td>Also includes a section for comments. This section is mandatory if any images are repeated</td>
<td>Also includes a section for comments.</td>
</tr>
<tr>
<td>Clinical Instructor</td>
<td>Includes image evaluation, grading, comments and signature</td>
<td>Includes and signature</td>
</tr>
</tbody>
</table>

General Guidelines

1. Copies of the clinical competency testing form are available at each of the clinical affiliates.
2. The student is required to complete **53 test outs**. On the competency log, mandatory competencies containing a “P” in front of the “M” is declared to be a program mandatory competency (not an ARRT mandatory competency).
3. Infrequently performed or low volume radiographic examinations, of which phantoms are available, may be simulated during the last two (2) weeks of Semester VI. The student is encouraged to test out on an actual examination, even after simulated competency testing is completed. The clinical instructor(s) will monitor and oversee simulated competency testing. The standard clinical competency testing form is used for simulated examinations. The clinical instructor will indicate that the examination was simulated on both the test out form and competency testing log.
4. **Examinations and those procedures deemed mandatory by the school (M or M(P)) and the ARRT may not be simulated.** A student cannot be released from the program until all competency tests for those procedures identified as mandatory are completed.
5. Each semester the site clinical instructor will calculate an average clinical competency testing grade which accounts for a portion of the semester clinical education grade.

6. Students are also required to prove competency in 6 of the following general patient care activities: CPR, vital signs, sterile/aseptic technique, venipuncture, transfer of patient and care of patient medical equipment.

Procedure

1. The student will be required to commit to performing the competency after being given an opportunity to review the requisition, not the patient. The student contacts a qualified clinical tester prior to the start of the examination. The tester will evaluate the patient condition and determine if the situation is appropriate for competency testing. Once the exam has begun, the student and tester must complete the testing process unless in the opinion of the tester, the student is not competent to complete the procedure, in which case, the competency test is terminated.

2. All declared competencies must have an evaluation sent to the testing technologist, regardless of how the student “feels” the exam went.

3. The clinical tester must complete the testing form based on the direct observation of actual student performance. The clinical tester assesses each area of student performance and circles the point value which corresponds to the level of student performance.

4. The clinical instructor reviews the resultant images with the student on an individual basis and completes the image evaluation form.

5. The final grade for the competency test is determined by averaging the image evaluation grade scored by the clinical instructor and the performance grade scored by the clinical tester.

6. The final grade is recorded on the clinical competency record.

7. For the sake of clarification, “markers not visible” includes a marker which is not fully distinguishable, coned/collimated off, or otherwise not detected.

NOTE: See also, Competency Testing Form - Grading
<table>
<thead>
<tr>
<th>General Patient Care</th>
<th>Date Completed</th>
<th>Competence Verified By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  CPR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Vital signs - Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  Vital signs - Temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Vital Signs - Pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  Vital signs - Respiration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  Vital Signs - Pulse Oximetry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  Sterile &amp; Aseptic technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Venipuncture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9  Transfer of patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Care of patient medical equipment (O2, IV tubing, etc..)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Competency Testing Form - Grading

PURPOSE: To provide a consistent method of grading the clinical competency testing form.

SCOPE: This policy applies to the technical staff of all clinical affiliates, students enrolled in the School of Radiologic Technology, and program faculty.

RESPONSIBILITY: It will be the responsibility of the program faculty to ensure compliance with this policy.

Student Performance Section
The clinical tester completes the evaluation sent by the student via Evaluate based on direct observation of the student's performance.
1. The clinical tester (technologist) assesses the patient and identifies patient type on the testing form.

2. The student is assessed based on their current level of training.

3. The clinical tester assigns a point value to all listed performance standards. Performance standards are categorized into the following groupings:

   CATEGORY
   KNOWLEDGE OF PROCEDURE
   INTERPERSONAL INTERACTIONS
   IMAGE RECEPTOR
   EQUIPMENT
   POSITIONING SKILLS
   RADIATION PROTECTION
   POST PROCEDURE PROCESSES

4. The maximum number of points awarded is 100. To achieve this score, the student's performance must be flawless; there can be no repeats and the examination must be performed within the stated time standard.

CI Image Review Evaluation Section
1. The clinical instructor reviews the images with the student.
2. An optimal examination correlates to 100 points. Points are deducted for any factors that reduce the image quality. Each time an error is made points are deducted.

Grade Determination
1. The technologist grade and CI image review evaluation grade are averaged to determine
the final grade.
2. The clinical competency testing record is maintained as part of the student's permanent record following successful completion of the program.

Automatic Failure of Clinical Competency Testing
1. Mismarked Images
   a. Any radiographic examination submitted for clinical competency testing that include mismarked images are considered automatic failures and must be repeated at a later date. If prior to making the exposure, a student does not realize the film is mismarked and goes back to make the exposure, and the technologist stops them, it is also considered a mismarked film; since the student would have made the exposure. This would be under the discretion of the technologist doing the competency.
   b. A grade of 60% will be recorded for the failed examination and the student must repeat competency testing.
   c. If the student successfully completes competency testing on the second attempt, that grade is also documented on the clinical competency record. Both grades will be used calculating the competency testing average but will count as only one test out towards the semester requirement.

2. Terminated by Evaluating Technologist
   a. At any time during the performance of competency testing, the evaluating technologist may terminate the procedure if in the opinion of the tester, the student is not competent to complete the procedure.
   b. For procedures that a student has been marked “no” for able to perform exam under indirect supervision, he or she will receive a grade of 60% and the student will be required to repeat competency testing and the student must repeat the competency.
   c. If the student successfully completes competency testing on the second attempt, that grade is also documented on the clinical competency record. Both grades will be used calculating the semester competency testing average but will count as only one test out towards the semester requirement.

3. A second failure in any procedure will result in another grade of 60% and will be calculated in the student’s semester competency testing average. This student will also be placed in disciplinary action.
Please score the students using the criteria below.

1 (Rarely) - Student is unable to perform task with direct supervision/prompting
2 (Inconsistent) – Student can perform task minimally with direct supervision/prompting
3 (Sometimes) – Student can perform task adequately with direct supervision/prompting
4 (Usually) – Student can perform task well with indirect supervision
5 (Consistently) – Student can perform task flawlessly with indirect supervision

**KNOWLEDGE OF PROCEDURE:**
(Question 1 of 11 - Mandatory)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is prepared, knows correct routine</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Exam performed in logical sequence/adjust to pt trauma</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Prepares room before getting patient</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

**INTERPERSONAL INTERACTIONS:**
(Question 2 of 11 - Mandatory)

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<tr>
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<th>3</th>
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<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct patient identification; checks nameband</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Obtains patient history (incl. LMP), explains exam to patient, gives clear, concise instructions</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Provides appropriate supportive care/pt not left alone</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Anticipates needs of patient, physician &amp; others</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>

**IR/Field Size SELECTION:**
(Question 3 of 11 - Mandatory)

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<tr>
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<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selects correct IR size/Field size</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Utilizes proper IR/Field size placement (LW or CW), tabletop or Bucky</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>
### EQUIPMENT:

* (Question 4 of 11 - Mandatory *)

<table>
<thead>
<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctly manipulates tube/table</td>
<td></td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Selects appropriate technical factor (Student cannot get more than a 3 if AEC was used)</td>
<td></td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**Technical Factors/S#**

### POSITIONING SKILLS:

* (Question 5 of 11 - Mandatory *)

<table>
<thead>
<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper alignment/angulation of central ray</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Correct IR centering/detented</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Positions part correctly</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Performs exams in established time limit</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

### RADIATION PROTECTION:

* (Question 6 of 11 - Mandatory *)

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriately collimates beam</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Uses appropriate shielding for pt. self &amp; others</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

### POST PROCEDURE PROCESSES:

* (Question 7 of 11 - Mandatory *)

<table>
<thead>
<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures student marker is visible on all images</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Completion of required documentation in EPIC/PACS</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cleaning of room and equipment</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

* (Question 8 of 11 *)

**Technologist Score**

* (Question 9 of 11 - Mandatory *)

**NUMBER OF REPEAT IMAGES:**
### Question 10 of 11 - Mandatory

| FROM YOUR OBSERVATION IS THIS STUDENT COMPETENT TO UTILIZE THE EQUIPMENT AND/OR PERFORM THIS EXAMINATION WITH INDIRECT SUPERVISION? |
|---|---|
| YES | NO |
| 0 | 0 |

### Question 11 of 11

**COMMENTS ON PERFORMANCE - YOU MUST COMMENT ON REPEATED IMAGES:**

---

Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.

Save For Later  Submit
Please score the students using the criteria below.

1 (Rarely) - Student is unable to perform task with direct supervision/prompting
2 (Inconsistent) – Student can perform task minimally with direct supervision/prompting
3 (Sometimes) – Student can perform task adequately with direct supervision/prompting
4 (Usually) – Student can perform task well with indirect supervision
5 (Consistently) – Student can perform task flawlessly with indirect supervision

**KNOWLEDGE OF PROCEDURE:**

(Question 1 of 9 - Mandatory)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is prepared; has functional understanding of the exam and related anatomy/pathology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capable of adapting procedure to patient condition/pathology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipates the physician's needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PREPARES THE ROOM:**

(Question 2 of 9 - Mandatory)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room preparation; equipment set-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selects/prepares appropriate contrast and supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROFESSIONALISM, PATIENT INTERACTION AND PATIENT CARE:**

(Question 3 of 9 - Mandatory)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctly verifies patient identity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoroughly explains procedure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides clear instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides appropriate supportive care to patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensures patient is never left unattended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperative interaction with other health care professional(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### EQUIPMENT USE & CARE

**Question 4 of 9 - Mandatory**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Radiographic equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriately sends images</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctly cleans room, equipment following exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### RADIATION PROTECTION

**Question 5 of 9 - Mandatory**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses appropriate patient shielding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employs protective measures for self and others</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### DOCUMENTATION/IMAGES

**Question 6 of 9 - Mandatory**

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures correct image identification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion of required documentation in EPIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Question 7 of 9 - Mandatory**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>From your observation is this student competent to utilize the equipment and/or perform this examination with indirect supervision?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Question 8 of 9**

**Comments**

**Question 9 of 9**

**Final Grade:**

https://www.e-value.net/admin/evalsetup/dsp_evaltest_preview.cfm?thisact=350299&moduleid=229193&qs... 8/3/2011
Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.

Save For Later    Submit
Please score the students using the criteria below.

1 (Rarely) - Student is unable to perform task with direct supervision/prompting
2 (Inconsistent) – Student can perform task minimally with direct supervision/prompting
3 (Sometimes) – Student can perform task adequately with direct supervision/prompting
4 (Usually) – Student can perform task well with indirect supervision
5 (Consistently) – Student can perform task flawlessly with indirect supervision

**KNOWLEDGE OF PROCEDURE:**

(Question 1 of 9 - Mandatory)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is prepared; has functional understanding of the exam</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Capable of adapting procedure to patient condition/pathology</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Identifies correct patient &amp; exam</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**PREPARES THE ROOM:**

(Question 2 of 9 - Mandatory)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sets up c-arm equipment properly</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Correctly enters patient information into the c-arm computer</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**PERFORMANCE OF EXAM:**

(Question 3 of 9 - Mandatory)

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<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centering of C-arm over patient</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Accurately changes views as requested by the physician</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Anticipates views needed by dr.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Demonstrates critical thinking skills</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ensures image orientation is correct on the monitor</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Applies correct sterile technique</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cooperative interaction with other health care professional(s)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
### EQUIPMENT USE & CARE:

(Question 4 of 9 - Mandatory)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student was able to manipulate locks and releases on exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriately saved required images</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctly cleans room, equipment following exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### RADIATION PROTECTION:

(Question 5 of 9 - Mandatory)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used fluoro only when prompted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employs protective measures for self and others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DOCUMENTATION/IMAGES:

(Question 6 of 9 - Mandatory)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures correct image identification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion of required paperwork in EPIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Question 7 of 9 - Mandatory)

FROM YOUR OBSERVATION IS THIS STUDENT COMPETENT TO UTILIZE THE EQUIPMENT AND/OR PERFORM THIS EXAMINATION WITH INDIRECT SUPERVISION?  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Question 8 of 9)

COMMENTS

(Question 9 of 9)

Final Grade:  

https://www.e-value.net/admin/evalsetup/dsp_evaltest_preview.cfm?thisact=350300&moduleid=229196&qs...  8/3/2018
Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.

Save For Later    Submit
**Clinical Competency Testing – Unenhanced CT Head (Form 6:15)**

Student Signature ____________________________ Date _______________________

Patient Name _________________________ DOB: ______ Patient ID Number ______

Pertinent Patient History:

Patient type :( check all that apply)
- [ ] Ambulatory
- [ ] Wheelchair
- [ ] Cart
- [ ] Non-cooperative
- [ ] Non-responsive
- [ ] Stroke Protocol

Completed by Evaluating Technologist:

<table>
<thead>
<tr>
<th>Completed by Evaluating Technologist:</th>
<th>Fully Competent</th>
<th>Needs Development</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT PREPARATION:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Prepares room before getting patient</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. Checks and verifies patient identification</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. Obtains and documents pertinent patient history</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4. Checks and verifies requisition and exam order</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5. Explains exam and obtains consent</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6. Removes sources of artifact</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

| PATIENT POSITIONING:                  |                 |                   |          |
| 1. Properly positions patient in cradle/head holder | Yes             | No                |          |
| 2. Adapts patient position for trauma/pathology if needed | Yes             | No                |          |
| 3. Properly positions head to minimize rotation/tilt | Yes             | No                |          |
| 4. Aligns light to EAM                 | Yes             | No                |          |
| 5. Correctly utilizes landmark control panel | Yes             | No                |          |
| 6. Gantry angled to reduce orbital radiation | Yes             | No                |          |

| SCANNING:                             |                 |                   |          |
| 1. Selects correct protocol           | Yes             | No                |          |
| 2. Sets correct scout parameters      | Yes             | No                |          |
| 3. Correctly utilizes “show localizer” | Yes             | No                |          |
| 4. Sets correct start and end locations | Yes             | No                |          |
| 5. Sets correct scan parameters (e.g. DFOV, recons) | Yes             | No                |          |
| 6. Provides clear patient instructions | Yes             | No                |          |
| 7. Follows radiation safety guidelines | Yes             | No                |          |

| DOCUMENTATION/IMAGES:                |                 |                   |          |
| 1. Enters required patient information | Yes             | No                |          |
| 2. Select proper series to reformat image(s) | Yes             | No                |          |
| 3. Completes reformats                | Yes             | No                |          |
| 4. Sends reformats to McKesson/PACS   | Yes             | No                |          |
| 5. Selects appropriate window width/level | Yes             | No                |          |
| 6. Accurately completes required documentation | Yes             | No                |          |

**CT Technologists comments on student performance / opportunities for development:**

________________________________________________________________________

________________________________________________________________________

Evaluating Technologist Signature ____________________________ Date _______________________

Revised 1/10/2018
Review exam with the CT technologist. Student comments regarding the examination.

Review images with cross-sectional anatomy instructor then submit completed form to home based CI

Anatomy Review

The student must be able to identify the following structures:

<table>
<thead>
<tr>
<th>Structure</th>
<th>Yes</th>
<th>No</th>
<th>Structure</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corpus Callosum: genu</td>
<td></td>
<td></td>
<td>Thalamus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corpus Callosum: Splenium</td>
<td></td>
<td></td>
<td>Longitudinal fissure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lateral ventricles: anterior horns</td>
<td></td>
<td></td>
<td>Choroid plexus/Collateral Trigone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caudate nucleus</td>
<td></td>
<td></td>
<td>3rd ventricle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lateral ventricles: posterior horns</td>
<td></td>
<td></td>
<td>Septum pellucidium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th ventricle</td>
<td></td>
<td></td>
<td>Cerebellum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pineal gland</td>
<td></td>
<td></td>
<td>Pituitary Gland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gyrus</td>
<td></td>
<td></td>
<td>Transverse Fissure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulcus</td>
<td></td>
<td></td>
<td>EAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frontal lobe (On the axial, sagittal, and coronal images)</td>
<td></td>
<td></td>
<td>Occipital lobe (On the axial, sagittal, and coronal images)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CI review comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Instructor Signature

PERFORMANCE GRADE _____ % IMAGE EVALUATION GRADE _____ %

FINAL GRADE _____ %

Student Signature

Revised 1/10/2018
# Clinical Competency Testing – CT Stone Survey

**Student Signature** ___________________________________________________________ **Date** __________________________

**Patient Name** ____________________________________________________________ **DOB:** _______ **Patient ID Number** ______________

Pertinent Patient History:

Patient type: (check all that apply)

- [ ] Ambulatory
- [ ] Wheelchair
- [ ] Cart
- [ ] Stroke Protocol
- [ ] Cooperative
- [ ] Non-cooperative
- [ ] Non-responsive

Completed by Evaluating Technologist:  

<table>
<thead>
<tr>
<th>PATIENT PREPARATION:</th>
<th>Fully Competent</th>
<th>Needs Development</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepares room before getting patient</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
<tr>
<td>2. Checks and verifies patient identification</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
<tr>
<td>3. Obtains and documents pertinent patient history</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
<tr>
<td>4. Checks and verifies requisition and exam order</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
<tr>
<td>5. Explains exam and obtains consent</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
<tr>
<td>6. Removes sources of artifact</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
</tbody>
</table>

**PATIENT POSITIONING:**

1. Properly positions patient on the CT table  
   (E.g. Supine, feet first, no rotation/tilt)  | Yes | No | _________________ |
2. Adapts patient position for patient comfort  
   (E.g. blankets/sponges) | Yes | No | _________________ |
3. Adjusts table height to patient’s midline | Yes | No | _________________ |
4. Correctly utilizes landmark control panel | Yes | No | _________________ |

**SCANNING:**

1. Selects correct protocol | Yes | No | _________________ |
2. Scan scouts and correctly utilizes “show localizer” | Yes | No | _________________ |
3. Sets correct start and end locations | Yes | No | _________________ |
4. Sets correct scan parameters (e.g. DFOV, recon) | Yes | No | _________________ |
5. Provides clear patient instructions during scan  
   (Change language option if necessary) | Yes | No | _________________ |

**DOCUMENTATION/IMAGES:**

1. Enters/selects patient information | Yes | No | _________________ |
2. Select proper series to reformat image(s) | Yes | No | _________________ |
3. Selects appropriate window width/level | Yes | No | _________________ |
4. Completes reformats and sends to McKesson/PACS | Yes | No | _________________ |
5. Accurately completes required documentation | Yes | No | _________________ |

CT Technologists comments on student performance / opportunities for development:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Evaluating Technologist Signature ____________________________________________ **Date** __________________________

Revised 6/23/2020
Completed by Student:

Review exam with the CT technologist. Student comments regarding the examination.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Review images with cross-sectional anatomy instructor then submit completed form to home based CI

Anatomy Review
The student must be able to identify the following structures:

<table>
<thead>
<tr>
<th>Structure</th>
<th>Yes</th>
<th>No</th>
<th>Structure</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Kidneys (stones if present)</td>
<td></td>
<td></td>
<td>Liver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adrenals</td>
<td></td>
<td></td>
<td>Pancreas (head, body, tail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary bladder</td>
<td></td>
<td></td>
<td>Stomach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate (male)</td>
<td></td>
<td></td>
<td>Spleen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uterus (female)</td>
<td></td>
<td></td>
<td>Gallbladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Descending Aorta</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CI review comments

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Instructor Signature _____________________________________________

PERFORMANCE GRADE _________% IMAGE EVALUATION GRADE _________%

FINAL GRADE__________%

Student Signature _____________________________________________

Revised 6/23/2020
Qualified Clinical Testers

PURPOSE: To define the necessary qualifications for assessing student performance during clinical competency testing.

SCOPE: This policy applies to the technical staffs of Aurora affiliates and students enrolled in the School of Radiologic Technology.

SCOPE: It is the responsibility of the Radiology Supervisor and program faculty to ensure compliance with this policy.

OVERVIEW: Aurora Health Care requires that the American Registry of Radiologic Technologists certify all technologists. The school recognizes these individuals as trained and educated professionals, and therefore, qualified clinical testers.

PROCEDURE:
1. School policies and evaluation forms are reviewed with newly hired technologists during the orientation process.
2. Technologists are not responsible for completing competency testing or rotation evaluations during their first six (6) months of employment unless the site clinical instructor elect to do so.
3. Program faculty will present new policies and/or evaluations to the technologists at staff meetings.
4. Questions or suggestions should be directed to site clinical instructor and/or the program director.
5. Temporary agency technologists are not considered qualified testers.
**Class of 2021 Semester Requirements – Clinical Competency Testing**

**PURPOSE:** To establish guidelines to assist the student in completing clinical competency testing in an efficient and timely manner.

**SCOPE:** This policy applies to students enrolled in the School of Radiologic Technology.

**RESPONSIBILITY:** The student is responsible for completing all required examinations. Program faculty will ensure compliance with this policy.

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>Required # of Test Outs</th>
<th>RADIOGRAPHIC PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>COVID</td>
<td>Semester I procedures and Upper &amp; Lower GI, Biliary, Lower Extremity, Pelvis, Bony Thorax, Spine, Portable Imaging and non-surgical c-arm procedures.</td>
</tr>
<tr>
<td>III</td>
<td>12(15)</td>
<td>Semesters I and II procedures, Arthrograms, Myelograms, Other Minor Special Procedures, Pediatric procedures, Non OR surgical procedures and Urinary</td>
</tr>
<tr>
<td>IV</td>
<td>11(26)</td>
<td>Semesters I, II and III procedures, Skull, Sinuses, Facial Bones, Surgical Procedures</td>
</tr>
<tr>
<td>V</td>
<td>14(40)</td>
<td>Semesters I, II, III and IV procedures, Mandible and CT Head</td>
</tr>
<tr>
<td>VI</td>
<td>13(53)</td>
<td>Semesters I, II, III, IV and V procedures</td>
</tr>
</tbody>
</table>

**General Guidelines**

1. The student must complete the required amount of test outs for each semester, for a total of 53 radiographic examinations, 38 of which are designated as mandatory.
2. To ensure the student continues to achieve satisfactory clinical progress, students must complete the required number of test outs per semester as outlined in the above table.
3. If the student does not complete the specified number of test outs, he or she will receive a grade of “0" for each incomplete or missing test out. In addition, completing the required number of competency tests is an element of the *Semester Compliance Assessment* form. The semester compliance rating is used in calculating the semester clinical education grade.
4. If the student is unable to test out of an infrequently performed or low volume elective exam, competency testing may be simulated. Simulation of elective exams are limited to 2
exams. Simulated competency testing is conducted during the last two weeks of Semester VI.

5. Under no circumstance will a student be “forced” to test out on an examination.

Student Guidelines
1. Competency testing forms submitted to the site clinical instructor by 3:30 p.m. on the Friday one week prior to the end of a semester in order to be included in the current semester tally. Test outs received after 3:30 p.m. will be included in the following semester total.
2. Students are encouraged to test out as soon as the student feels confident in performing a particular examination. A student may not test out until the procedure has been presented in class and the student has successfully simulated the procedure. However, students should observe/assist with procedures prior to scheduled class sessions in order to maximize the number and types of examinations observed/performed.
3. Students should not wait to complete competency testing until the end of the semester. Clinical rotations will not be altered for the sole purpose of providing the student an opportunity to test out of needed procedures.
4. Students should contact the clinical instructor(s) with questions regarding clinical competency testing.

Clinical Instructor Guidelines
1. The site clinical instructor maintains clinical competency testing records through the Evalue system.
2. Site clinical instructors must conduct a minimum of 2 re-test radiograph review sessions during a 16-week semester.
3. For procedures performed away from the home site, the supervising clinical instructor should make every attempt to review the radiographs and tabulate a final grade for the competency test prior to the end of the rotation.
4. In the event that a student does not meet the minimum number of test outs required for the semester for the sole reason that the images have not been reviewed, the site clinical instructor must notify the program director of the exact circumstances. The program director will determine the manner in which the test outs are tallied for the semester.
Class of 2022 Semester Requirements – Clinical Competency Testing

PURPOSE: To establish guidelines to assist the student in completing clinical competency testing in an efficient and timely manner.

SCOPE: This policy applies to students enrolled in the School of Radiologic Technology.

RESPONSIBILITY: The student is responsible for completing all required examinations. Program faculty will ensure compliance with this policy.

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>Required # of Test Outs</th>
<th>RADIOGRAPHIC PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>10 (13)</td>
<td>Semester I procedures and Upper &amp; Lower GI, Biliary, Lower Extremity, Pelvis, Bony Thorax, Spine, Portable Imaging and non-surgical c-arm procedures.</td>
</tr>
<tr>
<td>III</td>
<td>15 (28)</td>
<td>Semesters I and II procedures, Arthrograms, Myelograms, Other Minor Special Procedures, Pediatric procedures, Non OR surgical procedures and Urinary</td>
</tr>
<tr>
<td>IV</td>
<td>8 (36)</td>
<td>Semesters I, II and III procedures, Skull, Sinuses, Facial Bones, Surgical Procedures</td>
</tr>
<tr>
<td>V</td>
<td>8 (44)</td>
<td>Semesters I, II, III and IV procedures, Mandible and CT Head</td>
</tr>
<tr>
<td>VI</td>
<td>9 (53)</td>
<td>Semesters I, II, III, IV and V procedures</td>
</tr>
</tbody>
</table>

General Guidelines
1. The student must complete the required amount of test outs for each semester, for a total of 53 radiographic examinations, 38 of which are designated as mandatory.
2. To ensure the student continues to achieve satisfactory clinical progress, students must complete the required number of test outs per semester as outlined in the above table.
3. If the student does not complete the specified number of test outs, he or she will receive a grade of “0” for each incomplete or missing test out. In addition, completing the required number of competency tests is an element of the Semester Compliance Assessment form. The semester compliance rating is used in calculating the semester clinical education grade.
4. If the student is unable to test out of an infrequently performed or low volume elective exam, competency testing may be simulated. Simulation of elective exams are limited to 2
exams. Simulated competency testing is conducted during the last two weeks of Semester VI.

5. Under no circumstance will a student be “forced” to test out on an examination.

**Student Guidelines**

1. Competency testing forms submitted to the site clinical instructor by 3:30 p.m. on the Friday **one week** prior to the end of a semester in order to be included in the current semester tally. Test outs received after 3:30 p.m. will be included in the following semester total.

2. Students are encouraged to test out as soon as the student feels confident in performing a particular examination. A student may not test out until the procedure has been presented in class and the student has successfully simulated the procedure. However, students should observe/assist with procedures prior to scheduled class sessions in order to maximize the number and types of examinations observed/performed.

3. Students should not wait to complete competency testing until the end of the semester. Clinical rotations will not be altered for the sole purpose of providing the student an opportunity to test out of needed procedures.

4. Students should contact the clinical instructor(s) with questions regarding clinical competency testing.

**Clinical Instructor Guidelines**

1. The site clinical instructor maintains clinical competency testing records through the Evalue system.

2. Site clinical instructors must conduct a minimum of 2 re-test radiograph review sessions during a 16-week semester.

3. For procedures performed away from the home site, the supervising clinical instructor should make every attempt to review the radiographs and tabulate a final grade for the competency test prior to the end of the rotation.

4. In the event that a student does not meet the minimum number of test outs required for the semester for the sole reason that the images have not been reviewed, the site clinical instructor must notify the program director of the exact circumstances. The program director will determine the manner in which the test outs are tallied for the semester.
Policy 6:16

**Category:** Clinical 6:16

**Effective:** 5/92

**Revised:** 8/95, 6/98, 12/99, 8/01, 7/03, 8/05, 8/06, 7/07, 2/09, 9/10, 3/12, 8/13, 10/14, 8/19

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**Semester Requirements – Clinical Competency Testing**

**PURPOSE:** To establish guidelines to assist the student in completing clinical competency testing in an efficient and timely manner.

**SCOPE:** This policy applies to students enrolled in the School of Radiologic Technology.

**RESPONSIBILITY:** The student is responsible for completing all required examinations. Program faculty will ensure compliance with this policy.

<table>
<thead>
<tr>
<th>SEMESTER</th>
<th>Required # of Test Outs</th>
<th>RADIOGRAPHIC PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>III</td>
<td>18 (33)</td>
<td>Semesters I and II procedures, Arthrograms, Myelograms, Other Minor Special Procedures, Pediatric procedures, Non OR surgical procedures and Urinary.</td>
</tr>
<tr>
<td>IV</td>
<td>10 (43)</td>
<td>Semesters I, II and III procedures, Skull, Sinuses, Facial Bones, Surgical Procedures.</td>
</tr>
<tr>
<td>V</td>
<td>10 (53)</td>
<td>Semesters I, II, III and IV procedures, Mandible and CT Head.</td>
</tr>
<tr>
<td>VI</td>
<td>13 (66)</td>
<td>Semesters I, II, III, IV and V procedures.</td>
</tr>
</tbody>
</table>

**General Guidelines**

1. The student must complete the required amount of test outs for each semester, for a total of 66 radiographic examinations, 41 of which are designated as mandatory.

2. To ensure the student continues to achieve satisfactory clinical progress, students must complete the required number of test outs per semester as outlined in the above table.

3. If the student does not complete the specified number of test outs, he or she will receive a grade of “0” for each incomplete or missing test out. In addition, completing the required number of competency tests is an element of the Semester Compliance Assessment form. The semester compliance rating is used in calculating the semester clinical education grade.

4. If the student is unable to test out of an infrequently performed or low volume elective exam, competency testing may be simulated. Simulation of elective exams are limited to 2
exams. Simulated competency testing is conducted during the last two weeks of Semester VI.

5. Under no circumstance will a student be “forced” to test out on an examination.

Student Guidelines
1. Competency testing forms submitted to the site clinical instructor by 3:30 p.m. on the Friday one week prior to the end of a semester in order to be included in the current semester tally. Test outs received after 3:30 p.m. will be included in the following semester total.
2. Students are encouraged to test out as soon as the student feels confident in performing a particular examination. A student may not test out until the procedure has been presented in class and the student has successfully simulated the procedure. However, students should observe/assist with procedures prior to scheduled class sessions in order to maximize the number and types of examinations observed/performed.
3. Students should not wait to complete competency testing until the end of the semester. Clinical rotations will not be altered for the sole purpose of providing the student an opportunity to test out of needed procedures.
4. Students should contact the clinical instructor(s) with questions regarding clinical competency testing.

Clinical Instructor Guidelines
1. The site clinical instructor maintains clinical competency testing records through the Eva system.
2. Site clinical instructors must conduct a minimum of 2 re-test radiograph review sessions during a 16-week semester.
3. For procedures performed away from the home site, the supervising clinical instructor should make every attempt to review the radiographs and tabulate a final grade for the competency test prior to the end of the rotation.
4. In the event that a student does not meet the minimum number of test outs required for the semester for the sole reason that the images have not been reviewed, the site clinical instructor must notify the program director of the exact circumstances. The program director will determine the manner in which the test outs are tallied for the semester.
**Student Name**

* May be simulated

Aurora St. Luke's Medical Center School of Radiologic Technology
Clinical Competency Log - Form 6:19

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Mandatory/Elective</th>
<th>Semester Completed</th>
<th>Final Grade</th>
<th>Date Performed</th>
<th>Retest Date</th>
<th>Retest Grade</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA &amp; Lat Chest</td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP/Lat Chest WC or Cart</td>
<td>M</td>
<td></td>
<td></td>
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*** Mandatory (M) and program specific mandatory competencies M(P) cannot be simulated

*** Head work competencies must include a skull competency and one other elective head competency.

**** Trauma extremities are an exam in which the student had to do something out of the normal views (shoot thru, angle tube, etc.)

Student Signature

Clinical Instructor Signature

Program Director Signature
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<tr>
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<td>Upper GI Series (double or single)</td>
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<td>Colon (double or single)</td>
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<td>OR C-arm Procedure (requiring manipulation around a sterile field)</td>
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<tr>
<td>C-arm Procedure (requiring manipulation to obtain more than one projection)</td>
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<tr>
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<tbody>
<tr>
<td>PA &amp; Lat Chest</td>
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<td>Ped. Lower Extremity</td>
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### Semester III (Radiographic Anatomy III, Radiographic Procedures IIII, Clinical Education III)

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<th>Date Performed</th>
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<th>Retest Grade</th>
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<td>Skull</td>
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<td>Sinuses</td>
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<td>Facial Bones</td>
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<td>Orbits 2 view minimum</td>
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### Semester IV (Radiographic Anatomy IV, Radiographic Procedures IV, Clinical Education IV)

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### Semester V & VI (Radiographic Anatomy V, Radiographic Procedures IV, Clinical Education V & VI)

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**P(M): Program mandatory competency**  
Must select either UGI or contrast enema plus one other fluoroscopy procedure  
Must select at least one elective headwork procedure  
****Trauma extremities are an exam in which the student had to do something out of the normal views (shoot thru, angle tube, etc..)

**Requirements Summary:**  
- 53 total competencies  
  1. 38 Mandatory imaging procedures to include CT head  
  2. 15 elective imaging procedures  
  3. One of the 15 elective procedures must be selected from the headwork exams  
  4. Two of the 15 elective procedures must be from fluoroscopy exams, one of which be either an UGI or colon.

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**Student Signature**

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**Clinical Instructor Signature**

---

**Program Director Signature**
Grading System and Standards

PURPOSE: To establish standards for determining successful completion of all aspects of the radiography curricula.

SCOPE: This policy applies to students enrolled in the School of Radiologic Technology.

Program Standard
The student must achieve a minimum of an 80% (C) average in all academic and clinical courses in order to earn course credits and remain in good standing. Failure to achieve the school standard of 80% will lead to disciplinary action, which may include termination from the program.

Grading Scale
All grades are determined as a numeric value and transferred to a letter grade. The numeric, letter and descriptive relationships are as follows:

<table>
<thead>
<tr>
<th>Numeric Grade</th>
<th>Letter Grade</th>
<th>Grade Point</th>
<th>Clinical Performance</th>
<th>Academic Performance</th>
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</thead>
<tbody>
<tr>
<td>94.0 - 100</td>
<td>A</td>
<td>4.0</td>
<td>Significant Strength</td>
<td>Excellent</td>
</tr>
<tr>
<td>92.0 – 93.99</td>
<td>B+</td>
<td>3.5</td>
<td>Developing Strengths</td>
<td>Above Average/Excellent</td>
</tr>
<tr>
<td>88.0 – 91.99</td>
<td>B</td>
<td>3.0</td>
<td>Proficient</td>
<td>Above Average</td>
</tr>
<tr>
<td>86.0 – 87.99</td>
<td>C+</td>
<td>2.5</td>
<td>Developing Proficiency</td>
<td>Average/Above Average</td>
</tr>
<tr>
<td>80.0 – 85.99</td>
<td>C</td>
<td>2.0</td>
<td>Competent</td>
<td>Average</td>
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<tr>
<td>Below 80</td>
<td>U</td>
<td>&lt; 2.0</td>
<td>Needs Development</td>
<td>Unsatisfactory</td>
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</table>

Radiographic Physics I & II
The level and pace of the coursework for Radiographic Physics I and II merits identifying these courses as advanced coursework and as such the following grading scale is used.

100-90.................A
89-80.................B
79-70.................C
Below 70.............U

Standard Compliance and Documentation
Academic achievement and clinical performance are evaluated and graded at the conclusion of each semester. Semester letter grades are documented on the corresponding semester transcript. The final transcript is signed by both the program director and student.
Grade Determination

**PURPOSE:**
To ensure fair and consistent grading practices.

**SCOPE:**
This policy applies to faculty employed by and students enrolled in the School of Radiologic Technology.

### Academic Grades

<table>
<thead>
<tr>
<th>Component</th>
<th>Weight/ Final Exam Administered</th>
<th>Weight/ No Final Exam Administered</th>
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<tbody>
<tr>
<td>Projects, presentations, tests</td>
<td>50% of course grade</td>
<td>75% of course grade</td>
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<tr>
<td>Quizzes, assignments, test corrections</td>
<td>25% of course grade</td>
<td>25% of course grade</td>
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<tr>
<td>Incomplete assignments</td>
<td>Discretion of course instructor. Student may receive a “0” for each incomplete assignment</td>
<td></td>
</tr>
<tr>
<td>Final exam</td>
<td>25% of course grade</td>
<td>NA</td>
</tr>
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**Test Corrections**
Instructors may require the student to complete a test correction document for any test score below 80%. Requirements for completing and the potential to earn points are at the discretion of the instructor.

**Senior Projects**
Second year students are required to create an exhibit or write an essay for the WAERT/WSRT educational symposium. Project grades are applied as one (1) test grade for Professional Development.

### Clinical Grades

<table>
<thead>
<tr>
<th>Semester</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
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<td>55%</td>
<td>40%</td>
<td>60%</td>
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<td>30%</td>
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<tr>
<td>Clinical Competency Testing</td>
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<td>25%</td>
<td>15%</td>
<td>20%</td>
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<td>Outcome/Competency Assessment</td>
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<tr>
<th>Attendance</th>
<th>0 occurrences*</th>
<th>9 Points</th>
<th>8 Points</th>
<th>0 Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Competency Testing - Semester Requirement</td>
<td>Exceeds semester requirement</td>
<td>Meets semester requirement</td>
<td>Does not meet semester requirement**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JRCERT Standards Compliance - Supervision and repeats</td>
<td>Abides by JRCERT Standards</td>
<td>Does not abide by JRCERT Standards****</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff (Rotation) Evaluation Forms - Semester requirement</td>
<td>All required evals submitted in a timely fashion</td>
<td>All required evals submitted</td>
<td>1 missing evaluations</td>
<td>&gt;1 missing evaluation</td>
<td></td>
</tr>
<tr>
<td>Clinical Experience Evaluation Forms - Semester requirement</td>
<td>All required evals submitted in a timely fashion</td>
<td>All required evals submitted</td>
<td>1 missing evaluations</td>
<td>&gt;1 missing evaluation</td>
<td></td>
</tr>
<tr>
<td>School Policy Compliance - to include dress code</td>
<td>Knows, comprehends and always abides by school policies</td>
<td>Knows and understands most policies, once informed of infraction takes corrective action to abide by school policy</td>
<td>Occasionally requires reminders, clarifications, rarely violates school policies</td>
<td>Requires frequent reminders, clarification or routinely violates school policies**</td>
<td></td>
</tr>
<tr>
<td>Time Card - Completion and Accuracy</td>
<td>Time card always completed per school policy</td>
<td>Required 1-2 corrections</td>
<td>Required 3-4 corrections</td>
<td>Required 5 or more corrections**</td>
<td></td>
</tr>
<tr>
<td>Simulations - Preparedness</td>
<td>Always punctual and prepared for scheduled sessions, correct forms completed, superior knowledge of and demonstration of procedures</td>
<td>Almost always on time and prepared for scheduled sessions, correct forms completed, usually above average knowledge of and demonstration of procedures</td>
<td>Usually on time and prepared for scheduled sessions, forms readily available, average knowledge of and demonstration of procedures</td>
<td>Frequently late or misses scheduled sessions, often forgets required forms, below average knowledge of and demonstration of procedures**</td>
<td></td>
</tr>
<tr>
<td>Department/Institution Policy Compliance - to include radiation safety, HIPAA, infection control, etc.</td>
<td>Knows, comprehends and always abides by department/institution policies</td>
<td>Knows and understands most policies, once informed of infraction takes corrective action to abide by dept./inst. policies</td>
<td>Occasionally requires reminders, clarifications, rarely violates dept./inst. policies</td>
<td>Requires frequent reminders, clarification or routinely violates dept./inst. Policies**</td>
<td></td>
</tr>
<tr>
<td>Patient Identification/ Exam Verification</td>
<td>Always correctly verifies patient identity and exam prior to performing procedure</td>
<td>Usually correctly verifies patient identity and exam prior to performing procedure</td>
<td>Does not always correctly verifies patient identity and exam prior to performing procedure**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** May require disciplinary action
*** Requires disciplinary action
****Clinical probation for 6 months

School of Radiologic Technology
Semester Compliance Assessment - Form 7:3

Updated/Printed 6/25/08
<table>
<thead>
<tr>
<th>Assessment Period</th>
<th>Date of Assessment</th>
<th>Assessment Score</th>
<th>Average Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Clinical Skills</td>
<td>Clinical/Professional</td>
<td></td>
</tr>
<tr>
<td>Preliminary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester I</td>
<td></td>
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<tr>
<td>Semester II</td>
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<tr>
<td>Semester III</td>
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<tr>
<td>Semester IV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester V</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester VI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVERAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Instructor ___________________________ Date __________

Program Director ___________________________ Date __________
Proficiency Exams

PURPOSE: To establish guidelines for the administration of proficiency exams.

SCOPE: This policy applies to students enrolled in the School of Radiologic Technology.

GUIDELINES:

1. A proficiency exam is used to assess cumulative knowledge.

2. A proficiency exam is administered at the end of Semester II. This exam may include any and all material taught during Semester I & II.

3. Credit is not awarded for successful completion of the proficiency exam; however, the final grade is documented on the student transcript.

4. The student must successfully complete the second semester proficiency exam, which covers coursework from the first two semesters, to continue in the program.

5. A student who does not earn a weighted passing grade of 80% or better will be placed on probation with a defined action plan to help prepare for a re-take proficiency exam.

6. The student must pass a Re-Take Examination in a time frame established by the action plan of the probationary document.

7. A raw score of 80% must be earned on the Proficiency Re-take Examination for the student to proceed in the program. Failure to earn a passing grade will result in immediate termination from the program.

8. A student seeking early release must have successfully completed the Semester II Proficiency Exam with a score of 90% or better.
**PURPOSE:** To ensure that students have acquired the knowledge and developed the skills necessary to progress to the second year of the educational program.

**SCOPE:** This policy applies to the School of Radiologic Technology.

**PROCEDURE:**

1. A copy of the Progress Assessment form is given to the student at the beginning of Semester III.

2. The student completes the self-assessment portion of the form and returns it to the home site clinical instructor.

3. A simulation session is completed for each student. A faculty member evaluates the student’s performance of (5) procedures. The student must simulate an exam from each of the following categories:
   - Spine
   - Lower extremity
   - Thorax/Abdomen
   - Upper extremity
   - Contrast procedure

   The completed forms are forwarded to the home site clinical instructor. Failure of simulated procedures will negate completed competency testing and at the discretion of the clinical coordinator may result in additional assessment of positioning knowledge and skills.

4. The clinical instructor reviews the self-assessment packet and together with the student, develops an action plan for each outcome/competency identified, as *needs development*, which may result in disciplinary action.

5. The supervising clinical instructor is responsible for implementing the corrective action plan in a timely fashion.

6. Once the form is completed the home site clinical instructor will score the Progress Assessment form. This score is used in calculating the semester III clinical education grade.

7. Completed outcome/competency assessment forms are maintained as part of the student’s permanent record.
Aurora St. Luke's Medical Center  
School of Radiologic Technology

**Progress Assessment**

<table>
<thead>
<tr>
<th>Self Evaluation</th>
<th>Faculty Assessment</th>
<th>Action Plan needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant Strength</td>
<td>Competent</td>
<td>Needs Development</td>
</tr>
<tr>
<td>Demonstration of appropriate and effective verbal and nonverbal communication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation of requisition and order verification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of pertinent patient history and correct LMP verification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes forms related to clinical education correctly and timely.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Radiation Protection**

| Application of radiatation protection, shielding, collimation and ALARA. | |
| Minimizes repeat exposures. | |

**Infection Control**

<p>| Application of standard and transmission based precautions. | |
| Application of appropriate aseptic and/or sterile technique. | |</p>
<table>
<thead>
<tr>
<th>Competency</th>
<th>CI Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thorax/Abdomen</td>
<td></td>
</tr>
<tr>
<td>Spine</td>
<td></td>
</tr>
<tr>
<td>Upper Extremity</td>
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<tr>
<td>Lower Extremity</td>
<td></td>
</tr>
<tr>
<td>Contrast Procedures</td>
<td></td>
</tr>
<tr>
<td>Adapts procedures to meet the needs of pt (age, mobility, trauma, cultural, interpreter)</td>
<td></td>
</tr>
<tr>
<td>Correct selection and use of IR</td>
<td></td>
</tr>
<tr>
<td>Correct use/care of positioning aids and radiographic accessory equipment.</td>
<td></td>
</tr>
<tr>
<td>Selects technical factors to produce quality images with the lowest radiation exposure possible.</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Care**

- Verification of patient identity.
- Correct use and care of patient medical equipment.
- Selection and preparation of contrast agents/medications appropriate to exam and patient condition.
- Recognition and evaluation of medical emergencies for implementation of appropriate corrective action.
- Provides appropriate level of physical assistance and type of transfer based on assessment of patient condition/status.
- Consistently demonstrates ability to perform routine radiographic procedures for level of education.
- Minimizes patient discomfort.

**Clinical Practice**

**Score**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Action Plan needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Evaluation</td>
<td>Faculty Assessment</td>
</tr>
<tr>
<td>Significant Strength</td>
<td>Competent Needs Development</td>
</tr>
</tbody>
</table>
### Clinical Practice (cont.)

Determines appropriateness of technical factor selection through evaluation of image density/contrast or "S" number.

Critique images for image quality, demonstration of pertinent anatomy, appropriate clinical information and artifacts.

Verbalizes appropriate corrective measures to improve inadequate images.

Knowledge and operation of information systems - EPIC

Creates final image for archiving - PACS

Performs exam in logical sequence.

### Professional Development

Supports safe, ethical and legal practices.

Utilization of time, supplies and equipment.

Demonstration of critical thinking skills. Adapts to change and varying in clinical situations.

Reports incidents, equipment malfunctions, etc. to assist with implementation of corrective actions.
### Self Evaluation vs Faculty Assessment

<table>
<thead>
<tr>
<th></th>
<th>Self Evaluation</th>
<th>Faculty Assessment</th>
<th>General Development</th>
<th>Action Plan needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant</td>
<td>Strong</td>
<td>Strong</td>
<td></td>
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<tr>
<td>Strength</td>
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<tr>
<td>Competent</td>
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<tr>
<td>Needs</td>
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<tr>
<td>Development</td>
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<tr>
<td>Attendance</td>
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<tr>
<td>Confidence</td>
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<tr>
<td>Functions</td>
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</tr>
<tr>
<td>Independently</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teamplayer</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### TOTAL PTS: _____/37 X by 10 = FINAL SCORE

SS = 10 pts
C = 8 pts
ND = 7 pts

Program Director: ____________________________________________

Date: ___________

**MANDATORY Student comments:**

List one of your strengths:

List one of your weaknesses:

Comment on all areas marked "ND":

Functions independently as well as a team player.
Exit Outcome/Competency Assessment

PURPOSE: To define and evaluate the necessary skills the student must possess upon the completion of the educational program.

SCOPE: This policy applies to the School of Radiologic Technology.

PROCEDURE:

1. A copy of the Exit Outcome/Competency Assessment form is given to the student at the beginning of semester VI.
2. The student completes the self-assessment portion of the form and returns it to the home site clinical instructor.
3. The Procedures instructor performs a simulation session with each student. The student must simulate an exam from each of the following categories, which includes ‘non-routine” views in some of the categories.
   - Head
   - Spine
   - Thorax/abdomen
   - Lower extremity
   - Trauma (upper or lower extremity)
   - Upper extremity
   - Contrast procedure
4. Failure of simulated procedures will negate completed competency testing and at the discretion of the clinical coordinator may result in additional assessment of positioning knowledge and skills.
5. The clinical instructor reviews the self-assessment and simulated procedures portions of the form and together with the student develops an action plan for each outcome/competency identified, as needs development, which may result in disciplinary action.
6. The supervising clinical instructor is responsible for implementing the corrective action plan in a timely fashion.
7. In semester VI, if the student is eligible for early clinical release, the clinical instructor will observe the senior student and assess the performance level for each of the exit outcomes/competencies.
8. The clinical instructor determines if the student is competent in all required areas.
9. The student will not be released from the program until he or she is capable of performing the outcome/competency to the satisfaction of the clinical instructor.
10. Once the form is completed the home site clinical instructor will score the Exit Outcome/Competency Assessment form. This score is used in calculating the semester VI clinical education grade.
11. Completed outcome/competency assessment forms are maintained as part of the student’s permanent record.
Demonstration of appropriate and effective verbal and nonverbal communication.

Evaluation of requisition and order verification.

Documentation of pertinent patient history and LMP.

Provides adequate patient education to include informed consent, procedural and post-examination instructions.

**Radiation Protection**

Correct use/care of dosimeter and radiation safety devices.

Application of radiation protection, shielding, collimation and ALARA.

Minimizes repeat exposures.

**Infection Control**

Application of standard and transmission based precautions.

Application of appropriate aseptic and/or sterile technique.
### Patient Care

| Action Plan needed | Verification of patient identity. | Correct use and care of medical equipment. | Selection and preparation of contrast agents/medications appropriate to exam and patient condition. | Recognition and evaluation of medical emergencies for implementation of appropriate corrective action. | Provides appropriate level of physical assistance and type of transfer based on assessment of patient condition/status. | Minimizes patient discomfort. | **Clinical Practice** |

### Score

<table>
<thead>
<tr>
<th>Competency</th>
<th>Cl Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
</tr>
<tr>
<td>Thorax/Abdomen</td>
<td></td>
</tr>
<tr>
<td>Spine</td>
<td></td>
</tr>
<tr>
<td>Upper Extremity</td>
<td></td>
</tr>
<tr>
<td>Lower Extremity</td>
<td></td>
</tr>
<tr>
<td>Trauma upper/lower</td>
<td></td>
</tr>
<tr>
<td>Contrast Procedures</td>
<td></td>
</tr>
<tr>
<td>Operation of radiographic, fluoroscopic and mobile equipment.</td>
<td></td>
</tr>
<tr>
<td>Positioning skills reflect integration of specific procedural requirements, knowledge of human anatomy and physiology, and appropriate use of topographical landmarks.</td>
<td></td>
</tr>
<tr>
<td>Adapts procedures to meet the special needs (such as age, mobility, pathology, trauma, interpreter, cultural, etc.) of each patient.</td>
<td></td>
</tr>
<tr>
<td>Correct selection, use and care of IR.</td>
<td></td>
</tr>
</tbody>
</table>
Correct use/care of positioning aids and radiographic accessory equipment.

Selects technical factors to produce quality images with the lowest radiation exposure possible.

<table>
<thead>
<tr>
<th>Self Evaluation</th>
<th>Faculty Assessment</th>
<th>Action Plan needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Strength</td>
<td>Competent</td>
<td>Needs Development</td>
</tr>
<tr>
<td>Significant Strength</td>
<td>Competent</td>
<td>Needs Development</td>
</tr>
</tbody>
</table>

**Clinical Practice (cont.)**

- Determines appropriateness of technical factor selection through evaluation of image density/contrast or "S" number.
- Critique images for image quality, demonstration of pertinent anatomy, appropriate clinical information and artifacts.
- Determines appropriate corrective measures to improve inadequate images.
- Knowledge and operation of information systems - EPIC
- Creates final image for archiving - PACS
- Performs exam in logical sequence.

**Professional Development**

- Supports safe, ethical and legal practices.
- Utilization of time, supplies and equipment.
- Demonstration of critical thinking skills. Adapts to change and varying in clinical situations.
- Integrates radiography practice standards while in the clinical setting.
- Reports incidents, equipment malfunctions, etc. to assist with implementation of corrective actions.
<table>
<thead>
<tr>
<th>Self Evaluation</th>
<th>Faculty Assessment</th>
<th>General Development</th>
<th>Action Plan needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant</td>
<td>Strength</td>
<td>Competent</td>
<td>Needs Development</td>
</tr>
<tr>
<td>Attendance</td>
<td></td>
<td>Confidence</td>
<td></td>
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<tr>
<td>Functions</td>
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<tr>
<td>independently</td>
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<td>as well as a</td>
<td></td>
</tr>
<tr>
<td>as a teamplayer.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL PTS: ________/42 X by 10 = FINAL SCORE**

SS = 10 pts  
C =  8 pts  
ND = 7 pts

Program Director:  

Date:  

Date:  
Graduation Criteria

PURPOSE: To define the criteria necessary for graduation.

SCOPE: This policy applies to the School of Radiologic Technology

PROCEDURE:

The following criteria must be met:

1. The student must have earned all necessary credits.
2. The student must successfully complete all required “Clinical Competencies”, to include the specified mandatory competencies.
3. The student must document competence on all elements of the exit outcome assessment, which encompasses the abilities and skills necessary to function as a member of the profession in the role of an entry-level radiographer.
4. The student must fulfill any monetary agreements made with the Department and/or the Medical Center. This includes full payment of tuition and books.
5. The student must return all Departmental and/or Medical Center property prior to leaving on the final day of scheduled attendance.

Upon successful fulfillment of these criteria, the student will be awarded a diploma and pin, indicating the status of graduate of Aurora St. Luke’s Medical Center School of Radiologic Technology.
Early Release

PURPOSE: To provide students with guidelines to apply for early release and comply with early release requirements.

SCOPE: This policy applies to ASL School of Radiologic Technology.

REQUEST GUIDELINES:

1. A second-year radiography student may petition for release from the program at a time earlier than the scheduled program completion date.

2. The student must complete the Notification of Intent-Early Release form and submit the form to the program director prior to the end of Semester V.

3. Each request for early release will be considered on an individual basis and at the discretion of the program faculty.

5. Consideration will be given to the following guidelines when evaluating a request for early release:

   General Requirements to complete Intent for Early Release form:

   1. The student has never incurred a disciplinary action while enrolled in the program.

   2. The student has not exceeded the allotted time off hours per year in their bank.

   3. The student must successfully complete semester II proficiency exam with a scaled score of 90% or better. No student will be released prior to Semester V.

   4. A student must currently have a 3.75 cumulative (academic & clinical) grade point average or better, in order to be eligible for early release from the program. The current official transcript will be used to verify eligibility. In addition, the student must be passing all coursework at the time the release form is submitted.
Specific Requirements to complete request for early release form:
In addition to the above general guidelines;

1. The student must have a 3.75 or higher GPA at the end of semester V.

2. The student must have completed a total of 67 clinical competencies to include all competencies identified as mandatory.

3. The student must have received a score of 94% or higher on their student symposium project.

4. The student must meet with the clinical coordinator to create a plan for completing all registry review exams.

5. The student will be released once all registry review tests and final exam are successfully completed with a non-scaled score of 80% or better. There are no “re-takes”. If a student does not pass any registry review exam with a non-scaled score of 80% or better, he/she will not be granted release and will need to finish the program within the original timeline.

EARLY RELEASE GUIDELINES:

1. The student must fulfill any monetary agreements made with the Department and/or the Medical Center.

2. The supervising clinical instructor has verified that the student has achieved all exit outcomes and is capable of performing all listed competencies.

3. The actual date of release is subject to change or to be rescinded if the student incurs excessive unexcused absences following approval of the request for early release.

4. On the last scheduled clinical rotation day:
   a. The student must return any school or hospital property specific to clinical rotations, specifically his or her film badge and Aurora ID badge.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

INTENT FOR EARLY RELEASE

This is my official notification to the faculty of my intent to apply for early release.

I have currently completed the following preliminary requirements:

<table>
<thead>
<tr>
<th>Student Initials</th>
<th>Clinical Coordinator Check</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never incurred a disciplinary action (written or verbal)</td>
</tr>
<tr>
<td></td>
<td>Have not exceeded the allotted time off bank hours</td>
</tr>
<tr>
<td></td>
<td>Successfully completed the Semester II proficiency with a score of 90% or better</td>
</tr>
<tr>
<td></td>
<td>Have a minimum of a 3.75 clinical/academic combined GPA</td>
</tr>
</tbody>
</table>

I understand that in addition to the above criteria, I must also complete the following requirements in order to be granted early release:

<table>
<thead>
<tr>
<th>Student Initials</th>
<th>Clinical Coordinator Check</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have submitted an “intent for early release” form by the end of semester V</td>
</tr>
<tr>
<td></td>
<td>Completed 67 clinical competencies to include all competencies deemed mandatory by the end of semester V</td>
</tr>
<tr>
<td></td>
<td>Achieved all Exit Outcomes</td>
</tr>
<tr>
<td></td>
<td>Completed all Registry Review Examinations with a non-scaled score of 80% or better</td>
</tr>
</tbody>
</table>

Once I have completed ALL the above requirements, it is at that time that I will submit the “Request for Early Release Form”.

_____________________________________________            __________________
Name                                                  Date submitted

***This form MUST be submitted to Clinical Coordinator by the 14th week of the semester***
REQUEST FOR EARLY RELEASE

I, ____________________________________ am requesting early release from the clinical and academic portions of the program. I estimate that I will have completed all early release criteria by __________.

Date submitted: ______________

To be completed by the supervising Clinical Instructor:

CLINICAL COMPETENCIES COMPLETED

Total: ___________

Outcome Assessment Completion Date: _______________

Disciplinary (verbal or written):

Yes ______    No ______

I verify that the above-named student is clinically competent and support his/her petition for early release.

__________________________________________________          ______________________
Clinical Instructor                                           Date

To be completed by the Clinical Coordinator:

REMAINING TIME OFF BANK

Hours: ____________          Date: ____________

Symposium Project Grade: _______________ (Must be 94% or higher)

Semester II Proficiency Grade: ______________ (Must be 90% or higher)

Cumulative GPA: ____________

I verify that the above-named student is clinically competent and support his/her petition for early release.

__________________________________________________          ______________________
Clinical Coordinator                                           Date

__________________________________________________          ______________________
Student                                                   Date