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- School Organization Chart
- Mission, Vision, Goals
- Advocate Aurora Healthcare Information
- Aurora Libraries

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- Course Descriptions
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• Voluntary Attendance Form
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• Leave of Absence
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Revised: 6/22, 9/22
• Clinical Performance Rotational Evaluation Form
• Semester Evaluation Policy
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• Clinical Rotation Observation Form
• Student Experience Clinical Evaluation
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• Grade Determination
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• Progress Assessment Form
• Exit Outcome Assessment Policy
• Exit Outcome Assessment Form
• Graduation Criteria Policy
• Graduate Agreement Form
Aurora St. Luke’s Medical Center
School of Radiologic Technology

Faculty/Site Contact Information

FACULTY

Breanne Rosenbaum  Program Director, School of Radiologic Technology
Phone: (414) 747-4335

Tracie Maxwell  Clinical Coordinator, School of Radiologic Technology
Phone: (414) 747-4357

Sara Rossmann  Clinical Instructor, Aurora Sinai Medical Center
Phone: (414) 219-7234

Linda Radike  Clinical Instructor, Aurora St. Luke’s Medical Center
Phone: (414) 649-6148

Kayla Wolf  Clinical Instructor, Aurora St. Luke’s Medical Center
Phone: (414) 649-6148

Jessica Sughroue  Clinical Instructor, Aurora West Allis Memorial Hospital
Phone: (414) 328-6473

Sara Ratajewski  Clinical Liaison, Aurora St. Luke’s South Shore
Phone: (414) 489-4487

Peggy Wendt  Clinical Liaison, Greater Milwaukee Clinics – Layton
Phone: (414) 294-4522

Ashley Hanson-Buttry  Clinical Liaison, Aurora – Summit
Phone: (262) 434-1337

Traci Hopeman
Kathy Marti  Clinical Liaison, Aurora – Grafton
Phone: (262) 329-1515

Sara Mossell  Clinical Liaison, Aurora – 84 South
Phone: (414) 246-6855
CLINICAL SITES

Aurora St. Luke's Medical Center
Sorting / Schroeder           (414) 649-6079
Sorting / Main Department     649-6507
Front Desk / Main Department  649-6429

West Allis Memorial Hospital
Imaging Department            (414) 328-6428
Front Desk                    328-6416

Aurora Sinai Medical Center
Main Department               (414) 219-7210
ER Department                 219-7240
Front Desk / Main Department  219-3001

Aurora St. Luke’s South Shore
Imaging Department            (414) 489-4487
Front Desk                    489-4062

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

Aurora Medical Center Summit
Imaging Department            (262) 434-1337

Greater Milwaukee Clinic – Layton
Imaging Department            (414) 294-4522

Greater Milwaukee Clinic – 84 South
Imaging Department            (414) 246-6855
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 Registry of Radiologic Technologists (ARRT)
1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048
www.arrt.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
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

Purpose / Mission

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 ensure 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.
Welcome to Advocate Aurora Health

About Advocate Aurora Health

Advocate Aurora Health is one of the tenth largest not-for-profit, integrated health systems in the United States and a leading employer in the Midwest with more than 70,000 employees, including more than 22,000 nurses and the region’s largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly 3 million patients annually in Illinois and Wisconsin across more than 500 sites of care. Advocate Aurora is engaged in hundreds of clinical trials and research studies and is nationally recognized for its expertise in cardiology, neurosciences, oncology, and pediatrics. The organization contributed $2.1 billion in charitable care and services to its communities in 2018. We help people live well.

At Advocate Aurora Health, we are dedicated to learning and providing compassionate, safe, and quality care to all patients, their families and their communities.

We believe that our practice sites provide an excellent Imaging experience for students, and we look forward to working with you during your practical learning and clinical experience with Advocate Aurora Health.
OUR PURPOSE AND OUR VALUES

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 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.

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.
## Service Expectations

### Behaviors to Model and Avoid

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

The following describes “how” an Imaging student and non-clinical student can use AIDET:

**FIVE FUNDAMENTALS OF SERVICE: AIDET**

To interact with each customer in a way that reduces their anxiety and is respectful and informative. When you talk with a patient or family member, use AIDET:

<table>
<thead>
<tr>
<th>COMPONENT</th>
<th>IMAGING STUDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGE</td>
<td>Knock/ask permission to enter room Smile and make eye contact Wash/sanitize hands Use the patient’s name</td>
</tr>
<tr>
<td>INTRODUCE</td>
<td>Introduce yourself by name/title Clarify your role on the imaging team Highlight skills/experience of self/others on the team <em>Manage up</em> (make a positive comment about your team/site/physician)</td>
</tr>
<tr>
<td>DURATION</td>
<td>How long will the visit take? How long test, procedure, appointment, results take or wait actually be? When can they expect you to follow-up with them? Keep patient/family informed of delays or changes.</td>
</tr>
<tr>
<td>EXPLAIN</td>
<td>Explain what would be taking place, why and what they should expect, etc. Use language the patient can understand Ask if they have any questions</td>
</tr>
<tr>
<td>THANK YOU</td>
<td>Thank the patient. Ask if there is anything else you can do for the patient.</td>
</tr>
</tbody>
</table>

- Bring any patient concern to your clinical instructor and/or imaging manager or Supervisor.
• It empowers team members to take quick and decisive action when something has gone wrong.
• It turns potentially negative moments (any instance when a patient comes into contact with AAH and an impression is formed) into positive experiences.
• It creates a learning culture, wherein identifying/resolving complaints supports AAH’s just culture, and provides an opportunity for continuous improvement.
• It is a vital communication tool for listening and learning, then changing course. It curbs bad public relations: Dissatisfied patients tend to tell others about their bad experience.
• Response to concern/complaints is highly correlated to a patient’s likelihood of recommending an organization to family and friends; a patient’s recommendation is an important indicator of loyalty to AAH.

We are all responsible for Service Recovery!

<table>
<thead>
<tr>
<th>ACT for Service Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apologize: No excuses</td>
</tr>
<tr>
<td>Correct: Fix the problem or find out who can</td>
</tr>
<tr>
<td>Take Action: Communicate</td>
</tr>
</tbody>
</table>

**KEY WORDS AT KEY TIMES**

To determine key communication points with our customers and develop keywords that convey consistent and caring messages. In health care, patients are distracted, frightened, and many times in pain. We may think we have communicated something, but in reality, what we thought we were communicating may not have been heard. Keywords are simple. They help the patient understand his/her care better, align the staff’s behavior to the needs of the patient. When we talk about keywords, we are talking about building a relationship with our patients.

• Listen to patient’s concern or complaint.
• Apologize when expectations are not met.
• Respond to resolve patient’s concerns or complaints.
• Thank patient for bringing concern or complaint to our attention and giving us a “Second chance” to fix problem.
• Follow-up with patient to make sure concern or complaint is resolved.
EXAMPLES OF KEY WORDS AT KEY TIMES

- I am closing the door for your privacy
- I will get you a warm blanket for your comfort
- Do you have any questions before I leave?
## Our purpose & values

### OUR PURPOSE
We help people live well.

<table>
<thead>
<tr>
<th>Guided by:</th>
<th>Focused on:</th>
<th>Committed to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Our Values</strong>&lt;br&gt;Excellence&lt;br&gt;Compassion&lt;br&gt;Respect</td>
<td><strong>Our Patients</strong>&lt;br&gt;<strong>Our People</strong>&lt;br&gt;<strong>Our Communities</strong></td>
<td><strong>Diversity</strong>&lt;br&gt;<strong>Equity</strong>&lt;br&gt;<strong>Inclusion</strong></td>
</tr>
</tbody>
</table>
Powered by our teams working together

**ENGAGE**
- Collaborates
- Communicates effectively
- Drives engagement
- Instills trust

**EMPOWER**
- Values differences
- Fosters resilience
- Builds effective teams
- Develops talent

**EXECUTE**
- Ensures accountability
- Drives results
- Manages complexity
- Consumer focus

**TRANSFORM**
- Exhibits courage
- Strategic mindset
- Cultivates innovation

AdvocateAuroraHealth
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
About the Library

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.
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

Last updated: October 17, 2017
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 a minimum 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 21 months of full-time study. The program is divided into six semesters. Fall and spring semesters are 16 weeks, summer semesters are 12 weeks and 6 weeks respectively.

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 a minimum of 80 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)
- Aurora St. Luke’s South Shore
- Aurora Medical Center Summit
- Aurora Medical Center Grafton
- Greater Milwaukee Clinic/Layton
- 84 South Clinic
## SEMESTER SCHEDULE (Class of 2023)

<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 30, 2021 – December 17, 2021</td>
</tr>
<tr>
<td>Semester II</td>
<td>16 weeks</td>
<td>14</td>
<td>January 4, 2022 – April 29, 2022</td>
</tr>
<tr>
<td>Semester III</td>
<td>12 weeks</td>
<td>7</td>
<td>May 9, 2022 – August 5, 2022</td>
</tr>
<tr>
<td>Semester IV</td>
<td>16 weeks</td>
<td>13</td>
<td>August 29, 2022 – December 16, 2022</td>
</tr>
<tr>
<td>Semester V</td>
<td>16 weeks</td>
<td>12</td>
<td>January 2, 2023 – April 28, 2023</td>
</tr>
<tr>
<td>Semester VI</td>
<td>12 weeks</td>
<td>6</td>
<td>May 8, 2023 – August 4, 2023</td>
</tr>
</tbody>
</table>

### 2021-2022

- **Winter Holiday:** December 18, 2021 – returning Jan 4, 2022
- **Easter Break:** April 16, 2022 – returning April 26, 2022
- **Spring Break:** May 1, 2022 – returning May 10, 2022
- **Summer Break:** July 2, 2022 – returning July 12, 2022
  - August 6, 2022 – returning August 30, 2022

### Class of 2022 GRADUATION:

- August 5, 2022

### 2022-2023

- **Winter Holiday:** December 16, 2022 – returning January 2, 2023
- **Spring Break:** March 6, 2023 – returning March 13, 2023
  - May 1, 2023 – returning May 8, 2023
- **Summer Break:** July 3, 2023 – returning July 10, 2023

### Class of 2023 GRADUATION:

- August 4, 2023
## Aurora St. Luke's Medical Center
### School of Radiologic Technology

**SEMESTER SCHEDULE (Class of 2024)**

<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 29, 2022 – December 16, 2022</td>
</tr>
<tr>
<td>Semester II</td>
<td>16 weeks</td>
<td>14</td>
<td>January 2, 2023 – April 28, 2023</td>
</tr>
<tr>
<td>Semester III</td>
<td>12 weeks</td>
<td>7</td>
<td>May 8, 2023 – August 4, 2023</td>
</tr>
<tr>
<td>Semester IV</td>
<td>16 weeks</td>
<td>13</td>
<td>August 28, 2023 – December 15, 2023</td>
</tr>
<tr>
<td>Semester V</td>
<td>16 weeks</td>
<td>12</td>
<td>January 2, 2024 – April 26, 2024</td>
</tr>
<tr>
<td>Semester VI</td>
<td>6 weeks</td>
<td>3</td>
<td>May 6, 2024 – June 14, 2024</td>
</tr>
</tbody>
</table>

**2022-2023**

Winter Holiday: December 16, 2022 – returning Jan 2, 2023

Spring Break: March 6, 2023 – returning March 13, 2023
May 1, 2023 – returning May 8, 2023

Summer Break: July 3, 2023 – returning July 10, 2023
August 7, 2023 – returning August 28, 2023

**Class of 2023 GRADUATION:** August 4, 2023

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**2023-2024**

Winter Holiday: December 15, 2023 – returning January 2, 2024

Spring Break: March 4, 2024 – returning March 11, 2024
April 29, 2024 – returning May 6, 2024

Summer Break: July 1, 2024 – returning July 8, 2024

**Class of 2024 GRADUATION:** June 14, 2024

Revised: 6/22, 8/22, 9/22
Aurora St. Luke's Medical Center  
School of Radiologic Technology  

COURSE LIST BY SEMESTER  
Class of 2023

SEMESTER I – 14 Credits

Intro to Radiologic Science & Healthcare (2 credits)  
Principles of Imaging I (2 credits)  
Radiographic 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)  
Radiographic Procedures II (5 credits)  
Clinical Education II (3 credits)

SEMESTER III – 7 Credits

Radiographic Procedures III (3 credits)  
Clinical Education III (4 credits)

SEMESTER IV – 13 Credits

Cross Sectional Anatomy (3 credits)  
Radiographic 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 (2 credits)  
Seminar in Radiography II (2 credits)  
Radiographic Pathology (3 credits)  
Radiation Biology (2 credits)  
Independent Study (2 credits) – Carroll University students only  
Clinical Education V (3 credits)

SEMESTER VI – 3 Credits

Professional Development in Radiography (2 credits)  
Clinical Education VI (4 credits)

Revised: 6/22,9/22
Aurora St. Luke's Medical Center  
School of Radiologic Technology  

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Revised: 6/22,9/22
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

COURSE DESCRIPTIONS – Class of 2023

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.

Radiographic 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. Must complete the
total number of competencies required by completion of 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.

Revised: 6/22,9/22
Radiographic 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. Must complete the total number of competencies required by completion of the program.

SEMESTER III

Radiographic Procedures III (3 credits)
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. Must complete the total number of competencies required by completion of the program.

SEMESTER IV

Radiographic 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. Must complete the
total number of competencies required by completion of the program.

**SEMESTER V**

**Radiographic Physics II** (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.

**Independent Study** (2 credits)
Students will research a topic related to medical imaging, complete a paper on their research, and
present their findings to a panel of faculty. The project will help develop the student’s critical thinking,
writing, research, public speaking skills and assist the student in their professional development
within the field. This project may be submitted as the student’s symposium project if they so choose.

**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. Must complete the
total number of competencies required by completion of the program.
SEMESTER VI

Professional Development in Radiography (3 credits)
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). Students complete a project for submission to the WAERT (WSRT) student symposium. The grade received in the project is included in the Professional Development average. Students participate in a Debate Project covering current healthcare topics. Students develop research, critical thinking, and public speaking skills. The grade received in the project is included in the Professional Development average.

Clinical Education VI (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. Must complete the total number of competencies required by completion of the program.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

COURSE DESCRIPTIONS – Class of 2024

SEMESTER I

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**Radiographic 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.

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SEMESTER IV

Radiographic 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.

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Aurora St. Luke’s Medical Center
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Progressive Objectives – Class of 2023

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 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, and upper extremity, 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 total semester 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 total semester competencies.
➢ Complete 2 re-test out exams.
Upon completion of Semester III, the student will with 80% accuracy:

➢ Perform skull, sinuses, urinary and minor special procedures, including arthograms, 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 total semester competencies.

Upon completion of Semester IV, the student will with 85% accuracy:

➢ Position 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 total semester competencies.

➢ Complete 2 re-test out exams.

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

➢ Perform all radiographic procedures.

➢ Perform radiographic examinations in a sequence, which avoids or minimizes undesirable effects, which may result from prior procedures.

➢ Complete 2 re-test out exams.

➢ Complete total semester competencies.

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

➢ Complete total semester competencies.

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.

➢ Select appropriate views for the exam from the procedure menu for processing.

➢ Identify the appropriate Exposure Index 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.
- 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 regard 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.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

Progressive Objectives – Class of 2024

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 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.
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➢ Position for chest, abdomen, and upper extremity, 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 total semester 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 total semester competencies.

➢ Complete 2 re-test out exams.
Upon completion of Semester III, the student will with 80% accuracy:
➢ Perform skull, sinuses, urinary and 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 total semester competencies.

Upon completion of Semester IV, the student will with 85% accuracy:
➢ Position 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 total semester competencies.

➢ Complete 2 re-test out exams.

Upon completion of Semester V, the student will with 80% accuracy:
➢ Perform all radiographic procedures.

➢ Perform radiographic examinations in a sequence, which avoids or minimizes undesirable effects, which may result from prior procedures.

➢ Complete 2 re-test out exams.

➢ Complete total program competencies.

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.

➢ Select appropriate views for the exam from the procedure menu for processing.

➢ Identify the appropriate Exposure Index 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.

➢ 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, 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 regard 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-V, 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.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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 Director – ASLMC
- Clinical Instructors
- Class senior president student representative
- Member from the community of interest:
  - Human Resource Representative
  - University Affiliate Representative
  - UWM
- Supervisory Representatives:
  - SLMC
  - ASMC
  - WAMC
- 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.

Effective: 4/1/92
Revised: 6/94,9/96,5/98,10/98,6/99,7/02,8/05,8/06,5/07,6/07,8/11,8/12,8/18,8/20
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

Clinical Preceptor

PURPOSE: To define the role of the clinical preceptor

SCOPE: School of Radiologic Technology

PROCEDURE:

1. Clinical preceptors will be named at all off-site rotations.
   a. Grafton
   b. Summit
   c. SLSS
   d. GMC
   e. 84 South Clinic

2. The clinical preceptor 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 preceptor must:
   b. Have 2 years clinical experience in the profession.
   c. Hold a current ARRT certification and license in radiography.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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.

Clinical

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

- Aurora approved jackets or shirts may be worn under the guidelines of Advocate Aurora Health
- Scrub tops and pants should be clean and wrinkle free
- Advocate Aurora attire may be worn

Note: **Light blue scrubs can only be worn in the following rotations:** Surgical/OR, Portable, Interventional, or 2nd shift rotations at ASLMC. Light blue scrubs may not be removed from the hospital at any time.

TOPS
- Any color scrub, except those listed below, including coordinating print tops are acceptable
  - No denim or camouflage
- White, print, or solid color under shirts, long sleeves, or tank tops may be worn under scrub shirt for warmth
- No loud/bold, suggestive, or obnoxious tops
- No decals, caricatures, slogans, or advertising
- No sweatshirt or sweatshirt type tops, sweaters, or hoodies
- If a shirt is worn below a scrub top, it must not be visible below the hemline of the scrub top

PANTS
- No sweatpants or tight/clinging pants
- Jogger fitted scrub pants may be worn
- Scrub pants are to be ankle length
  - No crop pants
  - Pants should not cover the shoe or drag on the ground

FOOTWEAR
- Clean athletic shoes or clogs should be worn - shoes must be in good condition
  - Bright colors should be kept to a minimum
- Open toed shoes and sandals are not allowed for safety reasons
- Socks 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.
- Artificial fingernails or extenders must not be worn when providing direct patient care. Natural nail tips must be kept less than ¼ inch long. Nail polish must be intact and must be able to be easily removed if chipping or damage occurs.
- Professional grooming also requires that make-up be used sparingly.
- Regular bathing and the use of deodorant are required.
- 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 and may be sent home to retrieve
- Student markers: if student loses a marker(s), student must provide proof of purchase of new marker(s) 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 requiring the use of the lost marker(s), until new markers are provided
  - Students may not use technologist marker(s), or digital annotation, as a supplement
  - Failure to notify faculty and provide proof of purchase may result in disciplinary action

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

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

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

Classroom

Scrubs 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 sweatpants
- Jogger pants may be worn
- Skirts / skorts / shorts must be of appropriate length
- Jeans should not be ripped, frayed, or containing holes

TOPS, SHIRTS, 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

IDENTIFICATION
- Department name badges are to be worn and visible at all times

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. Any instances of non-compliance with this policy will result in the following:

- Dress: student will be sent home to change
- Department name badges: student will be sent home to retrieve

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 (unforms/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)
CAREGIVER APPEARANCE

o) OSHA Standard 1910.138(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

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

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. 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 other 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.
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:**


**PRIOR REVIEW / REVISION DATES:**

01/11, 04/13, 01/14, 12/16
Aurora St. Luke’s Medical Center
School of Radiologic Technology

Health and 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

It is recommended that each student 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.
   b. 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.

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.

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

1. 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 in the parking lot until the “all clear” is given by the fire department.

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

3. The Aurora Safety Preparedness policy will be followed at each individual clinical site.

Effective: 6/89
Revised: 6/94, 5/98, 2/00, 7/01, 8/06, 7/07, 5/15, 8/18, 8/20, 6/21, 6/22, 7/22
Students Services

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 a non-employee number. The non-employee number is used to generate an Aurora email account and access to the internet and Aurora intranet, as well as other IS applications.

Hospital Organizational Learning Modules
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 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. Students have access to the classroom library.

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.

Effective: 4/08
Revised: 8/12,7/19,8/20,6/22
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.
# Aurora St. Luke’s Medical Center
## School of Radiologic Technology

### 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.

### Resources

<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 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>Heil Building</td>
</tr>
<tr>
<td>Digital Imaging Equipment</td>
<td>Heil Building</td>
</tr>
<tr>
<td>Imaging Lab (working general room, DR cassette, grid and related accessories)</td>
<td>Heil Building</td>
</tr>
<tr>
<td>C-Arm Lab and OR related equipment/accessories</td>
<td>Heil Building</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 Aurora On-Line Library</td>
</tr>
<tr>
<td>Phantoms (torso (1), chest (1), skull (2), hand, elbow, knee, foot)</td>
<td>Heil Building Imaging Lab</td>
</tr>
<tr>
<td>2 - Articulating, full body phantoms</td>
<td>Heil Building</td>
</tr>
<tr>
<td>Teaching File</td>
<td>Classroom, Heil Building 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 the Aurora Health Care Libraries.
3. Students may check out the school’s library holdings.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

Patient Safety Policy

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.

PROCEDURE:

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
4. 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.
5. 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.

SCOPE: Aurora School of Radiologic Technology

PROCEDURE:

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 Surveys (6 months – 1-year post graduation)
   d. 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
PURPOSE: The program will routinely gather feedback from students in an effort to promote continual program improvement.

SCOPE: 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.

End of Semesters I, II, IV, & V (VI – Class of 2023)
All didactic courses and instructors will be evaluated by students.
Students complete site specific and clinical instructor evaluations at the closing of the rotation.

End of Semester III
Students will not be asked to complete didactic or clinical evaluations this semester. Students will be asked to complete “off-site” rotational evaluations for those non-primary clinical sites they visit as they complete those visits.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

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 Preceptors
• Student Representative(s) – Maximum of two (2) students per major clinical site
• Staff Technologist – Minimum of (one) 1 from each rotational clinical site

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

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:

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 will be provided with NRC Form 5 annually, showing their occupational dose for the prior year.
9. Students will complete the Aurora staff mandatory annual educational modules on safety, found on the Aurora intranet.
10. 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 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 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 Aurora intranet and complete an MRI screening form.

*To locate the AAH 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.
NOTICE TO EMPLOYEES

The Wisconsin Department of Health Services (DHS) has established standards to protect you from hazards associated with radioactive materials and radiation emitting machines and has established certain provisions for the options of workers engaged in work under a DHS license or registration. In particular, the following information is available for your review:

- Wisconsin Admin. Code ch. DHS 157; Subchapter III - Standards for Protection from Radiation
- Wisconsin Admin. Code ch. DHS 157; Subchapter X - Notices, Instructions and Reports to Workers

Any other documents your employer must provide, as noted below in “Your Employer’s Responsibility.” These may be found at the following locations:

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YOUR EMPLOYER’S RESPONSIBILITY

Your employer is required to:
1. Apply these regulations to work involving radiation sources.
2. Post or otherwise make available to you a copy of the license, conditions, or documents incorporated in the license by reference and amendments, and/or registration certificate(s) and operating procedures that apply to work you are engaged in and how their provisions apply to you.
3. Post any Notice of Violation involving radiological working conditions, proposed imposition of civil penalties, or orders.

YOUR RESPONSIBILITY AS A WORKER

You should:
1. Know the provisions of Wis. Admin. Code ch. DHS 157 “Radiation Protection,” the precautions, the operating procedures, and the emergency procedures that apply to the work in which you are engaged.
2. Observe the provisions for your own protection and protection of your coworkers.
3. Report unsafe working conditions and violations of the license, registration conditions, and/or regulations to your employer or DHS.

WHAT IS COVERED BY THESE REGULATIONS

1. Limits on exposure to radiation and radioactive material in restricted and unrestricted areas.
2. Measures to be taken after accidental exposure.
3. Personnel monitoring, surveys, and equipment.
4. Caution signs, labels, and safety interlock equipment.
5. Exposure records and reports.
6. Options for workers regarding Department inspections.
7. Related matters.

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REPORTS ON YOUR OCCUPATIONAL RADIATION DOSE HISTORY

1. DHS regulations establish occupational limits for exposure to radiation and for concentrations of radioactive material in air and water. The regulations require your employer to give you a written report if you receive a dose in excess of any applicable limit. The limits on your occupational dose are in § DHS 157.22(1); (7) and (8). While these are your maximum allowable limits, your employer is required to take steps to keep your radiation dose as far below limits as is reasonably achievable.

2. If the regulations require your employer to monitor your radiation exposure:
   a. Your employer must advise you annually of your exposure to radiation if the reported dose exceeds 100mRem or if you request it.
   b. Upon termination of employment, your employer must give you a written report of your radiation exposure if you request it.

INSPECTIONS

All licensed or registered activities are subject to inspection by the State of Wisconsin, Department of Health Services. Any worker or worker’s representative who believes that violations of Wis. Admin. Code ch. DHS 157 “Radiation Protection,” or the terms of the employer’s license or registration has occurred may request an inspection. The request must be in writing and sent to the address listed below. The request must describe the alleged violation in detail and be signed by you or your representative. During inspections, DHS inspectors may confer privately with workers, and any worker may bring to the attention of the inspectors any past or present condition that he or she believes contributed to or caused a violation as described above, § DHS 157.89(4)

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POSTING REQUIREMENTS

Copies of this notice must be posted in every establishment where employees are engaged in activities licensed or registered by the State of Wisconsin, Department of Health Services. Posting must permit employees working in or frequenting any portion of a restricted area to observe a copy on the way to or from their place of employment (§ DHS 157.88).
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
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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:

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.

NOTE: Students must follow all Radiation Safety guidelines and standards set forth by the Sponsoring organization.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

Lead Shielding Garments Policy

PURPOSE: To describe the process for managing leaded shielding garments and to ensure student and faculty safety when utilizing for radiation protection.

PROCEDURE: Lead shielding garments must be worn by students and faculty who are utilizing the C-Arm lab whose dose may reach limits as specified in state regulations.

The School is responsible for following manufacturer instructions for use, storage, and proper cleaning. All leaded shielding garments will be inspected annually.

Instructions for Students and Faculty
1. Inspect for defects such as tears, cuts, rips, perforations, punctures, folds, and thinning creases prior to use. Ensure the straps and fasteners (e.g. Velcro or clips) are operational.
   - If the straps and fasteners aren’t functional, and/or there are defects, the garment should not be used, and the Program Supervisor should be notified.
2. Garments should be hung up by both shoulders/straps on the approved apron hanger.
3. Garments should never be folded or creased.
4. Completion and outcome of annual leaded garment inspections will be logged and reported annually – see Lead Shielding Garment Log.

Intake/Inventory of Garments
1. All leaded shielding garments are assigned a tag with a unique number and description on the inventory log (to include color and type, i.e., thyroid, apron, skirt, vest).
2. The school faculty designee is responsible for inventory control of all lead garments.

Cleaning
1. The students and faculty follow lead garment manufacturer instructions for use, cleaning, and disinfecting.
2. If the lead garment is impossible to clean, due to contamination, the Program Supervisor must be notified.

Testing
1. Lead garments are to be visually inspected and documented in the inventory log annually.
2. Lead garments are to be fluoroscopically inspected every 2 years.

Evaluation of Garments
1. Garments will be removed from service that show thinning/clumping of shielding material, cracks, or holes.
2. Any garments that do not pass inspection are to be immediately removed from service and the Program Supervisor should be notified. Garments will be disposed of following the AAH guidelines.

* See AAH Leaded Shielding Garments and Devices Policy for further criteria
# Radiology Education Lead Apron Log

<table>
<thead>
<tr>
<th>Tag Number</th>
<th>Lead Type</th>
<th>Lead Description</th>
<th>Date Inspected</th>
<th>Pass</th>
<th>Fail</th>
</tr>
</thead>
<tbody>
<tr>
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* ANY LEAD THAT FAILS AN INSPECTION WILL BE REMOVED FROM USE AND DISCARDED PROPERLY
I. PURPOSE

To describe the process for managing leaded shielding garments and devices to ensure team members' safety when utilizing for radiation protection.

II. SCOPE

This policy applies to any entity or facility owned and controlled by Advocate Aurora Health, Inc. where leaded shielding garments and devices are used.

III. DEFINITIONS/ABBREVIATIONS

DHS: (WI) Department of Health Services  
IEMA: (IL) Illinois Emergency Management Agency  
**Leaded Shielding Garments and Devices:** Examples include aprons, gloves, vests, skirts, thyroid shields, humeral, gonadal shields, and leaded glasses.

IV. POLICY

A. Lead shielding garments and devices must be worn by team members who are in the procedure room during fluoroscopic and radiographic procedures whose dose may reach limits as specified in their state regulations.

B. All leaded shielding garments and devices will be inspected annually.

C. Individual departments will assume responsibility for their leaded shielding garments and device annual inspections.

D. Each individual department is responsible for following manufacturer instructions for use, storage, and proper cleaning.

E. Individual departments will either manage, or coordinate with an appropriate department to manage, the intake process and annual inspection of leaded shielding garments and devices in their department.
V. PROCEDURE

A. Instructions for Users/Areas Utilizing Protective Garments

1. Team members using leaded shielding garments and devices should confirm the following each time the garment/device is used:
   a) Inspect for defects such as tears, cuts, rips, perforations, punctures, folds, and thinning creases.
   b) The straps and fasteners (e.g., Velcro or clips) are operational.
      (1) If the garment has not been inspected or the straps and fasteners aren’t functional, the garment should not be used, and the department manager notified.
   c) Aprons should be hung up by both shoulders or on an approved apron hanger.
   d) Aprons should never be folded or creased.

2. At any time, team members using leaded shielding garments and devices can request further evaluation, testing, review of said device for integrity and function.

3. The department leader is responsible to ensure the leaded shielding garments and devices within their department are inspected annually (not to exceed 14 months).

4. Completion and outcome of annual leaded garment and device inspections will be reported at least annually to the Radiation Safety Committee/ or equivalent Quality Committee.

B. Intake / Inventory of Lead Aprons

1. All leaded shielding garments and devices are to be inspected for integrity and inventory control prior to being put into use. New leaded shielding garments and devices should be visually and radiographically inspected for any defects that could be caused by shipping or manufacturer error.

2. If a rip, tear, or hole is found, return the lead garment to the manufacturer. Retain a copy of the vendor acknowledgment of defective lead garment return.

3. Assign a unique number and description and inventory each leaded shielding garment / device. Label each lead garment or device with a unique number and assign a descriptor of color and type, i.e., thyroid, apron, skirt, vest.
   a) Inventory records may include the following:
      (1) identifying department, date received, number, description, physical condition, shielding integrity, inspector name.
   b) The department designee /designees are responsible for inventory control of all lead garments

4. Once complete, the lead garment/device is radiographically inspected and put into use.
C. Cleaning

1. Each department is to follow lead garment manufacturer instructions for use, cleaning, and disinfecting.
2. If it is impossible to clean the lead garment due to contamination, properly store the garment and notify the department manager for proper disposal.

D. Annual Inspection

1. Perform inspections at least annually (not to exceed 14 months). For site/facility specific testing methodology contact radiation safety officer or designee.
2. Testing methodology
   a) Visual, tactile evaluation
      (1) Lead garments and devices are to be visually inspected and documented in the inventory control log annually.
      (2) Lead garments are visually checked for gross defects such as tears, perforations, holes, cracks, flaking or peeling, etc.
         a) Lay garment on a flat surface and visually check all seams and the outer and inner covers for any visible damage.
         b) Check the belts and fastening devices to confirm they are in good shape and work correctly.
         c) Feel the surface of the apron for any lumps, cracks, or evidence of separation from the seams or sagging.
      (3) If visual inspection reveals possible defects, radiographic or fluoroscopic inspections should be performed.
   b) Fluoroscopic, radiographic evaluation:
      (1) Lead garments and devices are to be fluoroscopically or radiographically inspected at least every 2 years.
      (2) A team member trained in fluoroscopy operation is to examine and validate the integrity of all leaded garments using fluoroscopy, radiography, or CT imaging for radiation leaks, fractures, or damage that could cause a leak. Examine each lead garment to guarantee maximum shielding efficiency and document results in an inventory log.
      (3) When using fluoroscopy:
         a) The image intensifier should be placed reasonably close to the garment to reduce the amount of magnification; this will decrease the amount of time and views needed to cover the
garment and more accurately represent the actual size of features in the image.

b) Use collimation or magnification modes if not easily achievable. The garment is to remain stationary and lay flat during the evaluation and not in motion, or defects may not appear due to the lag in the video camera.

c) Utilize lowest technique factors that yield a satisfactory image (Example Technique 80 kVp).

d) Defects such as pinholes, cracks, and tears show up as very bright white areas.

e) Use digital/computer radiography to assess if any areas have questionable integrity.

(4) When using digital/computer radiography:

a) Lay garment flat on top of the cassette.

b) Lead garment will be imaged in its entirety using a low technique. The technique should start at 50/70 kVp and 5 mAs and can be adjusted accordingly.

c) On the radiographic image, defects show up as very dark areas.

(5) When using CT:

a) Lay item flat on table.

b) Two aprons can be scanned at one time.

c) Perform a topogram scan (scout) and review for defects (Example Technique 80 kVp and 50 mA).

d) On the CT image, defects show up as very dark areas.

3. Evaluation of garments and devices:

a) Remove any apron from service that shows thinning/clumping of shielding material, a crack, a hole with a diameter greater than 5 mm, or multiple holes having a total area > 5cm². Double the threshold for items with holes in the case where:

(1) The hole(s) are on the part of the apron that is clearly not covering a radiosensitive organ, i.e., if the hole(s) are over the shoulder.

(2) The apron is the wrap-around variety, and hole(s) of concern are covered by another section of the apron with shielding material.

b) Evaluation of thyroid and gonadal shields:

(1) For thyroid shields remove from service any shield with a crack, a single hole greater than 3 mm or a combined area greater than 11 mm².
(2) For gonadal shields remove from service any shield with a crack or single hole greater than 5mm or a combined area greater than 25 mm².

c) Evaluation of leaded gloves:
   (1) Remove from service a glove with a crack, a single hole with a diameter greater than 5 mm, or multiple holes having a total area of > 2 cm². Radiological examination at 120 kVp, 2.5-3.2 mAs at 40 inches.

d) Evaluation of leaded glass and moveable barriers:
   (1) Visual Inspection for damage, scratches, and cracks only.
   (2) No radiation penetration tests required.

4. For departments outside of Radiology, it is the responsibility of the Department leader to facilitate with Radiology, an appropriate time and location for the annual inspection.

5. For any lead garments that are not inspected or missing, the department will actively search for missing lead and if not found within 90 days to mark as “missing” on inventory log.

6. Any protective garments that do not pass inspection are to be immediately removed from service for additional review, repair, or disposal. The department leader should be immediately notified, and appropriate documentation reflected on the inspection report.

7. If disposal is necessary, the department leader should work with environmental services for proper disposal of hazardous materials.
   a) If not at a hospital, dispose of the lead garment through an approved hazardous waste company, who ensures the lead is recycled or disposed of according to local, state and federal regulations.

VI. CROSS REFERENCES

Not applicable

VII. RESOURCES AND REFERENCES


D. Illinois Emergency Management Agency Standards for Protection Against Radiation Section 340.310 Dose Limits for Individual Members Of The Public.
E. Illinois Emergency Management Agency Use Of X-Rays in the Healing Arts including Medical, Dental, Podiatry, and Veterinary Medicine Section 360.40 General Equipment and Operation Requirements for Diagnostic X-Ray Systems.  

F. DHS157.74G.

VIII. ATTACHMENTS

Not applicable
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.

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

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 policies with the Program Director.
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 program’s public web page at www.aurora.org/radtech.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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 the Heil Building 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 AAH Tobacco Free Environment policy
I. PURPOSE

Advocate Aurora Health Care’s policy on providing a smoke and tobacco free environment to ensure a safe and healthy environment for our patients, visitors and team members.

II. SCOPE

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

This policy and procedure also applies to the Mental Health Emergency Center (MHEC) in Milwaukee, WI.

III. DEFINITIONS

A. Property: includes but is not limited to real property and buildings thereon; company-owned or leased property and equipment, company vehicles, workspace, and storage facilities.

B. Electronic cigarettes: a cigarette-shaped device containing a nicotine-based liquid that is vaporized and inhaled, used to simulate the experience of smoking tobacco.

IV. POLICY

A. General Prohibition

    a. Smoking is not permitted in any facility or on any property owned by Advocate Aurora Health Care and must be extinguished or disposed of prior to entering property.

    1. Applies to all smoking materials, including any products that can be smoked in a cigarette, pipe or cigar; chewed tobacco (smokeless or
chewing), electronic cigarettes (e-cigarettes) or sniffed through the nose (snuff).

B. Restrictions

a. Staff (including team members, volunteers, physicians, contractors, and anyone who performs work on our campuses):

1. Are not allowed to use tobacco products or inhaled tobacco substitutes anywhere on Advocate Aurora property.

2. 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. Team members may not leave the premises during rest periods, as they need to be available to their department.

b. Patients and visitors

1. It is the responsibility of all team members to offer information on Advocate Aurora’s Tobacco Free Environment to all patients and visitors observed smoking on premises.

2. Redirect to areas not prohibited, such as city sidewalks. Use best judgement in handling situation. In difficult interactions, assistance can be provided by department manager, Public Safety or any member of management or administration.

C. Support Programs

a. Information is available through various internal resource webpages including Employee Health regarding the following programs:

1. Smoking Cessation programs
2. Employee Assistance Program

V. PROCEDURE

Not Applicable

VI. CROSS REFERENCES

Not Applicable

VII. RESOURCES AND REFERENCES

Not Applicable
VIII. ATTACHMENTS

Not Applicable
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; estimated book expense is $1,000 - $1,300. 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

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<tr>
<th>Deposit/Lab Fee 1st Year</th>
<th>Tuition</th>
<th>Fees</th>
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<tr>
<td>Year 1 (junior)</td>
<td>$5,000</td>
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<td>Year 2 (senior)</td>
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Statements and Payments
1. Annual tuition is due in full by October 15th unless arrangements have been made with the program director (see Deferment).
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  
Aurora Heil Building, Suite F North  
3031 W Montana St.  
Milwaukee, WI 53215

**Deferment**
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 have been met.
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.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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%

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

4. All other fees are non-refundable

Effective: 7/94
Revised: 5/98, 1/00, 8/05, 6/07, 8/10, 8/13, 7/14, 8/18, 8/20
Aurora St. Luke’s Medical Center
School of Radiologic Technology

Job Shadow Experience

PURPOSE: To establish guidelines for providing job shadow experience to individuals that are applying to the St. Luke’s Radiology or Sonography Program.

SCOPE: This policy pertains to any individual that is required to complete a shadow experience as part of the requirements for application.

PROCEDURE:

1. Shadow requests
   a. All requests will be referred to the school(s) for screening
      i. At this time, only those individuals who will be applying to one of the St. Luke’s imaging programs will be considered
      ii. Sonography shadows - Matt Ryan 414-747-4358
           iii. Radiology shadows - Tracie Maxwell 414-747-4357
   b. Program faculty will explain the job shadow process and review the job shadow form
      i. The school will facilitate, collect, and maintain all signed job shadow forms
      ii. In the event of an audit, the school will provide necessary documentation

2. Shadow locations
   a. The program will maintain a list of sites that have agreed to accommodate job shadowing
   b. The program faculty will provide the appropriate site contact name/number
      i. Individuals requesting job shadow will then contact the site directly to schedule a day/time that is mutually agreeable.
      ii. Location preference will be accommodated as much as possible; overbooking of any one site will be avoided

3. Shadow guidelines
   a. Shadow candidates must be 18 years old or older
   b. Shadow candidates will provide a valid photo ID on the day of the experience
   c. Shadow opportunities be conducted weekdays between 9 a.m. - 5 p.m.
      Shadowing will not be scheduled on weekends or holidays
   d. Job shadow experiences will not exceed 4 hours at one time
   e. Job shadow experiences will be documented on a program form which will be provided to the site, signed by the supervising team member, and returned to the student to submit with their application materials

4. Site responsibility
   a. Follow current AAH visitor guidelines and/or site restrictions
   b. Assign a team member as the contact for setting up shadow experiences

5. Dress Code
   a. Clean, neat, and professional appearance - scrubs are recommended

Effective: 9/2022
b. The following attire is not allowed:
   i. Blue jeans
   ii. Cropped / tank tops
   iii. Shirts or tops with writing, messages, or advertisements
   iv. Open-toed shoes or sandals
Aurora St. Luke’s Medical Center
School of Radiologic Technology

MRI Safety

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

POLICY:

1. Students shall be provided an overview of MRI safety and complete a basic MRI safety review module on the Aurora internet during orientation.
2. Students shall complete an MRI safety screening form.
3. The MRSO at Aurora St. Luke’s Hospital will review the safety screening form and will discuss any student safety concerns with the Program Supervisor. The MRSO will determine if the student may enter the scan room.
4. Students with contraindications will complete their MRI rotation but will not be allowed to enter the MRI scan room.
5. Student screening forms shall be kept in the student compliance file at the school.
6. Prior to the student’s MRI rotation, all students will complete the MRI safety module on the Aurora Intranet and review the MRI safety screening form.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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 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. Wisconsin Lutheran College
2. Applicant has completed 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 September to November 30.
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. Applicants need to include a $50 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:
1. Transcript/Application Assessment
2. Interview Assessment
3. Final Point Assessment
Transcript/Application Assessment
1. Math and Science GPA is calculated. Must be 2.5 or above to be considered a complete application.
2. Points are awarded for:
   a. Autobiography
   b. Letters of recommendation
   c. Shadowing experience
   d. Previous healthcare experience
   e. Employment history
   f. Certifications (CNA, CPR)
   g. Upper-level math and science courses successfully taken
3. 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
1. General applicant: meet with faculty members for individual interviews
2. Re-Applicant: panel interview with faculty members
3. Total Interview assessment points are an average of all faculty interview points.

Procedure
1. Applicants meeting the required minimum point value are invited for a personal interview.
2. Personal interviews are typically scheduled in January.
3. Admissions Committee typically conduct interviews.
   a. The interview consists of behavioral and overall knowledge and understanding of the radiology profession.
   b. The Interview Assessment form is used to score the interview.
6. Each member of the Admissions Committee reviews the candidate’s file and responses to all interview questions.
   a. The average of all the scores is calculated to determine total points.
   b. Total points earned for each student are calculated by adding the application assessment points and interview points.
   c. Offers are extended to those students earning the highest total point value.

Offer and Acceptance
1. An offer will be extended to the applicant, who will be given a set number of days to respond to the offer.
2. The applicant must then send an email letter of acceptance and a deposit.
3. The applicant must pass a criminal background check before final acceptance to the program.
4. 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:
1. A letter of intent to re-apply.
2. The Program Director will then review the previous application material and send a letter with suggestions for improvement/development.
3. The re-applicant must submit an updated application, autobiography, and transcripts.
4. The re-applicant is not required to attend an additional informational session.

Effective: 3/15
Revised: 8/18, 8/19, 8/20, 6/22, 9/22
ADMISSION APPLICATION FORM
Please answer all questions completely

A $50.00 non-refundable fee is required at the time of application. Checks should be addressed to Aurora St. Luke’s Medical Center.

Non-Discrimination Policy: Advocate Aurora Health is committed to upholding all federal and state laws that preclude discrimination on the basis of race, gender, age, religion, national origin, marital status, sexual orientation, disabilities, or veteran’s status.

Applicant Information

Full legal name (including middle name):

Other name(s) that may appear on your academic records (if applicable):

Email:

Current Mailing Address:

Primary phone (include area code):

Last 4 digits of your social security number:

Will you be 18 years of age at the start of the program? Yes ☐ No ☐

Are you a U.S. citizen or do you have legal authorization to reside in the U.S.? Yes ☐ No ☐

Transcripts
To verify completion of pre-requisites, official sealed academic transcripts must validate all educational information provided. Transcripts must be sent directly from the educational institute postmarked by the application deadline to the address below. Hand carried transcripts will not be accepted.

Aurora School of Radiologic Technology
Attn: Radiology Program Director
3031 W. Montana St., Suite F North
Milwaukee, WI 53215
**Education**
List all post-secondary education institutions you have attended in the table below, in chronological order

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<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Year Graduated</th>
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<tr>
<td>Junior/Technical College (if applicable)</td>
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<td>Other Post-Secondary Institution</td>
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**Employment History**
List most current, first

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<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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<th>Institution</th>
<th>Department</th>
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**References**
Please list 3 references: (teachers, TA's, employers; do not include friends or relatives)

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<th>Address (City, State, Zip Code)</th>
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Prerequisite Coursework
All required pre-requisites must be completed and a plan in place to finish all courses prior to the start of the program. Indicate the term (example: FA22) for any in-progress or planned courses for the spring or summer. Indicate a grade of TBD (to-be-determined) for any incomplete courses. Note: this information must match your official transcripts.

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<th>Required Courses</th>
<th>Date Completed (Month/Year)</th>
<th>Institution</th>
<th>Grade</th>
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<tr>
<td>Anatomy &amp; Physiology</td>
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<td>Medical Terminology</td>
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<tr>
<td>College Algebra</td>
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Job Shadow Experience
Shadowing opportunities may still be limited for the FA21 application cycle based on COVID restrictions. Applicants may select one of the following options to meet the requirement:

1. Arrange an in-person shadowing experience (4 hours minimum) with a hospital or medical center. Applicants must submit a Job Shadow Verification Form with their application.
2. View the alternative video compilation in lieu of in-person shadowing. Applicants must submit the Job Shadow Information Form with their application.

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<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

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<th>Date Completed (Month/Year)</th>
<th>Institution</th>
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Information Session Attendance – Month/Year (if applicable):

Background Check, Drug Testing and Physical Exam

Upon acceptance to the program, all students must submit to a criminal background check, drug screening, and physical exam. Failure or refusal to submit the required testing will result in an incomplete application. Acceptance to the program will be rescinded.

All license and registry agencies have eligibility standards for their applicants. These standards address the question of an applicant’s conviction of a felony or misdemeanor. The student is responsible for ensuring their license/registry eligibility.

For questions regarding eligibility, contact: The American Registry of Radiologic Technologists; [www.arrt.org](http://www.arrt.org).
Applicant Signature

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. If admitted, I agree to abide by the school’s policies including, but not limited to, those contained in the Student Handbook and this application. I acknowledge that all submitted official transcripts will become property of the school and will not be forwarded to another institution or returned to me. Typing my name acknowledges my E-signature.

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

Attendance Policy

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

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

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

GUIDELINES:
The Aurora St. Luke’s Medical Center School of Radiologic Technology is a 21-month, full-time program. Students enrolled in the school are required to be in attendance 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 Healthcare’s 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 timecard entries is grounds for immediate dismissal from the program.

2. One clinical credit is based on the offering of a minimum 80 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, affects 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 to the program director and faculty will be considered unauthorized/unapproved and will be subject to disciplinary action. The program director evaluates emergency situations on an individual basis.

6. A student absent for two or more consecutive school days without notifying the program director, and clinical coordinator, may be terminated.
Vacation Days
Students will be scheduled for vacation days each year. Days 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. Good Friday
5. One week to include the Fourth of July
6. 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 program length to be used for planned time off and unplanned absences, such as an illness or emergent situations.

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 director AND clinical coordinator via email and a phone call.
C. On clinical days, the student must notify the program director, clinical coordinator, and supervising clinical instructor/liaison, in the rotation 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. Students who provide a doctor’s note for their absence, will not accrue an occurrence, however, the missed hours will still be taken out of the student’s time off bank.
H. Students who need to leave clinicals early without providing an approved time off form, will receive ½ an occurrence and time taken out of their bank of hours.

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:

- Semesters I – V: 2 occurrences are allowed
- Semester VI: 1 occurrence is allowed (2 occurrences for the Class of 2023)
The Program Director records all time off, to include occurrences, on the student’s *Summary Attendance Record*.

1. The base site clinical instructor will refer to the *Summary Attendance Record* to 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.

**Personal Time Off**

All students will receive a time off bank with a total of 80 hours to use throughout the program for either personal days off, interview time or sick/tardy time.

**Guidelines:**

1. Requests for personal time off must be made on clinical days only, for approval.
2. Requests for personal time off on class, demo, simulation, or scheduled school event days, will not be approved.
3. Requests for **personal time off during a student’s 3rd shift rotation, will not be granted**.
   a. **3rd Shift Rotation**
      Any student who calls in during their 3rd shift rotation and DOES NOT have a doctor’s note 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 Program Director and 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 missed time is completed.

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

5. 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 off will be approved during the last week of semester III.
   c. No personal time off will be approved in semester VI.

6. Time Off Request forms must be presented to the Program Director for approval.

7. Personal time off will be granted on a case-by-case basis at the discretion of the program director. The program director will notify the student if the request has been approved or not.
   - Approved personal days will not negatively impact student attendance.
**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 director, clinical coordinator, and to the supervising clinical instructor/liaison.

3. A student who is 1-14 minutes tardy, will receive \( \frac{1}{2} \) an occurrence, but no time is taken out of their time off bank.

4. A student who is tardy 15 minutes or more, will receive \( \frac{1}{2} \) an occurrence AND have the time taken out of their time off bank.

**Exhaustion of Time Off**

1. A student who has exhausted his or her allotment of time off will be notified in writing.
   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(s).
   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. Special consideration may be given to a student with a chronic medical condition.

**COVID Related Time Off – Addendum**

1. Time off for COVID related illness and/or COVID exposure will be determined in accordance with the AAH COVID response for student/instructor guideline.

2. All time off for COVID related illness and/or COVID exposure will be deducted from the student’s time off bank.
   a. Efforts will be made to accommodate academic progress by allowing the student to attend classes virtually should their health allow.
   b. No in person activities or clinical education will be allowed.

3. Students are currently allotted 40 hours of time off each year they are enrolled in the program. Effective immediately, the yearly allotment will be combined to 80 hours of time off for the entire program.

4. Exhaustion of hours – if time off due to COVID related illness and/or COVID exposure exceeds 80 hours, the student will be required to make up the additional time. The program director and clinical coordinator will work with the student to determine the date(s) and location the time will be made up.
a. Students who are required to complete a mandatory quarantine due to COVID, during the program, will not be placed on probation for exhaustion of hours.

5. Time off for COVID related illness and/or COVID exposure in excess of 160 hours will be reviewed on a case-by-case basis by the program director in accordance with overall program attendance policies. Time off in excess of 160 hours may result in dismissal of the student from the program.
# Attendance Record Summary

**Aurora St. Luke's Medical Center**  
**School of Radiologic Technology**

## SEMESTER I - Total 80hrs

<table>
<thead>
<tr>
<th>Date</th>
<th>Excused</th>
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<th>Hours/Min</th>
<th>Comments</th>
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**Total Time Taken**

**Total # of Occurrences**

## SEMESTER II

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**Total Time Taken**

**Total # of Occurrences**
### SEMESTER III

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**Total Time Taken**

**Total # of Occurrences**

### SEMESTER IV

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**Total Time Taken**

**Total # of Occurrences**

### SEMESTER V

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**Total Time Taken**

**Total # of Occurrences**
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**Total Time Taken**

**Total # of Occurrences**

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

Notification of Exhaustion of Personal Time Off

It is the policy of Aurora St. Luke’s Medical Center School of Radiologic Technology to allow each student enrolled in the program time off from school to use for personal days off, interviews, or sick/tardy occurrences. The amount of time should not exceed 80 hours.

I, [Click or tap here to enter text], have been informed that as of [Click or tap to enter a date], 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 may affect my date of release from the program. I understand that any additional time taken (class or clinical), 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

__________________________________________  ____________________________
Program Director  Date
Voluntary Attendance Form

Attendance record for student voluntary clinical assignments in excess of 40 hours.

Student Name: Click or tap here to enter text.

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 towards unscheduled time off that I have taken.

I am therefore volunteering for a clinical assignment of:

<table>
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<tr>
<th>Hours/Mins</th>
<th>Date</th>
<th>Rotation</th>
<th>Hours/Mins</th>
<th>Date</th>
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__________________________________________  __________________________
Student Signature                      Date

__________________________________________  __________________________
Clinical Coordinator                 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 more than 15 minutes over the scheduled shift time.

PROCEDURE:

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 used by the end of the semester in which it was earned
   a. Students may combine multiple comp time hours to use simultaneously.
      i. Time earned less than 4 hours, must be used all at once.
      ii. Time earned equaling 4 hours or more, may be split up.

2. If the student fails to use comp time by the end of the semester, the time will be forfeited (cannot be used for subsequent semesters).

3. The student must notify the site Clinical Instructor prior to using the comp time.
   a. Students must provide the completed Comp Time Form to the Clinical Instructor and Clinical Coordinator.
# Compensatory Time Earned

<table>
<thead>
<tr>
<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

Student will be using earned Comp Time on: _________________________________

Date

Leave __________ hr/mins early

Come in __________ hr/mins late
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

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.  

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 Radiologic Technology Program.

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.
   a. 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.

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. 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.

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

5. In the event of school cancellation, if students are already on site, the Program Director will determine if the student may remain on site to earn comp time.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

Jury Duty

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

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

PROCEDURE:

1. A student called to jury duty should immediately inform the 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.
5. Students will not accrue any occurrences, nor will time be taken from their bank of hours.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

Leave of Absence

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

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

PROCEDURE:

Notify Submission
1. The student must notify the faculty for a continuous or non-continuous leave of absence.
2. Notification 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 documentation 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 length of the program. Time off due to the leave will first be deducted from the 80-hour time off bank. The Notification of Exhaustion of Time Off 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. 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.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

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 all students enrolled in 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:
   
   a. Memorial Day  
b. 4th of July  
c. Labor Day  
d. Thanksgiving Day  
e. Christmas Day – Dec. 25th  
f. 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, and Good Friday, even though Aurora has not designated this day as an official holiday.
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: 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 Program Director and 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.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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 the 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 does 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 Program Director and 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 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

Effective: 8/92
Revised: 5/94,6/98,6/99,1/00,8/05,8/06,7/07,3/08,3/12,6/21,7/22
PURPOSE: To establish guidelines for appropriate use and completion of the Timestamp System for student time recording.

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

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 timecard 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.

Student Responsibilities:
   a. Log in and out in the Timestamp system daily
   b. Report any "mistakes" (missing a log in/out) to the clinical coordinator.

Clinical Coordinator Responsibilities:
   a. Complete timecards at the end of the two-week time period
   b. Correct any errors reported by students
   c. Log student timecard errors
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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 students enrolled in the School of Radiologic Technology.

PROCEDURE:

1. Under no circumstances is a student 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.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

Breaks & Lunches in the Clinical Setting

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. Scheduled lunch periods are intended to take care of personal business, such as telephone calls or as a food break.
3. Whenever a student needs to leave the assigned clinical area at any time other than for a lunch 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.
4. 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.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

Classroom Behavior

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.
7. In order to provide a safe and organized environment, coats and book bags should be kept in the designated areas.
8. 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 and 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:
   a. Technical duties, including positioning and/or assistance with lifting
   b. Imaging processing, printing, archiving, retrieval
   c. Providing patient care and transportation
   d. Clerical duties, including data entry, creation and organization of files, answering telephone calls
   e. Cleaning exam rooms and associated equipment
   f. Stocking of supplies

BEHAVIORAL GUIDELINES:
1. Students are expected to conduct themselves in a professional manner at all times.
2. Students are a guest of the affiliate department, and therefore must demonstrate the basic courtesies expected of a visitor.
3. Students are encouraged to introduce themselves to staff, physicians, and potential patients.
4. 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.
5. 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.
6. 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.
7. The School of Radiology supports and encourages the use of technology and technological advancements, but the intent of this policy is to ensure utilization does not distract from the learning experience. The School of Radiology views the use of personal electronics as affecting everyone involved with a learning experience. Therefore, the use of these devices is dictated by the school's acceptable technology use policies and is not solely an individual's choice. These policies apply to all electronic devices. Using an electronic device for activities unrelated to the
learning experience which distracts the student using the device, his/her neighbors, and the instructor is unacceptable. Individuals using these technologies in a distracting or disruptive manner are subject to disciplinary actions.

Absolutely no cell phones, laptops, or other hand-held video devices are to be brought into the clinical setting at any time. A smart watch is permitted IF it is set to “airplane” mode, as to not receive messages/internet signal. If technology becomes distracting, one verbal warning will be given and documented in the student’s record. Subsequent discipline action will follow if the disrupting behavior continues.
I. PURPOSE

The purpose of this policy is to outline the Acceptable Use of Advocate Aurora Health, Inc. (Advocate Aurora Health) Information and Information Resources. Inappropriate use exposes Advocate Aurora Health Information and Information Resources to threats, which increases the risk of unauthorized data disclosure and resulting in regulatory, legal and/or reputational harm.

II. SCOPE

This policy applies to Advocate Aurora Health (AAH) Team Members and any entity or facility owned and controlled by AAH. This policy applies to vendors, subcontractors and business associates who use or access AAH Information and Information Resources.

III. DEFINITIONS/ABBREVIATIONS

Advocate Aurora Information: All information that is owned by Advocate Aurora or owned by vendors, subcontractors, or business associates but provided to Advocate Aurora. For clarification purposes only, information remains “Advocate Aurora Information” even if it is in the possession and under the control of a third party (e.g., a vendor and/or its subcontractors).

Advocate Aurora Information Resources: Any media, software, hardware or other technology that supports the use, access, processing, storage or transmission of Advocate Aurora Information.

Advocate Aurora Production Networks: Networks owned and maintained by Advocate Aurora for the purposes of business use only. This does not include guest networks.

Advocate Aurora Team Member (Team Member): Anyone employed by Advocate Aurora Health who provides services on behalf of Advocate Aurora. All Advocate Aurora Team Members are expected to abide by Advocate Aurora
policies and procedures. All Advocate Aurora Team Members are eligible to receive access to internal Advocate Aurora systems, as required to perform assigned duties.

**Business Associate** shall have the same meaning as the term "business associate" at 45 CFR §160.103.

**ePHI:** Protected Health Information in electronic form.

**Payment Card Industry Data Security Standard (PCI DSS or PCI):** PCI DSS is a proprietary information security standard for organizations that accept branded credit cards (i.e., American Express, Discover, MasterCard, or Visa) for payment of services, goods or donations.

**Restricted Information:** Advocate Aurora information that falls under Legally Restricted Information (Class 4), or Advocate Aurora Restricted Confidential Information (Class 3).

**Subcontractor (also known as Third Party):** An entity or person other than the vendor that offers to furnish goods or services of any kind under the contract of a vendor.

**Vendor:** An external party providing paid goods or services to Advocate Aurora Health Care.

### IV. **POLICY**

Users shall not engage in any activity that is illegal under state, local, federal, or international law while utilizing Advocate Aurora-owned resources. All team members, vendors, subcontractors, and business associates shall be informed of AAH Acceptable Use policy. Any violations of the Acceptable Use Policy can result in disciplinary action, up to and including separation of employment or termination of business affiliations.

#### A. **Use of Information Owned by AAH**

1. All messages, information, and data sent and received by AAH Information and Information Resources are owned by AAH.

2. Use of AAH Information or Information Resources in any way that is not in alignment with AAH Values and work rules is prohibited. This includes anything offensive, harassing, illegal, or defaming.

3. Users shall not improperly use or disclose AAH Information or Information Resources.
4. Use Information Resources to solicit for commercial activities, religious or political causes, outside organizations or other non-company related matters is prohibited.

5. Team members shall not engage in any activity that is illegal under state, local, federal, or international law while utilizing AAH owned Information and Information Resources.

6. Users of AAH Information and Information Resources shall not sign documents if they do not have signatory authority to do so. Refer to AAH Signature Authority and Contracting Policy.

7. AAH team members shall not provide information about, or lists of, Advocate Aurora Team Members to parties outside Advocate Aurora.

B. Accessing Information and AAH System Monitoring of Information

1. Accessing AAH Information and Information Resources is granted as a privilege; therefore, AAH reserves the right to monitor network activities for proper business conduct, and continuously monitors network traffic originating from AAH networks.

2. Team Members have unique user log-in identification codes and passwords to access AAH electronic communication systems.

3. Team Members have no assumed or implied privacy in the use of AAH Information Resources, or in any documents, messages, or information created on, with, or transmitted over AAH networks.

4. AAH has software and systems in place that will monitor and record Internet usage, inspect any and all files stored on your desktop, laptop or other AAH owned device, or any AAH network in order to assure compliance with AAH policies, procedures, guidelines, and/or standards and workflows.

5. AAH will not be responsible for any costs, charges, identity theft, fees for service/products or agreements entered into by a team member for Information Resources or services that are not approved by AAH.

C. AAH Device and System Protection

1. AAH devices and information resources shall only be serviced by authorized AAH team members, business associates, vendors, and/or subcontractors.
2. Intentionally introducing malicious programs onto any device connected to an AAH network (i.e., viruses, worms, Trojan horses, e-mail bombs, etc.) is strictly prohibited.

3. Team members revealing their account password(s) to others or allowing use of their account by others is prohibited. This includes family and other household members when working remotely. More details on password requirements may be found in the Electronic Systems Account Management Policy and Standards.

4. Team members shall not store any Restricted Information or any Information Resources to a device, such as laptops, mobile devices, USB drives, etc.), including PHI, without a physical security control to ensure only those who need access to it have access to the information.

5. Team members shall not circumvent user authentication or security of any host, network or account.

6. Team members shall not execute any form of network monitoring which will intercept data not intended for the Team Member’s host, unless this activity is a part of the Team Member’s normal job/duty.

7. Team members shall not interfere with or deny service to any user or network (i.e. denial of service attack).

8. Accessing data, a server, or an account for any purpose other than conducting AAH business and without express permission is prohibited.

9. Making fraudulent offers of products, items, services originating from AAH accounts.

10. Effecting security breaches or disruptions of network communication. Security breaches include, but are not limited to, accessing data of which the employee is not an intended recipient or logging into a server or account that the employee is not expressly authorized to access, unless these duties are within the scope of regular duties. For purposes of this section, "disruption" includes, but is not limited to, network sniffing, pinged floods, packet spoofing, denial of service, and forged routing information for malicious purposes.

11. Port scanning, sniffing, or security scanning is prohibited unless prior notification to HIT Security is made and approved.
12. Executing any form of network monitoring or sniffing which will intercept data unless this activity is a part of the employee’s normal job duty is prohibited.

13. Introducing honeypots, honeynets or similar technology on AAH network is prohibited.

14. Using any program/script/command, or sending messages of any kind, with the intent to interfere with, or disable, a user’s terminal session, via any means, locally or via the Internet/Intranet/Extranet is prohibited.

D. Copyrighted and Licensed Materials

1. Team members shall not violate the rights of any person or company protected by copyright, trade secret, patent or other intellectual property, or similar laws or regulations, including, but not limited to, the installation or distribution of "pirated" or other software products that are not appropriately licensed for use by Advocate Aurora. Licensed software must go through the processes in the HIT Security and Risk Management Application Security & Compliance Review (ASCR) process.

2. Unauthorized copying of copyrighted material including, but not limited to, digitization and distribution of photographs from publications, books or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which AAH or the end user does not have an active license is prohibited.

E. Personal Use and Personal Device Use

1. Accessing personal email on an AAH network is blocked and expressly prohibited.

2. Users shall not use any of their AAH electronic accounts for the creation of non-AAH electronic system accounts (examples including but are not limited to using AAH email or userID’s to create a Facebook or LinkedIn account).

3. Users shall not use AAH email addresses in non-AAH sites to receive non-business related emails and for non-AAH related business purposes (examples include but are not limited to ordering products for personal use from an Internet site).

4. AAH recognizes that team members will use AAH Information Resources on occasion for personal needs (e.g. social media, personal website or other approved social networking sites, blogs
or forums), and supports team members in doing so to maintain a healthy work-life balance. However, such use is subject to AAH values, this policy, AAH work rules, permission from the team member’s supervisor and that any resulting messages and data may be monitored to ensure compliance with laws and policies.

5. Team members with a personal mobile device must follow department guidelines in utilization of these devices during work time.

6. Users must follow AAH’s Social Media Policy.

7. Advocate Aurora Team Members and other end users are prohibited from connecting their personal devices (non-Advocate Aurora owned), including smartphones and other mobile devices, to the Advocate Aurora Production networks. There is a separate public Service Set Identifier (SSID) (AHCPUB) which allows for personal device access. Virtual Private Network (VPN) access to the Advocate Aurora Production Networks is governed by the Remote Access Security Policy.

8. Users of this public SSID are presented the Acceptable Use Policy acceptance page that requires acceptance in order to obtain connectivity.

9. Advocate Aurora Information Security department reserves the right to exclude or disconnect any mobile wireless data communication device causing interference with the system and whose owner or custodian is unwilling to turn off after it has been found to interfere with the system. This may be done using blacklists or other administrative tools. Individuals deliberately causing interference to the system will be subject to progressive disciplinary and/or legal action.

F. Electronic Communication

1. AAH prohibits the use of the electronic communication systems to send or receive offensive or improper messages such as sexually explicit messages, images, cartoons or jokes; unwelcome propositions, requests for dates, or love letters; profanity, obscenity, slander, or libel; ethnic, religious, sexual, racial or other inappropriate slurs; messages or images containing political beliefs or commentary; and any other message that could be construed as harassment or disparagement of others.

2. Team members shall not view pornographic web sites or send emails containing explicit material.
3. AAH email messages shall not be auto-forwarded to personal email accounts or other non-Aurora business accounts except those approved by the Chief Information Security Officer (CISO) or designee.

4. Users shall not copy, transfer, misrepresent, or alter of any electronic protected health information (ePHI) in an unauthorized manner. Team Members should avoid sending ePHI in email, including calendar invites. In cases where it must be sent via email, the information should be limited. It must be encrypted if sending outside of Advocate Aurora.

G. Remote Work

Refer to the Remote Access Security Policy

H. Desktop/Laptop

Refer to the Integrated Desktop/Laptop Security Policy

I. Removable Media

Refer to the Removable Media Policy

J. Software

1. Team members shall not export software, technical information, encryption software or technology, or anything that is in violation of international or regional export control laws, it is illegal. The appropriate management should be consulted prior to export of any material that is in question.

   a. Team members must only use applications approved by Health Informatics Technology (HIT) on their work issued device(s). If you are unsure if an application is approved, contact the Service Desk.

K. Hardware

1. Team members will consult HIT for all Hardware related inquires to ensure that legal and regulatory hardware management policies, procedures, guidelines, and standards are followed.

   a. Team members shall use devices that properly interconnect between the Internet and AAH internal network.

   b. Team members shall not use workstations or servers that are not equipped with AAH approved and information security tools.
c. Users shall not use foreign hardware such as switches, hubs, bridges, routers, and wireless access points without prior consent from the Advocate Aurora HIT Security.

L. Cloud Based Applications & Storage

1. Users are permitted to create, receive, transmit, or maintain electronic protected health information (ePHI) only on AAH approved cloud-based applications. This must be done through an AAH enterprise account and applies to users who are on-premises or working remotely. AAH shall have a Business Associate Agreement (BAA) in place with all AAH approved cloud-based applications that utilize ePHI per the BAA policy.

2. Users are permitted to create, receive, transmit, or maintain confidential or sensitive information of AAH only on AAH approved cloud-based applications. This must be done through an AAH enterprise account and applies to users who are on-premises or working remotely.

3. Users shall only use AAH approved cloud-based communication tools to conduct business or clinical duties using an enterprise account.

4. Users shall not create, receive, maintain, or transmit information or other data for personal use on the enterprise accounts of any AAH approved cloud-based applications.

5. Users shall not use enterprise accounts of any AAH approved cloud-based communication tools for personal use.

6. Users may not use unapproved cloud-based applications to store AAH documents or to conduct AAH business or clinical duties. Users may not create, receive, maintain, or transmit business or clinical documents using unapproved cloud-based file share applications. Users may not conduct business or clinical duties through personal cloud-based e-mail accounts.

M. Any exceptions to the Acceptable Use Policy must go through the Security, Risk Management and Governance Team Exceptions process.

V. PROCEDURE

Not Applicable
VI. CROSS REFERENCES

A. AAH Information Classification Policy
B. AAH Integrated Desktop/Laptop Security
C. AAH Remote Access Security
D. AAH Social Media Use Policy
E. AAH Electronic Systems Account Management Policy
F. AAH Signature Authority and Contracting Policy
G. AAH Removable Media Policy

VII. RESOURCES AND REFERENCES

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VIII. ATTACHMENTS

Not Applicable
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

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.

4. Students are required to participate in annual HIPAA training as assigned by the organization.

5. All Aurora policies regarding HIPAA and patient confidentiality will be adhered to.

6. Misuse of confidential information is grounds for disciplinary action, including immediate dismissal from the program.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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 the clinical instructor. If the student’s needs are not being met through the clinical instructor, the student should seek assistance from the clinical coordinator and program director.

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.

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

PROCEDURE:
A student must notify the Program Director as soon as possible, but no later than three (3) working days, when any of the following occurs:

a. The student is charged with or has been convicted of (or pled no contest to) any crime.

b. 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.

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

Disciplinary Process

PURPOSE: To define the program’s disciplinary process

SCOPE: This policy applies to students enrolled in 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:**
- Students who are demonstrating poor academic progress will meet with the course instructor and Program Director to discuss potential tutoring and possible tactics for improving study habits.
- 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.
• A student may be placed on probation for cause. Grounds for probation include, but are not limited to the following:
  o Failure of an academic course
  o Failure of any component of the clinical education
  o Failure to earn a passing grade of 80% on the Semester II Proficiency
  o Repeating a radiograph without direct supervision
  o Excessive unexcused absences and/or tardiness
  o Disregard for program policies
• The student must meet with the program director and faculty member(s).
• 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 may include but are not limited to the following:
  o A student who is on probation and fails a second course or incurs a second infraction
  o A student who is on probation and fails to successfully complete the remediation plan
  o A student who is placed on probation for the 3rd time
  o Failure to earn a passing grade of 80% on the Semester II Re-take proficiency
  o Repeated failure to complete a mandatory clinical competency
  o Any behavior that would put a student’s right to certification in question
  o Unprofessional, unethical, or dishonest actions including cheating on tests and falsification of records or timecards
  o Excessive unexcused or unexplained absences or tardiness
  o Gross insubordination
  o Stealing
  o Intoxication by alcohol or drugs while in class or clinical activities
  o Failure to follow medical center or school policy while on probation
  o Failure to maintain academic or clinical standards while on probation
  o Any action or behavior against the Aurora Health Care Code of Conduct policy.
  o Unauthorized intentional disclosure of confidential information
  o Sexual harassment of an employee, student, patient or guest
  o Willful or negligent behavior which endangers the life of another person, patient, visitor, team member or fellow student

• All disciplinary actions and follow up are documented on the disciplinary action forms. The original is maintained in the student record and a copy is provided to the student.

*Reference Aurora Health Care Code of Conduct Policy
Aurora St. Luke’s Medical Center
School of Radiologic Technology

STUDENT DISCIPLINARY NOTICE

Student Name: Click or tap here to enter text.  Occurrence Date: Click or tap to enter a date.

<table>
<thead>
<tr>
<th>Disciplinary Action</th>
<th>Issue</th>
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<td>☐ Written Warning</td>
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<tr>
<td>☐ Termination</td>
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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 further 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

Revised: 12/21
Aurora St. Luke’s Medical Center
School of Radiologic Technology

STUDENT DISCIPLINARY FOLLOW UP

Student Name: [Click or tap here to enter text.] Occurrence Date: [Click or tap to enter a date.]

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<td>☐ Termination</td>
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☐ Student is no longer on disciplinary, as of [Click or tap to enter a date.]

DESCRIBE FOLLOW UP TO DISCIPLINARY NOTICE/ACTION PLAN (include all documentation):

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

STUDENT SIGNATURE  DATE  PROGRAM DIRECTOR SIGNATURE  DATE

Effective: 8/22
Code of CONDUCT

Building the culture of trust and integrity that is needed to help people live well.
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A message from our CEO

At Advocate Aurora Health, we are committed to helping people live well. This commitment requires the highest degree of integrity in all that we do. On any given day, we make choices that define how we provide care and services to our patients and how we interact with our fellow team members and business associates. This Code of Conduct is intended to guide our behavior to ensure that these choices not only comply with applicable laws and regulations but also align with the purpose and values of Advocate Aurora Health.

As you review the Code of Conduct, note that it is intended to outline Advocate Aurora Health’s ethical business standards. It describes the way in which we demonstrate our values of excellence, compassion and respect. It guides us as we face difficult situations or ethically challenging moments. And it provides direction on how to report unethical behavior without a fear of retaliation.

The expectations set out in this Code of Conduct apply to everyone associated with Advocate Aurora Health, from the Board of Directors to our most recently hired team member, to volunteers and any individual who conducts business with us.

Thank you for your dedication to doing the right thing and making sure that Advocate Aurora Health remains focused on building a culture of compliance and integrity. It is through this culture that we are able to build the trust we need from team members and patients to help people live well.

Jim Skogsbergh
President & CEO
Advocate Aurora Health

Advocate Aurora Health is one of the largest not-for-profit, integrated health systems in the United States. We operate 26 hospitals, more than 500 outpatient locations and employ 74,000 team members with 8,300 physicians on staff.

Our purpose and values are the foundation of our organization’s belief that everyone should act with integrity. We embrace our responsibility as an ethical corporate citizen by building trust with our collective community.

**Purpose:**
*We help people live well.*
Our purpose requires all team members to deliver care with integrity and foster trust through all interactions.

**Values:**
Advocate Aurora Health’s values of excellence, compassion and respect provide the foundation for our daily decisions, responsibilities, and actions.

**Excellence:**
*We are a top performing health system in all that we do and continually find new and better ways to improve.*
When we approach challenges with integrity and strive to earn the trust of others, we achieve excellence every day.

**Compassion:**
*We unselfishly care for others.*
Compassion is the way we demonstrate our integrity.

**Respect:**
*We treat people in a way that values their unique needs and preferences.*
Through respect we foster trust among team members, build trust with our patients, and earn the trust of our community.
Introduction

Code of Conduct
This Code of Conduct ("Code") establishes standards of integrity for all board members, team members, physicians, medical staff, volunteers, contractors, vendors, consultants and others who do business with us (collectively referred to throughout as “Stakeholders”). The Code is meant to be used in conjunction with Advocate Aurora Health policies, procedures and guidelines and is intended to complement those more specific documents. Its purpose is to provide Stakeholders with the resources needed to build a culture of compliance and integrity at Advocate Aurora Health.

Compliance centered hierarchy of objectives

- Promote ethical culture
- Prevent ethically questionable conduct
- Prevent unethical (lawful but awful) conduct
- Prevent civil liability
- Prevent regulatory violations
- Prevent criminal conduct
Embracing Diversity, Equity and Inclusion
Advocate Aurora Health strives to create an inclusive culture in which all individuals of diverse backgrounds are valued, and the respectful exchange of differing opinions is embraced. We do not tolerate racism, acts of hate and discrimination in any form.

Advocate Aurora team members are expected to uphold our values of excellence, compassion and respect towards all fellow team members, patients, visitors and communities. Our standards for conduct apply while at work and on personal time, both in actions and communications. Engaging in conduct that is inconsistent with our organizational values can have negative impact within our work environment.

As a part of our Code of Conduct, team members must not harass nor incite violence towards others, nor engage in behavior inconsistent with our values, such as hate speech or conduct/commentary directed towards individuals including because of their race, ethnicity, age, gender, sexual orientation, pregnancy, disability, national origin or any other protected characteristic. When the organization becomes aware of inappropriate team member conduct, the matter will be investigated and corrective action may be taken, if warranted.

Keys to integrity
If you are doing what is right your answer should be “yes” to these questions:

- Am I being honest and truthful?
- Are my actions legal?
- Do my actions align with this Code and/or Advocate Aurora Health policies?
- Am I acting fairly?
- Am I acting in the best interest of Advocate Aurora Health, its team members and our patients?
- What would I think if my actions were described for the public on TV, in a blog or other media?
- Do my actions help people live well?

Responsibilities

Stakeholders are responsible for:

- Building and maintaining the trust of others by acting with integrity
- Reviewing and following the Code and paying attention to those areas that apply to your daily work
- Asking questions and seeking guidance when you are uncertain about what to do
- Speaking up and reporting concerns about actions or behaviors you encounter at Advocate Aurora Health that may be inconsistent with the Code
- Participating in mandatory annual training to further our understanding of our responsibilities
Leadership responsibilities
While all Stakeholders must follow the terms of the Code, leaders are expected to set the example and to be role models of integrity. They are expected to foster a culture that promotes the highest standards of ethics and compliance, and maintain an environment in which all Stakeholders feel free to raise concerns and propose ideas for improvement. Finally, we expect our leaders to ensure that they, as well as those team members they are responsible for, have the information they need and receive the necessary training to do the right thing.

Leaders set a good example by:
- Showing what it means to act with integrity
- Earning and fostering the trust of team members, patients, and the community
- Operating in an honest and candid manner
- Creating an open environment that encourages team member engagement
- Ensuring that team members in their area understand the Code and related policies
- Hold team members accountable for acting in compliance with the code
- Emphasizing to team members that they can seek help to resolve clinical and organizational ethical dilemmas by contacting the site’s ethics committee and/or the Ethics Program
- Being knowledgeable about available resources
- Supporting team members who, in good faith, ask questions or raise concerns, and
- Reporting suspected instances of non-compliance

Compliance & Integrity Program
The Advocate Aurora Health Compliance & Integrity Program (“Program”) furthers the purpose and values of the organization by supporting all aspects of its business. The three main objectives of the program are to prevent, detect and correct violations of this Code, related policies, applicable law and regulations.

Think of the Compliance & Integrity Department as acting as a lifeguard.
Department members:
- Inform you of the rules
- Continually observe what is going on
- Alert you when things may be getting dangerous
- Prevent you from wandering into areas that may cause harm, and
- Jump in to help when you are in trouble
Reporting concerns

Speak up!
Advocate Aurora Health expects a commitment from its Stakeholders to do the right thing. This includes reporting any activity or conduct we believe in good faith violates this Code or related policies, applicable laws or regulations. It also includes activities that are a gross waste or mismanagement of federal or state funds, an abuse of authority in regard to federal or state funds or a danger to public health or safety. If you become aware of an activity or behavior that you believe may be a problem, speak up! It is always the right thing to do, even if you are not entirely sure if misconduct or a violation has occurred.

Reporting concerns – who to contact

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<tr>
<td>• Retaliation for raising an HR related concern</td>
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How to speak up
Discuss your concern with your leader. If you are uncomfortable doing so or unsatisfied with your leader’s response, other options include:

- Continue to raise the issue through the leadership reporting structure
- Discuss your concern with a Compliance Officer. A listing with contact information can be found on the Compliance & Integrity Sharepoint.
- Contact your Human Resources representative
- Report your concern using the Compliance & Integrity Reporting website or by calling the Compliance Hotline at 888-847-6331. If desired, you may remain anonymous. The hotline is answered 24 hours a day, 7 days a week, by an unbiased third party.
Useful information to have when reporting concerns

- Details of the concern/situation/incident, including who, where, when, how and why (if known)
- The reason you are concerned and how you came to know about the situation/incident
- Name(s) of any individual(s) who also may have observed or have knowledge of the situation/incident
- The potential impact of the concern/situation/incident
- The existence of any documents or other items of evidence that support your statements
- Details of prior efforts, if any, to resolve the concern

Non-retaliation

Advocate Aurora Health prohibits retaliation for reporting, in good faith, a suspected compliance violation, including concerns related to the use of federal or state funds. Forms of retaliation could include being fired, demoted, suspended, reprimanded, harassed or discriminated against because you reported a concern. If you believe retaliation has occurred, contact Human Resources or the Compliance & Integrity Department.

In **good faith** means that you actually believe the information you are reporting is true.

If you are called upon to cooperate in an investigation regarding a reported concern, you are required to participate truthfully.

---

**Q:** I am concerned that I am the only person who witnessed a coworker’s misconduct. If I report it, he will know it was me. Should I call the Compliance Hotline anyway?

**A:** Yes, retaliation against anyone for making a report in good faith is prohibited. Do the right thing… speak up!

**Q:** Will I be informed of the status of my reported concern and the outcome of the investigation?

**A:** There may be aspects about the investigation that must be kept confidential, but an update can be given about the status and other non-confidential information. Even if you choose to report anonymously, you will be given a code to communicate anonymously about the case.

**Q:** As a leader, what should I do when a Stakeholder raises a compliance concern?

**A:** Remain objective, open and responsive. Do not think of the report as bad news, but rather as a positive because a Stakeholder has decided to do the right thing and speak up. If you cannot resolve the problem or are unsure of what to do, contact the Compliance & Integrity Department.
Our commitments

In furtherance of our values:

- Excellence
- Compassion
- Respect

Advocate Aurora Health stands by our commitments to:

- Our patients and communities
- Compliance with laws & regulations
- Ethical business relationships
- Our team members
- Protecting our assets
Our commitment to our patients and communities

Patient rights
We encourage patient and family involvement in all aspects of care. Patients and families are given information on patient rights and responsibilities upon admission to the hospital. Our duty is to help patients understand and exercise their rights, including the right to make decisions regarding their medical care.

- We provide treatment without humiliation or discrimination and without regard to gender identity, race, color, religion, national origin, ancestry, sex, political belief or affiliation, marital status, age, sexual orientation, physical or mental disability or association with a person with a disability, order of protection status, military status or pregnancy.
- We inform patients and, when permission is given, their families and others about care, treatment and service options, as well as therapeutic alternatives and the risks associated with the care they are receiving.
- We involve patients and families in decisions regarding care to the extent practicable and possible, including discharge planning, advance directives and end-of-life decisions.
- We inform patients of the availability of financial assistance.
- We provide language interpretation services free of charge to assist all patients in understanding and participating in their care.
- We provide quality emergency care, including a medical screening examination and stabilizing treatment, regardless of a patient’s ability to pay. We comply with all aspects of the Emergency Medical Treatment and Labor Act (“EMTALA”).

Q: I am a nurse and one of my patients on the floor has asked that his same-sex partner be included in his discharge planning. How should I respond?
A: Ask the partner to participate. The patient has given permission for the partner to be involved in discussions and decisions regarding care.

Q: On admission, we ask patients if they have an advance directive. One of my patients said “No,” but they would like to sign one. Is this something we can assist with?
A: Yes, Advocate Aurora Health provides patients with information regarding their right to have an advance directive and provides patients with statutory forms, if requested. You should refer to the system policies on advance directives in Policy Tech.

Q: What happens if a patient is in an emergency situation but we have not yet gone through the proper procedures to assess his/her insurance information?
A: The patient’s care comes first. In an emergency situation, we will never withhold care while verifying insurance information nor will we deny care because of an insurance or inability to pay.
Privacy of patient information

We comply with the Health Insurance Portability and Accountability Act ("HIPAA") and other laws that relate to the privacy of patient information. These laws tell us how we can and cannot use, access and disclose the Protected Health Information ("PHI") of our patients. PHI comes in various forms, including demographics, medical and health history, current and previous tests and treatments and insurance information. In order to safeguard PHI, we must adhere to the following requirements:

- Only access and use PHI that you need for the task at hand in the course of your official job duties; never share PHI with anyone that is not authorized to see or use it. Never post PHI or stories about patients on social media
- Always get a patient’s permission before sharing PHI or speaking about it in the presence of others, including the patient’s family or friends
- Never leave PHI out in the open where unauthorized people can see it, whether on paper, a computer screen, a white board or any other media
- Be aware of your surroundings when discussing PHI with another authorized party so as to limit the chances of others overhearing. Avoid having such conversations in public areas such as elevators or the cafeteria
- PHI should never be saved to unauthorized, personal electronic devices. Never remove PHI from your Facility without prior approval
- Immediately report the loss, misplacement, or theft of PHI to both your site privacy officer and the HIT Help Desk

See the Confidential and Proprietary Information section of this Code for more information on protecting confidential information.

Q: I saw my ex-girlfriend was scheduled to see one of the doctors at our clinic and I told her friend about it. Now she is mad at me for sharing that information. I only told her friend because I was worried about her and wanted to be sure she had support. Did I do something wrong?
A: Yes. You may not reveal any information about any patient to any other person, even if you think you are acting in their best interest, unless that person is authorized to receive that information. In this case, you did not have your ex-girlfriend’s authorization to share information with her friend.

Q: My doctor uses an online patient portal where I can look up information in my medical record, like lab and x-ray results. Since that is OK, may I access my medical record in the electronic health record system at the hospital where I work?
A: No, you may not access your own medical record using the hospital’s system. You are only granted permission to access patient information that is needed to do your job. Your job duties do not require you to access your own information.
Safe environment for care

Advocate Aurora Health is committed to a “Just Culture” that encourages all who work in our organization to report patient safety issues, incidents and “near misses” so they can be addressed timely through changes to systems and processes without fear or blame.

A culture is JUST when all individuals are accountable for their actions and leaders are accountable for creating a safe and reliable work environment. Individuals are accountable for their actions, but are not held responsible for flawed systems which result in dedicated and trained people making mistakes.

We recognize that human error is inevitable and we learn from our mistakes. To promote a safe and reliable work environment, all Stakeholders:

- Practice the behavior-based expectations and related tools
- Inform a leader if we find our team using shortcuts to complete a work process; and
- Inform a leader if we find it difficult to comply with a policy or standard of work

Leaders have the responsibility to:

- Address our concerns and process issues that impact our work
- Create an atmosphere of trust in which all are encouraged to provide essential safety/compliance/job performance-related issues in a fair and just manner; and
- Take situational factors into consideration when determining disciplinary or corrective action

We can create a safe environment within Advocate Aurora Health by:

- Completing required safety training
- Complying with all laws, regulations, accreditation standards and OSHA requirements
- Knowing how health and safety policies apply to our specific job responsibilities
- Notifying a leader about safety hazards, broken pieces of equipment, any workplace injury or any situation presenting a danger of injury so that timely corrective action may be taken; and
- Reporting any safety issues, incidents and “near misses”

Q: What should I do if I see a patient is not being treated with proper respect and courtesy by a team member?
A: If the patient is in danger, immediately act to remove them from harm’s way. Then notify your supervisor or a higher level manager. While under our care, every patient must be treated with respect and courtesy – no exceptions.

Q: I noticed an ice/water machine leaking on the floor of a nursing unit. I do not routinely I work on this unit. Do I need to report it?
A: Yes. The puddle on the floor could create a safety issue for those walking in the area. Inform someone working on the unit immediately.
Research & scientific integrity
Advocate Aurora Health is committed to conducting research to enhance the quality of care we provide and improve the health outcomes of our patients, their families and our communities. We expect scientific excellence and integrity, both in the conduct of research and the dissemination of research findings.

All Stakeholders shall conduct research in accordance with Advocate Aurora Health and Institutional Review Board policies, ethical standards and applicable state and federal regulations, particularly those related to the protection of human subjects and appropriate expenditure and accurate reporting of grant funds. Investigators and research staff are expected to be familiar with policies, laws and regulations, and any additional requirements of the funding sponsor.

Research misconduct includes:

- **Fabrication** – making up data or results and recording or reporting them.
- **Falsification** – manipulating research materials, equipment or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- **Plagiarism** – the appropriation of another person’s ideas, processes, results or words without giving appropriate credit.

Research misconduct does not include honest error or differences of opinion.

Any suspected research misconduct must be reported to the Research Compliance Officer or the Compliance Hotline. Following a reported concern, an inquiry will be conducted. It will follow very prescriptive procedures to ensure consistent and fair treatment and to ensure the protection of both the individual accused of engaging in misconduct and the individual bringing forth the allegation.

You may also report issues involving federal funds to government officials, but you are urged to first work through the options listed above so that Advocate Aurora Health can identify and address concerns identified by its team members.

Q: I am considering developing a research project that will only involve reviewing and analyzing my patients’ data which I will pull from the medical record. This wouldn’t require Institutional Review Board (IRB) review, would it?
A: This activity would most likely require IRB review. All research activities that involve human subjects require IRB review or an exemption determination from the IRB Office. The definition of a human subject includes, but is not limited to, intervention or interaction with a living individual and the use of a living individual’s identifiable private information or identifiable biospecimens. If you are uncertain about whether your activity meets the definition of human subject research, it is best to obtain an opinion from the IRB office before moving forward.
Professional licensure & credentials
Advocate Aurora Health requires that its Stakeholders maintain licensure, certification and/or registration as required by law to provide services applicable to their roles in the organization.

- We do not allow Stakeholders with lapsed or revoked credentials to provide care to patients.
- We maintain those licenses and credentials required to perform our job.
- As professionals, we understand the scope of practice that our licensure or credentials permit us to perform and we stay within those boundaries.
- We provide a copy of our current license, certification or other required credentials to the Human Resources Department upon hire and when requested thereafter.

Ineligible persons
Upon hire or initiation of services and monthly thereafter, Advocate Aurora Health screens all of our Board of Director members, team members, physicians, medical staff, and contractors against federal databases to ensure all are qualified to participate in providing services to a federal health care program. Advocate Aurora Health does not hire, contract with, nor bill for services rendered by an individual or entity that:

- Has been convicted of a criminal offense related to his/her position or that disqualifies the individual from employment
- Is excluded from participating in federally-funded health care programs; and/or
- Is a suspected terrorist, as determined by the federal government

Q: Is it acceptable for an RN to perform a procedure normally only performed by a physician if the physician has requested the RN to do it?
A: No, a physician may not delegate a procedure to someone who is not appropriately licensed to perform such a task. As professionals, we understand the scope of practice that our license or credentials permit us to perform and we stay within those boundaries.

Q: What if my license expires?
A: Notify your leader immediately.
Our commitment to compliance with laws and regulations

We are committed to providing health care services in a manner that complies with applicable laws and regulations, and that meets the highest standards of business and professional ethics. We are also committed to being honest and communicating truthfully in all of our business interactions.

Fraud, waste and abuse

We comply with the federal False Claims Act and state laws that prohibit us from knowingly submitting, presenting or causing another person or entity to submit or present false or fraudulent claims for payment of government funds.

Knowingly means:

- Actually knowing a claim is false
- Deliberately ignoring whether a claim is true or false; or
- Recklessly disregarding whether a claim is true or false

False claims include:

- Submitting a claim for services that were never rendered or were worthless
- Misrepresenting a diagnosis to justify services or increase reimbursement
- Filing a claim for services that were not medically necessary
- Billing for a single service multiple times (double billing)
- Making a false statement, including forging a physician signature (including using a physician’s computer signature) to obtain payment for a service rendered
- Unbundling charges to enhance reimbursement
- Filing a claim for a service that was the result of a payment for a patient referral

To ensure the accuracy of our claims, we do the following:

- Document diagnosis, treatment and all other components of the patient’s record in a timely and accurate manner
- Bill only for medically necessary services actually provided
- Follow current coding procedures and standards
- Generate accurate and truthful bills
- Correct any billing errors and refund money received in error and overpayments in a timely manner
- Submit accurate cost reports as defined by applicable laws and regulations
Accurate record keeping and document retention

Accurate record keeping allows Advocate Aurora Health to ensure our patients’ safety, manage our business and comply with legal and regulatory requirements. Records include financial statements, billing claims, expense reports, invoices, payroll records, benefit claims, research reports, and medical charts and records. It is against Advocate Aurora Health policy, and many times the law, to falsify or alter records. If you suspect or know that a record has been tampered with or is intentionally incorrect tell your supervisor or the Advocate Aurora Health Compliance & Integrity Department immediately.

For financial records, it is our policy to comply with all applicable laws and regulations, established financial standards and generally accepted accounting principles.

As for document destruction, there are various state and federal laws that require we retain all records for specific periods of time. Never destroy a record without first verifying the appropriate time period has expired.

Q: My supervisor asked me to change the date on a physician’s note so that the visit will be covered by the patient’s insurer. May I do this?
A: No. Documentation must accurately reflect when the service was actually provided. If the date was recorded incorrectly, the physician can make an addendum to the record to correct it. It is never appropriate to falsify a date or other information related to a service that was provided.

Q: While reviewing Medicare claims, I believe I found some charges that are incorrect or inappropriate. Should I allow the claims to be submitted and let Medicare sort it out?
A: No. We only submit claims we believe are accurate and appropriate. Inform your supervisor or the department responsible for the claim. Contact the Compliance & Integrity Department or the Compliance Hotline if you remain concerned.
Interactions with government agencies and officials

Advocate Aurora Health is committed to cooperating with government representatives/officials or law enforcement officers/agents ("Representatives"). Such Representatives may make announced and unannounced visits to an Advocate Aurora Health facility or may contact you at home for issues related to your work at Advocate Aurora Health. It is our policy that:

- We treat these Representatives with courtesy and respect
- We find a private area or room for the Representatives when at an Advocate Aurora Health facility, and contact the Legal Department for direction
- We do not volunteer any information, answer any questions or hand over any documents or requested items without first contacting the Legal Department; and
- If approached outside of an Advocate Aurora Health facility about something related to Advocate Aurora Health we request to be contacted at a later time and immediately notify Legal Department. As individuals, we have the legal right not to speak to an investigator

Q: A government investigator tried to contact me at my home. She left a voice mail asking me to call her to discuss Advocate Aurora Health billing practices. What should I do?

A: Immediately notify the Legal Department.
**Environmental compliance & awareness**

Advocate Aurora Health is committed to complying with all environmental laws and regulations applicable to our operations. We properly dispose of hazardous waste, including medical and pharmaceutical waste, we ensure that hazardous substances are properly stored, and we provide training to team members on how to respond to a hazardous spill or other exposure to a hazardous substance.

Understanding the link between human and environmental health, we are also committed to contributing to a healthy environment for the communities we serve. As an organization, we work to reduce our environmental and climate impacts in the way we serve our patients, care for our team members, purchase products and services, operate our facilities and reduce our waste. All Advocate Aurora Health team members contribute to this commitment through the stewardship of our resources, proper waste segregation and energy reduction practices where applicable.

**Anti-trust activities**

We are committed to complying with anti-trust laws. These laws protect organizations from unfair trade practices, promote competition and preserve the free enterprise system. In order to comply, we do not:

- Enter into agreements with competitors to fix wages, prices, rig bids or divide markets
- Enter into “no-poach” or “non-solicit” agreements with other health systems that are not reasonably necessary to any separate, legitimate business collaboration
- Conduct boycotts
- Make price discrimination agreements
- Steal trade secrets; nor
- Offer bribes or use deceit, intimidation or other similar practices

Except when approved by executive leadership – and in order to protect our competitive, financial, ethical and reputational interests, in accordance with parameters provided by the Legal Department – we do not communicate with a competitor, directly or indirectly, about prices charged or costs of goods, supplies, equipment or services, including physician services. All contracts negotiated with a competitor, contractor or supplier must be competitive and at fair market value. In essence, the contract must be based primarily on price, quality and service.

Questions regarding anti-trust matters should be directed to the Legal Department.
Our commitment to ethical business relationships

**The Stark Law** (or the Physician Self-Referral Law) prohibits physicians from referring patients to receive services payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies.

**The Anti-Kickback Statute** prohibits payment of anything of value to induce or reward referrals or the generation of business involving any item or service payable by Medicare, Medicaid or other federal health care programs.

**Physician relationships**
Advocate Aurora Health is committed to ensuring that all of its interactions with physicians are ethical and comply with the Stark Law and the Anti-Kickback Statute. We adhere to the following principles in our interactions with physicians:

- We will not pay for referrals. We will accept patient referrals and admissions based solely on the patient’s medical needs and our ability to render the needed services. We will not offer to pay or reward anyone for the referral of patients.
- We will refrain from offering any gifts or business courtesies to any physician or health care provider in order to induce or encourage the referral of business to Advocate Aurora Health. Modest meals and gifts of nominal value may be offered under certain circumstances but must meet Stark requirements and be tracked.
- We will not accept payments for referrals we make. No Stakeholder acting on behalf of Advocate Aurora Health is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. When making patient referrals to another health care provider, we will not take into account the volume or value of referrals that the provider has made, or may make in the future, to our organization.
- We will appropriately document our financial relationships with physicians, in accordance with the law and standard business practice. Advocate Aurora Health will not make payments to physicians unless an appropriately documented employment arrangement or contractual agreement is in place.

**Q:** A non-employed physician on our medical staff offered to assist with a quality improvement project I am working on. We have budgeted funds to pay for her services. Is it OK to provide payment to this physician?

**A:** Yes, but only if there is an appropriate contract in place documenting the services to be provided and the amount of the payment to be made. Contracts must be signed before commencing the arrangement. The Legal Department must prepare or approve any written agreement.
Vendor relationships and interactions
All Stakeholders have a responsibility to make decisions and maintain vendor relationships that affect Advocate Aurora Health based on our health care mission and in the best interests of our patients, not personal gain. We are also committed to complying with the Anti-Kickback Statute in all interactions, and to eliminating situations where inappropriate vendor influence would result in increased costs, unfair competition or treatment decisions that are not based solely on patient care interests. Our selection of consultants, contractors, suppliers and vendors will be made on the basis of objective criteria, including but not limited to quality, technical experience, price, delivery, service and maintenance of adequate supply sources.

- We do not offer or accept kickbacks in exchange for doing business.
- Any solicitation on behalf of Advocate Aurora Health must be done by or in conjunction with the Advocate Aurora Health Foundations. Please contact the Foundation for appropriate guidelines.
- Stakeholders may not accept cash, a gift card or other item of value, even if of nominal value from any vendor or anyone seeking to do business with Advocate Aurora Health. The gift giver can be directed to the Advocate Aurora Health Foundations.
- Stakeholders may attend vendor-sponsored events (such as golf outings, sporting events, charity dinners, etc.) but must pay their own way for attending.
- Stakeholders may attend a vendor sponsored free educational event that relates to their job, but must pay for any associated travel, lodging, entertainment and meals. Limited exceptions apply when educational events are included in a contractual relationship or provide attendees continuing education credit required for maintenance of professional licensure/credentials. Contact the Compliance & Integrity Department to determine if an exception applies.
- Vendors may not bring free food into Advocate Aurora Health facilities.
- Stakeholders may not accept free meals from vendors unless it is a business related meal or provided during an educational event that provides continuing education credit to attendees. A “business meal” is restricted to a modest meal from a vendor while participating in a meeting for which the primary purpose is to discuss specific business matters which the vendor currently conducts with Advocate Aurora Health.
- Stakeholders may accept an invitation to an Advocate Aurora Health Foundation fundraising event as a vendor’s guest if the stakeholder makes a donation to the Foundation for the fair market value of the event.

Q: One of our vendors has offered to purchase several iPads to improve the efficiency of our clinical research. This will reduce time for data entry and is a benefit to the organization. May we accept the offer?
A: Yes, as long as the item is gifted directly to the respective Advocate Aurora Health Foundation. The item, if approved for use, would be forwarded to the correct department. If there is no Advocate Aurora Health use, the Foundations will determine if the gift is within policy guidelines.

Q: A medical device supplier offered to take me to their sky box at a baseball game to discuss how we might increase the volume of our business with them. May I accept this offer?
A: No. Gifts, such as sporting event tickets, can be considered a kickback.

Q: On my unit, we refer many patients to local skilled nursing facilities. One facility offered to give us gift certificates in appreciation for our referrals. May we accept the gift certificates?
A: No. This is an example of accepting gifts in return for referrals.
Conflicts of interest

**Conflict of interest** refers to a situation in which financial or other personal interests may compromise, or have the appearance of compromising, an individual’s ability to make objective decisions in the course of performing one’s job responsibilities. Outside or secondary employment could qualify as a potential conflict of interest, depending on the circumstances.

Advocate Aurora Health team members, board members and Medical Staff members are prohibited from:

- Gaining personal enrichment through access to confidential information from Advocate Aurora Health including but not limited to buying or selling stock or other securities based on information obtained as a result of employment with Advocate Aurora Health;
- Misusing their position in a way that results in personal gain; and
- If employed by Advocate Aurora Health, engaging in an activity that competes with or compromises the interests of Advocate Aurora Health.

Advocate Aurora Health team members, board members and Medical Staff members must exercise good judgment and ethical behavior to protect themselves and the organization from inappropriate actions resulting from conflicts of interest and may not use their positions to directly or indirectly obtain benefits for themselves, immediate family members or any other person with whom they have a personal relationship.

**Disclosure of interests**

All Advocate Aurora Health team members, Medical Staff members and board members are required to disclose any Significant Interests, as defined in the Advocate Aurora Health Conflict of Interest Policy. A Significant Interest Disclosure statement must be completed annually by the following team members regardless of whether they have a disclosure including:

- Advocate Aurora Health Leaders in the role of Manager and above
- Employed Physicians
- Employed Advanced Practice Clinicians
- Members of a Board/Governing Council
- Or other identified positions

Most conflicts can be managed; the Compliance & Integrity Department will work with your leader to create a management plan when necessary.

**Q:** My husband is a sales representative for a drug manufacturer and his territory includes Advocate Aurora Health facilities. Is it OK for me to place orders through him for a drug dispensed in our pharmacies?

**A:** No. This conflict should be disclosed as part of the annual conflict of interest disclosure. You should not be involved in purchasing decisions that may involve your husband’s company. It is possible Advocate Aurora Health will choose to do business with your husband and his company, but you should not be involved in any purchasing decisions that may also benefit him.
Patient relationships

Gifts and free items for patients

The Beneficiary Inducement Statute prohibits offering gifts, free or discounted services and anything else of value to patients or potential patients to influence an individual to seek services at your facility or entity.

- We will not offer any item of value or service, even if nominal, to patients if the intent is to steer them to use Advocate Aurora Health services.
- We may offer select, free preventive services. Contact the Compliance & Integrity Department to determine what is permissible.
- Donations to Advocate Aurora Health Foundations are permissible, as these benefit our mission to serve.
- Discounts provided as part of the formal patient financial assistance program are permissible.

There may be circumstances when an Advocate Aurora Health team member would like to provide a gift to a patient as part of a service recovery effort or in recognition of a patient’s volunteer efforts. This is permitted, as long as:

- The value of the gift does not exceed $15 per item
- The aggregate value of all gifts given to a patient does not exceed $75 per calendar year; and
- The gift is not cash or a cash equivalent (such as a gift card/certificate) except as specifically approved by the Compliance & Integrity Department in advance

Gifts from patients

We are committed to providing high quality care and service to all our patients and we do not expect tips, gratuities or personal gifts from patients. Whenever feasible, patients wishing to show their appreciation should be directed to donate to the Advocate Aurora Health Foundations. To reach either Foundation, please call 1-877-460-8730. At times, however, it can be difficult to refuse a well-intended gift from a patient. A gift may be accepted when:

- It is a modest token of appreciation (valued at $50 or less) not intended to influence behavior
- It is not cash or a cash equivalent like a gift card/certificate; and
- The circumstances are such that refusal of the gift could be counterproductive to the patient-caretaker relationship

Q: A patient gave me a thank you card with $100 bill in it. May I keep it?
A: No. Thank the patient and explain that our policy does not allow a team member to accept a cash gift and one so generous. If it seems appropriate, inform the patient about the option to show her appreciation by donating to our Foundation so that her gift will help others.
Our commitment to our team members

Advocate Aurora Health is committed to providing equal employment opportunities to qualified individuals in accordance with federal and state laws, and to maintaining a work environment in which all team members feel respected and valued. We expect team members to treat each other with mutual respect, courtesy and fairness. We build transparency and trust through frequent and direct communications with team members. We encourage collaboration and teamwork by sharing best practices and by supporting each other. We encourage team members to exhibit courage and adopt innovative practices.

Equal employment opportunity
Advocate Aurora Health does not discriminate with regard to race, color, religion, sex, sexual orientation, including gender related identity, pregnancy, marital status, age, national origin or disability, military service, or any other characteristic prohibited by law.

General and sexual harassment
Advocate Aurora Health prohibits harassment of its team members by another team member or leader, and any conduct that creates an intimidating, hostile or offensive work environment.

Examples of prohibited verbal, physical, auditory and/or visual conduct include, but are not limited to:

- Derogatory comments
- Sexual advances
- Threats or intimidating remarks
- Racial or ethnic jokes or slurs
- Uninvited touching

If a team member feels he/she is the target of harassment, and feels comfortable doing so, he/she should inform the offending person that the behavior is unwelcome and offensive. The team member should also promptly report any incident of harassment to his/her supervisor, another leader or to the Human Resources Department.

Q: I frequently overhear another team member in my department telling jokes about people of certain ethnic backgrounds. It makes me uncomfortable; what can I do?
A: Discuss your concerns with your supervisor or other leader in your area, or call your Human Resources representative. It is not permissible to tell jokes at work at the expense of others based upon race, color, religion, sex, national origin, ethnicity, marital status, age, sexual orientation, including gender related identity, disability, military service or other characteristic prohibited by law.
Team member confidentiality
Advocate Aurora Health values the privacy of its team members’ information. Access to employee records is only permitted for legitimate business purposes, such as payroll, benefits administration and other employment-related activities. Information is not disclosed to third parties except as specifically permitted by our policies, with team member consent or as required by law. Team member information obtained in the course of or as a result of one’s work duties must not be shared with any other individual that has not been authorized by Advocate Aurora Health to receive such private information.

E-mail messages are considered company records and Advocate Aurora Health reserves the right to monitor its e-mail system for proper business conduct and possible inappropriate behavior. Therefore, team members should have no expectation of privacy relative to the use of Advocate Aurora Health’s e-mail system. Similarly, access to the Internet is a privilege thus Advocate Aurora Health reserves the right to monitor your Internet activities.

Workplace safety
Advocate Aurora Health is committed to providing a safe and secure environment for Stakeholders and visitors.

Stakeholders have the responsibility to maintain a safe workplace by:

- Refraining from violent behavior, neither tolerating nor making threats and immediately reporting all violence or threats of violence
- Not possessing weapons or ammunition while on the premises of an Advocate Aurora Health facility except secured in locked personal vehicle
- Not willfully destroying Advocate Aurora Health property or the property of others
- Refraining from the use of alcohol, or any illicit or prescription drugs that may impair your ability to perform your job duties; and
- Promptly reporting any incident, practice or condition that may pose a safety threat or any violation of our safety policies

Q: One of my coworkers has just returned from lunch and smells of alcohol. What should I do?
A: If you work in a clinical area, quickly act to secure the safety of patients as needed. Then immediately notify your supervisor or a higher level leader of the situation. If you work in a non-clinical area, immediately notify your supervisor.

Q: One of my co-workers is posting things on Facebook regarding my personal life and my relationships with my children that are very hurtful. It makes it hard to come to work because I know everyone is talking about me. What can I do?
A: Report this bullying activity to your supervisor or Human Resources.
Tax exemption & not-for-profit status
As a not-for-profit organization, Advocate Aurora Health operates for the benefit of the communities we serve. Surplus funds are used to cover the operating expenses and are typically reinvested to further our charitable and social welfare endeavors. In exchange for these charitable activities, Advocate Aurora Health is exempted from paying many federal, state and local taxes. To retain the tax exemptions, we must meet rigorous standards established by the government. As an organization, we do not:

- Pay more than fair market value for goods, services, or in compensation arrangements
- Re-sell supplies purchased using Advocate Aurora Health’s tax-exempt status; nor
- Use Advocate Aurora Health assets for the private benefit of an individual, such as meeting space, preparation of mailings, etc.

Political and charitable activities
Advocate Aurora Health is prohibited from participating in political campaign activities due to its tax-exempt and not-for-profit status. There are no exceptions to this prohibition. Advocate Aurora Health however, supports our individual rights to participate in charitable and political causes, but we must keep these interests separate from our Advocate Aurora Health responsibilities.

- Our charitable work for outside organizations and political activities may not interfere with our work schedule or responsibilities.
- We do not use Advocate Aurora Health’s name, logo, or resources, such as computers, phones and printers, to support our own charitable or political activities.
- We do not distribute political literature at work.
- We do not contribute, or direct the contribution of Advocate Aurora Health funds to any political candidate, political party or political campaign.
- We do not campaign, directly or indirectly, for or against the election of any candidate for public office during any Advocate Aurora Health function or at Advocate Aurora Health facilities.
- We do not allow candidates for public office to participate in any Advocate Aurora Health function or in any event at Advocate Aurora Health facilities 30 days prior to any type of election in which they are a candidate, other than attendance at government relations meetings or an Advocate Aurora Health event that is open to the public or a meeting of an Advocate Aurora Health board or council on which the candidate is a member.
- If we, as individuals, decide to volunteer for a political or charitable cause, we do not make any statements or take any action in the name of Advocate Aurora Health.

Q: I support a local political candidate that I believe will help the healthcare industry. May I use my Advocate Aurora Health e-mail to share this candidate’s message?
A: No. Your Advocate Aurora Health e-mail is considered an organizational asset and using it for personal purposes is prohibited.
Our commitment to protecting our assets

As Advocate Aurora Health team members, we are committed to protecting the organization’s assets. Advocate Aurora Health assets are to be used solely for the benefit of Advocate Aurora Health and may not be used by team members for personal gain or enrichment.

Examples of assets include, but are not limited to:

- Facilities and equipment
- Supplies and inventory
- Funds
- Confidential and proprietary information
- Our reputation

To ensure that Advocate Aurora Health assets are protected:

- We will maintain accurate business records, free of any false or misleading information
- We will not use Advocate Aurora Health funds or assets for personal use, unapproved business expenses or for any improper or illegal use; and
- We will handle business transactions transparently, price them at fair market value and structure them to comply with applicable federal and state laws

Interactions with the media

Only the Advocate Aurora Health Public Affairs Department is authorized to have contact with the media. "Media" includes reporters, editors, photographers, producers or any other representatives of newspapers, magazines, trade publications, radio, television, internet periodicals, websites and blogs.

Public Affairs shall:

- Respond to inquiries/requests from the media
- Contact the media about a story or news item regarding Advocate Aurora Health
- Conduct interviews with members of the media where the subject matter relates to Advocate Aurora Health; or
- Not reveal to a member of the media an individual’s Protected Health Information, which includes whether or not a person has sought or is seeking care at an Advocate Aurora Health facility

Refer all requests/inquiries from the media to the Public Affairs Department.
Confidential and proprietary information

All Advocate Aurora Health Stakeholders are responsible for safeguarding our confidential data and information. This includes information that is not generally available to the public or information that would be useful to a competitor.

Confidential and proprietary information includes:

- Clinical, quality and patient information
- Financial data including reports and projections
- Personnel files, wage and salary data, Human Resources files (except your own wage data)
- Billing and pricing figures, cost data, projected earnings and losses
- Strategic business plans and marketing strategies
- Intellectual property (for example - patents, trademarks, copyrights, as well as work created while an Advocate Aurora Health team member)
- Legal advice and opinions, and information regarding legal actions involving Advocate Aurora Health
- Technology and system credentials such as logins and passwords; and
- Vendor information

Team members should not discuss confidential information outside of the scope of their duties at Advocate Aurora Health. Information should be discussed with others only on a need-to-know basis, even in social or business relationships. We are prohibited from posting Advocate Aurora Health confidential or proprietary information on any social media platform or website. This includes posting on Facebook, Twitter, SnapChat, Instagram, LinkedIn, Wikis, YouTube or any other social network or other form of discussion blogs, forums or newsgroups as well as traditional forms of mass media.

Q: A coworker posted a notice on my department’s bulletin board offering his services as a personal trainer. Is this allowed?
A: No. While it is OK to engage in a personal business on your own time (as long as there is no conflict of interest), you may not use Advocate Aurora Health’s assets (facility, time, bulletin board, etc.) to conduct that business.

Q: I see some very unusual cases in my job in the Emergency Department. If I do not mention patient names, can I post these stories to Facebook?
A: No, it is never acceptable to post details about patients we provide care to.

Q: A team member in my department is leaving to work for another health care system. I noticed he was printing copies of information related to Advocate Aurora Health’s strategic business plans while he was cleaning out his office. Can he take this information with him when he leaves?
A: No. This is an example of confidential and proprietary information. This information may not be used or disclosed by the team member outside of his work for Advocate Aurora Health, even after he leaves. You should report this to your supervisor or another leader.
Conclusion

Failure to comply
If you violate any part of this Code, any Advocate Aurora Health policy or an applicable law or regulation, you may be subject to corrective action up to and including termination. Similarly, if you knowingly fail to report violations of this Code, any Advocate Aurora Health policy or an applicable law or regulation, you may be subject to corrective action up to and including termination. Leaders who fail to oversee the compliance of those they are assigned to supervise may also face corrective action. The specific corrective action taken will depend on the nature and severity of the violation and any past disciplinary history.

Violations may also result in criminal or civil referral or reports to law enforcement or government agencies.

Questions
This Code is a guide for making decisions, but it cannot answer every question. You may face a situation where the right action to take is unclear. In those circumstances, remember the Keys to Integrity. If you are doing what is right, you will be able to answer “yes” to these questions:

- Am I being honest and truthful?
- Are my actions legal?
- Do my actions align with this Code and/or Advocate Aurora Health policies?
- Am I acting fairly?
- Am I acting in the best interest of Advocate Aurora Health and our patients?
- Do my actions help people live well?

Are you still unsure of what action(s) to take? Talk to an Advocate Aurora Health leader (your supervisor or another member of the management team at Advocate Aurora Health), or contact the Compliance & Integrity Department.
Acknowledgement
All Advocate Aurora Health team members are required to acknowledge understanding of this Code by signing the annual Statement of Confidential and Compliance Information.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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. The possession or use of alcohol, drug paraphernalia or any controlled substance on Aurora Health Care property is prohibited.
2. Any student under the influence of alcohol or illegal drugs, or uses these substances while at school, will be terminated.

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

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 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 director 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 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(s), Clinical Coordinator, and 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.

Effective: 6/86
Revised: 7/94,5/98,6/99,10/01,7/03,8/05,8/06,3/11,8/11,6/13,8/19,6/21
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 the program director and 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 Aurora Health Care Code of Conduct Policy
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

Policies Binding Clause  

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 has access to the School handbook during orientation. The student has access to the Aurora intranet and may access Aurora policies and procedures.  
2. The 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 Acknowledgement

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 Aurora Healthcare 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 policies.

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: 9/11/7/22
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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 the program director 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.

**Program Responsibilities**

1. The program will provide each student with a semester schedule outlining the beginning and end of each semester for the length of the program.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

Student Withdrawal or Dismissal Policy

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. Students that elect to withdraw from the program will be asked to complete the Withdrawal – Termination form.
2. Students withdrawing from the program, will be informed of their rights according to the:
   a. Records maintenance policy
   b. Tuition reimbursement policy (if applicable)
      • Students from university partners pay tuition directly to the university, therefore, all matters of tuition must be discussed with the appropriate representative(s) at the university.
      • Non-university students will be expected to comply with the tuition policy; total tuition due at the time of withdrawal will be paid in full.
3. Students who are in good standing at the time of voluntary withdrawal, may be considered for reinstatement in the program 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. Students who are dismissed from the program will be notified by the program director and must complete the Withdrawal – Termination form.
2. Students who are dismissed from the program, will be informed of their rights according to the:
   a. Grievance policy
   b. Records maintenance policy
   c. Tuition reimbursement policy (if applicable)
      • Students from university partners pay tuition directly to the university, therefore, all matters of tuition must be discussed with the appropriate representative(s) at the university.
      • Non-university students will be expected to comply with the tuition policy; total tuition due at the time of withdrawal will be paid in full.
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.
Student Name: Click or tap here to enter text.

As of Click or tap to enter a date., I am no longer an enrolled student in the Aurora Radiologic Technology Program.

☐ Voluntary Withdrawal
  ☐ I was provided information regarding the Records Maintenance Policy
  ☐ I was provided information regarding the Tuition Reimbursement Policy
  ☐ Not applicable
  ☐ I have returned all hospital and school property

☐ Dismissal/Termination
  ☐ I was provided information regarding the Grievance Policy
  ☐ I was provided information regarding the Records Maintenance Policy
  ☐ I was provided information regarding the Tuition Reimbursement Policy
  ☐ Not applicable
  ☐ I have returned all hospital and school property

Please state the reason for withdrawal or termination:

* Students who are in good standing at the time of voluntary withdrawal, may be considered for reinstatement in the program at a later date (will be assessed on an individual bases by the faculty).

*Students who are dismissed/terminated from the program will not be considered for reinstatement, unless mandated by the findings of the Grievance Policy.

_________________________________________  ____________________
Student Signature                          Date

_________________________________________  ____________________
Program Director Signature                Date

Effective: 8/22
Aurora St. Luke’s Medical Center
School of Radiologic Technology

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.

- Regardless of the student’s level of competency:
  - All orders and radiographs must be reviewed by a registered radiographer.
  - A registered radiographer MUST be present for patient identification.

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 student’s name second. In the PACS system, only the supervising technologist’s name should be listed.

6. Improper documentation may result in disciplinary action.

Effective: 7/94

Revised: 5/98, 5/99, 8/05, 8/06, 2/07, 8/12, 7/13, 5/15, 1/16, 6/21, 5/22, 7/22
7. Students may perform procedures with indirect supervision once they have demonstrated competence.

**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.

2. 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:
   A. Consider the age appropriateness of the patient
   B. Consider the patient’s history and condition
   C. Consider the form of transportation and the patient’s status
   D. Consider the level of trauma
   E. Consider the student’s level of education / training

3. 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 student’s name second. In the PACS system, only the supervising technologist’s name should be listed.

4. Improper documentation may result in disciplinary action.

5. Supervising technologists are advised to consult with a clinical instructor when in doubt of a student’s level of competence.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  
Clinical Performance Assessment

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.

PROCEDURE:

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.
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.
   a. The student must follow up with the technologist via email if the evaluation form is not completed in a timely manner.
   b. All communication between the student and technologist should be forwarded to the site instructor and program director.
   c. It is the sole responsibility of the student to ensure all evaluations are submitted.
4. Students must view/acknowledge all evaluations received. Failure to do in a timely manner will negatively affect the Compliance form.

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 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 clinical instructor/coordinator will discuss unsatisfactory evaluations with the student on a timely basis.

Each semester the base site clinical instructor will calculate an average clinical performance grade which accounts for a portion of the semester clinical grade.

Effective: 4/92
Revised: 11/94,6/96,6/98,6/99,7/03,6/06,8/06,2/07,1/10,6/16,6/18,7/22
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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<tbody>
<tr>
<td>Demonstrates a Positive Attitude and a Strong Initiative to participate in exams</td>
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<td>Maintains Professional Conduct</td>
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<td>Demonstrates a professional image &amp; appearance</td>
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<td>Accepts &amp; Benefits from Constructive Criticism</td>
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<td>Shows Dependability and Attendance</td>
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<td>Demonstrates a solid level of self-Confidence</td>
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**PERSONAL INTERACTIONS**

(Question 2 of 5 - Mandatory)

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

(Question 3 of 5 - Mandatory)

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<tbody>
<tr>
<td>Imaging Equipment &amp; Accessories</td>
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<tr>
<td>Demonstrates competent Positioning Skills</td>
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<tr>
<td>Able to set correct technical factors and make appropriate adjustments if needed</td>
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<tr>
<td>Can evaluate image for diagnostic quality</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.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

Semester 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.

PROCEDURE:

Initial Assessment
1. Between the 8th and 10th week of Semester I, the supervising clinical instructor at the “base site” will conduct a preliminary assessment by completing a Semester Rotational Evaluation form and a Compliance Assessment form for each “base site” 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 on the Assessment Log form.

Semester Evaluations
1. The base site clinical instructor will use the Semester Rotational Evaluation form to calculate the semester clinical performance score for each student that has rotated.
2. The evaluating clinical instructor forwards the form to the base site clinical instructor.
3. The base site clinical instructor will average the grades from Semester Rotational Evaluations from other sites to complete the clinical instructor semester evaluation grade.
4. The base site clinical instructor will record the scores on the Assessment Summary form.
5. A copy of the clinical instructor’s semester assessment form will be provided to the student during the semester clinical performance evaluation session.
### Aurora St. Luke’s Medical Center School of Radiologic Technology

#### SEMESTER ROTATIONAL EVALUATION

**Student:** Click or tap here to enter text.

**Dates Evaluated:** Click or tap here to enter text.

**Rotation Site:** Click or tap here to enter text.

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<tbody>
<tr>
<td><strong>0 (Rarely)</strong></td>
<td>Rarely accurately positions patient. Minimal positioning knowledge/skills. Unable to position difficult patients with assistance. Multiple repeats.</td>
<td>Inconsistent positioning knowledge/skills. Makes frequent errors. Unable to position patients without assistance. Frequent repeats.</td>
<td>Inconsistently able to identify poor quality images &amp; anatomy seen. Has some difficulty when reviewing with CI.</td>
<td>Incapable of handling x-ray equipment. Unable to detent tube.</td>
<td>Rarely utilizes appropriate radiation protection for patient or self. Does not ask LMP. Does not collimate or choose correct light field size.</td>
<td>Rarely able to recognize signs of assistance needed by pt. Unaware of patient comfort level or patient dignity. Inappropriate/rarely converses with patient/family.</td>
<td>Does not perform required verifications correctly or at all. Does not check orders with tech. No patient history. Incorrect medical terminology used.</td>
</tr>
<tr>
<td><strong>8.5 (Sometimes)</strong></td>
<td>Can perform exams for level of training. May need assistance with patients having limited abilities. Average number of repeats.</td>
<td>Usually selects appropriate techniques and makes appropriate adjustments when needed. Usually checks EI #’s and mAs readouts. May need minimal reminders.</td>
<td>Can sometimes identify but may not be able to verbalize corrections &amp; anatomy. Has minimal difficulty when reviewing with CI.</td>
<td>Exhibits correct use &amp; care of x-ray equipment. Some errors when detenting tube.</td>
<td>Sometimes utilizes appropriate radiation protection for patient or self and asks LMP with minimal reminders. Some reminders to collimate/choose correct light field size.</td>
<td>Sometimes recognizes assistance is needed by patient and/or patient dignity. Attempts conversation with patient/family and appears comfortable.</td>
<td>Correctly performs verification and reviews orders with tech with some reminders. Obtains history with proper basic use of medical terminology.</td>
</tr>
<tr>
<td><strong>9 (Usually)</strong></td>
<td>Can usually perform most exams without assistance. Above average knowledge/skills with positioning patients of limited abilities. Minimal repeats.</td>
<td>Consistently selects appropriate techniques and makes appropriate adjustments when needed. Consistently checks EI #’s and mAs readouts without reminders.</td>
<td>Can usually identify quality images &amp; anatomy. Usually has no difficulty when reviewing with CI.</td>
<td>Above average understanding of x-ray equipment. Minimal errors when detenting tube.</td>
<td>Usually utilizes protection for patients and self with infrequent reminders. Usually asks LMP. Minimal reminders to collimate/choose correct light field size.</td>
<td>Usually recognizes and responds to assistance needed by patient and/or patient dignity. Involved in self-initiated conversation with patient/family.</td>
<td>Usually performs verification correctly and verifies orders with tech with minimal reminders. Usually obtains complete history with advanced use of medical terminology.</td>
</tr>
<tr>
<td><strong>10 (Consistently)</strong></td>
<td>Can perform all exams without assistance. Superior positioning knowledge/skills. Can position all types of patient abilities. Minimal repeats.</td>
<td>Consistently selects appropriate techniques. And makes appropriate adjustments when needed. Consistently checks EI #’s and mAs readouts without reminders.</td>
<td>Can verbalize all corrective actions necessary &amp; anatomy. Has no difficulty when reviewing with CI.</td>
<td>Thorough understanding of x-ray equipment. Consistently detents tube correctly.</td>
<td>Consistently utilizes appropriate radiation protection. No reminders. Consistently asks LMP. Consistently collimates/chooses correct field light size.</td>
<td>Consistently responds to all situations needed by patient with assistance/comfort to include dignity. Converses appropriately with patient/family.</td>
<td>Correctly performs all verifications and verifies all orders with tech without reminders. Consistently obtains full history with advanced use of medical terminology.</td>
</tr>
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</table>

**Revised:** 7/21


**Student Evaluation Summary**

**Strengths:** Click or tap here to enter text.

**Development Needed:** Click or tap here to enter text.

**Comments:** Click or tap here to enter text.

______________________________  ________________________________  ________________________________  ________________________________
Clinical Instructor Date Student Date

**SCORE:** Click or tap here to enter text.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

Clinical Rotation – Observation Only

PURPOSE: Certain rotations, due to the nature of the procedures performed, limit the student’s 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:

1. The form is specifically designed to evaluate student performance for rotations limited to observation only. The form will be completed following assigned/elective modality rotations.
2. The student will complete the student section on the Clinical Rotation Observation form and present the evaluation to the technologist supervising the clinical rotation.
3. The technologist should complete the form based on observed clinical performance and submit in a timely manner. The completed form is given to the base site clinical instructor.
4. The supervising clinical instructor will calculate a numeric grade using the following scale:
   - SS - Significant Strength 10 points
   - FC - Fully Competent 8 points
   - ND - Needs Development 7 points

   Unsatisfactory evaluations will be reviewed with the student on a timely basis.
5. If the rotation occurred away from the student’s base site, the supervising clinical instructor forwards the completed form to the base 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.
6. 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.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

OBSERVATION ROTATION EVALUATION

Student Name: ________________________________

Rotation: _______________________________________

Rating Scale:
1. Significant Strength – above expectation in performance (10pts)
2. Competent – expected performance (8pts)
3. Needs Development – below average in performance (7pts)

Professional Growth:

_____ Conduct appropriate to the medical environment
_____ Presents a professional image
_____ Treats patients with kindness, courtesy, and respect
_____ Initiative to participate
_____ Follows and supports medical center policies

Staff Interactions:

_____ Listens and responds to directions
_____ Assists and supports co-workers and other staff
_____ Receptive to constructive criticism
_____ Asks questions to further knowledge
_____ Remains in assigned area

COMMENTS:

Evaluator’s signature: ________________________________

Date: ____________

Revised 4/22
TO BE COMPLETED BY THE STUDENT:

A. This experience improved my understanding of the rotation:

   Agree / Disagree (please specify)

B. This experience is valuable to my overall education:

   Agree / Disagree (please specify)

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 signature: ___________________________

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

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:

1. The student is responsible for generating the Student Clinical Experience Evaluation in Evalve. 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 program director and 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 program director and clinical coordinator as soon as possible.
   b. Urgent matters will be addressed on an individual basis.

4. The school faculty will share the evaluations with the radiology department manager/supervisor in order to enhance the student’s clinical experience. Evaluations will not contain any personal student information (anonymous).
**STUDENT INTERACTIONS:**

*(Question 1 of 4 - Mandatory)*

<table>
<thead>
<tr>
<th></th>
<th>Rarely</th>
<th>Inconsistent</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treats students with respect and courtesy</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Utilizes constructive criticism</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Answers and encourages student's questions</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Gives clear and concise instructions to student</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Reliable, readily available to students</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Willingness in completion of weekly evaluations/competency testing forms</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Willingly assists with repeat radiographs per JRCERT</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Encourages and allows students to actively participate in exams: Reviews/critiques images with student</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Encourages and allows students to actively participate in exams: Allows student to set technical factors</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Encourages and allows students to actively participate in exams: Allows student to position patient(s)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Encourages and allows students to actively participate in exams: Follows the direct &amp; indirect supervision policy</td>
<td>O</td>
<td>O</td>
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**PROFESSIONALISM:**

*(Question 2 of 4 - Mandatory)*

<table>
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<tr>
<th></th>
<th>Rarely</th>
<th>Inconsistent</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Consistently</th>
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<tbody>
<tr>
<td>Sets a professional role model for students</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<td>Follows and supports department/hospital policies, (ex: excessive personal computer use)</td>
<td>O</td>
<td>O</td>
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<td>Treats patients with kindness, courtesy, and respect</td>
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<td>O</td>
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<td>Maintains a good attitude &amp; does not display negative behavior</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is a team player: supports fellow co-workers, Radiologists and other hospital personnel</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**USE AND CARE OF EQUIPMENT:**

*(Question 3 of 4 - Mandatory)*

<table>
<thead>
<tr>
<th></th>
<th>Rarely</th>
<th>Inconsistent</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partners with student to clean room after procedure</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Respects hospital/department property including reporting equipment malfunctions</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

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 21 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.

Effective: 8/89
Revised: 7/92, 6/97, 4/98, 6/99, 7/03, 8/04, 8/06, 7/07, 8/18, 7/21, 7/22
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.

9. All repeat radiographs must be performed under direct supervision, regardless of the level of competence of the student.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

Simulation Policy

PURPOSE: To develop a consistent method of grading the 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. A clinical instructor completes the 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
   - FC – Fully Competent
   - ND – Needs Development
   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 logs the completed simulations on the student Simulation Log form.
6. Simulation grades are logged as pass/fail and are not calculated in the student’s overall clinical grade.
7. Student must successfully complete simulation prior to performing the competency in the clinical setting.
8. The Simulation Log becomes part of the student's permanent record following completion of the program.

SIMULATION FAILURE:

1. If a student fails any position/projection, the student must repeat the simulation with a clinical instructor.
2. The clinical instructor will review the failure with the student and allow the student to practice the position/projection before re-simulating.
3. If the student fails the re-simulation, the student will be placed on written disciplinary until successful completion of the failed simulation.
4. If the student fails the re-simulation for a 3rd time, the student will be placed on probation until the end of the semester. The student may not fail any other subsequent position/projection simulations for the semester, as the student may be released from the program.
5. The student’s grade will be affected on the Semester Compliance form.

Effective: 6/97
Revised: 7/03,8/06,8/07,10/07,8/12,7/21,7/22
# Simulation Log

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

**Student Name:** Click or tap here to enter text.  
**Clinical Instructor:** Click or tap here to enter text.

<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>COMPLETION DATE</th>
<th>CI INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA &amp; Lat Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decub Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cart Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP Supine Abd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upright Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decub Abdomen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thumb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forearm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial Flexion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humerus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Humerus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Shoulder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scapula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clavicle</td>
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<tr>
<td>AC Joints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC Joints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcaneus</td>
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<tr>
<td>Ankle</td>
<td></td>
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</tr>
<tr>
<td>Lower Leg</td>
<td></td>
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</tr>
<tr>
<td>Knee</td>
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<td>Patella</td>
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<td></td>
</tr>
<tr>
<td>Femur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Hip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pelvis</td>
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</table>

<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>COMPLETION DATE</th>
<th>CI INITIALS</th>
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</thead>
<tbody>
<tr>
<td>Ribs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sternum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Sternum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbar Spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacrum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coccyx</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SI Joints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma C-Spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft Tissue Neck</td>
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<td></td>
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<tr>
<td>Thoracic Spine</td>
<td></td>
<td></td>
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<td>Esophagus</td>
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<tr>
<td>Upper GI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Colon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Double Colon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skull</td>
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<td></td>
</tr>
<tr>
<td>Sinuses</td>
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<tr>
<td>Facial Bones</td>
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</tr>
<tr>
<td>Orbits</td>
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<tr>
<td>Nasal Bones</td>
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<tr>
<td>Mandible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMJ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-Arm Movements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retrograde Urography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percutaneous Neph</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intraoperative Chole</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Arthroplasty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORIF</td>
<td></td>
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<tr>
<td>Spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Procedures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Instructor Signature:** ________________________________

Revised: 7/21,6/22
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

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</td>
<td>Includes date, patient name, DOB, ID number, procedure, history</td>
</tr>
<tr>
<td>Clinical Tester</td>
<td>Includes all performance criteria, number of repeated images, technical factors used, EI number, and response to competency statement</td>
<td>Includes all performance criteria, and response to competency statement</td>
</tr>
<tr>
<td></td>
<td>Also includes a section for comments – 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></td>
</tr>
</tbody>
</table>

General Guidelines

1. Each semester the base site clinical instructor will calculate an average clinical competency testing grade which accounts for a portion of the semester clinical education grade.

2. Infrequently performed or low volume radiographic examinations, of which phantoms are available, may be simulated during the last two (2) weeks of Semester V. 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.

3. A student cannot be released from the program until all competency tests for those procedures identified as mandatory are completed.

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

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, 8/19,6/21,8/21,9/21,7/22
**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.
   a. The student contacts a qualified clinical tester prior to the start of the examination.
   b. The tester will evaluate the patient condition and determine if the situation is appropriate for competency testing.
   c. The student must use 2 patient identifiers to identify the patient with the tester in the room and before the exam has begun.
   d. 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; the student receives a failing grade.

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 marks 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 Log*.

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
Aurora Medical Center  
St. Luke's School of Radiologic Technology  
General Patient Care Procedures

Student Name: 

<table>
<thead>
<tr>
<th></th>
<th>General Patient Care</th>
<th>Date Completed</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CPR/BLS Certified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Vital signs - Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Vital signs - Temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Vital Signs - Pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Vital signs - Respiration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Vital Signs - Pulse Oximetry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Sterile &amp; Medical Aseptic Technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Venipuncture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Assisted Patient Transfer (e.g. Slider Board, Mechanical Lift, Gait Belt)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Care of Patient Medical Equipment (Oxygen Tank, IV tubing, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised: 9/21
Aurora St. Luke’s Medical Center
School of Radiologic Technology

Competency Testing Form – Grading Policy

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.

Student Performance Section
The clinical tester completes the evaluation sent by the student based on direct observation of the student's performance.
1. The student is assessed based on their current level of training.
2. 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

3. 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 must be completed in a timely fashion.

Clinical Instructor 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.
3. The technologist grade and CI image review evaluation grade are averaged to determine the final grade.

Failing A Competency
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 returns 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.
2. Technologist completing evaluation deems the student unable to perform the examination under indirect supervision.

Effective: 5/92
Revised: 6/97,7/03,8/06,1/07,7/09,1/10,6/16,8/18,10/19,7/22
3. Student receives a score below 80% by the testing technologist.
4. Student receives a score below 80% by the CI for the image review evaluation.
   a. Regardless if the testing technologist gave the student a passing grade.

**Result of a Failed Competency**

1. A grade of 60% will be recorded for the failed examination and the student must repeat competency testing.
2. 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.
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

(Question 1 of 13 - Mandatory)

<table>
<thead>
<tr>
<th>KNOWLEDGE OF PROCEDURE:</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/procedure for exam</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>Room set up is complete and correct prior to getting patient</td>
<td></td>
<td></td>
<td></td>
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</table>

(Question 2 of 13 - Mandatory)

<table>
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<tr>
<th>INTERPERSONAL INTERACTIONS:</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct patient identification; checks name/band</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtains patient history (incl. LMP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explains exam to patient, gives clear, concise instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides supportive care to patient and anticipates needs of patient/physician/radiologists &amp; others</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(Question 3 of 13 - Mandatory)

<table>
<thead>
<tr>
<th>IR/Field Size SELECTION:</th>
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<th>2</th>
<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>
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</table>

(Question 4 of 13 - Mandatory)

<table>
<thead>
<tr>
<th>EQUIPMENT: (Part one)</th>
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</thead>
<tbody>
<tr>
<td>Technical factors used for each image and associated S#/E#</td>
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</tbody>
</table>

(Question 5 of 13 - Mandatory)

<table>
<thead>
<tr>
<th>EQUIPMENT: (Part two)</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Correctly manipulates equipment</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Selects appropriate technical factor (Student cannot get more than a 3 if AEC was used)</td>
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</table>
(Question 6 of 13 - Mandatory)
 POSITIONING SKILLS:

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

(Question 7 of 13 - Mandatory)
 RADIATION PROTECTION:

<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>Appropriately collimates beam</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

(Question 8 of 13 - Mandatory)
 RADIATION PROTECTION:

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses appropriate shielding for self &amp; others</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

(Question 9 of 13 - Mandatory)
 POST PROCEDURE PROCESSES:

<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>Marker visibility and placement</td>
<td>O</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>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cleaning of room and equipment</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

(Question 10 of 13)
 Technologist Score

(Question 11 of 13 - Mandatory)
 NUMBER OF REPEAT IMAGES:

(Question 12 of 13 - 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>O</td>
<td>O</td>
</tr>
</tbody>
</table>
(Question 13 of 13)

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
### Procedure

*Question 1 of 13 - Mandatory*

<table>
<thead>
<tr>
<th>Image Identification:</th>
<th>Points Per Image</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student markers not visible on ALL images

### Score from Technologist Form

*Question 2 of 13 - Mandatory*

<table>
<thead>
<tr>
<th>Points Per Image</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>

### Question 3 of 13 - Mandatory

<table>
<thead>
<tr>
<th>Image Identification:</th>
<th>Points Per Image</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Missing additional identifiers

### Question 4 of 13 - Mandatory

<table>
<thead>
<tr>
<th>Image Identification:</th>
<th>Points Per Image</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Question 5 of 13 - Mandatory

<table>
<thead>
<tr>
<th>IR Selection:</th>
<th>Points Per Image</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorrect IR/image size</td>
<td>0 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Incorrect IR/image placement</td>
<td>0 1 2 3 4</td>
<td></td>
</tr>
<tr>
<td>Incorrect IR/grid combination</td>
<td>0 1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>
### Demonstration of Anatomy:

| Points Per Image | | |
|------------------|--|--|--|--|
| 0 | 2 | 4 | 6 | 8 |

- Anatomy not centered
- Incorrect obliquity
- Rotation/tilt
- Incorrect central ray angulation
- Inaccurate positioning

### Technical Skills:

| Points Per Image | | |
|------------------|--|--|--|--|
| 0 | 2 | 4 | 6 | 8 |

- Unable to view required anatomy
- Inappropriate S number

### Patient Protection:

| Points Per Image | | |
|------------------|--|--|--|--|
| 0 | 3 | 6 | 9 | 12 |

- Inadequate or no collimation
- Unnecessary supplements

### Patient Protection:

| Points Per Image | | |
|------------------|--|--|--|--|
| 0 | 2 | 4 | 6 | 8 |

- Repeats

### Artifacts:

| Points Per Image | | |
|------------------|--|--|--|--|
| 0 | 2 | 4 | 6 | 8 |

- Personal
- Medical
- Motion
### Question 11 of 13 - Mandatory

<table>
<thead>
<tr>
<th>IMAGE REVIEW:</th>
<th>POINTS PER IMAGE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can identify imaged anatomy</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
</tr>
<tr>
<td>Identify appropriate image quality</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
</tr>
<tr>
<td>Identify corrective measures needed</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
</tr>
</tbody>
</table>

### Question 12 of 13 - Mandatory

- TOTAL NUMBER OF POINTS DEDUCTED
- CLINICAL INSTRUCTOR SCORE
- FINAL COMPETENCY GRADE

### Comments: (Question 13 of 13)

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>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>Appropriately sends images</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>Correctly cleans room, equipment following exam</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
</tbody>
</table>

(Question 5 of 9 - Mandatory)

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses appropriate shielding for self</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>Employs protective measures for others</td>
<td>〇</td>
<td>〇</td>
<td>〇</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>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>Completion of required documentation in EPIC</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</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>〇</td>
<td>〇</td>
</tr>
</tbody>
</table>

(Question 8 of 9)

**Comments**

(Question 9 of 9)

**Final Grade:**

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.

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2 (Inconsistent) - Student can perform task minimally with direct supervision/prompting  
3 (Sometimes) - Student can perform task adequately with direct supervision/prompting  
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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)

<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>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>
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<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>
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</tbody>
</table>

DOCUMENTATION/IMAGES:

(Question 6 of 9 - Mandatory)

<table>
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<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?

YES NO

(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
- ☐ Stroke Protocol
- ☐ Cooperative
- ☐ Non-co-operative
- ☐ 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>

<table>
<thead>
<tr>
<th>PATIENT POSITIONING:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Properly positions patient in cradle/head holder</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
<tr>
<td>2. Adapts patient position for trauma/pathology if needed</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
<tr>
<td>3. Properly positions head to minimize rotation/tilt</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
<tr>
<td>4. Aligns light to EAM</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
<tr>
<td>5. Correctly utilizes landmark control panel</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
<tr>
<td>6. Gantry angled to reduce orbital radiation</td>
<td>Yes</td>
<td>No</td>
<td>N/A ____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCANNING:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Selects correct protocol</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
<tr>
<td>2. Sets correct scout parameters</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
<tr>
<td>3. Correctly utilizes “show localizer”</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
<tr>
<td>4. Sets correct start and end locations</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
<tr>
<td>5. Sets correct scan parameters (e.g. DFOV, recons)</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
<tr>
<td>6. Provides clear patient instructions</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
<tr>
<td>7. Follows radiation safety guidelines</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOCUMENTATION/IMAGES:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enters required patient information</td>
<td>Yes</td>
<td>No</td>
<td>N/A ____________</td>
</tr>
<tr>
<td>2. Select proper series to reformat image(s)</td>
<td>Yes</td>
<td>No</td>
<td>N/A ____________</td>
</tr>
<tr>
<td>3. Completes reformatts</td>
<td>Yes</td>
<td>No</td>
<td>N/A ____________</td>
</tr>
<tr>
<td>4. Sends reformatts to McKesson/PACS</td>
<td>Yes</td>
<td>No</td>
<td>N/A ____________</td>
</tr>
<tr>
<td>5. Selects appropriate window width/level</td>
<td>Yes</td>
<td>No</td>
<td>N/A ____________</td>
</tr>
<tr>
<td>6. Accurately completes required documentation</td>
<td>Yes</td>
<td>No</td>
<td>____________</td>
</tr>
</tbody>
</table>

CT Technologists comments on student performance / opportunities for development:

__________________________________________________________________

Evaluating Technologist Signature ___________________________ Date ____________
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>
</tr>
</thead>
<tbody>
<tr>
<td>Corpus Callosum: genu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corpus Callosum: Splenium</td>
<td></td>
<td></td>
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<tr>
<td>Lateral ventricles: anterior horns</td>
<td></td>
<td></td>
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<tr>
<td>Caudate nucleus</td>
<td></td>
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<tr>
<td>Lateral ventricles: posterior horns</td>
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<tr>
<td>4th ventricle</td>
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<tr>
<td>Pineal gland</td>
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<tr>
<td>Gyrus</td>
<td></td>
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<tr>
<td>Sulcus</td>
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<tr>
<td>Frontal lobe (On the axial, sagittal, and coronal images)</td>
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<tr>
<td>Thalamus</td>
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<tr>
<td>Longitudinal fissure</td>
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<tr>
<td>Choroid plexus/Collateral Trigone</td>
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<td>3rd ventricle</td>
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<td>Septum pellucidum</td>
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<td>Cerebellum</td>
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<tr>
<td>Pituitary Gland</td>
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<tr>
<td>Transverse Fissure</td>
<td></td>
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<tr>
<td>EAM</td>
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<td></td>
</tr>
<tr>
<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 ____________________________
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.

RESPONSIBILITY: 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 after their site orientation is complete.
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 elects to do so.
3. Site clinical instructor will determine technologist competency after six (6) months of employment. The Radiology Supervisor will be notified if the technologist competency level is unsatisfactory.
4. Program faculty will present new policies and/or evaluations to the technologists at staff meetings.
5. Questions or suggestions should be directed to site clinical instructor and/or the program director.
6. Temporary agency and travel technologists are not considered qualified testers.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

Semester Competency Requirements – Class of 2022

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, Arthograms, Myelograms, Other Minor Special Procedures, Pediatric procedures, Non OR surgical procedures and Urinary Procedures</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 be placed on disciplinary. 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.

Effective: 5/92  
Revised: 8/95,6/98,6/99,12/99,8/01,7/03,8/05,8/06,7/07,2/09,9/10,3/12,8/13,10/14,8/19,8/20,8/21
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 Evaluate 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.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

Semester Competency 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>I</td>
<td>3</td>
<td>AP &amp; Lat. Chest, WC Chest, AP Abdomen, Abdominal Series and Upper Extremity</td>
</tr>
<tr>
<td>II</td>
<td>10 (13)</td>
<td>Semester I Procedures and Upper &amp; Lower GI, Lower Extremity, Pelvis, Bony Thorax, Spine, Portable Imaging</td>
</tr>
<tr>
<td>III</td>
<td>15 (28)</td>
<td>Semesters I and II procedures, Arthrograms, Myelograms, Biliary, Other Minor Special Procedures, Pediatric Procedures, Geriatric Procedures, Pain Clinic Procedures, Urinary, Skull and Sinuses, OR Surgical Procedures</td>
</tr>
<tr>
<td>IV</td>
<td>9 (37)</td>
<td>Semesters I, II and III procedures, Facial Bones and Mandible</td>
</tr>
<tr>
<td>V</td>
<td>9 (46)</td>
<td>Semesters I, II, III and IV procedures and CT Head</td>
</tr>
<tr>
<td>VI</td>
<td>9 (55)</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 55 radiographic examinations, 39 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 be placed on disciplinary. 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 exams, competency testing may be simulated. 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 base 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.

Effective: 5/92
Revised: 8/95,6/98,6/99,12/99,8/01,7/03,8/05,8/06,7/07,2/09,9/10,3/12,8/13,10/14,8/19,7/21,8/21,9/22
Clinical Instructor Guidelines
1. The base site clinical instructor maintains clinical competency testing records through the Evalue system.
2. Clinical instructors must conduct a minimum of 2 re-test radiograph review sessions during a 16-week semester.
3. 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 a 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 base 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.
Semester Competency 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>I</td>
<td>4</td>
<td>AP &amp; Lat Chest, WC Chest, AP Abdomen, Abdominal Series and Upper Extremity</td>
</tr>
<tr>
<td>II</td>
<td>11 (15)</td>
<td>Semester I Procedures and Upper &amp; Lower GI, Lower Extremity, Pelvis, Bony Thorax, Spine, Portable Imaging, Pediatric Procedures</td>
</tr>
<tr>
<td>III</td>
<td>15 (30)</td>
<td>Semesters I and II procedures, Arthrograms, Myelograms, Biliary, Other Minor Special Procedures, Geriatric Procedures, Pain Clinic Procedures, Urinary, Skull and Sinuses, OR Surgical Procedures</td>
</tr>
<tr>
<td>IV</td>
<td>13 (43)</td>
<td>Semesters I, II and III procedures, Facial Bones and Mandible</td>
</tr>
<tr>
<td>V</td>
<td>11 (54)</td>
<td>Semesters I, II, III and IV procedures and CT Head</td>
</tr>
</tbody>
</table>

General Guidelines
1. The student is required to complete 54 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).
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 be placed on disciplinary. In addition, completing the required number of competencies is an element of the Semester Compliance Assessment form. The semester compliance grade is used in calculating the semester clinical education grade.
4. Under no circumstance will a student be “forced” to test out on an examination.

Student Guidelines
1. Competency testing forms submitted to the base 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.

Effective: 5/92
Revised: 8/95,6/98,6/99,12/99,8/01,7/03,8/05,8/06,7/07,2/09,9/10,3/12,8/13,10/14,8/19,7/21,8/22,9/22
4. Students should contact the clinical instructor(s) with questions regarding clinical competency testing.

**Clinical Instructor Guidelines**

1. The base site clinical instructor maintains Clinical Competency Logs.
2. 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, and/or failing 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.
3. 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 a 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 base site clinical instructor notifies the program director. The program director will determine the manner in which the test outs are tallied for the semester.
<table>
<thead>
<tr>
<th>Competencies</th>
<th>Mandatory/Elective</th>
<th>Semester Completed</th>
<th>Final Grade</th>
<th>Date Performed</th>
<th>CI Initials</th>
<th>Repeat Date</th>
<th>Repeat Grade</th>
<th>CI Initials</th>
<th>Semester Retest Date</th>
<th>Semester Retest Grade</th>
<th>CI Initials</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA &amp; Lat Chest</td>
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<td>AP/Lat Chest WC or Cart</td>
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<td>AP Supine Abd (KUB)</td>
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<td>Abdomen Decub</td>
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<td>Finger or Thumb</td>
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<td>Hand</td>
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<td>Shoulder</td>
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<td>Trauma Shoulder or Humerus (Scapular Y, Transthoracic or Axial)</td>
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<td>Trauma Upper Extremity (nonshoulder)</td>
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### Semester I (Radiographic Procedures I, Clinical Education I)

<table>
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<th>Mandatory/Elective</th>
<th>Semester Completed</th>
<th>Final Grade</th>
<th>Date Performed</th>
<th>CI Initials</th>
<th>Repeat Date</th>
<th>Repeat Grade</th>
<th>CI Initials</th>
<th>Semester Retest Date</th>
<th>Semester Retest Grade</th>
<th>CI Initials</th>
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<td>Decub Chest</td>
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### Semester II (Radiographic Anatomy II, Radiographic Procedures II, Clinical Education II)

<table>
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<th>Competencies</th>
<th>Mandatory/Elective</th>
<th>Semester Completed</th>
<th>Final Grade</th>
<th>Date Performed</th>
<th>CI Initials</th>
<th>Repeat Date</th>
<th>Repeat Grade</th>
<th>CI Initials</th>
<th>Semester Retest Date</th>
<th>Semester Retest Grade</th>
<th>CI Initials</th>
<th>Comments</th>
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</thead>
<tbody>
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<td>Portable Chest</td>
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<td>Portable Abdomen</td>
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### Semester IV (Radiographic Anatomy IV, Radiographic Procedures IV, Clinical Education IV)

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* Must select at least 1 elective from head work

** 2 elective procedures must be selected from fluoroscopy studies

Trauma extremities are an exam in which the student performed non-routine views (shoot thru, angle tube, etc.)

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### Semester V (Radiographic Anatomy IV, Radiographic Procedures IV, Clinical Education V)

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* Must select at least 1 elective from head work

** 2 elective procedures must be selected from fluoroscopy studies

Trauma extremities are an exam in which the student performed non-routine views (shoot thru, angle tube, etc.)

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Student Signature

Date

Clinical Instructor Signature

Date

Program Director Signature

Date

Revised: 1/22
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<td>Cervical Spine (with obliques)</td>
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<td>Upper GI Series (double or single)</td>
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<td>Small Bowel Series</td>
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<td>Esophagus</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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<th>Retest Grade</th>
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<td>Ped. Abdomen</td>
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<td>Geriatrics - 75 y/o or older</td>
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<td>Cystography/Cystourethrography</td>
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<tr>
<td>Semester IV (Radiographic Anatomy IV, Radiographic Procedures IV, Clinical Education IV)</td>
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<td>P(M)</td>
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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.

______________________________
Student Signature

______________________________
Clinical Instructor Signature

______________________________
Program Director Signature

Revised: 10/21
Aurora St. Luke’s Medical Center
School of Radiologic Technology

Grading 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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<tbody>
<tr>
<td>94.0 – 100</td>
<td>A</td>
<td>4.0</td>
<td>Significant Strength</td>
<td>Excellent</td>
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<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>
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<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.
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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</thead>
<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>
</tr>
<tr>
<td>Incomplete Assignments</td>
<td>Discretion of course instructor.</td>
<td>Student may receive a &quot;0&quot; for each incomplete assignment.</td>
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<tr>
<td>Final Exam</td>
<td>25% of course grade</td>
<td>N/A</td>
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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

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<tr>
<th>Semester</th>
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<th>II</th>
<th>III</th>
<th>IV</th>
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<td>55%</td>
<td>40%</td>
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<td>20%</td>
<td>25%</td>
<td>15%</td>
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<tr>
<td>Staff Evaluations</td>
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<tr>
<td>Outcome/Competency Assessment</td>
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<td>30%</td>
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Aurora St. Luke’s Medical Center
School of Radiologic Technology

Semester I Clinical Education Summary

Student __________________________ Period Evaluated ________ to ________

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<thead>
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<th>Component</th>
<th>Weight</th>
<th>Grade</th>
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<td></td>
<td>Competency Testing</td>
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<td>Staff Evaluations</td>
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Clinical Instructor __________________________ Date __________

Student __________________________ Date __________

Clinical Coordinator __________________________ Date __________

Printed 8/10/07
Semester I Clinical Education Summary

Student ___________________________  Period Evaluated _________ to _________

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<th>Grade</th>
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<tbody>
<tr>
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<tr>
<td>Competency Testing</td>
<td>20%</td>
<td></td>
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<tr>
<td>Staff Evaluations</td>
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**Clinical Education Grade** 0.0

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<thead>
<tr>
<th>Disciplinary/Probation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Clinical Instructor ___________________________ Date __________

Student ___________________________ Date __________

Clinical Coordinator ___________________________ Date __________
Aurora St. Luke's Medical Center
School of Radiologic Technology

Student ________________________________  Base Site ________

Graduation ________________

<table>
<thead>
<tr>
<th>Attendance Summary</th>
<th>Absent</th>
<th>Tardy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occurrences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Graduation Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Student has satisfactorily completed all required clinical competencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student has achieved all exit outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student has satisfactorily completed all required didactic coursework</td>
</tr>
</tbody>
</table>

Program Director ______________________  Date __________________

Student ______________________________  Date __________________

Clinical Instructor ____________________  Date __________________
## Aurora St. Luke's Medical Center
### School of Radiologic Technology
#### Semester Compliance Assessment Form

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Semester:</th>
<th>Compliance Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attendance</th>
<th>10 Points</th>
<th>9 Points</th>
<th>8 Points</th>
<th>0 Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 occurrences</td>
<td>Occurrences within allowed limits for semester</td>
<td>Exceeds allowed occurrences for semester***</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Competency Testing - Semester Requirement</th>
<th>10 Points</th>
<th>9 Points</th>
<th>8 Points</th>
<th>0 Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds semester requirement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Does not meet semester requirement***</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JRCERT Standards Compliance - Supervision and Repeats</th>
<th>10 Points</th>
<th>9 Points</th>
<th>8 Points</th>
<th>0 Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abides by JRCERT Standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Does not abide by JRCERT Standards****</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Performance and Student Experience Evaluations</th>
<th>10 Points</th>
<th>9 Points</th>
<th>8 Points</th>
<th>0 Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion of Clinical Paperwork: (Room Objectives, Mandatory Modules, Personal Records, Student Goals, etc…)</th>
<th>10 Points</th>
<th>9 Points</th>
<th>8 Points</th>
<th>0 Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completes paperwork and modules in a timely fashion with no reminders. Consistently updates personal records.</td>
<td>Completes paperwork and modules, with reminders, or not in timely fashion. Updates personal records, with reminders.</td>
<td>Completes most paperwork and modules - may be missing a few. Or not in a timely fashion. Updates personal records with reminders.</td>
<td></td>
<td>Does not complete/missing multiple - paperwork or modules. Does not update personal records.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluate: End of Semester, Off Site, etc. Reviews Evaluate for feedback/improvement</th>
<th>10 Points</th>
<th>9 Points</th>
<th>8 Points</th>
<th>0 Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completes all end of semester/off site evaluations. No reminders. Reviews all Evaluate evaluations for feedback/improvements.</td>
<td>Missing some end of semester/off site evaluations. Some reminders to complete evaluations or review Evaluate for feedback.</td>
<td>No end of semester/off site evaluations completed or does not review Evaluate for feedback. Frequent reminders to complete.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Timestamp</th>
<th>10 Points</th>
<th>9 Points</th>
<th>8 Points</th>
<th>0 Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time card always completed in a timely fashion</td>
<td>Required 1-2 corrections</td>
<td>Required 3-4 corrections</td>
<td>Required 5 or more corrections**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disciplinary Actions</th>
<th>10 Points</th>
<th>9 Points</th>
<th>8 Points</th>
<th>0 Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No disciplinary infractions incurred/No probation</td>
<td>Completed disciplinary action for policy infractions</td>
<td>Currently placed on probation/disciplinary for policy infraction***</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department/School Policy Compliance</th>
<th>10 Points</th>
<th>9 Points</th>
<th>8 Points</th>
<th>0 Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows, comprehends and always abides by department/school policies</td>
<td>Knows and understands most policies, once informed of infraction takes corrective action to abide by department/school policies</td>
<td>Occasionally requires reminders, clarifications, rarely violates department/school policies</td>
<td>Requires frequent reminders, clarification or routinely violates department/school policies**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Radiation Badge</th>
<th>10 Points</th>
<th>9 Points</th>
<th>8 Points</th>
<th>0 Points</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently obtains new radiation badge monthly</td>
<td>Required 1-2 reminders</td>
<td>Required 3-4 reminders</td>
<td>Required more than 4 reminders**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** May require disciplinary action
*** Requires disciplinary action
**** Requires disciplinary action for 6 months

Clinical Instructor: __________________________ Date: __________________________

Student: __________________________ Date: __________________________

Revised: 8/22
## Assessment Summary

Student Name

Date of Admission

Date of Graduation

Date of Withdrawal
(if applicable)

<table>
<thead>
<tr>
<th>Assessment Period</th>
<th>Date of Assessment</th>
<th>Assessment Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester III</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester IV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester V</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVERAGE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Instructor

Date

Program Director

Date

Revised: 6/22, 7/22
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

Proficiency Exam

PURPOSE: To establish guidelines for the administration of a proficiency exam.

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

GUIDELINES:

1. The proficiency exam is used to assess cumulative knowledge.

2. The proficiency exam is administered at the end of Semester II. This exam may include any and all material taught during Orientation, Semester I and 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 to continue in the program.

5. A student who does not earn a 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 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.
Aurora St. Luke’s Medical Center
School of Radiologic Technology

Progress Assessment

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 base site clinical instructor.

3. A simulation session is completed for each student. A faculty member evaluates the student’s performance of five procedures. The student must simulate an exam from each of the following categories:
   - Spine
   - Upper extremity
   - Lower extremity
   - Thorax/Abdomen
   - Contrast procedure
     a. The simulation session forms are forwarded to the base 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 base site clinical instructor reviews the self-assessment packet. Any category marked as Needs Development requires the implementation of an action plan and may result in disciplinary action.
   a. The supervising clinical instructor must notify the program director and clinical coordinator of any Needs Development categories.
   b. The faculty is responsible for implementing the corrective action plan in a timely fashion.

5. Upon completion of the student and instructor portion of the Progress Assessment form, the base site clinical instructor will finalize the score. This score is used in calculating the semester III clinical education grade.

6. Completed outcome/competency assessment forms are maintained as part of the student’s permanent record.

Effective: 8/06
Revised: 8/08, 7/14, 2/19, 5/19, 8/20, 7/21, 7/22, 8/22
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

Progress Assessment

Student: ___________________________________  Date: __________  Instructor: ________________________  Date: __________

<table>
<thead>
<tr>
<th>Self-Evaluation</th>
<th>Instructor Assessment</th>
<th>Action Plan Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Strength</td>
<td>Competent</td>
<td>Needs Development</td>
</tr>
</tbody>
</table>

   - Demonstration of appropriate and effective verbal and nonverbal communication
   - Evaluation of requisition and order verification
   - Documentation of pertinent patient history and correct LMP verification
   - Completes forms related to clinical education correctly and timely

Radiation Protection

   - 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

   - 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 patient assessment of condition/status
   - Consistently demonstrates ability to perform routine radiographic procedures for level of education
   - Minimizes patient discomfort
<table>
<thead>
<tr>
<th>Self-Evaluation</th>
<th>Instructor Assessment</th>
<th>Action Plan Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant Strength</td>
<td>Competent</td>
<td>Needs Development</td>
</tr>
</tbody>
</table>

### Clinical Practice

<table>
<thead>
<tr>
<th>Score</th>
<th>Competency</th>
<th>CI Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Thorax/Abdomen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upper Extremity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lower Extremity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contrast Procedures</td>
<td></td>
</tr>
</tbody>
</table>

- Adapts procedures to meet the needs of each patient (age, mobility, trauma, cultural, interpreter, etc.)
- Correct selection and use of IR
- Correct use/care of positioning aids and radiographic accessory equipment
- Selects technical factors to produce quality images with the lowest radiation exposure possible
- Determines appropriateness of technical factor selection through evaluation of image exposure/contrast or "EI" 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

### General Development

- Attendance
- Confidence
- Functions independently as well as a team player
SS = 10 pts   C = 8 pts   ND = 7 pts

TOTAL PTS: _________ / 37 × 10 = _________ FINAL SCORE

MANDATORY Student Comments

List one of your strengths:

List one of your areas of development:

Comment on all areas marked “ND”:

Program Director: __________________________________________________________

Date: __________________________

Revised: 8/22
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

Exit Outcome 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 V.

2. The student completes the self-assessment portion of the form and returns it to the base site clinical instructor.

3. A simulation session is completed for each student. A faculty member evaluates the student’s performance of five procedures. The student must simulate an exam from each of the following categories, including “non-routine” views:
   
   Head          Spine          Trauma (upper or lower extremity)  
   Thorax/abdomen Contrast procedure  
   Upper extremity Lower extremity  

   a. The simulation session forms are forwarded to the base 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 base site clinical instructor reviews the self-assessment packet. Any category marked as Needs Development requires the implementation of an action plan and may result in disciplinary action.
   
   a. The supervising clinical instructor must notify the program director and clinical coordinator of any Needs Development categories.
   
   b. The faculty is responsible for implementing the corrective action plan in a timely fashion.

5. Upon completion of the student and instructor portion of the Exit Outcome/Competency Assessment form, the base site clinical instructor will finalize the score. This score is used in calculating the Semester V clinical education grade.

6. Completed outcome/competency assessment forms are maintained as part of the student’s permanent record.
# Exit Outcome Assessment

**Student:** ___________________________________  
**Date:** __________  
**Instructor:** ________________________________  
**Date:** __________

<table>
<thead>
<tr>
<th>Self-Evaluation</th>
<th>Instructor Assessment</th>
<th>Action Plan Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></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>Provides adequate patient education to include informed consent, procedural and post-examination instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Radiation Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct use/care of dosimeter and radiation safety devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application of radiation protection, shielding, collimation and ALARA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimizes repeat exposures</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infection Control</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application of standard and transmission-based precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Application of appropriate aseptic and/or sterile technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verification of patient identity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correct use and care of patient medical equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selection and preparation of contrast agents/medications appropriate to exam and patient condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition and evaluation of medical emergencies for implementation of appropriate corrective action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides appropriate level of physical assistance and type of transfer based on patient assessment of condition/status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimizes patient discomfort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td>Competency</td>
<td>CI Initials</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>Thorax/Abdomen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spine</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Upper Extremity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lower Extremity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma Upper/Lower Extremity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contrast Procedures</td>
<td></td>
</tr>
</tbody>
</table>

- Adapts procedures to meet the needs of each patient (age, mobility, trauma, cultural, interpreter, pathology, etc.)
- Correct selection and use of IR
- Correct use/care of positioning aids and radiographic accessory equipment
- Selects technical factors to produce quality images with the lowest radiation exposure possible
- Determines appropriateness of technical factor selection through evaluation of image exposure/contrast or "El" number
- Critique images for image quality, demonstration of pertinent anatomy, appropriate clinical information, and artifacts
- Verbalizes appropriate corrective measures to improve inadequate images
- Operation of radiographic, fluoroscopic, and mobile equipment
- Knowledge and operation of information systems – EPIC
- Creates final image for archiving – PACS
- Performs exam in logical sequence
- Positioning skills reflect integration of specific procedural requirements, knowledge of anatomy/physiology, and use of topographical landmarks

**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>Instructor 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>Attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functions independently as well as a team player</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SS = 10 pts  C = 8 pts  ND = 7pts

TOTAL PTS: ________/ 42 × 10 = ________ FINAL SCORE

Program Director: ____________________________________________________________

Date: _________________________

Revised: 6/22, 7/22, 8/22
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

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.

5. The student must return all Departmental and/or Medical Center property prior to leaving on the final day of scheduled attendance.

6. The student must complete the Graduate Agreement form to confirm all graduation criteria has been met.

Upon successful fulfillment of these criteria, the student will be awarded a certificate, indicating the status of graduate of Aurora St. Luke’s Medical Center School of Radiologic Technology.
Aurora St. Luke’s Medical Center School of Radiologic Technology and Class of XXXX graduate agreement and attestation of proficiency in the ARRT standards for Radiologic Technology education.

Date

Student:

The ARRT requires that all graduating students meet the ARRT standards for Radiologic Technology education. The program has determined that the student listed above has met the minimum program requirements and has demonstrated proficiency as an entry-level Radiologic Technologist in the cognitive, psychomotor, and affective learning domains.

The program has verified and documented clinical competency via clinical logs, formal clinical competencies, simulations, programmatic exit / outcome competency or other documented criteria. The student has met all the criteria for competency as outlined in the Clinical Competency Policy. In addition, the student has fully met all the criteria as listed in the program Graduation Criteria Policy.

<table>
<thead>
<tr>
<th>Graduation Criteria</th>
<th>Student Confirmation Initials</th>
<th>Program Confirmation Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>All didactic courses are completed with a letter grade of “C” or better</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All components of clinical education are completed with a letter grade of “C” or better</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The exit outcomes /competencies have been completed to the satisfaction of the program faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All tuition and fees are paid in full</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All department/medical property is returned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All missed time is made up (if applicable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I attest that I have completed my competencies in the clinical setting, other than approved simulated exemption competencies. I understand that the Program Director, Breanne Rosenbaum, deems me able to graduate on XXXX. I also understand that the program will continue to serve as an education resource post-graduation.

Print Name (print)

Student Signature Date

Program Director Signature Date