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

STUDENT HANDBOOK – 2023/2024

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Revised: 6/22, 9/22, 2/24
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Aurora St. Luke’s Medical Center
School of Radiologic Technology

Faculty/Site Contact Information

FACULTY

Breanne Rosenbaum  Program Director, School of Radiologic Technology
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Tracie Maxwell  Clinical Coordinator, School of Radiologic Technology
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Jessica Sughroue  Clinical Instructor, Aurora West Allis Memorial Hospital
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Phone: (414) 294 - 4522

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

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

Sara Mossell  Clinical Preceptor, Aurora – 84 South
Phone: (414) 246 – 6855

Ryan Wolfe  Medical Physicist, Aurora St. Luke’s Medical Center
Phone: (414) 649-6457

Diana Delgado  Administrative Assistant, School of Radiologic Technology
414-747-4316
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.
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
  o Creating Links to Online Articles
  o Locating Online Journal Table of Contents
  o New England Journal of Medicine Multimedia and Mobile Apps
  o Printing Full Text Articles When you Have the Citation
  o Review Article Options
  o Systematic Review Process

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

. Library Catalog
  o Online Catalog

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

CURRICULUM

Program curriculum is based on the Standards for an Accredited Educational Program in Radiologic Sciences as established by the Joint Review Commission on Education in Radiologic Technology (JRCERT), the radiography curriculum recommendations of the American Society of Radiologic Technologists (ASRT) and radiography didactic and clinical competency requirements of the American Registry of Radiologic Technologists (ARRT). A standard of 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

Revised: 4/21, 6/22, 7/23
TRANSFER CREDITS

All enrolled students must complete the prescribed curriculum in its entirety in order to graduate from the program. The program does not accept transfer credits from colleges and/or universities due to the highly specialized nature of our program's curriculum. In addition, the program does not accept transfer students from other JRCERT accredited certificate programs.
### 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

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

**SEMESTER SCHEDULE (Class of 2025)**

<table>
<thead>
<tr>
<th>Semester</th>
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<td>7</td>
<td>May 6, 2024 – August 2, 2024</td>
</tr>
<tr>
<td>Semester IV</td>
<td>16 weeks</td>
<td>13</td>
<td>September 2, 2024 – December 20, 2024</td>
</tr>
<tr>
<td>Semester V</td>
<td>16 weeks</td>
<td>12</td>
<td>January 6, 2025 – May 2, 2025</td>
</tr>
<tr>
<td>Semester VI</td>
<td>6 weeks</td>
<td>3</td>
<td>May 12, 2025 – June 20, 2025</td>
</tr>
</tbody>
</table>

**2023-2024**

- **Winter Holiday:** December 15, 2023 – returning Jan 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
  - August 2, 2024 – returning September 2, 2024

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

**2024-2025**

- **Winter Holiday:** December 20, 2024 – returning January 6, 2025
- **Spring Break:** March 3, 2025 – returning March 10, 2025
  - May 2, 2025 – returning May 12, 2025

**Class of 2025 GRADUATION:** June 20, 2025

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

#### SEMESTER SCHEDULE (Class of 2026)

<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>September 2, 2024 – December 20, 2024</td>
</tr>
<tr>
<td>Semester II</td>
<td>16 weeks</td>
<td>14</td>
<td>January 6, 2025 – May 2, 2025</td>
</tr>
<tr>
<td>Semester III</td>
<td>12 weeks</td>
<td>7</td>
<td>May 12, 2025 – August 8, 2025</td>
</tr>
<tr>
<td>Semester IV</td>
<td>16 weeks</td>
<td>13</td>
<td>September 1, 2025 – December 19, 2025</td>
</tr>
<tr>
<td>Semester V</td>
<td>16 weeks</td>
<td>12</td>
<td>January 5, 2026 – May 1, 2026</td>
</tr>
<tr>
<td>Semester VI</td>
<td>6 weeks</td>
<td>3</td>
<td>May 11, 2026 – June 19, 2026</td>
</tr>
</tbody>
</table>

**2024-2025**
- Winter Holiday: December 21, 2024 – January 6, 2025
- Spring Break: March 8, 2025 – Returning March 17, 2025
  - May 3, 2025 – Returning May 12, 2025
- Summer Break: June 28, 2025 – Returning July 7, 2025

**Class of 2025 GRADUATION:** June 20, 2025

**2025-2026**
- Winter Holiday: December 20, 2025 – January 5, 2026
- Spring Break: March 9, 2026 – Returning March 16, 2026
  - May 4, 2026 – Returning May 11, 2026

**Class of 2026 GRADUATION:** June 19, 2026
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 – 14 Credits

Radiographic Physics II (2 credits)
Seminar in Radiography II (2 credits)
Radiographic Pathology (3 credits)
Radiation Biology (2 credits)
Independent Study (2 credits)
Clinical Education V (3 credits)

SEMESTER VI – 3 Credits

Professional Development in Radiography (3 credits)
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

COURSE DESCRIPTIONS – Class of 2025

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 the structure and physiology of the human body as they relate to radiography. This course focuses on the thoracic and abdominal structures, 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 semester.

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.
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 semester.

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 semester.

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 semester.

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

Progressive Objectives

ATTENDANCE

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

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

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

PROFESSIONAL APPEARANCE

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

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

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

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

- Participate in appropriate conversation with patients in the clinical setting.
- Ask questions in 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-V, 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 - V, 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 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
Student representative (Senior Class President if available)
Members 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:
   • Review of program mission and goals
   • Review of outcomes/survey data
   • Curriculum
   • School policies
5. The Advisory Committee will serve as arbitrator when student grievances cannot be resolved by the Program Director.
6. The Advisory Committee will ensure that the program will be responsive to reasonable recommendations and provide channels of communication between the Advisory Committee and individuals in a position to make program decisions.
7. For all matters put to a vote, each representative will have one (1) vote.
Clinical 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 Health
- Scrub tops and pants should be clean and wrinkle free
- Aurora/Advocate Health 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 including coordinating print tops are acceptable
- White, print, or solid color under shirts, long sleeves, or tank tops may be worn under scrub shirt for warmth
- Non-AAH sweatshirts or hoodies may not be worn
- If a shirt is worn below a scrub top, it must not be visible below the hemline of the scrub top

PANTS
- No sweatpants
- 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
- 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
- Radiation monitoring badges must be worn at collar level at all times
- Student markers must be in possession of the student at all times
PERSONAL GROOMING

- Regular bathing and the use of deodorant is required. Make-up should be used sparingly.
- Hair should be clean.
  - 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.
  - Long hair should be worn so it does not interfere with your work, which requires that it be pulled away from the face and tied back.
- Artificial fingernails or extenders are not permitted, and natural nail tips should be less than ¼ inch long. Hands and nails should be clean at all times.
- Students should refrain from wearing heavily scented products because of patient, visitor and/or other teammates sensitivities.
- Any tattoo that is showing may not be disruptive, offensive, or in conflict with Aurora Values. Any risqué tattoos must be covered.
- Jewelry should be professional and not interfere with safety or performing assigned functions. Visible body piercings and associated jewelry should not pose a safety hazard.

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
- Radiation monitoring badges: 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.

Effective: 6/86
Revised:5/94,6/95,1/97,6/98,6/99,1/00,7/01,2/02,8/02,8/04,8/06,1/08,7/09,8/12,10/14,10/168/18,5/19,6/21,10/21,6/22,7/22,6/23,8/23,9/23
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.

Items bearing non-AAH logos or graphics, so long as such logos or graphics are not offensive, harassing, or discriminatory, or otherwise foster an uncomfortable environment, may be worn.

Identification badges must always be worn.

No hats of any type are permitted at any time.

PANTS
- Jeans may be worn
- Leggings and/or jogger pants may be worn
- Shorts that fall at mid-thigh may be worn (buttocks should not be exposed)
- Sweatpants may not be worn

TOPS
- Shoulders must be covered; no tank tops
- No low-cut shirts (cleavage should not be exposed)
- Midriff must be covered – no crop top
- All tops must be at or below the waist

SHOES
- No slippers or house shoes

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.

Effective: 6/86
Revised: 5/94, 6/95, 1/97, 6/98, 6/99, 1/00, 7/01, 2/02, 8/02, 8/04, 8/06, 1/08, 7/09, 8/12, 10/14, 10/16, 8/18, 5/19, 6/21, 10/21, 6/22, 7/22, 6/23, 8/23, 9/23
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 and are enrolled in the Aurora St. Luke’s School of Radiologic Technology.

POLICY:

1. Program faculty adhere to the AAH system wide Code of Conduct.
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 Handbook “Work Related Injuries…” policy. The Handbook can be found on the hospital intranet.
   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 Program Director.
   b. Complete an Employee Incident Report.
   c. For non-emergent situations, the student should contact their personal physician. For emergent situations report to the Emergency Department.

3. If 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: 6/94,5/98,2/00,7/01,8/06,7/07,5/15,8/18,8/20,6/21,6/22,7/22,6/23
Aurora St. Luke’s Medical Center
School of Radiologic Technology

Student 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.

Americans with Disabilities Act
The program complies with the Americans with Disabilities Act. If the student has a special accessibility need, the student should notify the Program Director. 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 and are required to complete specific modules. Students will be notified of specific mandatory modules throughout the program.

Housing
A limited number of apartments may be available through the housing office of Aurora St. Luke’s Medical Center.

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 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.

Radiation Safety
Students are provided with radiation-monitoring devices which are collected and processed on a monthly basis.

Bloodborne Pathogens
Students are responsible for compliance with OSHA standards. OSHA standards and facility exposure control plans will be provided for new students during orientation. Students are required to participate in the annual mandatory education module regarding infection control.

Changes in Status
It is very important that faculty be aware of any status changes. To keep student records current, the Program Director must be notified of any address, phone number, and name changes.

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

Loss Prevention Services
The program strives to provide a secure and safe environment for students and employees. Security officers are available to assist 24 hours a day, 7 days a week. If suspicious activity is noticed, contact Loss Prevention or the immediate Supervisor.
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.

<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 skeletons, disarticulated skeletons, life size torso, miniature torso, heart, brain, circle of Willis, pancreas, ear, complete skulls, individual bones</td>
<td>Classroom</td>
</tr>
<tr>
<td>SMART Board, 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 (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 (full body phantoms, torso, chest, skull, hand, elbow, knee, foot)</td>
<td>Heil Building Imaging Lab</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.
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.
6. Confidentiality
   - Aurora Health Care, Inc. and its affiliates recognize the need to protect the privacy of individually identifiable health information (protected health information or PHI)
   - All Aurora organizations and affiliates and Aurora team mates, volunteers, contractors, students, and temporary help shall adhere to privacy-related requirements as defined by Aurora policies and as required by state and federal law
Program Effectiveness

PURPOSE: Program faculty will track program effectiveness by collecting and analyzing 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:

Sponsorship Accreditation

DNV Healthcare accredits Aurora St. Luke’s Medical Center and the clinical affiliates.

Program Accreditation

Aurora St. Luke’s Medical Center School of Radiologic Technology is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The school voluntarily applies for program evaluation and accreditation.

Attrition/Retention Rates

The attrition/retention rates are monitored and reported on the program annual report to the JRCERT. Action plans and responses are developed if the program does not meet accreditation standards.

Course Evaluations

Course evaluations are distributed to students following each academic course. Program faculty will review course evaluations and document any changes made in the program with scores that fall below 3 on a 5-point Likert scale.

Clinical Site Evaluations

Clinical Site Evaluations are distributed to the students at the end of the semester, or after each “off site” rotation. Program faculty will review the evaluations and address any concerns deemed necessary. In addition, the evaluation scores and comments are forwarded to the clinical site supervisors for review. Any concerns are addressed directly with clinical site leadership.

Clinical Student Evaluations

Students are evaluated during each clinical rotation to assure that progress is being achieved. When a lack of progress is noted, the student is counseled. Documentation of counseling is maintained in the student’s file.
Clinical Instructor Evaluations

Program Clinical Instructors are evaluated by the students after each semester to assure clinical and academic criteria are met. The Program Director forwards the results to the Clinical Instructor and discusses any concerns that are scored below 3 on a 5-point Likert scale.

Graduation Surveys

Graduates of the radiology program are surveyed 6 months – 1 year post graduation. Graduates assess their education based on their position after having been in the radiology community. Graduate employment rates are measured. The Advisory Board reviews all surveys. Any changes in the program are made when deemed necessary.

Employers of new graduates are surveyed 6 months – 1 year post graduation. The education of the graduate, clinical skills and “fit” into their department are assessed.

Resource Surveys

The Advisory Committee and current students are surveyed annually. The committee is asked to give feedback on various aspects of the program, including the program’s overall rating. The surveys are reviewed by the Program Director and faculty; any changes/improvements to the program are made when deemed necessary.

ARRT Registry Results

The ARRT registry results are reviewed and compared to state and national averages. Each category is evaluated to assure curriculum is properly covering the content of the examination.

Policy and Procedures

School policy is reviewed by the Program Director on a yearly basis. When appropriate, revisions are submitted to the Advisory Board for recommendation and approval.

Student Admission

The admission policy is reviewed by the Program Director on a yearly basis. The Admission Committee provides input and recommendations for necessary changes. Criteria for selection are evaluated for appropriateness. Changes are made when necessary.

Outcome Assessment Tool

An outcome assessment tool will be used to collect outcomes data. Program faculty will analyze outcome data at faculty meetings a minimum of 1X per year. Program improvements will be implemented based on this analysis.

- Data selected for study is collected on activities that support program goals
- The tool itself will be assessed for effectiveness annually and updated as needed
Semester Program Evaluations

PURPOSE: The program will routinely gather feedback from students in an effort to promote continual program improvement. This document is intended to establish guidelines that promote consistency in the gathering and assessment of student feedback for didactic courses, course instructors, clinical sites and clinical instructors.

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

End of Semesters I, II, IV, & V
All didactic courses and instructors will be evaluated by students.

The evaluations will identify individual course and course instructor strengths and weaknesses.
- The student will evaluate the course/instructor using a 5-point Likert scale
- The student will be given the opportunity to provide narratives

The Program Director will review all course and course instructor evaluations
- Summary reports will be generated
- Average scores will be tallied and action plans will be developed by the course instructor for any average rating below 3.0
- Results will be shared with appropriate program faculty
- The summaries will be maintained in the program files as required by the JRCERT

Students complete clinical site specific and clinical instructor evaluations at the closing of the rotation.
- The Program Director will review all clinical site and clinical instructor evaluations
  - Summary reports will be generated
  - Average scores will be tallied and action plans will be developed by the course instructor for any average rating below 3.0
  - Results will be shared with appropriate program faculty
  - The summaries will be maintained in the program files as required by the JRCERT

It is the responsibility of the program faculty to revise or improve the course content based on evaluations.

End of Semester III
Students will be asked to complete “off-site” rotational evaluations for any non-primary clinical sites they visit as they complete those visits.

The Program Director will review the evaluations and distribute to site leadership.
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, policies and practices.
3. Students must wear a radiation monitoring badge during clinical rotations and follow established radiology department guidelines.
4. Radiation 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 radiation 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 radiation badge which is forwarded to the RSO.
7. Students may contact the RSO to review their personal radiation monitoring records.
8. Students will be provided with NRC Form 5 (Occupational Dose Record) annually, showing their occupational dose for the prior year.
   a. The NRC Form 5 (Occupational Dose Record) will be provided to students within 30 school days following receipt of the data.
   b. A signed copy of the NRC Form 5 (Occupational Dose Record) will be maintained in the student’s records.
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>
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<tr>
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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 or image receptors 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 the AAH Imaging Hub SharePoint site, Radiation Safety page link

** 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:

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 that 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.

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 100 mRem 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)

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 the 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 whose primary job duty is to work with radio-active materials or operate radiation-producing equipment, to include technologists and radiologists.

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.
   a) The use of RMDs may be waived for radiation workers who only operate mammography and/or bone density equipment 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 also be assigned to non-radiation workers 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. 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. Each Advocate Aurora facility must provide an annual exposure report to any radiation worker who receives an annual exposure greater than 100 mRem.

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. For radiation workers assigned two badges, each badge has 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, Collecton 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, their designee or the Badge Coordinator is responsible for distributing annual exposure reports, if required, 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 II 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

IEEMA 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 badge 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 AAH Organization (SharePoint – AAH Imaging Hub).
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 Director 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 Director 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 Director should be notified. Garments will be disposed of following the AAH guidelines.

* See AAH Leaded Shielding Garments and Devices Policy for further criteria
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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) Scan the lead initially with a slow motion. Use static motion on areas of suspicion of damage.

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

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

f) 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 mAs).

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 > 5 cm². 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.

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


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.
https://www.illga.gov/commission/jcar/admincode/032/0320036000000400R.html

F. DHS157.74G.

VIII. ATTACHMENTS

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

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
   - Junior orientation objective
   - Room objective log
   - Student application documents
   - Graduation criteria form

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
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, and the E*Value student records system.
2. All incoming students are required to pay a $500 lab fee/deposit to secure placement in the program.

Tuition
Total tuition including fees - $12,000.00

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<tr>
<th></th>
<th>Tuition</th>
<th>Fees</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Deposit/Lab Fee 1st Year</td>
<td></td>
<td>$500.00</td>
<td>Within one week of acceptance</td>
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<tr>
<td>Year 1 (junior)</td>
<td></td>
<td>$5,500.00</td>
<td>October 15th</td>
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<tr>
<td>Year 2 (senior)</td>
<td></td>
<td>$6,000.00</td>
<td>October 15th</td>
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<tr>
<td>Total</td>
<td></td>
<td>$12,000.00</td>
<td>Graduation</td>
</tr>
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</table>

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.
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 Wisconsin.
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.

Financial Aid
The program does not participate in the Federal Financial Aid Program. Students seeking financial aid should contact their affiliate university or seek aid through personal/educational loan programs.
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
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 8 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
   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
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 intranet during Orientation.
2. Students shall complete an MRI safety screening form.
   a. It is the student’s responsibility to notify the program director if there screening status changes.
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.
WARNING: The Magnet Is Always On. Certain implants, devices, or objects may be hazardous to you in the MRI environment. To keep you safe and to prevent burns and/or injury, your medical history must be reviewed prior to the MRI exam. You will be asked to remove all jewelry and other metallic items. Please complete the safety questionnaire below and discuss any questions or concerns with the MRI technologist.

**Name:**

**Team Members (complete information below)**

**Employee ID:**

**Department:**

<table>
<thead>
<tr>
<th>HAVE YOU EVER HAD ANY SURGERY OR IMPLANTS IN THE FOLLOWING AREAS: (MARK YOUR ANSWERS BELOW)</th>
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<tbody>
<tr>
<td><strong>BRAIN/HEAD</strong></td>
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<tr>
<td>Aneurysm Clip/Repair</td>
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<td>Brain Coil</td>
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<tr>
<td>Valve/ Shunt</td>
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<tr>
<td>Cochlear (Ear) Implant</td>
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<td>Eye Surgery</td>
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<td>Removable Dental Work</td>
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<td>Staples</td>
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<td>Neurostimulator</td>
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<td>Hearing Aid</td>
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<td>Other</td>
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<tr>
<td><strong>VASCULAR</strong></td>
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<tr>
<td>Clamps, Coils or Clips</td>
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<tr>
<td>Stents (not heart)</td>
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<td>Filter (IVC, etc.)</td>
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<tr>
<td>Vascular Port</td>
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<td>Aneurysm Repair (not brain)</td>
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<td>Other</td>
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<td><strong>SPINE</strong></td>
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<td>Fusion</td>
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<td>Bone Stimulator</td>
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<td>Harrington Rods</td>
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<tr>
<td>Cage</td>
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<tr>
<td>Nerve Stimulator</td>
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<td>Other</td>
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I agree the above information is correct to the best of my knowledge. I have read and understand the contents of this form. Team members: If any of these responses change in the next year you must notify the MRI dept immediately.

**Signature:**

**Reviewed by MRI Level 2 Trained Team Member (Print Name):**

**Subsequent Zone III/IV Entries**

I attest that I have reviewed my information and have updated and discussed all changes in information that have transpired since my last review. I further understand that a new form must be completed if more than one year has passed since the initial completion.

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<th>Date</th>
<th>TM Initials</th>
<th>Tech Initials</th>
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<th>TM Initials</th>
<th>Tech Initials</th>
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Not Part of the Medical Record

VISITOR/TEAM MEMBER MRI SCREENING QUESTIONNAIRE

S300029 (03/2022)

Revised: (02/2024)
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.

Equal opportunity/nondiscrimination policy:

At the Aurora St. Luke’s Medical Center School of Radiologic Technology, we are committed to selecting the most qualified candidates from the eligible group of applicants. It is our policy in all student actions, including the selection process, to evaluate all applicants and enrolled students based on qualifications and ability, without regard to age, race, color, creed, religion, disability, marital status, sex, sexual orientation, national origin, ancestry, or membership in any legally protected category.

Methods of Applying
1. Applicant is through an affiliate university enrolled in a 2+2 program:
   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
1. The program enrollment period is open during the Fall of each year.
2. Applications and other forms are available on the website, https://www.aurorahealthcare.org/education/radiologic-technology/how-to-apply/, during the enrollment period.
3. All applicants must meet the physical, mental & emotional, and personal characteristics listed on the website.
4. Applicants must include official transcripts from all post-secondary universities/colleges. If an applicant 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).
   • All foreign diplomas, transcripts, and documents must be evaluated by a foreign transcript evaluation agency. A notarized translation of all document to U.S. equivalency must be submitted with the application.
5. Applicants must include three (3) letters of recommendation. Two of the three references should come from professional or educational affiliations.

Effective: 3/15
Revised: 8/18,8/19,8/20,6/22,9/22,7/23,2/24
6. Applicants must write 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.

7. It is recommended, but not mandatory, that applicants complete a minimum of four (4) hours job shadowing. If the applicant is unable to complete an in-person job shadow, applicants may submit a Job Shadow Verification form, including signature confirming the applicant has reviewed the YouTube videos provided.

8. Applicants need to include a $25 non-refundable application fee in the form of a check or money order, made payable to Aurora St. Luke’s School of Radiologic Technology.

9. Each applicant must attend a school informational session. Attendance is mandatory. Applicants who do not attend will be considered to have an incomplete application.

10. The School does not maintain a waiting list. Selection is based on most qualified applicant.

11. An application will be considered complete when the following information has been received:
   - Completed application form
   - Brief autobiography
   - Documentation of job shadowing experience
   - Current certification verification (CNA, CPR)
   - Letters of recommendation
   - $25.00 non-refundable application fee
   - Official transcripts from all post-secondary universities/colleges

12. Upon receipt, all application materials become property of Aurora St. Luke’s Medical Center School of Radiologic Technology. The school reserves the right to refuse the forwarding or copying of these materials.
   - Application materials will be kept within the Radiology Education offices at Aurora Health Care.

13. All information required for admission must be postmarked by 4:00 pm on the last day of the enrollment period to be considered for the class beginning in Fall of the following year.

14. Incomplete applications will be deferred until the following year. The applicant will be notified via email.

15. Application materials must be mailed to:
   Aurora School of Radiologic Technology
   Aurora Heil Building
   3031 W. Montana St.
   Suite F North
   Milwaukee, WI  53215

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. Applications are reviewed and compared to official transcripts for completeness by the program faculty.
   2. Application assessment will be discontinued if any of the following occur:
      a. The applicant did not meet the minimum GPA as defined by the program.
b. The applicant did not complete the required courses as defined by the program.

3. An application screening form is completed for each applicant to include the following:
   a. Prerequisite course GPA is calculated. Courses must include at least three credits in Anatomy and Physiology, 3 credits in Algebra, and 2 credits in Medical Terminology.
      - Prerequisite GPA – maximum 4 points
   b. Math and Science course GPA is calculated. Must be 2.5 or above to be considered a complete application.
      - Math and Science GPA – maximum 4 points
   c. Autobiography – maximum 3 points
   d. Letters of recommendation – maximum 3 points
   e. Shadowing experience – maximum 1 point
   f. Work experience – maximum 4 points
   g. Aurora employee – maximum 2 points
   h. Certifications (CNA, CPR) – maximum 2 points
   i. The maximum point value achievable is 23

4. The program capacity for interview will be determined annually. When the applicant pool exceeds the interview capacity, a cut score may be determined. An individual whose application meets or exceeds the cut score will be invited for an interview.

Information Session
1. Formal information sessions will be made available to all applicants.
2. Information sessions are held in person but may be pre-recorded as needed.
3. Program faculty will review sessions annually to ensure information is current.
4. Information sessions are a mandatory piece of the application process; failure to attend will result in an incomplete application.

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 January – March.
   - Each candidate will be asked the same set of interview questions.
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.
   c. Maximum interview points – 66
4. 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 – maximum 89 points. (Application maximum points – 23; Interview maximum points – 66)
   c. Offers are extended to those students earning the highest total point value.
Offer and Acceptance
1. A formal offer will be extended to the applicant via the email address provided on the application.
2. The applicant will be given a set number of days to respond to the offer.
3. The applicant must then send an email letter of acceptance and a $500 non-refundable deposit. The deposit must be paid in full within 1 week of acceptance.
4. The applicant must pass a criminal background check before final acceptance to the program.
5. Final acceptance into the program will be based on the results of the pre-enrollment screening tests.
6. 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 may send a letter with possible 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.
ADMISSION APPLICATION FORM
Please answer all questions completely

A $25.00 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.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Year Graduated</th>
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</thead>
<tbody>
<tr>
<td>Junior/Technical College (if applicable)</td>
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<td>Other Post-Secondary Institution</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>Employer</th>
<th>Position Held</th>
<th>Dates Employed</th>
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# Previous Health Care Experience
Do not include shadowing experience.

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

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<thead>
<tr>
<th>Name</th>
<th>Address (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: FA23) 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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<tr>
<th>Required Courses</th>
<th>Date Completed (Month/Year)</th>
<th>Institution</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Anatomy &amp; Physiology</td>
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<tr>
<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 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 and Physical Exam

Upon acceptance to the program, all students must submit to a criminal background check 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.
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:  
*Typing my name acknowledges my E-signature

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

Essential Functions for Admission Policy

PURPOSE: Essential functions are the physical and personal standards required to practice radiography. The essential functions for the Aurora School of Radiologic Technology program are established criteria that all applicants must meet in order to be admitted to the program. These standards are the minimum requirements to achieve the graduate competencies necessary to practice the art and science of radiography.

SCOPE: All applicants to the School of Radiologic Technology

Essential Functions

Applicants who do not meet the program standards will be considered ineligible for admission into the education program. All standards described pertain to radiographer expectations.

Physical Standards

1. Visual Abilities: radiographers must be able to see well enough to work with patients, to read requests, to read syringes, medicine vials, and other necessary items. They must be able to see well enough to perform all fluoroscopic/radiographic procedures and work in low lighted rooms.

2. Communication Skills: radiographers must communicate with all patients, giving instructions and explaining all procedures. Tone and volume must be sufficient for close proximity face-to-face communication as well as for distant communication (example: patient is on the table and radiographer is in control booth, i.e., patient is not facing radiographer).

3. Hearing: radiographers must be able to hear and understand patients above equipment noise. Patients have differing tones, volumes, and clarity of speech. Patients must be close by or some distance away.

4. Writing: radiographers must be able to write both legibly and quickly, and type information in an efficient manner. Documentation on charts and request is a must for adequate patient care.

5. Reading: radiographers must be able to communicate via reading. They must be able to read physician orders, departmental policies, and hospital policies. They must be able to read instruction related to drug administration and equipment operation (example: “operation of this equipment may be hazardous to operator and patient”).

6. Motor Skills: radiographers must use both hands simultaneously to lift 50 pounds and possess physical stamina for an eight-hour day. Radiographers are responsible for pushing/pulling equipment, to include maneuvering of mobile radiographic equipment, as well as patients in wheelchairs or on stretchers with IV poles; load and unload image receptors/detectors and reach and operate an x-ray tube placed 48 inches above the table, be capable of assisting and supporting patients, and have sufficient motors skills to allow for the positioning of any size patient for all procedures.

Personal Standards

1. Behavioral and Social Skills: the applicant must be neat and clean in appearance, have an outgoing pleasing personality, and positive attitude about themselves; can provide examples showing completion of assigned tasks, responsibility for one’s own actions, initiative, and willingness to accept rules and regulations along with change; must be motivated and have a genuine interest in working with and around people.

Effective: 9/23
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 The Evalue Electronic System
   a. Students are required 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 as part of the Semester Compliance Assessment, and may affect the student’s semester clinical education grade.

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

5. Any absence from the posted schedule without notification 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, supervising clinical instructor/preceptor, and department personnel 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: 2.0 hrs

The following are the attendance requirements:

- **Semesters I – VI: 2 occurrences are allowed**
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, sick/tardy absences, or interview 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 certificate 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. The Program Director must approve any requested time.

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 semesters I-V.
   c. No personal time off will be approved in semester VI.

6. 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.

- **Clarification/Examples of Requested Time Off**
  - 4hrs of requested time at the end or beginning of the scheduled rotation:
    - Example: 0700-1530 scheduled time with 4 hours to be used at the end; student clocks in/out 0700-1100 (lunch included in time off)
• Example: 1200-2030 scheduled time with 4 hours to be used at the end; student clocks in/out 1200-1600 (lunch included in time off)
• Example: 0700-1530 scheduled time with 4 hours to be used at the beginning; student clocks in/out 1130-1530 (lunch included in time off)
• Example: 1200-2030 scheduled time with 4 hours to be used at the beginning; student clocks in/out 1230-2030

  o If a student is working 6 hours exactly (combined with Compensatory Time), the student is not required to take a lunch
    ▪ Example: 0700-1530 scheduled time; student clocks in/out 0700-1300 (lunch included in time off)
    ▪ Example: 1200-2030 scheduled time; student clocks in/out 1200-1800 (lunch included in time off)

  o If a student is working more than 6 hours, the student must take a lunch
    ▪ Example: 0700-1530 scheduled time, with 1 hour of Compensatory Time to be used at the end; student clocks in/out 0700-1430 (lunch taken)
    ▪ Examples: 1200-2030 scheduled time, with 1 hour of Compensatory Time to be used at the end; student clocks in/out 1200-1930 (lunch taken)

• 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 ½ 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 ½ 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.

Effective: 6/86
Revision: 6/92,7/93,4/98,4/99,12/99,4/00,8/01,7/03,2/05,8/05,8/06,7/0,8/10,10,11/10,8/12,7/14,9/14,1/17,10/17,8/18,9/18,8/19,8/20,6/21,5/22,6/22,9/22,11/22,7/23,9/23,12/23
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. 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.

4. 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

**Student Name**

**Date of Admission**

**Program Director Signature**

## SEMESTER I - Total 80hrs

<table>
<thead>
<tr>
<th>Time Off</th>
<th>Comments</th>
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<td>Date</td>
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**Total Time Taken**

**Total # of Occurrences**

## SEMESTER II

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<th>Time Off</th>
<th>Comments</th>
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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
## SEMESTER VI

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**Total Time Taken**

**Total # of Occurrences**

## COVID

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<th>Notification Date</th>
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<th>Symptomatic</th>
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Time Off Request Form

Today’s Date:

**Per the attendance policy, all requests for personal time off must be submitted 1 week prior to the date above**

Student:

Requested Date:

Total Hours:
(4hr or 8hr increments only)

*If 4 hours, specify:
(1st half or 2nd half)

Scheduled Clinical Rotation:

**It is the student’s responsibility to review and be familiar with all attendance policies. Personal time off can only be taken in increments of 4 or 8 hours. Please give this form to Program Director for approval**

Approved☐
Not Approved☐

Reason:

_______________________________________                        ___________________________
Program Director Signature    Date
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, , have been informed that as of , I have a remaining balance of “0” hours in my Personal Time Off bank. Any additional time off from school (class or clinical), regardless of the cause, will result in disciplinary action and 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:

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>
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<th>Rotation</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):

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. 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 at the rotational site.
   b. The Clinical Instructor will give a copy of the Comp Time Form to the Clinical Coordinator for time recording purposes.

3. The student must show the Clinical Preceptor the completed Comp Time Form, prior to using earned time at an off-site rotation.
   a. Students must provide the completed Comp Time Form to the Clinical Coordinator.

4. 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).
Compensatory Time Earned

Student Name: 

Date Earned: 

Time Earned: 

Patient MRN/Activity: 

Technologist/Faculty Name: 

Technologist/Faculty Signature:  
*Typing my name acknowledges my E-signature

I will be using earned time on (date): 

   Leave early (hr/min): 

   Arrive late (hr/min): 

Student Signature:  
*Typing my name acknowledges my E-signature

*Student must provide completed form to the Clinical Instructor at the rotational site  
*Student must provide completed form to the Clinical Coordinator if using time at an off-site  
*Student is responsible for notifying appropriate department personnel when using comp time

Comments:
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, grandmother, 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 EValue.

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.
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 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.

Effective: 6/866  
Revised: 7/93,6/98,8/01,8/05,7/07,2/12,8/18,8/19,8/20,6/27/22,7/23
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 – December 25th
   f. New Year’s Day – January 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.
Military Leave

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

PROCEDURE: 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.
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 Aurora intranet under Radiation Safety for the X-ray Worker.
PURPOSE: To establish guidelines for appropriate use and completion 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 clinical and demo days.
2. All log entries must be entered on an Aurora computer.
3. The student must review his or her timecard for verification that all entries are true and correct.
4. Failure to follow proper timecard protocol will affect the compliance component of the semester clinical education grade and may result in disciplinary action.
5. False entries may result in dismissal from the program.

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

Clinical Coordinator Responsibilities:
   a. Verify timecards.
   b. Correct any errors reported by students
   c. Log student timecard errors
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
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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.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology

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 or misappropriation of the property of a person receiving direct care or treatment services from an Aurora Health Care facility.

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

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

PURPOSE: To define the program’s disciplinary process

SCOPE: This policy applies to 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.
- A student may be placed on a written warning for the following, but are not limited to:
  - Failure to follow hospital or program policies and procedures
  - Failure to successfully complete a re-simulation
  - Performing an exam on the incorrect laterality, incorrect patient, or incorrect procedure protocol
  - Failure to notify faculty of lost marker, and/or provide proof of purchase of new marker within 3-day timeframe
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:
  - Failure of an academic course
  - Failure of any component of the clinical education
  - Failure to earn a passing grade of 80% on the Semester II Proficiency
  - Repeating a radiograph without direct supervision
  - Excessive unexcused absences and/or tardiness
  - Disregard for program policies
  - Failing a competency testing on the 2nd attempt
- 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:
  - Failure of 2 or more academic courses in a semester
  - A student who is on probation and fails a second course or incurs a second infraction
  - A student who is on probation and fails to successfully complete the remediation plan
  - A student who is placed on probation for the 3rd time
  - Failure to earn a passing grade of 80% on the Semester II Re-take proficiency
  - Repeated failure to complete a mandatory clinical competency
  - Any behavior that would put a student’s right to certification in question
  - Unprofessional, unethical, or dishonest actions including cheating on tests and falsification of records or timecards
  - Excessive unexcused or unexplained absences or tardiness
  - Gross insubordination
  - Stealing
  - Intoxication by alcohol or drugs while in class or clinical activities
  - Failure to follow medical center or school policy while on probation
  - Failure to maintain academic or clinical standards while on probation
- Any action or behavior against the Aurora Health Care Code of Conduct policy
- Unauthorized intentional disclosure of confidential information
- Sexual harassment of an employee, student, patient, or guest
- Willful or negligent behavior which endangers the life of another person, patient, visitor, 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:          Occurrence Date:

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<thead>
<tr>
<th>Disciplinary Action</th>
<th>Issue</th>
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<tbody>
<tr>
<td>☐ Verbal Counseling</td>
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<td>☐ Written Warning</td>
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<td>☐ Probation</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

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<th>Student Name:</th>
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<th>Disciplinary Action</th>
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<td>☐ Termination</td>
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☐ Student is no longer on disciplinary, as of

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
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.
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 student may appeal the decision made by the Advisory Committee, continuing this process to step 5 listed below.

   • The student must advise the program director of his/her decision to petition the Final Appeals Committee as well as submit a written summary of the grievance within twenty-four (24) hours, but no later than seventy-two (72) hours after being informed of the Advisory Committee decision.

5. The Final Appeals Committee consists of individuals external to the school. A special meeting with the Final Appeals Committee will be called to convene within seven (7) working days after the student’s decision to appeal the decision of the Advisory Committee has been communicated. The decision of this committee is final.

   • ASLMC Director – Human Resource Services
   • ASLMC Director – Patient Care Services
   • ASLMC Vice President – Radiology Services

Effective: 6/86
Revised: 7/94,5/98,6/99,10/01,7/03,8/05,8/06,3/11,8/11,6/13,8/19,6/21,2/24
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.

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

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 School policies and procedures are reviewed with incoming students during program Orientation.  
2. The student has access to the handbook via the Aurora intranet and may access Aurora policies and procedures.  
3. Upon completion of Orientation, the student is required to sign a copy of the Handbook Acknowledgment and Policies Binding Clause form, 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.
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
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 Termination 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 Termination
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:

As of , 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
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:

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.

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

- Students must be directly supervised during all surgical and mobile procedures, including mobile fluoroscopy, regardless if the student has demonstrated competency.
**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.

**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.
Regardless of the level of student competence, all orders and radiographs must be reviewed by a Registered Radiographer (ARRT). A Registered Radiographer (ARRT) must be present for patient identification.

I understand that during my clinical education, I will be under the **DIRECT SUPERVISION** of a Registered Radiographer (ARRT) **until** I have achieved documented competence of a radiography exam.

I understand that during my clinical education, I will be under **INDIRECT SUPERVISION** of a Registered Radiographer (ARRT) **after** I have achieved documented competence of a radiography exam.

I understand that all **repeat images** will be under the **DIRECT SUPERVISION** of a Registered Radiographer (ARRT).

Clinical Supervision has been fully explained to me, and I agree to comply while enrolled in the Aurora St. Luke’s program.

Student Name     Student Signature     Date

Clinical Coordinator     Date

Effective: 9/23
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 who fail to submit the required number of semester clinical performance evaluations will not receive a “0” for any missed evaluations. Only the submitted evaluations will be averaged for grading purposes.
5. Students must view/acknowledge all evaluations received. Failure to do in a timely manner will negatively affect the Compliance form.

Technologist Responsibilities
1. The technologist is responsible for completing and submitting the student evaluation form in a timely manner.
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. 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, 2/07, 1/10, 6/16, 6/18, 7/22, 7/23, 8/23
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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<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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<td>Effective Overall Communication Skills</td>
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**TECHNICAL ABILITY**

*(Question 3 of 5 - Mandatory)*

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<tr>
<td>Imaging Equipment &amp; Accessories</td>
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<td>Demonstrates competent Positioning Skills</td>
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<td>Able to set correct technical factors and make appropriate adjustments if needed</td>
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<td>Can evaluate image for diagnostic quality</td>
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(Question 4 of 5)

COMMENTS

(Question 5 of 5)

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
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:

The student will meet with clinical instructors, clinical coordinator, and program director at the end of each semester to discuss programmatic progress.

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. Semester clinical grades are recorded on the Semester Clinical Education Summary form.

Student Goals
1. Students will complete a Student Goals form in semesters 2, 3, and 4 to evaluate individual progress in the clinical setting.
2. Base site clinical instructors will email the form to the students on/or just prior to the semester evaluation day.
3. Students must choose clinical goals to complete, not academic goals, and must follow the SMART guidelines (Specific, Measurable, Realistic, and Time frame).
4. Due date for the submission of the student’s goals is the 2nd Friday after the semester evaluation date.
5. Students must complete their goals by the Friday before the last week of the semester.
6. It is the responsibility of the student to provide any/all goal documentation to the base site clinical instructor, as needed.
7. The base site clinical instructor will document whether the goals are complete or incomplete.
8. Failure to complete self-guided goals will be reflected in the student’s clinical grade.
Compliance Assessment
1. The base site clinical instructor will complete a Compliance Assessment form during the student’s initial assessment and at the end of each clinical semester.
2. The student will be awarded points, based on a 10-point Likert scale, for attendance, completing competency testing requirements, completing rotational and technologist evaluations, completing clinical paperwork, reviewing Evalue, timecard accuracy, following school/department policies, and adhering to radiation monitoring badge requirements.
   Of note:
   a. Completion of Paperwork Category
      i. Objective Forms – a minimum of 15 must be completed by the end of Semester III, and all objective forms must be completed by the end of Semester V
3. Students who are awarded “0” points for attendance or failing to meet the competency testing requirements for the semester, are placed on probation, pending follow up action planning.
4. Students who are awarded “0” points for non-compliance in clinical supervision, or the repeat rule, will automatically be placed on 6 months of probation, pending follow up action planning.
5. The compliance grade is calculated in the student’s overall clinical semester grade.

Assessment Summary
1. The base site clinical instructor will record the semester scores on the Assessment Summary form.
2. A copy of the clinical instructor’s Assessment Summary form will be provided to the student during the semester clinical performance evaluation session.
3. The “Assessment Score” is the average clinical grade per semester.
4. The grades should continuously improve from one semester to the next semester to show clinical education growth.
<table>
<thead>
<tr>
<th>Student:</th>
<th>Dates Evaluated:</th>
<th>Rotation Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Application of Technique</td>
<td>Minimal understanding of technique setting/adjustments (AEC vs Manual). Rarely selects appropriate techniques. Does not check EI #’s or mAs readouts only with multiple reminders.</td>
<td>Inconsistent understanding of technique selection/adjustments. Checks EI #’s and mAs readouts only with multiple reminders.</td>
</tr>
<tr>
<td>3. Image Assessment</td>
<td>Rarely can identify poor quality images and anatomy seen. Has significant difficulty when reviewing with CI.</td>
<td>Inconsistently able to identify poor quality images &amp; anatomy seen. Has some difficulty when reviewing with CI.</td>
</tr>
<tr>
<td>7. Patient Identification, Order Verification &amp; History Recording</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>
<td>Inconsistently performs required patient verification correctly with reminders. Reminders to check orders with tech. Does not obtain full history, unfamiliar with correct medical terminology.</td>
</tr>
</tbody>
</table>

Student Evaluation Summary

Strengths:

Development Needed:

Comments:

_______________________________________________________________  ___________________________________________________________
Clinical Instructor      Date    Student      Date

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

Student Semester Clinical Goals

Goals for Semester

Due Date:
Completion Date:

Name:

Identify TWO goals to complete by the end of the semester. The goals should address your individual CLINICAL performance and follow the SMART guidelines – Specific, Measurable, Realistic, and Time frame.

1.

2.

Student Signature: Date:
*Typing my name acknowledges my E-signature

Clinical Instructor Signature: Date:
*Typing my name acknowledges my E-signature

☐ Student has completed all goals successfully
   Comments:

☐ Student did not meet goal(s)
   Comments:

Effective: 8/21
Revised: 8/22, 8/23
<table>
<thead>
<tr>
<th>Rotation/Room</th>
<th>Completed</th>
<th>Date</th>
<th>CI Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior Orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPIC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PACS</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Radiology School Lab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Monitor (to be done at ASMC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-Arm</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pain Clinic (ASLMC or AWAMC)</td>
<td></td>
<td></td>
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<tr>
<td>ASLMC Room 1 – Schroeder</td>
<td></td>
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<tr>
<td>ASLMC Room 2 – Schroeder</td>
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<tr>
<td>ASLMC Room 3 – Schroeder</td>
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<tr>
<td>ASLMC Chest Room - Schroeder</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ASLMC Room 1 &amp; 4 – Fluoro</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ASLMC Room 2 – Main</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASLMC 2nd Shift</td>
<td></td>
<td></td>
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<tr>
<td>ASLMC Portables</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ASLMC Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASLMC MOB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASLMC Radiology Department Main</td>
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<tr>
<td>ASLMC Radiology Department Schroeder</td>
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<tr>
<td>AWAMC Room 4 – General</td>
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<tr>
<td>AWAMC Room 7 – General</td>
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</tr>
<tr>
<td>AWAMC Room 8 – General</td>
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<tr>
<td>Location</td>
<td>Status</td>
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<tr>
<td>AWAMC Room 5 – Fluoro</td>
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<td>AWAMC Room 6 – Fluoro</td>
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<td>AWAMC 2nd Shift</td>
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<td>AWAMC Portables</td>
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<tr>
<td>AWAMC Surgery</td>
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<tr>
<td>AWAMC Radiology Department</td>
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<tr>
<td>ASMC Room 2 – General</td>
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<td></td>
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</tr>
<tr>
<td>ASMC Room 3 – General (room decommissioned 3/18/24)</td>
<td>☐</td>
<td></td>
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<tr>
<td>ASMC Room 1 – ED</td>
<td>☐</td>
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<tr>
<td>ASMC Room 2 – ED</td>
<td>☐</td>
<td></td>
<td></td>
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<tr>
<td>ASMC Room 7 – Fluoro</td>
<td>☐</td>
<td></td>
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<tr>
<td>ASMC Room 8 – Fluoro</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>ASMC 2nd Shift</td>
<td>☐</td>
<td></td>
<td></td>
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<tr>
<td>ASMC Portables</td>
<td>☐</td>
<td></td>
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<tr>
<td>ASMC Surgery</td>
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<td>Grafton Surgery</td>
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<tr>
<td>SLSS</td>
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<td>GMC Layton</td>
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<tr>
<td>84 South</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*A minimum of 15 MUST be completed by end of Semester III
*ALL objectives MUST be completed by end of Semester V

Student Signature: ____________________________________________

Clinical Instructor Signature: ________________________________ Date: ____________________

Effective: 11/21
Revised: 8/22, 8/23, 9/23
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: ____________
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: ________________
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 Evalue. The evaluation focuses on the student’s interactions with the assigned technologist. The student will not evaluate technical performance.

2. The student must generate a minimum of 3 evaluations each semester. Failure to submit the required number of evaluations in a timely fashion affects the semester compliance grade which in turn affects the semester clinical education grade.

3. The clinical instructor reviews evaluations and informs the 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>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Utilizes constructive criticism</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Answers and encourages student's questions</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Gives clear and concise instructions to student</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Reliable, readily available to students</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Willingness in completion of weekly evaluations/compellancy testing forms</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Willingly assists with repeat radiographs per JCERT</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Encourages and allows students to actively participate in exams: Reviews/critiques images with student</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Encourages and allows students to actively participate in exams: Allows student to set technical factors</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Encourages and allows students to actively participate in exams: Allows student to position patient(s)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Encourages and allows students to actively participate in exams: Follows the direct &amp; indirect supervision policy</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>Sets a professional role model for students</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Follows and supports department/hospital policies, (ex: excessive personal computer use)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Treats patients with kindness, courtesy, and respect</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Maintains a good attitude &amp; does not display negative behavior</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Is a team player: supports fellow co-workers, Radiologists and other hospital personnel</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</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>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Respects hospital/department property including reporting equipment malfunctions</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
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 attendance in the program. Clinical Competency is a method of evaluating the skills a radiography student has acquired through observation, assistance, and performance of diagnostic procedures.

OVERVIEW:

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

PROCEDURE:

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

8. Once a competency is completed for a specific examination, the student may perform subsequent examinations under indirect supervision.

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 10 points
   - FC – Fully Competent 8 points
   - ND – Needs Development 7 points
   The student receives “0” points for any criterion that was omitted or performed unsatisfactorily.
3. Point values are logged in the box corresponding to the simulated position/projection and listed criteria. The clinical instructor may also note comments regarding student performance in the appropriate criteria box.
4. The maximum number of points awarded is 100. To achieve this score, the student's performance must be flawless and all pertinent information must be included in the student's pocket reference manual.
5. The clinical instructor 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

**Student Name:**

**Clinical Instructor:**

<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>COMPLETION DATE</th>
<th>CI INITIALS</th>
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</thead>
<tbody>
<tr>
<td>PA &amp; Lat Chest</td>
<td></td>
<td></td>
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<tr>
<td>Decub Chest</td>
<td></td>
<td></td>
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<tr>
<td>Upright Abdomen</td>
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<tr>
<td>Decub Abdomen</td>
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</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>
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</tr>
<tr>
<td>Clavicle</td>
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<tr>
<td>AC Joints</td>
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</tr>
<tr>
<td>SC Joints</td>
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</tr>
<tr>
<td>Toe</td>
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<tr>
<td>Foot</td>
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<tr>
<td>Calcaneus</td>
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<tr>
<td>Ankle</td>
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</tr>
<tr>
<td>Lower Leg</td>
<td></td>
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<tr>
<td>Knee</td>
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<tr>
<td>Femur</td>
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<tr>
<td>Hip</td>
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<tr>
<td>Trauma Hip</td>
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<tr>
<td>Pelvis</td>
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<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>COMPLETION DATE</th>
<th>CI INITIALS</th>
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<tbody>
<tr>
<td>Ribs</td>
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<tr>
<td>Sternum</td>
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<tr>
<td>Trauma Sternum</td>
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<tr>
<td>Lumbar Spine</td>
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<tr>
<td>Sacrum</td>
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<td>Coccyx</td>
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<tr>
<td>SI Joints</td>
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<tr>
<td>Cervical Spine</td>
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<tr>
<td>Trauma C-Spine</td>
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<tr>
<td>Soft Tissue Neck</td>
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<tr>
<td>Thoracic Spine</td>
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<td>Upper GI</td>
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<td>Single Colon</td>
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<tr>
<td>Double Colon</td>
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<tr>
<td>Skull</td>
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</tr>
<tr>
<td>Sinuses</td>
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<tr>
<td>Facial Bones</td>
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<tr>
<td>Orbits</td>
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<tr>
<td>Nasal Bones</td>
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<td>Mandible</td>
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<td>TMJ</td>
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<tr>
<td>C-Arm Movements</td>
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<tr>
<td>Retrograde Urography</td>
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<tr>
<td>Percutaneous Neph</td>
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<td>Intraoperative Chole</td>
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<td>Total Arthroplasty</td>
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<td>ORIF</td>
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<tr>
<td>Spine</td>
<td></td>
<td></td>
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<tr>
<td>Other Procedures</td>
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</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, 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. See General Patient Care Procedures Log.
**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
### General Patient Care Procedures

<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>
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<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>

Student Name: 

---

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

Competency Testing – 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>
<td></td>
<td></td>
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</tbody>
</table>

(Question 2 of 13 - Mandatory)

<table>
<thead>
<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 nameband</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>
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<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), abletop or Bucky</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(Question 4 of 13 - Mandatory)

<table>
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<tr>
<th>EQUIPMENT: (Part one)</th>
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<tbody>
<tr>
<td>Technical factors used for each image</td>
</tr>
<tr>
<td>Associated S#/Ei#</td>
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</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>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correctly manipulates equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selects appropriate technical factor (Student cannot get more than a 3 if AEC was used)</td>
<td></td>
<td></td>
<td></td>
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</tr>
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</table>
### Question 6 of 13 - Mandatory
**Positioning Skills:**

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<th></th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper alignment/angulation of central ray</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Correct IR centering/detented</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Positions part correctly</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Performs exams in established time limit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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### Question 7 of 13 - Mandatory
**Radiation Protection:**

<table>
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<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriately collimates beam</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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### Question 8 of 13 - Mandatory
**Radiation Protection:**

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

### Question 9 of 13 - Mandatory
**Post Procedure Processes:**

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</tr>
</thead>
<tbody>
<tr>
<td>Marker visibility and placement</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Completion of required documentation in EPIC/PACS</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cleaning of room and equipment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</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>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</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 12 - Mandatory)*

**Score from Technologist Form**  *(Question 2 of 12 - Mandatory)*

*(Question 3 of 12 - Mandatory)*

**IMAGE IDENTIFICATION:**

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<th>COMMENTS</th>
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</thead>
<tbody>
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<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
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</tr>
</tbody>
</table>

- Student markers not visible on ALL images
- Missing additional identifiers

*(Question 4 of 12 - Mandatory)*

**IR SELECTION:**

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<th>POINTS PER IMAGE</th>
<th>COMMENTS</th>
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</thead>
<tbody>
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<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

- Incorrect IR/image size
- Incorrect IR/image placement

*(Question 5 of 12 - Mandatory)*

**DEMONSTRATION OF ANATOMY:**

<table>
<thead>
<tr>
<th>POINTS PER IMAGE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>POINTS PER IMAGE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td>4</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

- Unable to view required anatomy
- Inappropriate S number

### Patient Protection

<table>
<thead>
<tr>
<th>POINTS PER IMAGE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

- Inadequate or no collimation
- Unnecessary supplements

### Combination

<table>
<thead>
<tr>
<th>POINTS PER IMAGE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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<td>6</td>
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</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

### Artifacts

<table>
<thead>
<tr>
<th>POINTS PER IMAGE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

- Personal
- Medical
- Motion

### Image Review

<table>
<thead>
<tr>
<th>POINTS PER IMAGE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

- Can identify imaged anatomy
- Identify appropriate image quality
- Identify corrective measures needed
- Other
(Question 11 of 12 - Mandatory)

TOTAL NUMBER OF POINTS DEDUCTED

CLINICAL INSTRUCTOR SCORE

FINAL COMPETENCY GRADE

COMMENTS: (Question 12 of 12)

COMMENTS

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

(Question 5 of 9 - Mandatory)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Uses appropriate shielding for self</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Employs protective measures for others</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**DOCUMENTATION/IMAGES**

(Question 6 of 9 - Mandatory)

<table>
<thead>
<tr>
<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>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Completion of required documentation in EPIC</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

(Question 7 of 9 - Mandatory)

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

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

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

**KNOWLEDGE OF PROCEDURE:**

(Question 1 of 9 - Mandatory)

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

**PREPARES THE ROOM:**

(Question 2 of 9 - Mandatory)

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

**PERFORMANCE OF EXAM:**

(Question 3 of 9 - Mandatory)

<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 camera</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Appropriately saved required images</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Correctly cleans room, equipment following exam</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**RADIATION PROTECTION:**

(Question 5 of 9 - Mandatory)

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

**DOCUMENTATION/IMAGES:**

(Question 6 of 9 - Mandatory)

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

(Question 7 of 9 - Mandatory)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM YOUR OBSERVATION IS THIS STUDENT COMPETENT TO UTILIZE THE EQUIPMENT AND/OR PERFORM THIS EXAMINATION WITH INDIRECT SUPERVISION?</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

(Question 8 of 9)

**COMMENTS**

(Question 9 of 9)

**Final Grade:**
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-cooperative
- [ ] Non-responsive

Completed by Evaluating Technologist:

<table>
<thead>
<tr>
<th>PATIENT PREPARATION:</th>
<th>Fully Competent</th>
<th>Needs Development</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepares room before getting patient</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
<tr>
<td>2. Checks and verifies patient identification</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
<tr>
<td>3. Obtains and documents pertinent patient history</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
<tr>
<td>4. Checks and verifies requisition and exam order</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
<tr>
<td>5. Explains exam and obtains consent</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
<tr>
<td>6. Removes sources of artifact</td>
<td>Yes</td>
<td>No</td>
<td>_________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT POSITIONING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Properly positions patient in cradle/head holder</td>
</tr>
<tr>
<td>2. Adapts patient position for trauma/pathology if needed</td>
</tr>
<tr>
<td>3. Properly positions head to minimize rotation/tilt</td>
</tr>
<tr>
<td>4. Aligns light to EAM</td>
</tr>
<tr>
<td>5. Correctly utilizes landmark control panel</td>
</tr>
<tr>
<td>6. Gantry angled to reduce orbital radiation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCANNING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Selects correct protocol</td>
</tr>
<tr>
<td>2. Sets correct scout parameters</td>
</tr>
<tr>
<td>3. Correctly utilizes “show localizer”</td>
</tr>
<tr>
<td>4. Sets correct start and end locations</td>
</tr>
<tr>
<td>5. Sets correct scan parameters (e.g. DFOV, recons)</td>
</tr>
<tr>
<td>6. Provides clear patient instructions</td>
</tr>
<tr>
<td>7. Follows radiation safety guidelines</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOCUMENTATION/IMAGES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enters required patient information</td>
</tr>
<tr>
<td>2. Select proper series to reformat image(s)</td>
</tr>
<tr>
<td>3. Completes reformats</td>
</tr>
<tr>
<td>4. Sends reformats to McKesson/PACS</td>
</tr>
<tr>
<td>5. Selects appropriate window width/level</td>
</tr>
<tr>
<td>6. Accurately completes required documentation</td>
</tr>
</tbody>
</table>

CT Technologists comments on student performance / opportunities for development:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Evaluating Technologist Signature __________________________ Date ____________

Revised 5/10/2021
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>
</tr>
<tr>
<td>Lateral ventricles: anterior horns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lateral ventricles: posterior horns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caudate nucleus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lateral ventricles: posterior horns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th ventricle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pineal gland</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gyrus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sulcus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frontal lobe (On the axial, sagittal, and coronal images)</td>
<td></td>
<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 ________________________________
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

Qualified Clinical Testers

PURPOSE: To define the necessary qualifications for assessing student performance during clinical competency testing.

SCOPE: This policy applies to the technical staffs of Aurora affiliates and students enrolled in the School of Radiologic Technology.

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 unless the site clinical instructor deems them competent.
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>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>10 (53)</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 53 test outs. On the Competency Log, mandatory competencies containing a “P” in front of the “M” is declared to be a program mandatory competency (not an ARRT mandatory competency).
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: 8/95,6/98,6/99,12/99,8/01,7/03,8/05,8/06,7/07,2/09,9/10,3/12,8/13,10/14,8/19,7/21,8/22,9/22,7/23
4. Students who fail to meet the minimum semester requirements will be placed on disciplinary. The student will not receive a “0” for any missing semester competencies. Only the completed competencies for the semester will be averaged.
5. 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.

Failure to Meet Semester V Competency Requirements
1. In the event the student does not meet the 53 total competency requirements at the end of Semester V, the student will attend Clinical Education in Semester VI.
2. The student will be required to attend the entire Semester VI in clinical rotations (on clinical rotation days), regardless of when the student completes the necessary competencies (totaling 53).
3. The student will be placed on probation and the Semester Compliance Assessment form grade will be affected.
4. The student must complete weekly student evaluation clinical experience and clinical performance evaluation forms.
5. The student will receive Clinical Instructor evaluations.
6. The Semester VI Clinical Grade will be reflected in the student’s Professional Development grade on their transcript.
Aurora St. Luke’s Medical Center School of Radiologic Technology
Clinical Competency Log

Student Name

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</tr>
<tr>
<td>Portable</td>
<td>E</td>
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<tr>
<td>Abdomen</td>
<td>E</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### Semester IV (Radiographic Anatomy IV, Radiographic Procedures IV, Clinical Education IV)

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Mandatory</th>
<th>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>Mandible*</td>
<td></td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMJ's*</td>
<td></td>
<td>E</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Mandatory</th>
<th>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>CT Head</td>
<td>P(M)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Semester Requirements

- **Semester 1**: must complete a total of 4 competencies
- **Semester 2**: must complete a total of 15 competencies
- **Semester 3**: must complete a total of 30 competencies
- **Semester 4**: must complete a total of 43 competencies
- **Semester 5**: must complete a total of 53 competencies

- * 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.)

---

**Student Signature**

**Date**

**Clinical Instructor Signature**

**Date**

**Program Director Signature**

**Date**

Revised: 1/22,8/23,12/23,5/24
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. Individual tutoring is available to all students as needed.

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>
</tr>
</thead>
<tbody>
<tr>
<td>94.0 – 100</td>
<td>A</td>
<td>4.0</td>
<td>Significant Strength</td>
<td>Excellent</td>
</tr>
<tr>
<td>92.0 – 93.99</td>
<td>B+</td>
<td>3.5</td>
<td>Developing Strengths</td>
<td>Above Average/ Excellent</td>
</tr>
<tr>
<td>88.0 – 91.99</td>
<td>B</td>
<td>3.0</td>
<td>Proficient</td>
<td>Above Average</td>
</tr>
<tr>
<td>86.0 – 87.99</td>
<td>C+</td>
<td>2.5</td>
<td>Developing Proficiency</td>
<td>Average/Above Average</td>
</tr>
<tr>
<td>80.0 – 85.99</td>
<td>C</td>
<td>2.0</td>
<td>Competent</td>
<td>Average</td>
</tr>
<tr>
<td>Below 80</td>
<td>U</td>
<td>&lt; 2.0</td>
<td>Needs Development</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</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
- Semester grades/transcripts are presented to the student at the end of each semester
- The final transcript is signed by both the program director and student.

Effective: 7/06  
Revised: 7/07, 1/16, 8/23
Grade Determination

PURPOSE: To ensure fair and consistent grading practices.

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

### Academic Grades

<table>
<thead>
<tr>
<th>Component</th>
<th>Weight/Final Exam Administered</th>
<th>Weight/No Final Exam Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects, Presentations, Tests</td>
<td>50% of course grade</td>
<td>75% of course grade</td>
</tr>
<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. Student may receive a “0” for each incomplete assignment.</td>
<td></td>
</tr>
<tr>
<td>Final Exam</td>
<td>25% of course grade</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**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.

**Faculty Schedules**
Students are given access to faculty schedules through Microsoft Office Calendars. Unless otherwise specified, faculty hours are 7:00am – 3:30pm. Any student paperwork deadlines are due by 3:30pm. Students are expected to “accept” meeting requests from faculty, to include simulation schedules.

### Clinical Grades

<table>
<thead>
<tr>
<th>Semester</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V (no competencies)</th>
<th>V (with competencies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Evaluation</td>
<td>60%</td>
<td>60%</td>
<td>30%</td>
<td>60%</td>
<td>30%</td>
<td>50%</td>
</tr>
<tr>
<td>Clinical Competency Testing</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Staff Evaluations</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Compliance Rating</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Progress Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Exit Outcome Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Effective: 7/06
Revised: 9/11,7/12,1/16,1/19,8/22,8/23,5/24
Semester VI Clinical Education Summary

Student ____________________________ Period Evaluated ________ to ________

<table>
<thead>
<tr>
<th>Competency Testing</th>
<th>Weight</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competencies Required</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Competencies Completed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Component</th>
<th>Weight</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor Evaluation</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Competency Testing</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Staff Evaluations</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Compliance Rating</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

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

Clinical Education Grade 0.0

Disciplinary/Probation

_________________________________________ Date

Clinical Instructor

_________________________________________ Date

Student

_________________________________________ Date

Clinical Coordinator

_________________________________________ Date

Revised: 6/22,8/23
# School of Radiologic Technology

## Compliance Assessment Form

<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></td>
<td></td>
<td></td>
<td></td>
<td>Occurrences within allowed limits for semester***</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 evaluations submitted in a timely fashion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&gt;1 missing evaluation</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></td>
<td></td>
<td></td>
<td></td>
<td>Does not complete/missing multiple - paperwork or modules. Does not update personal records.</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></td>
<td></td>
<td></td>
<td></td>
<td>No end of semester/off site evaluations completed or does not review Evaluate for feedback. Frequent reminders to complete.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Timecard</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></td>
<td></td>
<td></td>
<td></td>
<td>Required 5 or more corrections**</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></td>
<td></td>
<td></td>
<td></td>
<td>Completed disciplinary action for policy infractions</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></td>
<td></td>
<td></td>
<td></td>
<td>Requires frequent reminders, clarification or routinely violates department/school policies**</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></td>
<td></td>
<td></td>
<td></td>
<td>Required more than 4 reminders**</td>
</tr>
</tbody>
</table>

---

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

Student Name:

Semester: ____________________________

Compliance Grade: ____________________

Comments:

Clinical Instructor: ____________________

Date: ____________________

Student: ____________________

Date: ____________________

Revised: 8/22, 7/23
# Aurora St. Luke's Medical Center
## School of Radiologic Technology

### Assessment Summary

<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, 8/23
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.
<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>Significant Strength</td>
<td>Competent</td>
<td>Needs Development</td>
</tr>
<tr>
<td>Demonstration of appropriate and effective verbal and nonverbal communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation of requisition and order verification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of pertinent patient history and correct LMP verification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes forms related to clinical education correctly and timely</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Radiation Protection</strong></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>Consistently demonstrates ability to perform routine radiographic procedures for level of education</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>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

**Clinical Practice**

**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 = 7pts

TOTAL PTS: __________ / 37  X 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
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.
Aurora St. Luke’s Medical Center  
School of Radiologic Technology  

Exit Outcome Assessment  

<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>
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</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  
- Provides adequate patient education to include informed consent, procedural and post-examination instructions  

| **Radiation Protection** | | |
|--------------------------|| |
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| | | |
| | | |
| | | |

- Correct use/care of dosimeter and radiation safety devices  
- Application of radiation protection, shielding, collimation and ALARA  
- Minimizes repeat exposures  

| **Infection Control** | | |
|-----------------------|| |
| | | |
| | | |
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- Application of standard and transmission-based precautions  
- Application of appropriate aseptic and/or sterile technique  

| **Patient Care** | | |
|-----------------|| |
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| | | |
| | | |
| | | |

- 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  
- Minimizes patient discomfort
<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>Head</td>
<td></td>
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<tr>
<td></td>
<td>Spine</td>
<td></td>
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<tr>
<td></td>
<td>Upper Extremity</td>
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<td></td>
<td>Lower Extremity</td>
<td></td>
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<tr>
<td></td>
<td>Trauma Upper/Lower Extremity</td>
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<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 "EI" 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>Confidence</td>
<td>Functions independently as well as a team player</td>
</tr>
</tbody>
</table>

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

TOTAL PTS: __________ / 42  X 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 base site clinical instructor confirms clinical completion according to the Clinical Exit Summary form. The graduating student must confirm completion with a signature.

7. The Program Director confirms all graduation criteria have been met according to the Graduate Agreement form. The graduating student must confirm completion with a signature.

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

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

__________________________________________  Date
Program Director

__________________________________________  Date
Student

__________________________________________  Date
Clinical Instructor

Revised: 8/22,8/23