Sinai-Grace Hospital

School of

Radiologic Technology

Student

Handbook

2019 - 2020

Sinai-Grace Hospital
School of Radiologic Technology
Student Handbook
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INTRODUCTION

Welcome to the School of Radiologic Technology. This student handbook is designed to answer most of the questions you may have about the school. Please read it carefully and keep it as a guide throughout all aspects of your training.

This handbook includes information regarding the Program's:

- Mission, Goals and Objectives
- Organization and Administrative Information
- Policies and Procedures
- Resource Information

We believe you will be greatly influenced by those who make-up the school. The administrators, faculty and staff are here to teach you and serve you in many different roles. They will demonstrate a sincere concern for your growth – first, intellectually, as you learn and are trained to become a highly-skilled technologist; and second, as you become a caring, mature and professional member of our health care team.

OVERVIEW OF RADIOLOGY

Sinai-Grace Hospital is a 400+ bed teaching hospital and offers a complete range of medical, surgical, maternity and emergency services. Services are provided to all patients regardless of religion, race, ethnic identification or economic status. Sinai-Grace Hospital is specially equipped to be accessible to the handicapped.

The main Department of Radiology occupies a large part of the sixth floor and includes general radiography, fluoroscopy, CT, special procedures and nuclear medicine. The Emergency Department and Out-Patient Radiology is located on the ground floor and contains general radiography and two CT scanners. Ultrasound services are located on the ground floor. The large bore MRI suite is located on the ground floor at the western end of the hospital. Mammography services are located in the Professional Office Building. Additional radiographic equipment is utilized in the Surgical Suite, Endoscopy, Emergency, Trauma, and at the patient's bedside.

The Department of Radiology, located within the confines of the hospital, performs over 158,000 examinations in a variety of procedure areas. Over 100,000 radiology procedures are performed in the Emergency Department annually. Sinai-Grace is the primary trauma center for this area of metropolitan Detroit, handling over 104,000 visits per year. The nature and frequency of examinations performed in the hospital provide radiography students with excellent education experiences.

The Sinai-Grace School of Radiographic Technology is a 24 month, self-contained program, including both didactic and clinical education. The goal of the curriculum is to provide a unified, correlated sequence of instruction and experience to prepare the student to meet the objectives and become a caring, efficient, capable and professional radiologic technologist.

SCHOOL OF RADIOAGRAPHIC TECHNOLOGY MISSION

In conjunction with the mission of the Detroit Medical Center and Sinai-Grace Hospital, the Sinai-Grace School of Radiographic Technology is committed to the education and development of radiology students in order that they may fully participate in the highest quality health care services in a caring, efficient and professional manner.

The education provided prepares the student to enter the job market in diagnostic imaging. The education also instills life long learning values and assists the student in achieving their personal, as well as professional, goals.

SCHOOL OF RADIOLOGIC TECHNOLOGY GOALS

Sinai-Grace Hospital School of Radiographic Technology serves the radiographic community and its students by reaching and maintaining the following goals:

- Students will use critical thinking.
- Students/Graduates will be clinically competent.
- Students/Graduate will communicate effectively.
- Students/Graduates will evaluate the importance of professional growth and development.

AN OVERVIEW OF SINAI-GRACE HOSPITAL

Sinai-Grace Hospital is a regional campus of the Detroit Medical Center (DMC), serving northwest Detroit and surrounding communities. Sinai-Grace Hospital was founded in 1999 with the merger of two excellent neighboring health care facilities, Sinai and Grace Hospitals. Grace opened in 1888, Sinai in 1953. The current campus is located at 6071 West Outer Drive.

Sinai-Grace is known for excellence in patient care, cultural diversity of its patients, employees and physicians, and its commitment to the community. A full-service hospital, Sinai Grace offers both basic and complex care close to home. We provide a broad range of high quality, cost-effective service to meet community needs, in coordination with other system operating units. We endeavor to take a leadership role for the system in providing key services where our resources offer unique teaching, scholarly research and clinical service opportunities. Through a close integration of community-based practitioners with the Wayne State University (WSU) School of Medicine faculty, we enhance teaching programs and patient care.

Sinai-Grace has over 1,200,000 square feet. In addition to its 400 beds, the hospital has 13 operating rooms, two Cystoscopy rooms, and a four-room Endoscopy suite, 14 Labor/Delivery rooms, a Radiation Oncology Center and dedicated Cardiac Catherization Laboratories.

MISSION OF SINAI GRACE HOSPITAL

Our Mission is: To provide high quality, compassionate, and innovative care to the community.

VISION OF SINAI GRACE HOSPITAL

To support the DMC/Tenet vision by being a premier provider for high caliber, engaged employees, physicians, students/residents and volunteers who deliver quality care to our patients and the community.

VALUES OF SINAI-GRACE HOSPITAL

We are driven both by our vision and set of values, which will help us provide the best possible services to our patients and make us proud to be members of the DMC team. These are:

- ***Community Welfare*** – We are committed to improving the health of the communities we serve, and to being a socially responsive member of those communities.
- ***Quality*** – We are committed to the pursuit of excellence and to the never-ending improvements of all processes and outcomes.
- ***Respect and Involvement*** – We are committed to the creation of an environment characterized by ethical behavior, mutual trust, personal and professional development, fair, competitive compensation and recognition systems, and equal employment opportunity.
- ***Teamwork*** – We are committed to collaboration and teamwork throughout the organization. Individuals and work groups are interdependent, and overall success can only be achieved through recognition of each understanding of their own role and relationship to the success of the organization.
- ***Innovation and Education*** – We are committed to the discovery, transmission and application of new knowledge, as well as openness to innovation, creativity and change.
- ***Efficient and Effective Resource Use*** – We are committed to the effective and efficient use of the resources with which we have been entrusted by the community.

SINAI-GRACE HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY
PROGRAM OBJECTIVE ATTAINMENT GRID

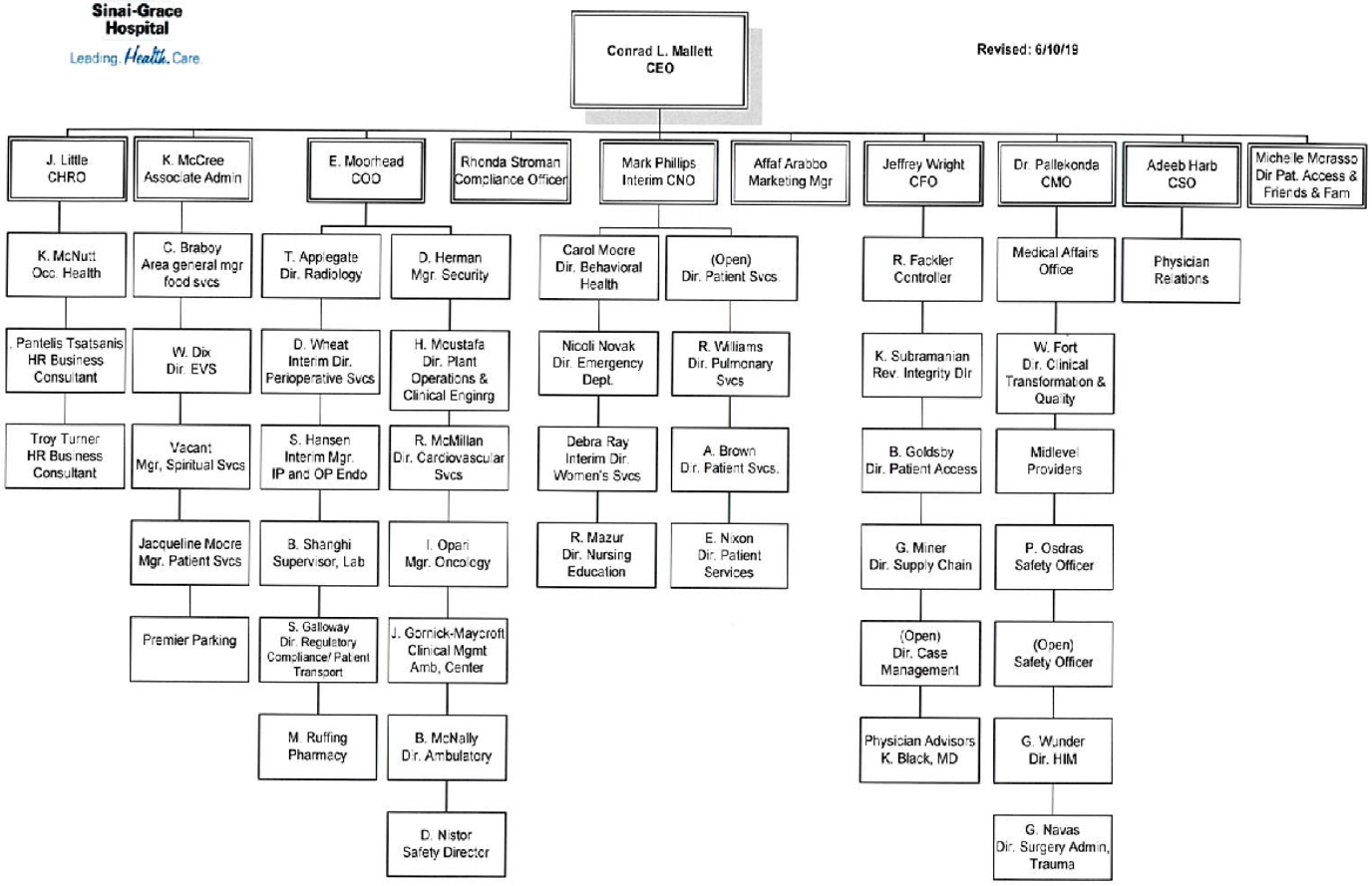
This grid is intended to identify which courses assist in the attainment of specific program goals and objectives

Program Goals & Objectives	RAD 101	RAD 102	RAD 103	RAD 104	RAD 105	RAD 106	RAD 107	RAD 108	RAD 109	RAD 110
1. Didactic Instruction	X	X	X	X	X	X		X	X	X
2. Clinical Education			X		X		X		X	X
3. Customer Service	X		X		X	X	X	X		X
4. Student Assessment for Outcomes	X		X		X	X	X	X	X	X
5. Critical Thinking Skills	X		X	X	X	X	X	X	X	X
Program Goals & Objectives	RAD 111	RAD 112	RAD 113	RAD 114	RAD 115	RAD 116	RAD 117	RAD 118	RAD 119	RAD 120
1. Didactic Instruction	X	X	X		X	X	X	X		X
2. Clinical Education		X		X	X			X	X	X
3. Customer Service		X		X	X				X	
4. Student Assessment for Outcomes		X		X	X				X	
5. Critical Thinking Skills	X	X	X	X	X	X	X	X	X	X
Program Goals & Objectives	RAD 201	RAD 202	RAD 203	RAD 204	RAD 205	RAD 206	RAD 207	RAD 208	RAD 209	RAD 210
1. Didactic Instruction	X	X	X	X		X	X	X		X
2. Clinical Education	X		X	X	X	X	X	X	X	
3. Customer Service	X				X	X			X	
4. Student Assessment for Outcomes	X				X	X	X		X	
5. Critical Thinking Skills	X	X	X	X	X	X	X	X	X	X
Program Goals & Objectives	RAD 211	RAD 212	RAD 213	RAD 214						
1. Didactic Instruction	X	X	X							
2. Clinical Education				X						
3. Customer Service		X	X	X						
4. Student Assessment for Outcomes	X	X	X	X						
5. Critical Thinking Skills		X	X	X						

Sinai-Grace Organization Chart

DMC Sinai-Grace Hospital
Leading Health Care

Revised: 6/10/19



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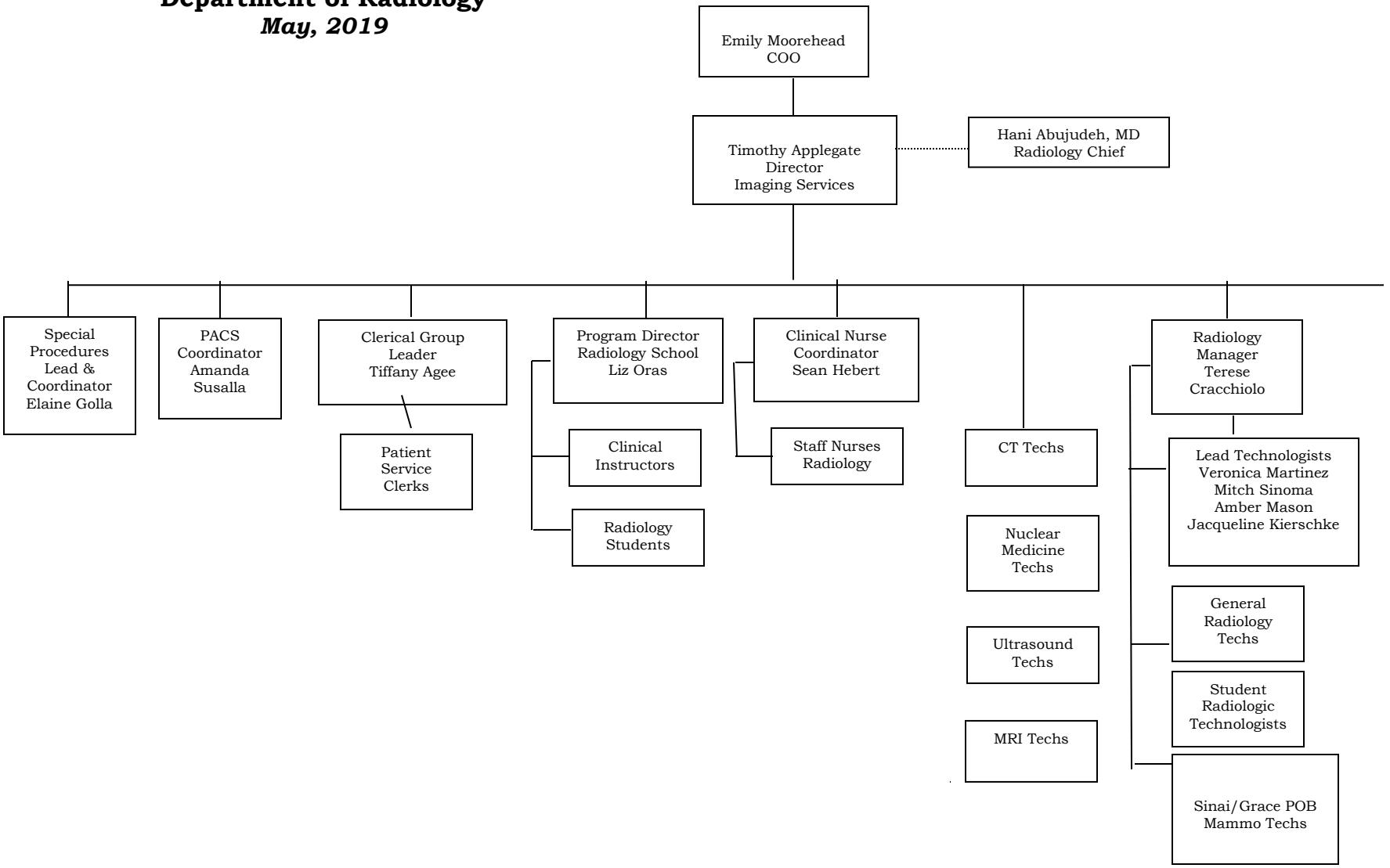
DMC Sinai-Grace Hospital

Organization Chart
Department of Radiology
May, 2019



Updated May/ 2019/LO

School of Radiologic Technology

ORGANIZATIONAL AFFILIATIONS

DMC Children's Hospital of Michigan

PROGRAM FACULTY

PROGRAM DIRECTOR

Mary Elizabeth Oras, MS, RT (R)

CLINICAL AND DIDACTIC INSTRUCTORS

Patrick Kernahan, RT (R) (CT) (MR)

Teri Myers MS, RT (R) (CT)

Amber Mason, AS RT (R)

Adrien Soriano AS RT (R)

Kelly Rodriguez AS RT (R)

Veronica Martinez RT (R)

David Cummings AS RT (R)

Ahmed Almasmary AS RT (R)

Rebecca Rafferty AS RT (R)

JOB SUMMARY POSTING

A. **TITLE:** Program Director-School of Radiology **JOB CODE:** 4RA11

B. **SUMMARY DESCRIPTION**

Plans and coordinates the activities related to managing the School of Radiologic Technology under accreditation standards established by the Joint Review Committee on Education in Radiologic Technology and within DMC policies and procedures. Develops, administers, organizes, reviews, evaluates effectiveness, and ensures program is in compliance with external accreditation requirements. Selects candidates for the school, participates in the budget planning process for the program, evaluates, and assures clinical education effectiveness, maintains current knowledge of the professional discipline and education methodologies through continuing professional discipline and educational methodologies through continuing professional development and pursuit of scholarly activities, assumes leadership responsibility in the continued development of the program.

Plans and coordinates the activities related to managing the radiology program for DMC. Conducts ongoing meetings with Sinai-Grace radiology director to coordinate staff schedules with education schedules. Develops budget for program. Develops policies and procedures in order to administer program consistently and to ensure compliance with regulatory organizations (ARRT and JRCERT). Develop mission statement and goals for the program. Writes assessment plans to be evaluated against the goals for the program. Develops didactic competency evaluations. Accesses clinical skills and procedure competencies for technologist's ability to perform actual radiologic exams as mandated by the ARRT. Writes entrance exam, interviews and selects candidates for the re-certification program. Designs specific curriculums for technologists for preparation to re-take certification exam. Teach classes, write tests, grade papers, issue regular progress reports. Maintain program structure to comply with American Registry of Radiologic Technologist (ARRT), the Joint Review Committee on Education of Radiological Technology (JRCERT) and the Veteran's Administration (VA).

C. **MINIMUM LEVEL OF EDUCATION/TRAINING/LICENSURE**

Master's degree in a related discipline.

Minimum of three years experience in the professional discipline, with two or more years experience as an instructor in a JRCERT accredited program.

ARRT certification.

Must be proficient in curriculum design, program administration, evaluation, instruction and counseling.

D. **SKILLS REQUIRED**

Analytical ability to independently oversee the application of methods, guides, and processes, to apply sound judgment in choosing proper course of action among multiple options, to interpret policies, to assist in planning short to mid-range goals and determining measures, and to assess and monitor progress toward goal attainment.

Communication and/or interpersonal skills for contact with internal and external customers/stakeholders to obtain and interpret a variety of information based on knowledge of Radiology practices, DMC policies and programs and specific technical and regulatory knowledge. Discretion must be exercised in deciding what and how to communicate. Conflict resolution skills must be exercised where policy issues are concerned both within Radiology Services and interdepartmentally. Diplomacy, tact and listening skills are required. Ability to read, interpret and write technical materials.

Project management skills including the ability to define Radiology education project and process objectives, identify stakeholders and their interests, plan steps, coordinate and allocate human, technological and fiscal resources to accomplish goals and objectives in a resourceful yet timely manner.

Leadership skills including demonstrated willingness to pursue leadership roles with increasing levels of accountability comfort with decisions-making responsibilities, coaching, teaching and counseling skills, and the ability to inspire and build confidence in others and to forge alliances and garner support.

Technical knowledge of radiology education. Must also have knowledge of personal computers and audio/visual equipment.

E. FINAL WAGE GRADE
457

F. HOURLY/SALARIED
Salaried

G. JOB FAMILY
Professional/Administrative

Please note that the primary purpose of this job posting summary is to set a rate of pay for this job classification. Only those duties and responsibilities necessary for proper job evaluation and labor market analysis have been included. Other duties and responsibilities will be assigned by supervisor.

JOB SUMMARY INFORMATION

A. TITLE: Didactic Instructor – Part Time – School of Radiology

B. SUMMARY DESCRIPTION

Provides educational services to assist individuals in Diagnostic Radiology. Performs didactic and practical instruction to achieve an established standard of medical care in radiography. Exercises professional judgment in performance of duties and maintains a demeanor complementary to medical ethics. Teaches and evaluates appropriate patient care and conditions essentially for successful completion of procedure. Functions under the direction of the Program Director of the School of Radiologic Technology.

C. DUTIES AND RESPONSIBILITIES

- Assures student attains the objective of each course.
- Tests, evaluates, disciplines students and reports progress as required by Sinai Grace School of Radiologic Technology.
- Reviews and updates course material.
- Becomes familiar with program goals and demonstrates ability to develop and organize plans of instruction and evaluation.
- Provides a positive professional attitude towards students and teaching.
- Participates in meetings and serves on assigned committees consistent with the educational program.
- Prepares course outlines, lesson plans, curriculum guidelines and instructional aids.
- Assists in maintaining student records, respecting confidentiality and established policy.
- Maintains good interpersonal and communication skills.

D. MINIMUM LEVEL OF EDUCATION/TRAINING/LICENSURE

Minimum of two years experience in the professional discipline within a hospital that is JRCERT and TJC accredited.

American Registry of Radiologic Technology (ARRT) certification or equivalent.

Maintains continuing education units (CEU's) required by ARRT.

Patient-Age Statement
Non-nursing/Patient Care: Demonstrates knowledge and skills necessary to provide care appropriate to the age of that patient serviced on assigned unit(s). Demonstrated knowledge includes principles of growth and development over each patient's life span. Provides the care needed as described in the department policies and procedures.

E. SKILLS REQUIRED

Leadership skills including demonstrated willingness to pursue leadership roles with increasing levels of accountability, comfort with decision-making responsibilities, coaching, teaching and counseling skills and the ability to inspire and build confidence in others and forge alliances and garner support.

Must have knowledge of personal computers and audio/visual equipment.

JOB SUMMARY INFORMATION

A. TITLE: Clinical Instructor – School of Radiology

B. SUMMARY DESCRIPTION

Provides educational services to assist individuals in Diagnostic Radiology. Performs clinical instruction to achieve an established standard of medical care in radiography. Exercises professional judgment in performance of duties and maintains a demeanor complementary to medical ethics. Teaches and evaluates appropriate patient care and conditions essentially for successful completion of procedure. Functions under the direction of the Program Director of the School of Radiologic Technology.

C. DUTIES AND RESPONSIBILITIES

- Assures student attains the objective of each clinical practicum.
- Provides clinical supervision and evaluates student practical ability to perform procedures.
- Reports to and provides a periodic performance appraisal to the Program Director.
- Becomes familiar with program goals and understands clinical course material.
- Provides a positive professional attitude towards students and teaching.
- Participates in meetings and serves on assigned committees consistent with the educational program.
- Conducts regular image critiques and evaluates procedure technique with students.
- Maintains good interpersonal and communication skills.

D. MINIMUM LEVEL OF EDUCATION/TRAINING/LICENSURE

Minimum of two years experience in the professional discipline within a hospital that is JRCERT and TJC accredited. ARRT Certified Technologists with only one year experience may be appointed as an Acting Clinical Instructor while taking the required CEU's to be appointed as a permanent Clinical Instructor.

American Registry of Radiologic Technology (ARRT) certification or equivalent.

Maintains continuing education units (CEU's) required by ARRT.

Patient-Age Statement
Non-nursing/Patient Care: Demonstrates knowledge and skills necessary to provide care appropriate to the age of that patient serviced on assigned unit(s). Demonstrated knowledge includes principles of growth and development over each patient's life span. Provides the care needed as described in the department policies and procedures.

E. SKILLS REQUIRED

Leadership skills including demonstrated willingness to pursue leadership roles with increasing levels of accountability, comfort with decision-making responsibilities, coaching, teaching and counseling skills and the ability to inspire and build confidence in others and forge alliances and garner support.

Must have knowledge of personal computers and audio/visual equipment.

F. FINAL WAGE GRADE

848, 856, 858

G. HOURLY/SALARIED

Hourly

H. JOB FAMILY

Radiology Services

JOB POSTING SUMMARY

A. **TITLE:** Radiologic Technologist **JOB CODE**: 5RC01

B. **SUMMARY DESCRIPTION**

Under general supervision and according to established policies and procedures, operates x-ray equipment in the department or in a portable setting throughout the hospital, ensuring a safe radiation environment and proper radiation exposure factors. Instructs and positions patients to obtain acceptable radiographs of diagnostic quality and processing of film. Teaches and evaluates radiographic images with radiology students. Ensures work areas meet appropriate standards of safety, equipment supply and cleanliness levels. Manually enters patient data ensuring proper preparation for dictation and billing.

C. **MINIMUM QUALIFICATION**

ARRT registered

Patient-Age Statement
Employees with Patient Contact: Based on observation, demonstrated knowledge and skills necessary to provide care appropriate to the age of the patient. Demonstrated knowledge includes principles of growth and development over each patient's life span. Provides care needed as described in department policies and procedures.

D. **SKILLS REQUIRED**

1. Analytical skills necessary to determine the most appropriate method of providing requested radiography based on specifics of each individual case.
2. Interpersonal and communication skills necessary to deal effectively with and instruct patients who may be under physical/emotional stress; ability to comprehend and follow physician's verbal and written request and prescriptions; ability to work effectively with a variety of hospital personnel and/or patients.
3. Technical knowledge necessary to operate pertinent equipment and supplies.
4. Knowledge and understanding of quality assurance testing data and documentation presented in A.C.R. manual.
5. Knowledge of C.P.R. and sterile technique.
6. Clinical judgment skills necessary to maintain professional standards and provide effective patient care within established protocols.
7. Physical stamina for frequent walking, standing, lifting and positioning of patients. Ability to push, pull and lift objects weighting more than 100 pounds.
8. Manual dexterity and visual acuity to operate and utilize all types of x-ray equipment and supplies in order to produce radiographs of acceptable diagnostic quality.

E. **FINAL WAGE GRADE**

848

F. **HOURLY/SALARIED**

Hourly

G. **JOB FAMILY**

Clerical/Technical

Please note that the primary purpose of this job posting summary is to set a rate of pay for this job classification. Only those duties and responsibilities necessary for proper job evaluation and labor market analysis have been included. Other duties and responsibilities will be assigned by supervisor.

RADIOGRAPHY TASK INVENTORY

(Entry Level Technologist)

Task Statement

1. Evaluate the need for and use protective shielding.
2. Take appropriate precautions to minimize radiation exposure to patients.
3. Restrict beam to limit exposure area, improve image quality and reduce radiation dose.
4. Set kVp, mA and time or automated exposure system to achieve optimum image quality, safe operating conditions and minimum radiation dose.
5. Prevent all unnecessary persons from remaining in area during x-ray exposure.
6. Take appropriate precautions to minimize occupational radiation exposure.
7. Wear a personnel monitoring device while on duty.
8. Review and evaluate individual occupational exposure reports.
9. Warm-up x-ray tube according to manufacturer's recommendations.
10. Prepare and adjust radiographic unit and accessories.
11. Prepare and adjust the fluoroscopic unit and accessories.
12. Recognize and report malfunctions in the radiographic or fluoroscopic unit and ancillary accessories.
13. Perform basic evaluations of radiographic equipment and accessories (e.g. lead aprons, collimator accuracy).
14. Perform archiving of images into PACS.
15. Perform windowing and leveling of images.
16. Perform identification of images.
17. Perform erasing of latent images each morning.
18. Perform manual registration into PAC'S.
19. Perform proper use of Radiographic Information System (RIS).
20. Determine appropriate exposure factors using calipers and technique charts.
21. Modify exposure factors for circumstances such as involuntary motion, casts and splints, pathological conditions, or patient's inability to cooperate.

23. Evaluate patient and radiographs to determine if additional projections or positions should be recommended.
24. Evaluate radiographs for diagnostic quality.
25. Determine corrective measures if radiograph is not of diagnostic quality and take appropriate action.

26. Select equipment and accessories for the examination requested.

27. Remove all radiopaque materials from patient or table that could interfere with the radiographic image.

28. Explain breathing instructions prior to making exposure.

29. Position patient to demonstrate the desired anatomy using body landmarks.

30. Explain patient preparation (e.g. diet restrictions, preparatory medications) prior to imaging procedure.

31. Properly sequence radiographic procedures to avoid residual contrast material affecting future exams.

32. Examine radiographic requisition to verify accuracy and completeness of information.

33. Utilize universal precautions.

34. Confirm patient's identity by using the two patient identifiers (patient name and birthdate).

35. Question female patients of child-bearing age about possible pregnancy.

36. Explain procedure to patient or patient's family.

37. Evaluate patient's ability to comply with positioning requirements for the requested exam.

38. Observe and monitor vital signs.

39. Use proper body mechanics and/or mechanical transfer devices when assisting patients.

40. Provide for patient comfort and modesty.

41. Select immobilization devices, when indicated, to prevent patient movement and/or ensure patient safety.

42. Maintain confidentiality of patient information by adhering to HIPAA.

43. Use sterile or aseptic technique to prevent contamination of sterile trays, instruments or fields.

44. Prepare contrast media for administration.

45. Prior to administration of contrast agent, gather information to determine if the patient is at increased risk of adverse reaction.

46. Perform venipuncture.

47. Observe patient after administration of contrast media to detect adverse reactions.

48. Recognize need for prompt medical attention and administer emergency care.

50. Clean, disinfect or sterilize facilities and equipment and dispose of contaminated items in preparation for next examination.

51. Follow appropriate procedures when in contact with a patient in reverse/protective isolation.

52. Monitor medical equipment attached to the patient (e.g. IV's, oxygen) during the radiographic procedure.

54-113. Position patient, x-ray tube and image receptor to produce radiographs of:

THORAX

53. Chest, routine
54. Chest, obliques, apical, lordotic, decubitus
55. Ribs
56. Sternoclavicular Joints
57. Sternum

EXTREMITIES

58. Foot
59. Os Calcis
60. Ankle
61. Tibia and Fibula
62. Knee
63. Patella
64. Femur
65. Hand
66. Wrist
67. Forearm
68. Elbow
69. Humerus
70. Shoulder
71. Scapula
72. Clavicle
73. Acromioclavicular Joints
74. Bone Survey
75. Long Bone Measurement/Scanogram
76. Bone Age

HEAD AND NECK

77. Skull
78. Facial Bones
79. Mandible
80. Zygomatic Arches
81. Temporomandibular Joints
82. Nasal Bones
83. Optic Foramina
84. Orbits
85. Paranasal Sinuses
86. Soft Tissue Neck

SPINE AND PELVIS

87. Cervical Spine
88. Thoracic Spine
89. Scoliosis Series
90. Lumbosacral Spine
91. Sacrum and Coccyx
92. Sacrolillac Joints
93. Pelvis
94. Hip

ABDOMEN AND GI TRACT

95. Esophagus Study
96. Abdomen
97. Upper G.I. Series
98. Small Bowel Series
99. ERCP
100. Barium Enema, Single Contrast

101. Barium Enema, Double Contrast

OTHER

102. Myelogram
103. Arthrogram
104. Hysterosalpingogram
105. Cystogram
106. Cystourethrogram
107. IVP
108. Retrograde Urethrogram

STUDENT PROFESSIONAL
MANNER OF CONDUCT AND RESPONSIBILITIES

Professional behavior is expected of all students, especially in the presence of patients. The patient's first impression of you is strongly influenced by your personal appearance, including facial expressions. The total picture should be one of neatness, cleanliness and friendly efficiency.

Loud talking, whistling, clowning around and horseplay are unacceptable and are prohibited in the clinical setting. Students shall abide by the School's dress code. Sloppy appearance is unacceptable.

Students may not leave the Department of Radiology or their assigned area without permission.

Students will address all patients by their proper names. Students will guard the privacy and confidentiality of their patients and families at all times.

At no time shall a student display rude or disrespectful behavior toward a patient, visitor or co-worker.

As part of the clinical experience, the student will:

1. Subscribe to the basic concepts of the practice of radiologic technology.
2. Comply with the standards of accuracy and thoroughness.
3. Organize their time constructively and productively.
4. Assist in completing appropriate amount of work in the time expected.
5. Evaluate pressure/crisis situations and respond accordingly.
6. Use radiation protection measures for patients, self and others.
7. Respond to the needs of patient.
8. Display the appropriate interpersonal relationships with supervisors, peers, patients and other employees.
9. Display motivation, interest and responsibility in completing tasks.
10. Pursue the ability to reason, interpret and use discretion in carrying out assignments.
11. Provide efficient patient care flow.
12. Adhere to the guidelines regarding personal appearance.
13. Conform to the attendance and punctuality standards.
14. Adhere to the professional standards of conduct.

ACADEMIC HONESTY

As a student in the Sinai Grace School of Radiographic Technology, you will be expected to be honest in your academic studies and clinical rotations.

By enrolling as a student, you have agreed to adhere and to follow the School's expectation of academic honesty. This responsibility is the sole responsibility of each and every student.

Dishonesty includes:

- Cheating: While taking a test (either taking an answer from another student or by texting from your cell phones); copying from other students, whether past or present, work as it relates to projects or research papers; obtaining previous tests/quizzes without the instructor's knowledge.

- Plagiarism: Using exact words, phrases or quotes from sources without citing the source and author (references). A more through explanation on plagiarism follows on pages 28-30.

- Misrepresentation: Falsifying your personal information; coercing a clinical instructor for a favorable evaluation; changing information on an evaluation.

- Misconduct: Disruptive behavior that jeopardizes the positive learning environment in the classroom; the use of cell phones to text during lecture, to photograph patients or visitors within the hospital; missing a clinical rotation without notifying the clinical instructor or leaving in the middle of the rotation and not returning without proper notification.

Failure to comply with the Sinai Grace School of Radiologic Technology standard of academic honesty will result in disciplinary action up to and including termination from the program. Please use the "Reprimand Policy" on page 100 to cross reference.

The following information has been provided by Gail A. Ryder, Instructor, English Department, Sienna Heights University.

Please read ALL of the following very carefully. You are responsible for understanding the issues surrounding the proper citation of borrowed material. Ignorance of these rules will not constitute excuse**.**

PLAGIARISM

The word "plagiarism" is derived from Latin root words meaning to kidnap or steal. For our purposes, it is the failure to give credit for the use of material from outside sources. It includes, but is not limited to, verbatim use of a quote without quotation marks and adequate documentation, submission of a paper prepared by another person as one's own work, using the ideas, facts, words, or data of someone else and claiming them as your own, or not documenting ideas, facts, words or data gathered during research.

Provide citations whenever you use:

- ***direct quotations***
- ***paraphrases and summaries***
- ***borrowed ideas***
- ***facts that are not common knowledge***

QUOTATIONS

Use quotation marks and a citation when you use another writer's exact words even when using only a short phrase**.** You must make clear to the reader which words are your own and which are another writer's. For direct quotations, citations alone are NOT sufficient; you must enclose the quoted material in quotation marks. When used judiciously, quotations serve a number of important functions in a well-crafted paper.

Select quotations that

- develop a step in your argument
- present striking, memorable phrasing
- provide a strong, specific example
- introduce a claim open to interpretation
- summarize an author's main points

When selecting quotations, avoid

- quoting details
- padding a thin argument with unnecessary quotations
- quoting commonly known information,
  e.g., The Japanese bombed Pearl Harbor on Dec. 7, 1941.
- quoting blocks of text that could be summarized or quoted more selectively
- quoting information you could state in your own words

PARAPHRASES

Paraphrasing is the rewriting of an author's idea in your own words. Paraphrase rather than quote when you want to present an author's idea but the exact language is not significant. When you paraphrase, you must cite the source. You also must fully rewrite the original language and original sentence structure. A common mistake is partial paraphrasing. Do not keep the author's exact wording or the same sentence structure. If you retain even a short phrase *or a* distinctive word, use quotation marks**.**

Incorrect and Correct Examples of Paraphrasing

***Original text*:** Descartes introduces the possibility that the world is controlled by a malicious demon who has employed all his energies to deceive him (Lu, 1984, p. 24).

***Incorrect paraphrase*:** Descartes suggests *that the world is controlled* by an evil demon who may be using his energies to deceive (Lu, 1984, p. 24).
Comment: Plagiarism: even though the citation is provided, the sentence still has exact wording (italicized).

***Correct paraphrase*:** Descartes suggests that the evil power who rules the world may be attempting to mislead him (Lu, 1984, p. 24).
Comment: Not plagiarism: the language is fully rewritten, and a citation is provided.

***Combination of paraphrase and quotation*:** Descartes suggests that the evil power who rules the world may be using "all his energies to deceive him" (Lu, 1984, p. 24).
Comment: Not plagiarism: the paraphrased portion is fully rewritten, the exact language is quoted, and a citation is provided.

When paraphrasing, you must **rewrite** the original language, **change** the original sentence structure, and **cite** the source according to the expectations of the discipline.

BORROWED IDEAS

Acknowledge sources from which you borrow ideas even when you don't directly quote the text. Borrowed ideas come in many forms, including original concepts, observations, data, and logic. Include a citation when you use

- another author's tables**,** maps**,** or graphs
- another author's data**,** even if using the data for a different argument
- the organization or logic of another author's argument

These guidelines include the use of reference materials such as encyclopedias and study aids.

COMMON KNOWLEDGE

You do not need to cite an idea that is standard information of the discipline, such as material discussed in class or general information your reader knows or can locate easily (e.g., momentum equals mass times velocity). Such information is widely available and not disputed.

You do need to cite a fact that is not common knowledge, e.g, Moi's election came after a heated succession struggle that allegedly included an assassination plot against Moi himself (Karimi and Ochieng 1980: 109).

Beware of over-citing, which is usually the result of unnecessary citing of general knowledge or excessive reliance on source material.

Remember to check with your instructor if you are unsure whether to cite information.

INTEGRATING SOURCE MATERIAL

When introducing source material, avoid using a weak lead-in verb, e.g., the author *says*; instead, select a verb that conveys the author's attitude toward the material, e.g., the author *questions*. Aim to integrate source material into your own argument; explain to your reader *how* the source material contributes to your analysis. Be sure to smoothly integrate the quotation into the surrounding language, matching the syntax of the quotation to the syntax of the surrounding statement.

Strategies for Integrating Source Material:

- ***Use a full independent clause of your own to introduce the source material*:**
  e.g., Morrow views personal ads as an art form: The personal ad is like a haiku of self-celebration, a brief solo played on one's own horn.
  (Note that the colon is the correct internal punctuation here.)
- ***Weave quoted text into the logic of your sentence:***
  e.g., The author suggests using a pricing mechanism that reflects the full social cost, which may be a viable, long term solution to resource depletion (Simon, 1997: 54).

After you have presented the quotation or paraphrase, tie it your argument. Explain to your reader why the idea is significant in the context of your ideas.

DOCUMENTATION STYLES

Each discipline uses a style of documentation that best serves its purposes.

- Humanities prefer parenthetical citation with author and page number (Flynn 41).
- Sciences prefer parenthetical citation with author and year of publication (Beck, 1999).
- Social sciences prefer author, date, and page (Lu, 1997, p. 156) when referring to a specific point in a text and author and date when referring to an entire text (Lu, 1997).
- Historians prefer footnotes to parenthetical citations.

For all forms of citation, you must provide a bibliographical list of sources used. The list is arranged alphabetically by author's last name and is called References**.**

MECHANICS OF CITATION

- For parenthetical citations, the citation follows the final quotation mark or the paraphrase, and the period follows the citation, e.g., one's own horn (Hacker, 1999, p. 24).
- Use **block quotation** form for text longer than four lines: **i**ndent one inch from the left margin; use a normal right margin; do not single space or use quotation marks.

DEVELOP GOOD HABITS

Plagiarism often starts in the note-taking stage. As you take notes, distinguish between paraphrases and direct quotations. Copy quotations exactly as they appear, and record all the information you will need for citations and a list of references. To avoid confusion, some writers use only direct quotations when taking notes. If using an on-line source, ***do not cut and paste text directly into your own draft***. Be conscientious and consistent in whatever note-taking strategy you use.

PRINCIPLES OF PROFESSIONAL CONDUCT FOR RADIOLOGIC TECHNOLOGISTS

Principle 1:
Radiologic technologists shall conduct themselves in a manner compatible with the dignity and professional standards of their profession.

Principle 2:
Radiologic technologists shall provide services with consideration of human dignity and the needs of the patient, unrestricted by consideration of age, sex, race, creed, social or economic status, handicap, personal attributes or the nature of the health problem.

Principle 3:
Radiologic technologists shall make every effort to protect all patients from unnecessary radiation.

Principle 4:
Radiologic technologists should exercise and accept responsibility for the independent discretion and judgment in the performance of their professional services.

Principle 5:
Radiologic technologists shall judiciously protect the patient's right to privacy and shall maintain all patient information in the strictest confidence.

Principle 6:
Radiologic technologists shall apply only methods of technology founded upon a scientific basis and not employ those methods that violate this principle.

Principle 7:
Radiologic technologists shall not diagnose, but in recognition of their responsibiliity to the patient, they shall provide the physician with all the information they have relative to radiologic diagnosis or patient management.

Principle 8:
Radiologic technologists shall be responsible for reporting unethical conduct and illegal professional activity to the appropriate authorities.

Principle 9:
Radiologic technologists shall continually strive to improve their knowledge and skills by participating in educational and professional activities and sharing the benefits of their attainments with their colleagues.

Principle 10:
Radiologic technologists shall protect the public from misinformation and misrepresentation.

These principles are intended to serve as a guide by which radiologic technologists may evaluate their professional conduct as it relates to patients, colleagues, other members of the medical care team, healthcare consumers and employers and to assist radiologic technologists in maintaining a high level of ethical conduct.*

*From the *America Registry of Radiologic Technologists*

CONFIDENTIALITY OF PATIENT INFORMATION

- The student will not divulge information relevant to the patient's medical affairs or privileged communication relative to the department or hospital affairs.

- Medical and personal information cannot be revealed to the patient, family, or others outside the department without the direct consent of the patient and/or the patient's physician.

- The student shall judiciously protect the patient's right to privacy.

YOU ARE THE HOSPITAL

- You are what people see when they arrive.

- Yours are the eyes they look into when they're frightened and lonely.

- Yours are the voices people hear when they ride the elevators and when they try to sleep and when they try to forget their problems.

- You are the comments people hear when you think they can't.

- Yours is the intelligence and caring that people hope they'll find here. If you're noisy, so is the hospital. If you're rude, so is the hospital. And if you're wonderful, so is the hospital.

- No visitors, no patients can ever know the real you, unless you let them see it.

DMC GUIDELINES

The following are the DMC Guidelines regarding patient requests:

> *"We are committed to respecting the uniqueness of each person within our community. We are committed to non-discrimination. A patient's culture, religion or personal requests will be respected and considered in determining and carrying out the plan of care. Personal requests by patients and their family members are superseded by our obligation to deliver quality care."*

QUESTIONS

For questions and further information about patient rights, contact your Patient Relations Representative.

Detroit Receiving Hospital	**313.745.3411**
Harper University Hospital	**313.745.1434**
Hutzel Hospital	**313.745.7013**
Sinai-Grace Hospital	**313.966.4073**
Huron Valley-Sinai Hospital	**248.937.3344**

Copies of this document are available in Arabic, Spanish and Russian.

ADVANCE DIRECTIVE FACTS

Did you know:

- the legal right to plan the direction of your medical care is know as an ADVANCE DIRECTIVE?
- in 1990 the State of Michigan enacted a law that states you have the right to determine the direction of your medical care?
- in Michigan, the ADVANCE DIRECTIVE is legally recognized as the Durable Power of Attorney for Healthcare, or D.P.O.A.?
- an ADVANCE DIRECTIVE is a written document that allows you, as a patient, to specify what type of medical care you want in the future should you lose the ability to make decisions?
- the ADVANCE DIRECTIVE is a voluntary option that you may wish to consider?

Before completing an ADVANCE DIRECTIVE, you may choose to discuss your healthcare plans with your doctor and family.

You may obtain further information by:

- Reading the patient information booklet in your hospital.
- Requesting an ADVANCE DIRECTIVE form from the Patient Relations Staff (refer to telephone numbers in this brochure).
- Contacting:
  - your hospital social worker, nurse manager, or chaplain.
  - your community library.
  - Citizens for Better Care (313.832.6387).

326430K4PK (7/01)

PATIENT BILL OF RIGHTS & RESPONSIBILITIES

Our healthcare team is dedicated to providing you with the best medical care and information available. To meet that goal, patients, physicians, and the hospitals must work together. We believe that patients who understand their rights and responsibilities, and how they are cared for, will have better outcomes.

We respect your rights as a patient, and encourage you to discuss any concerns you have with your caregivers.

The Detroit Medical Center (DMC) hospitals and clinics are affiliated with Wayne State University (WSU) School of Medicine. This means that all medical students are part of our healthcare team and may be involved in your care. As a DMC patient, you may refuse to have students participate in your care.

Detroit Medical Center
Wayne State University

KNOWLEDGE & PLAN OF CARE

You have the right to:

- have your pain assessed and managed
- ask and be told the names and titles of anyone involved in your care.
- receive information about your illness, chances for recovery, how you will be cared for, and other healthcare choices in terms you can understand. If you are unable to make decisions for yourself, this information will be shared with the person acting on your behalf.
- receive a copy of information in your medical record within a reasonable timeframe during or after your hospital stay.

You have the responsibility to:

- help the doctors and other healthcare professionals by sharing your complete medical history. This includes past illnesses and hospitalizations, medications, and other health-related issues. Ask your doctor questions about anything you do not understand.

The DMC doctors and other healthcare professionals are required to provide medical care that follows sound medical and ethical practices. Caregivers are not required to provide medical treatment that is considered to be unreasonable or harmful.

CONSENT

You have the right to:

- take part in decisions about your care. Before agreeing to any treatment, your doctor will tell you about your plan of care in terms you can understand.
- refuse further medical care. If you make this decision, it is important that you understand the risks and how it can affect your health.

If you refuse care, you become responsible for your future health outcomes. If you and your doctor cannot agree about your care which meets ethical and professional standards, you may be asked to seek treatment elsewhere.

DIGNITY AND RESPECT

You have the right to:

- be treated the same regardless of your race, creed, color, national origin, handicap, sex or financial ability.
- be treated with dignity and respect.
- refuse to see visitors.
- reasonable privacy and security. With permission from your doctor, you can move freely throughout the DMC campus.

You have the responsibility to:

- respect the dignity and right to privacy of other patients and your healthcare team. This responsibility also includes your family and visitors.

CONFIDENTIALITY

You have the right to:

- expect that all aspects of your care will be treated confidentially. Your medical record will not be released without your written permission, unless you are transferred to another facility, a third-party payor requests information, or as required by law.

GENERAL INFORMATION

You have the right to:

- be told about hospital policies, rules and regulations.
- complain about your care or services. If the complaint is not resolved, contact the Patient Relations Representative.
- be told of any business relationships that may affect your medical care, including physicians, hospitals, educational institutions, other healthcare providers, or insurance carriers.
- ask for and receive help to understand your hospital bill and financial assistance.
- receive information about ADVANCE DIRECTIVES in accordance with state/federal law.
- ask for protective services assistance before you are discharged.

You have the responsibility to:

- move to another room when necessary, either to aid in your recovery or that of another patient.
- follow hospital rules and regulations, which also include family and visitors.
- share information about your health insurance and ability to meet financial obligations, including costs that your insurance may not cover.

CONTINUED COURSE OF CARE

You have the right to:

- take part in discharge plans regarding your needs after you leave the hospital.
- be told what to do and what to expect when you leave the hospital.

You have the responsibility to:

- make arrangements to leave the hospital as soon as possible after you are discharged.

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SINAI GRACE HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY
ADMISSION REQUIREMENTS

PREREQUISITES FOR ADMISSION

- Associate Degree
- ACT exam is required (College Code #2069) or College Placement Scores (Compass)
- Eighteen college credits are required for admission to the program, including two 3-credit classes in English, 3-credit course in Physical Science and one 3-credit class in Intermediate Algebra. We also require one 3-credit computer course and one 3-credit course in Anatomy and Physiology. **The school does not allow applying candidates to test out or CLEP out of any of the prerequisites required courses unless a letter grade is associated with the CLEP Score.**
- The applicant must be in good physical and mental health to meet the requirements for a physically demanding health care field. The school adheres to all federal and state laws including America Disability Act (ADA). For reasonable accommodations please contact the Program Director. The candidate should be aware that in order to perform the duties of total patient care, the student must be able to:
    - Lift more than 60 pounds routinely
    - Work with arms above head routinely
    - Push and pull routinely
    - Bend and stoop routinely
    - Work standing on feet 90% of the time
    - Work with sick and disabled patients
- Applicants must be at least 18 years of age.
- Prospective students may be required to spend one 8-hour sessions observing the department if asked to interview.
- Selected applicants must pass a physical examination and drug screen provided by the hospital.
- Selected applicants must pass a criminal background check paid for by the candidate before final acceptance into the program.

APPLICATION PROCEDURE

- The Sinai Grace Hospital School of Radiographic Technology application packet must be completed and returned by the deadline. A completed packet will include the following:
    - Sinai Grace Hospital School of Radiographic Technology application
    - Official transcripts
    - ACT or Compass results
    - Written statement of career goals
    - Three letters of recommendations

SELECTION OF APPLICANTS

The Admissions Committee will review all applications, transcripts, ACT scores, and references. Interviews will be held to assess communication and interpersonal skills prior to the final student selections.

NOTIFICATION OF ACCEPTANCE

All applicants will receive notification of acceptance or rejection from the Program.

TUITION, FEES AND REFUNDS POLICY

Effective: July 1, 2016

PAYMENT SCHEDULE

A $1000.00 deposit is required upon acceptance into the Program.

Please Note: The deposit is non-refundable.

The remaining $5,500.00 is spread over the first four semesters.

BOOK & OTHER FEES

The $1,850.00 book fee is also due the first day of class (***Money Orders Only***).

Book fees are non-refundable.

UNIFORMS

The cost of uniforms is the responsibility of the student.

ADDITIONAL FEES

Approximately $200.00 will be required for Educational Review and student membership to the American Society of Radiologic Technologists (ASRT). The scheduled cost for those reviews:

- July 2019 or 2020 — $30.00 – ASRT student membership
- January 2020 or 2021 — $185.00 – review seminar

FINANCIAL AIDE

The school does not participate in Title IV (federal grants or loans). For more information regarding financial aid, please view the following web site: http://www.fastweb.com/.
The program also participates in the Mertize student loans: www.mertize.com

SINAI GRACE HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY
TECHNICAL PERFORMANCE STANDARDS

Those persons wishing to enter, or those students who expect to continue in the Radiography Program must be able to:

1. Use manual dexterity to manipulate radiographic and venipuncture equipment and other patient care apparatus.

2. Ability to frequently (75% of the time) stand, walk and reach while performing radiographic procedures, reach up to 72" and lift a minimum of 60 pounds.

3. Assist non-ambulatory or semi-ambulatory patient in transferring from wheelchair or stretcher to radiographic table and then back to wheelchair or stretcher.

4. Propel the wheelchair or stretcher in and out of radiographic room.

5. Push mobile radiographic unit from department to patient room/surgery/etc.

6. Possess normal visual and audio acuity to observe any situation which may prove potentially hazardous to patient or other personnel; listen for indicative signs of medical emergency: choking, shortness of breath, patient complaints of pain, etc.

7. Mentally assess medical emergencies and respond quickly to summon qualified medical personnel.

8. Position patient on radiographic table in required positions for all procedures using tactile sense by palpating appropriate anatomic structures.

9. Visually differentiate shades of black, gray and white on a radiographic film.

10. Possess sufficient verbal and written skills to communicate in English with patients and staff to provide procedure information and patient instructions.

The Program reserves the right to require the applicant or student to physically demonstrate any of the above skills.

I have read the technical requirements for this profession and to the best of my knowledge, I can perform these standards.

_____ _____

Date Signature

SINAI GRACE HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY
EVALUATION AND RESIGNATION POLICY

EVALUATIONS

Students are given an evaluation of their performance in the middle of each semester, as well as the end of each semester by the Program Director. Each student will meet with the Program Director privately to discuss his or her grades and performance. Students are encouraged to discuss problems or concerns at that time. The Program Director's office is located on the sixth floor, and can be reached through at 313-966-6866. Students are also welcomed to discuss issues with the Director as the need arises with a scheduled appointment.

RESIGNATION POLICY

Students who are unable to comply with the policies of the school for any reason may voluntarily withdraw from the program by submitting a letter of resignation to the Program Director. Students who withdraw are welcomed to re-apply to the Program by fulfilling all the requirements of a new candidate. The Program does not accept advanced placement of students; therefore, a student that is accepted back into the program after withdrawing will begin as a new student.

SINAI GRACE HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY
GRADING STANDARDS

All didactic course grades will be predominantly determined by examinations, quizzes, written papers, and attendance. Each Instructor maintains his/her own grade book and submits those grades to the Program Director at the end of each semester.

Clinical Grades are determined by the following:

- 70% on competencies
- 20% on technologist review
- 10% on written papers, projects and presentations

A = 97% - 100%

A- = 93% - 96%

B+ = 89% - 92%

B = 85% - 88%

B- = 84% or lower is failure

You are allowed to miss only one didactic or clinical class per semester. 3% of your grade will be deducted for each additional missed class(es) unless approved by the Program Director.

STUDENTS MUST MAINTAIN AN 85% (3.0) IN EACH CLASS.

CLINICAL PRACTICUM - STUDENT ROTATIONS

FIRST YEAR

1st Semester: July - October
2nd Semester: November - February
3rd semester: March - June

3-week rotations in the following areas:

Northwest Campus
Sinai Grace Hospital

- In Patient/Orthopedics Radiology - 6th floor
- Emergency Room - Ground floor – Trauma Room
- Portables
- GI's – 6th floor
- OR – Ground floor

SECOND YEAR

1st Semester: July – October
4-week rotation at Children's Hospital
4-week rotation on the afternoon shift

2nd & 3rd Semester: November – February, March - June

- In Patient/Orthopedics Radiology - 6th floor
- Emergency Room - Ground floor – Trauma Room
- Portables
- GI's – 6th floor
- OR – Ground floor
- 4-week rotation on the afternoon shift
- 2 week rotation in MRI
- 4 week rotation in CT
- 1 week rotation in Nuclear Medicine
- 1 week rotation in Interventional Radiology
- Electives: Ultrasound, Radiation Therapy, and Mammography(Female students only)

Female students may elect to do a 2-3 week rotation in mammography during their senior year, No male student is allowed to rotate through the mammography department. Please see JRCERT Position Statement, Page 43.

Position Statement on Mammography Clinical Rotations

Adopted by the JRCERT Board of Directors (April 2016)

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

Standard One - Objective 1.2 of the JRCERT Standards requires a program to document that it "provides equitable learning opportunities for all students."

The JRCERT does not provide legal advice to program officials. Nevertheless, the JRCERT has received numerous inquiries regarding the placement of students in mammography clinical rotations. The JRCERT understands that there have been significant concerns regarding the interpretation of the JRCERT Standards regarding equitable learning opportunities for all students. As a point of clarification, the JRCERT notes that equitable means dealing fairly with all concerned. It does not necessarily mean equal.

The JRCERT has analyzed statistical data that indicates current imaging practices in mammography have resulted in minimal employment opportunities for males. Certification demographic data indicates that less than 1% of the approximately 50,000 technologists registered in mammography by the American Registry of Radiologic Technologists (ARRT) are males. Overwhelmingly, clinical site policies prohibit male students from participation in mammography rotations. Such participation is limited due to liability concerns, as well as consideration for the interests of the patient. These policies are established not only for mammography exams, but also for other gender-specific examinations performed by professionals who are the opposite gender of the patient.

With regard to mammography, the JRCERT has determined programs must make every effort to place a male student in a mammography clinical rotation if requested; however, programs will not be expected to attempt to override clinical site policies that restrict mammography rotations to female students. Male students should be advised that placement in a mammography rotation is not guaranteed and, in fact, would be very unlikely. To deny mammography educational experience to female students, however, would place those students at a disadvantage in the workforce where there is a demand for appropriately educated professionals to address the needs of patients. It is noted that the same clinical site policies that are in place during the mammography educational rotations are most likely applicable upon employment, thus limiting access for males to pursue careers in mammography.

The JRCERT reiterates that it is the responsibility of each clinical site to address any legal challenges related to a program's inability to place male students in a mammography rotation. All students should be informed and educated about the various employment opportunities and potential barriers that may affect their ability to work in a particular clinical staff position.

4/8/16

Sinai-Grace Hospital
School of Radiologic Technology

The Radiography Program has revised its policy, effective June 27, 2016 regarding the placement of students in mammography clinical rotations to observe and/or perform breast imaging. (Additionally, the policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient.)

Under the revised policy, all students, male and female, will be offered the opportunity to participate in mammography clinical rotations. The program will make every effort to place a male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student mammography clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement is included as Addendum A to the program's policy and is also available on the JRCERT Web site, www.jrcert.org, Programs & Faculty, Program Resources.

I have read and understand the above revised policy and place my signature below as acknowledgement of understanding.

_____ _____
Student Signature Date

SCHOOL OF RADIOLOGIC TECHNOLOGY – COURSE DESCRIPTIONS

I FALL SEMESTER

Rad 101 – Introduction to Radiologic Technology
An introduction to the guidelines for the Program, department rules, hospital rules, etc. Also included:

- History of Radiography – gives a description of the discovery of radiation and its progression in medicine to the present day.
- Ethics – provides guidelines for the student's behavior and relationships with fellow students, technologists and particularly the patient.
- Basic Radiation Protection – gives the student guidelines for radiation protection of the student and patient. This is designed to prepare the student for the first clinical rotation.
- Computer Practicum – Training on hospital CIS and department RIS.

Rad 102 – Medical Terminology
An introduction to the basic terminology used within the medical profession. Emphasis is placed on grammatical breakdown of words, spelling, pronunciation and definition.

Rad 103 – Radiographic Procedures I
An introduction to the basics of radiographic positioning used within the radiology profession. Planes of the body and body cavity contents are discussed. Positioning for the chest, abdomen, and the upper extremity are performed for this semester.

Rad 104 – Anatomy and Physiology/Film Evaluation I
This course involves study of cells, tissues, units of body structure, an introduction to bones and joints, and the upper extremities. An introduction to the evaluation of films to determine quality of performance. Individual study of image cases, which the student has performed.

Rad 105 - Patient Care/Critical Thinking I
This course prepares the student in nursing concepts needed for x-ray procedures, such as barium enemas, intravenous examinations, etc. It also includes techniques for patient transportation, sterile procedures and isolation.

Rad 106 - Personal and Professional Development for the Health Care Professional
This course is intended to provide the student with knowledge of professional & personal growth. The student will study multi-stage models of professional development: perception, judgment, motivation, prioritization, decision process, and professional implementation as well as a discussion on the psychology of professionalism.

Rad 107 – Clinical Practicum I
This course will entail hours spent with the technologist learning proper care of the patients. Technologist will work with the student to understand the proper use of radiographic equipment as well as learning patient skills with actual patients.

I WINTER SEMESTER

Rad 108 – Medical Ethics
This course discusses medical ethics and legal responsibilities in regards to a healthcare professional.

Rad 109 - Radiographic Exposure I
This course is the basic discussions of the concepts and factors controlling density, contrast and recorded detail. Evaluates the factors involved in the production of x-rays and relates these factors to the production of a good radiograph. Discussion of the patient's condition and pathology are discussed.

Rad 110 - Radiographic Procedures II
This course continues the study of radiographic positioning. Positioning of the lower extremities, pelvic girdle, bony thorax and spine are discussed and practiced. The practices are conducted with phantoms, models, etc.

Rad 111 - Anatomy and Physiology/Film Evaluation II
This course is a continuation of Anatomy I. This section includes lower extremity, vertebral column and bony thorax. A continuation of Film Evaluation I, during this section the instructor will identify radiographic anatomy of the current structures being studied.

Rad 112 - Patient Care/Critical Thinking II
This course is a continuation to prepare the student in nursing concepts needed for x-ray procedures. In this section the student also learns to conduct vital signs, oxygen regulation, IV insertion, pharmacology and re-certification of CPR. A discussion on the contrast agents used in radiography, purpose and contraindications to the agents are presented.

Rad 113 – Physics/X-Ray Production I
This course discusses basic atomic theory, electrostatics, current electricity and magnetism and how they apply to x-rays.

Rad 114 - Clinical Practicum II
This course will be a continuation of Clinical Practicum I, with more competencies and room evaluations.

I SPRING SEMESTER

Rad 115 - Radiographic Procedures and Positioning III
This course will cover all procedures dealing with the spine, bony thorax, respiratory, digestive and urinary systems.

Rad 116 - Anatomy and Physiology III
A continuation of Anatomy and Physiology II. This section includes the spine, bony thorax, respiratory and urinary systems.

I SPRING SEMESTER *continued*

Rad 117 - Physics II
This course is a continuation of Physics I and also involves the study of generators, transformers, tubes, rectifiers and x-ray circuits. Summarizes the components of the radiographic circuit and relates exposure factor selection and Image quality to the components of the x-ray machine. Discussion on quantity and quality of radiation is included and the correlation between the physics of radiation production and the technical factors affecting the finished radiograph.

Rad 118 – Radiographic Exposure II
Evaluates the factors involved in the production of x-rays and relates these factors to the production of a good radiograph. Discussion of patient's condition and pathology. A continuation of the discussion on the factors and accessories which produce a good radiograph. This course also presents the basic principles in attenuation and restriction of the x-ray beam. Intensifying screens, fluoroscopic screens, films, etc. are discussed. Advanced principles such as computerized and digital radiography and PACS are reviewed.

Rad 118 - Physics II
This course is a continuation of Physics I and also involves the study of generators, transformers, tubes, rectifiers and x-ray circuits. Summarizes the components of the radiographic circuit and relates exposure factor selection and Image quality to the components of the x-ray machine. Discussion on quantity and quality of radiation is included and the correlation between the physics of radiation production and the technical factors affecting the finished radiograph.

Rad 119 – Clinical Practicum III
Clinical time with qualified technologists to learn and be able to competently complete radiographic procedures.

Rad 120 Intro to Pathology
This course will include detailed disease processes of the different skeletal, respiratory, and abdominal systems and the effects of these diseases on radiographic images.

Rad 201 – Procedures and Positioning IV
Procedures and positions of the circulatory system are discussed. Special examinations of these systems are included in this course.

Rad 202 – Anatomy and Physiology/Film Evaluation IV
This course is a continuation of Anatomy and Physiology III. This section will include extensive study of the cranium and facial bones. The male and female reproductive systems are discussed with radiographic demonstration of major anatomy.

Rad 203 – Radiation Protection/Radiobiology
Investigates the interactions of radiation with matter, the means to measure radiation and protective measures for both patient and technologist. Also includes lecture series that expands on the interaction of radiation with matter and focuses on the interaction of radiation and the biologic systems. The genetic effects of radiation on humans and response of various tissues to radiation are also presented.

Rad 204 – Pathology II
This course will include detailed disease processes of the different hepatobiliary, urinary reproductive, and circulatory systems and the effects of these diseases on radiographic images.

Rad 205 – Clinical Practicum IV
Advanced procedures will be taught by qualified technologists with an emphasis on students doing procedures independently.

II WINTER SEMESTER

Rad 206 – Radiology Procedures V
Discusses the procedures and positions used in the examination of the body systems studied in the area of anatomy. Special emphasis is placed on the radiographic appearance of anatomic structures with and without contrast agents.

Rad 207 – Advanced Image Evaluation
More complex evaluations of the quality of the image where both technical and positioning skills are discussed. Critique of common errors and methods of correcting these are discussed.

Rad 208 – Cross-Sectional Anatomy
This course discusses the cross-sectional anatomy of the abdomen, pelvis, thorax and brain in reference to Computerized Tomography/MRI.

Rad 209 – Clinical Practicum V
ARRT mandatory with elective procedures begin to be completed by student.

II SPRING SEMESTER

Rad 210 – Physics III
Summarizes the components of the radiographic circuit and relates exposure factor selection and Image quality to the components of the x-ray machine. Discussion on quantity and quality of radiation is included and the correlation between the physics of radiation production and the technical factors affecting the finished radiograph.

Rad 211– Selected Topics
A series of lectures on the specialty areas within Radiology, which will include hospital administration, corporate compliance, vascular and trauma surgery, CT, MRI, Ultrasound, Mammography, and Special Procedures. Also, review lectures on nursing procedures.

Rad 212 – Registry Review
A series of pre-registry examinations accompanied by review of materials. Fourteen mock exams are given over this semester.

Rad 213 – Advanced Radiology Procedures VI
Review of radiographic procedures.

Rad 214 – Clinical Practicum VI
Final ARRT mandatory and elective procedures to be completed on by student.

STUDENT CLINICAL SUPERVISION REQUIREMENTS

CLINICAL SUPERVISION

Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified radiographers. Students **must always** have direct supervision during portable, Operating Room and Trauma Room rotations.

- Direct Supervision:
    - A qualified radiographer reviews the request for examination in relation to the student's achievement.
    - A qualified radiographer evaluates the condition of the patient in relation the student's knowledge.
    - A qualified radiographer is present during the examination.
    - A qualified radiographer reviews and approves the radiographs.

Direct supervision is defined as the supervision provided by a qualified radiographer who is available to be in the x-ray room to teach, assist and correct any errors made by the student before an exposure is taken.

- Indirect Supervision
    - After demonstrating competency, students may perform procedures with indirect supervision.

Indirect supervision is defined as that supervision provided by a qualified radiographer *immediately available* to assist students, regardless of the level of the student achievement. Immediately available is interpreted as the presence of a qualified radiographer adjacent to the room or location, including portables, where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

STUDENT REPEAT IMAGE POLICY

REPEAT IMAGE

In support of professional responsibility for provision of quality patient care and radiation protection, unsatisfactory radiographs shall be repeated only with direct supervision of a qualified radiographer, regardless of the student's level of competency.

Both students and technologists are made aware of the mandatory policy requiring a qualified radiographer's presence during repeat radiographs, regardless of student competency or student identification of error.

Technologist will notify the Program Director by e-mail of any continual problems by any particular student.

REQUIRED TEXTBOOKS – 2019

1. Bontrager's Radiographic Positioning	ISBN – 9780323399661
2. Bontrager's Radiographic Positioning Workbook	ISBN - 9780323481878
3. Mallett's Anatomy and Physiology	
4. Radiographic Imaging and Exposure	ISBN – 9780323356244
5. Fundamentals of Cross Sectional Anatomy	ISBN – 97800766861725
6. Fundamentals of Cross Sectional Anatomy WB	ISBN - 9781133960850
7. Gurley's Introduction to Radiologic Technology	ISBN – 9780323643399
8. A Brief Atlas of the Human Body	ISBN – 9780321662613
9. Radiation Protection	ISBN – 97803231446662
10. Ethics and Legal Issues for Imaging Professionals	ISBN – 0-323045995
11. Bontrager's Pocket Atlas	ISBN – 9780323485258
12. Radiographic Pathology	ISBN – 9781451112146
13. Radiographic Pathology Workbook	ISBN - 9781451113532
14. Exploring Medical Terminology	ISBN – 9780323396455
15. Torres Basic Medical Techniques and Patient Care	ISBN – 9781451115659
16. Principles of Radiographic Imaging 6th Ed.	ISBN - 9781337711067

RADIOGRAPHER – STUDENT CLINICAL RESPONSIBILITIES

DIRECT SUPERVISION

1. A technologist must be in the room for all pre-competency procedures performed by a student. It is the student's responsibility to inform the technologist if they have or have not completed a competency.

a. The radiographer reviews the requisition in regards to the student's achievement (Does the student have the necessary knowledge of the particular procedure).
b. The radiographer should evaluate the patient's condition with regards to the student's knowledge.
c. The qualified radiographer must correct all errors, before exposure, that will produce a sub-optimal image.
d. The qualified radiographer should not "take over" the procedure but "should" assist and critique the student to help them improve their skills and achieve competency.
e. When the student determines that they are ready to complete a certain competency, the student should perform the examination independently. Independently should include identifying the patient, preparing the room, introducing him or herself and explaining the procedure to the patient. The student should be able to set the proper exposure technique.
f. After the exposure the student should be able to properly use all CR and PACS equipment.
g. They must also be able to identify the major anatomy on the finished image.
h. The student must use manual exposure techniques except for chests and abdomens. A passing competency cannot be achieved by using the AEC.
i. The student must place the Agfa or Fuji Indicator numbers on the competency.
j. The radiographer reviews and approves of all images before they are archived to the PACS.

INDIRECT SUPERVISION

1. After demonstrating competency, students may perform procedures with indirect supervision.
2. A qualified radiographer must be in the room for all repeat images.
3. If a student requests help or asks for assistance of any kind, a qualified radiographer must be in the room for the examination.
4. All student images must be checked by a qualified radiographer before the procedure is finalized and the patient leaves the department.
5. When the student has reached competency, a qualified radiographer should be in the room with students to assist, critique, and help them improve their skills from adequate to excellent.
6. If the student participates in any way during the procedure, their name must be added to Radnet when the examination is completed.
7. When the student has achieved the competency on a particular exam, the qualified radiographer still must be within hollering distance of the student. This includes all exams, including portables and procedures conducted in the Operating Room and the Trauma Room.

WEEKLY DIDACTIC CLASS SCHEDULE FOR FALL 2019

	CLASS OF	TIME	CLASS NAME	CONTACT HOURS	INSTRUCTOR
MONDAY	**2021**	**9:00 – 12:00**	**Radiographic Procedures I**	**3**	**Liz Oras**
TUESDAY	2020	9:00 – 11:00	Anatomy IV	3	Liz Oras
WEDNESDAY	**2021**	**8:00 – 10:00**	**Personal & Professional Growth for the Health Care Professional**	**2**	**Liz Oras**
WEDNESDAY	**2021**	**10:00 – 12:00**	**Intro to Radiology**	**2**	**Liz Oras**
THURSDAY	2020	8:30 - 11:30	Pathology II	2	Liz Oras
FRIDAY	**2021**	**8:00 – 11:00**	**Patient Care I**	**3**	**Liz Oras**
MONDAY	**2021**	**1:00 – 4:00**	**Anatomy I**	**3**	**Liz Oras**
TUESDAY	2020	12:00 - 2:00	Radiographic Procedures IV	3	Liz Oras
WEDNESDAY	**2021**	**1:00 – 3:00**	**Medical Terminology**	**2**	**Amber Mason**
THURSDAY	2020	1;00 – 4:00	Radiation Protection & Radiobiology	3	Teri Myers

SCHOOL OF RADIOLOGIC TECHNOLOGY - CLINICAL COMPETENCIES

FIRST YEAR FALL SEMESTER

Chest – 1 and 2 view
Abdomen – 2 View
Wrist – 3 View
Forearm – 2 View
Elbow – 3 View
Humerus – 2 View
Hand - 3 view
Check of Agfa and Fuji CR Equipment
General Rad Room Checks
1 written paper double-spaced 2-3 pages

FIRST YEAR WINTER SEMESTER

Hip 2 view
Shoulder 2-3 view
Knee 4 - views
Lower leg –2 view
Femur – 2 View
UGI (if available)
Ankle – 3 views
Foot – 3 views
GI Room check
1 – 2-3 page paper
Power Point Presentation

FIRST YEAR SPRING SEMESTER

Pelvis
BE - double and single contrast (if available)
SI joints
Cookie Study
L-Spine
T-Spine
C-Spine
Sacrum and Coccyx
ERCP (if needed)
UGI (if needed)
1 paper: 3 - 5 pages
Subjects: TBA
Power Point Presentation

SECOND YEAR FALL SEMESTER

Mylogram
AC Joints
Sternum
Decubitus Chest
Skull
Facial Bones
Orbits
Cysto
C-Arm in OR
Nasal Bones
Trauma Room Check
1 paper: TBA
1 PowerPoint Presentation

SECOND YEAR WINTER SEMESTER

- 19 of the 37 mandatory procedures by the ARRT
- 10 of the 20 elective procedures mandated by the ARRT.
- One elective procedure from the Fluoroscopic section
- One elective procedure from the head section
- One 4-page paper: TBA

SECOND YEAR SPRING SEMESTER

- The last 18 of the 37 mandatory procedures by the ARRT.
- The final 10 elective procedures mandated by the ARRT.
- One elective procedure from the Fluoroscopic section
- The 6 patient care activities mandated by the ARRT.

GRADING STANDARDS OF CLINICAL COMPETENCIES

The following is a list of standards that the student must meet to pass each competency.

- Students who receive a 1 or 2 in any area must repeat that competency on another patient.

- Failure is automatic if student does not do all of the following:
    - Verify requisition by utilizing the two patient identifiers
    - Introduce himself or herself to the patient
    - Explain procedure to patient
    - Verify pregnancy status
    - Check orders against requisition
    - Shield patient appropriately
    - Take short history if patient if able
    - Demonstrate proper practice of radiation safety for themselves.

For a student to receive a 4 or 5 in any area, the student must be able to do the following:

- Have the ability to answer questions regarding the anatomy of those structures that are on the image
- Position the patient entirely on his or her own without help from the technologist
- Choose technical factors and not use the AEC (Phototimer), except for chest and abdomen series
- Use the correct markers and not annotate the marker
- Explain how the image-study could be improved
- Have diagnostic quality case with the proper CR Indicator number
- Demonstrate ability to archive and match cases with images
- The exam room must be clean and orderly, properly placing sheets and pillow before patient enters.

Students must send the electronic competency form to the technologist just before the competency begins.

Sinai Grace Hospital
Radiography

DAILY STUDENT EVALUATION

Student Evaluation

A. Clinical Performance - Skills

Does the student use universal precautions? *(Question 1 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Does the student address the patient properly, explaining exams, respecting patient confidentiality and patient's privacy? *(Question 2 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Is the student capable of handling all types of Radiographic equipment including reporting issues and problems? *(Question 3 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Has the student shown ability to handle pressure and remain calm in a busy or crisis situation? *(Question 4 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Has the student practiced proper radiation protection for themselves as well as the patient? *(Question 5 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Does the student perform accurate computer skills? Ex. On-line work list, exam completion? *(Question 6 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Does the student remain in the work station; has he or she arrived promptly, and is available to observe or perform exams? *(Question 7 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Does the student have a willingness to learn; has he or she worked towards independence from the Technologist? *(Question 8 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

B. Interpersonal Performance

Does the student communicate effectively with technologists, fellow students, and other hospital personnel? *(Question 9 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Is the student well thought of by others? *(Question 10 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Are they courteous, tactful, does he or she perform as a team player and promote teamwork? *(Question 11 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Does the student display self-confidence and initiative? *(Question 12 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Does the student seek out procedures for which they are competent? *(Question 13 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Does the student have the ability to reason, interpret, and use discretion in carrying out assignments? *(Question 14 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Is the student dressed appropriately? *(Question 15 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Does he or she follow the school dress code policy; does the student present a professional image? *(Question 16 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Does the student conduct himself or herself in an appropriate manner? *(Question 17 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Do they conform to a professional standard of conduct? *(Question 18 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Are they a good example of professionalism in situations both with and without patient contact? *(Question 19 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

As a professional in your field, would you consider this student capable as well as personally responsible for the patient's care? *(Question 20 of 21 – Mandatory)*

Poor/Failure	Needs Improvement	Passing/ Satisfactory	Above Average	Excellent
❍ 1	❍ 2	❍ 3	❍ 4	❍ 5

Comments *(Question 21of 21 – Mandatory)*

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

SINAI-GRACE HOSPITAL

SCHOOL OF RADIOGRAPHIC TECHNOLOGY
VOLUNTEER TIME FORM

I, _____ have finished my didactic class for the day or I am coming in on my day off to work on my competencies. This is voluntary on my part.

_____ _____
Signature Date

_____
Date of Voluntary Time

_____
Missed Clinical Day

MEDICAL LIBRARY

Sinai Grace has, within the Hospital, an extensive Medical Library that is available to the students 24 hours a day. The library has 18 computers with links to the Internet.

Kathy McPeak, the librarian, is available for help Monday – Friday from 8:00 a.m. to 5:00 p.m.

AUDIOVISUAL EQUIPMENT LIST AND MATERIALS

Type	Quantity
▪ Laptop Computer	2
▪ Easel	2
▪ Portable White Board	1
▪ Laser Pointer	1
▪ Microphone (portable)	1
▪ Ceiling-mounted Projector	1
▪ Podium w/Microphone	1
▪ Screen	2
▪ ½ inch CD Player w/Television	1
▪ CRDT Station	1
▪ Portable X-Ray Viewbox	1
▪ Medical Jeopardy	1
▪ LCD Panel for Computer & Video Projection	1

- 1 in auditorium
- 1 Proxima portable
- 1 in classroom

Models

Skeleton	Positioning Manikin	5 Skulls
2 Hearts	Skull Phantom	Box of Bones
Body Trunk	IV Practice Arm	Kidney, Nephron and Kidney Lower Leg w/Foot

Natural Position - Transparent/Synthetic Bone

Extended Knee – Transparent/Synthetic Bone

Foot Natural Position - Transparent/Synthetic Bone

Hand Natural Position - Transparent/Synthetic Bone

Elbow Natural Position - Transparent/Synthetic Bone

Elbow Extended Position - Transparent/Synthetic Bone

Elbow 90^0 Flexed - Transparent/Synthetic Bone

Femur Natural Position - Transparent/Synthetic Bone

Forearm w/Hand Natural Position - Transparent/Synthetic Bone

Lung with Heart, Diaphragm and Larynx

BP Arm with Speaker

SINAI GRACE SCHOOL OF RADIOGRAPHIC TECHNOLOGY

LIBRARY INDEX

Category	Reference Number	Title of Book	Author(s)	Signed Out	Returned
Anatomy & Physiology	ANAT. 110	Anatomy Coloring Workbook, 1997	I. Edward Alcamo, Ph.D.		
	ANAT. 120	Human Anatomy and Physiology (6th edition), 1969	Barry G. King, Ph.D.; Mary Jane Showers, R.N., Ph.D.		
	ANAT. 130	Gray's Atlas of Anatomy (6th edition), 1972	J.C. Boileau Grant		
	ANAT. 140	Elsevier Flash Cards (2nd Edition)	Joseph E. Muslolino		
	ANAT. 150	Barron's Anatomy Flash Cards	Ken Ashwell		
	ANAT. 160	Cross Sectional Human Anatomy	Dean/Heibener		
	ANAT. 170	Grays Atlas of Anatomy (New)	Drake		
Patient Care	CARE. 100	Patient Care and Special Procedures in X-Ray Technology, 1959	Carol Hocking Vennes, R.N., B.S.; John C. Watson, R.T. (R)		
	CARE 110	Physicians Desk Reference – 2005	Thompson		
Medical Dictionary	DFCT. 100	Mosby's Medical, Nursing, & Allied Health Dictionary (6th edition), 2002	Douglas M. Anderson, MA; Jeff Keith, MA; Patricia D. Novak, Ph.D.; Michelle A. Elliott, BA		

SINAI GRACE SCHOOL OF RADIOGRAPHIC TECHNOLOGY

LIBRARY INDEX

Category	Reference Number	Title of Book	Author(s)	Signed Out	Returned
Image Production	IMG. 100	Calhoon's Formulating X-Ray Techniques (9th edition), 1979	Thomas T. Thompson, M.D.		
	IMG. 110	Physical Principles of Medical Imaging (2nd edition), 1993	Perry Sprawls, Jr., Ph.D., FACR		
	IMG. 130	Roentgen Television – *Technical Bases and Clinico-Roentgenoligic* Application, 1967	Dr. Alfred Gebauer, Dr. Josef Lissner, Dipl. –Ing. Ottfried Scott		
	IMG. 140	The Fundamentals of Radiography (9th edition)	Eastman Kodak Company		
	IMG. 150	The Fundamentals of Radiography (10th edition), 1960	Eastman Kodak Company		
Pathology	PATH. 100	Radiographic Pathology for Technologists (3rd edition) 1998	James D. Mace, MBA, RT (R); Nina Kowalczyk, MS, RT (R)		
Physics	PHY. 100	The Fundamentals of X-Ray Physics (5th edition), 1972	Joseph Selman, M.D.		
Procedures	PRO. 100	Fundamentals of Roentgenology, 1971	Lucy Frank Squire, M.D.		

SINAI GRACE SCHOOL OF RADIOGRAPHIC TECHNOLOGY

LIBRARY INDEX

Category	Reference Number	Title of Book	Author(s)	Signed Out	Returned
Procedures	PRO. 120.1 ***1 copy***	Radiographic Anatomy & Positioning – *An Integrated Approach*, 1998	Andrea Gauthier Cornuelle, MS, RT (R); Diane H. Gronefeld, Med, RT (R)		
	PRO. 120.2 ***1 copy***	Radiographic Anatomy & Positioning - *An Integrated Approach*, 1998	Andrea Gauthier Cornuelle, MS, RT (R); Diane H. Gronefeld, Med, RT (R)		
	PRO. 130	The Skull – *A Series of Observations on Practical Technique in Skull Radiography*	Walter Whitehouse, RT (R) (Dupont)		
	PRO. 140.1 Volume I	Merrill's Atlas of Radiographic Positions and Radiologic Procedures (10th edition), 2003	Philip W. Ballinger; Eugene D. Frank		
	PRO 140.3 Volume III	Merrill's Atlas of Radiograpnic Positions and Radiologic Procedures (10th editon), 2003	Philip W. Ballinger; Eugene D. Frank		
	PRO 150	Textbook of Radiographic Positioning & Related Anatomy 7th Editon	Bontrager, Lampignano		

SINAI GRACE SCHOOL OF RADIOGRAPHIC TECHNOLOGY

LIBRARY INDEX

Category	Reference Number	Title of Book	Author(s)	Signed Out	Returned
Protection	PROT. 100	Radiation Protection in Medical Radiography (6th edition)			
Quality Management	QM. 100	Quality Management in the Imaging Sciences, 1998	Jeffrey Papp		
	QM 110	Evaluating Radiographs, 1993	Quinn B. Carroll, M.Ed., RT (R)		
Radiology	RAD. 100	Primer of Medical Radiobiology (2nd edition), 1989	Elizabeth LaTorre Travis		
	RAD. 120	Radiography in a Flash	Sharon K. Coleman, Cynthia F. Griffin, Judy D. Wells, Angie L. Wilcox		
Medical Terminology	TERM. 100	Young's Learning Medical Terminology (6th edition), 1987	Mariam G. Austrin, B.A., R.N. Harvey R. Austrim, Ph.D.		
	TERM. 110	Programmed Medical Language, 1996	Myrna LaFleur Brooks, RN, B. Ed.; Danielle S. Lafleur, B.S.		
	TERM 120	The Language of Medicine (4th edition), 1991	Davi-Ellen Chabner, B.A., M.A.T.		
	TERM 130	Medical Terminology in a Flash Cards	Lippinkott Williams & Wilkins		

SINAI GRACE SCHOOL OF RADIOGRAPHIC TECHNOLOGY

LIBRARY INDEX

Category	Reference Number	Title of Book	Author(s)	Signed Out	Returned
Audio/Video Cassettes	VHS 100.1 *** 2 Copies ***	Multix Top & Pro	Siemens		
	VHS 100.2 *** 1 Copy ***	Multix Top & Pro	Siemens		
	VHS	Radiation Safety Training	Landauer		
	VHS	Miracle of Life	Nova		
	VSH	Meeting the Needs of Elderly Patients	Siemens Medical Systems, Inc.		
	DVD	Typhoid Mary	PBS		
	DVD	The Doctor	Touchstone Productions		
	DVD	In the Womb	PBS		
	DVD	Remaking American Medicine	PBS		
	DVD	CD Roentgen	Insight Media		
	DVD	Team Building – A Passionate & Uplifting Experience	Dr. Steve Sobel		

PRE-ADMISSION PHYSICAL EXAMINATION POLICY

All students, who are not already employees of the DMC, that are invited into the Program must have a pre-admission physical examination (excluding gynecologic exam) and a drug screen prior to final acceptance into the Program. Examinations will be scheduled Monday through Friday and arranged by the Program Director in cooperation with Occupational Health Services. Occupational Health Services is located at Sinai Grace on the second floor. You can expect the examination process to take approximately one hour.

The pre-admission physical examination includes:

- Physical examination performed by a nurse
- TB (Tuberculosis) skin test. You must return in 48 to 72 hours to have this test read
- Drug screen test
- Blood test for Rubella, Rubeola, Varicella Zoater, Hepatitis B and Measles titers.
- Eye exam (bring your glasses if applicable).

If you have any immunization records, please bring them with you to the examination.

All students must bring photo identification with them the day for their examination. No pre-admission physical will be done without proper identification.

IMMUNIZATION/INFECTIOUS DISEASE CONTROL

- Students who are in need of immunizations are offered and encouraged to receive any needed immunizations at the hospital's expense.
- Students are informed by Occupational Health Services and counseled regarding any limitation in patient contact.
- Students are required to receive a flu vaccine each year in September
- Students are required to receive a TB test each year and a Mask Fit Test in March/April.
- Occupational Health Services maintains immunization records and recommends follow-up if necessary.
- Students exposed to an infectious disease, T.B., etc. are identified by Occupational Health Services and are given the same consideration and treatment as an employee.

SCHOOL INJURY POLICY

SCHOOL RELATED

Every student has access to medical care through Occupational Health Services or the Emergency Department for any injury or illness related to the hours spent within the school setting.

The student must have a Midas filled out by the following: Program Director, Manager, Lead Technologist or Department Director in order to be seen in Occupational Health free of charge (or Emergency Department if Occupational Health Services is closed).

Minor illnesses are referred to Occupational Health Services if work restrictions or infectious illness is suspected (fit for clinical duties). The cost of follow-up treatment, medications, hospital and medical expenses are the responsibility of the student.

Students are encouraged to seek medical attention of their personal physician for illnesses of a more serious nature.

NON-SCHOOL RELATED

Students seeking non-work related medical attention in the Emergency Department will be responsible for the cost of the visit, either personally or at the expense of their private health insurance coverage.

LONG TERM ILLNESS/PREGNANCY

Revised January 27, 2012

An illness, injury, impairment or physical or mental condition requiring either inpatient care or continuing treatment by a healthcare provider, including pregnancy, affects the student's fulfillment of clinical and didactic responsibilities.

In the event of a long absence (more than 2 weeks) the student will be placed on a medical leave from the school and will be allowed to return to the pre-leave status, provided didactic/clinical skills have not been lost. The Program Director will assess each student on a case by case basis.

In the event that there is an obvious loss of skills in the clinical or didactic area, the student will be allowed to return to the program, but will be counseled as to their status. If the student chooses to terminate/or is terminated due to loss of skills, then the student may re-enter the program on a schedule determined by the Program Director.

Additionally, when a student becomes aware or suspects that she may be pregnant, she ***should*** notify the Program Director and Radiation Safety Officer ***in writing*** immediately to declare her pregnancy. The student should be aware that this policy is ***voluntary. A student may elect to withdraw her notification of pregnancy in writing at any time during the pregnancy.*** Once pregnancy has been declared, the student shall meet with the Program Director and the Radiation Safety Officer to review the radiation safety precautions and radiation exposure limits. The student shall follow the same radiation safety precautions and radiation exposure limits specified by the Detroit Medical Center Radiology Department for occupationally exposed women with a declared pregnancy. The student is encouraged to remain in the program as long as possible. If the student's projected due date is before graduation, she may be placed on a medical leave and return to the program to complete her requirements. The status of her return will follow the same guidelines as any long-term illness.

SENSITIVITY OF FETUS IN RADIATION

A number of studies have suggested that the embryo/fetus may be more sensitive to ionizing radiation than an adult, especially during the first three months of gestation. The National Council on Radiation Protection and Measurements (RCRP) has recommended that special precautions be taken to limit exposure when an occupationally exposed woman could be pregnant. Specifically, the NCRP has recommended the maximum permissible dose to the fetus from occupational exposure of the expectant mother should not exceed 500 millirem (5mSv) or 50 mrem (0.5mSv) per month. This is approximately one-tenth of the maximum permissible occupational dose limit.

The School of Radiology has adopted the conservative policy of restricting the dose of ionizing radiation to the fetus during the entire period of gestation to no more than 500 millirem (5mSv) or 50 mrem (0.5mSv) per month. This is in addition to the As Low As Reasonably Achievable (ALARA) radiation exposure policy which limits non-investigatable exposure to 124 millirem per calendar quarter.

If a student while in the clinical setting is in an area where the anticipated dose is less than 500 millirem (5mSv) or 50 mrem (0.5mSv) per month to the fetus over the period of gestation, the student is able to continue that clinical assignment in this area without restrictions. Clinical assignments will be under the direction of the Program Director. However, the Radiation Safety Officer may make certain recommendations regarding clinical assignments to further reduce the dose to the fetus.

Based on past experience, no areas within the DMC Radiology facilities have been identified that would be considered likely to result in a dose to the fetus exceeding 500 millirem (5mSv) or 50 mrem (0.5mSv) per month. If a situation is identified in which the anticipated dose to the fetus over the period of gestation would be more than 500 millirem (5mSv) or 50 mrem (0.5mSv) per month, the following three alternatives are possible:

1. The student may be assigned to another area involving less exposure to ionizing radiation;
2. The student may continue their assignment in the area with certain restrictions to limit exposure to the fetus to less than500 millirem (5mSv) or 50 mrem (0.5mSv) per month, with modification based on recommendations from the Radiation Safety Officer. In nearly all cases, the clinical environment will require slight modifications to insure that the dose to the fetus does not exceed 500 millirem (5mSv) or 50 mrem (0.5mSv) per month.
3. The student may, at her option and with full awareness of a slight increased risk to the unborn child, decide to continue their assignment in the area. Although unlikely, it is possible that the fetus would receive a dose of more than 500 millirem (5mSv) or 50 mrem (0.5mSv) per month. If the student chooses this option, she will be required to sign a statement acknowledging her willingness to complete the assignment in this area where the dose to the fetus might exceed 500 millirem (5mSv) or 50 mrem (0.5mSv) per month. **Students are not encouraged to select this option.**

Students who are pregnant are not prohibited from completing assignments in or frequenting radiation areas. These students may also operate sources of ionizing radiation (i.e. diagnostic x-ray equipment), provided radiation safety procedures are practiced.

SUBSTANCE ABUSE POLICY

Students who inform the Program Director or any other faculty member of a substance abuse problem will be directed to the Pastoral Care Department.

All matters will be held in strict confidence. Pastoral Care will handle all matters relating to the student.

Students requiring in-patient care will follow the long-term illness policy. Student will be given every opportunity to return to the Program as deemed by their physician. Student must have clearance by their physician, as well as Occupational Medicine Department of Sinai Grace before returning to school.

Students suspected of being under the influence of illicit drugs or alcohol during school hours will be asked to present themselves to Occupational Medicine Department for drug and alcohol testing. Students who refuse to be tested will be terminated from the Program.

The school reserves the right to conduct random drug/alcohol testing as a violation of this policy. A positive random test for any illegal drugs and/or alcohol will be considered a terminable offense.

Distribution, dispensation or possession of any illegal drugs or alcohol on DMC property will be subject to termination.

SEXUAL HARASSMENT POLICY

It is the policy of the School of Radiologic Technology to maintain an environment free of sexual harassment, including harassment based on a hostile clinical environment. The School will not tolerate sexual harassment of its students by faculty, clinical staff and/or others.

All students are expected to conduct themselves in a manner that will provide a positive educational environment that is free of harassment. Sexual harassment by anyone is a form of misconduct for which a student may be dismissed.

No retaliation or reprisals will be tolerated against any individual who in good faith raises a concern or makes a charge about behavior that may violate this policy. Nor will there be tolerance of any form of retaliation against an individual who participated in the investigation of any alleged sexual harassment.

The following examples may represent sexual harassment if the behavior is unwelcomed:

A. OVERT ACTIONS

1. Unwanted, unsolicited, or offensive sexual advances, requests for sexual favors and/or physical conduct of a sexual nature constitute sexual harassment when:

    a. Submission to or rejection of such conduct is made either explicitly or implicitly as a term or condition of an individual's educational status.
    b. Submission to or rejection of such conduct or communication by an individual is used as a basis for decisions to affect changes in their educational status.
    c. Such conduct or communication has the purpose or effect substantially or unreasonably to interfere with an individual's clinical or didactic performance or creates an intimidating, hostile or offensive educational environment.

2. The definition of sexual harassment applies equally to females and males. Both males and females can be victims of sexual harassment, and both males and females can be perpetrators of sexual harassment.

B. SEXUAL HARASSMENT ENVIRONMENT

1. Sexual harassment includes behavior which may create a hostile or offensive educational environment. A hostile educational environment is an environment in which harassment is so persistent that it substantially or unreasonably alters the terms and conditions of the education process.

2. Behavior that is a sexual nature and interferes with an individual's educational performance may constitute a sexual hostile or offensive educational environment. While the following list is not exhaustive, it can or should be used as a guide to identify inappropriate behavior:

    a. Sexual propositions, invitations or other pressures of sex
    b. Jokes of a sexual nature
    c. Suggestive or offensive remarks
    d. Displaying pictures, posters or cartoons of a sexual nature
    e. Displaying pornographic materials
    f. Sexually derogatory sounds and comments
    g. Whistling in a suggestive manner
    h. Unwelcome patting, pinching or touching
    i. Offensive gestures
    j. The sharing of sexually suggestive e-mail messages
    k. The changing of clothes in an open center

PROVISIONS

1. An individual who is affected by harassment is encouraged to report the incident to the Program Director immediately, or at the student's discretion to the Sinai Grace Director of Radiology or a representative of the Human Resources Department. The individual may also utilize the Detroit Medical Center Fraud and Ethics Compliance Hotline to report an alleged sexual harassment situation.

2. All reported sexual harassment complaints shall be investigated to provide a fair, prompt and reliable determination about whether this policy has been violated.

3. When the Program Director or Department Director is aware of an alleged harassment situation they are responsible for:

    a. Ensuring that the appropriate Human Resources Representative is immediately informed of the situation.
    b. Completing and supporting the investigation as advised by Human Resources.

4. The Human Resources representative will handle the investigation. They will inform the student of all pertinent information in a sensitive manner and apprise them of all outcomes.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Arthur J. Gallagher & Co.
Insurance Brokers of CA. Inc. LIC #0726293
505 N. Brand Boulevard, Suite 600
Glendale CA 91203

CONTACT NAME: Global Risk Management
PHONE (A/C, No, Ext): 818-539-2300 **FAX (A/C, No):** 818-539-1801
E-MAIL ADDRESS: grm_certificates@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Union Fire Insurance Company of Pittsburg	19445
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED TENEHEA-02
Tenet Healthcare Corp.
1445 Ross Avenue, Suite 1400
Dallas, TX 75202-2703

COVERAGES **CERTIFICATE NUMBER:** 898478370 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			GL 6862325	6/1/2019	6/1/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$ 1,000,000
	OTHER:						GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)		N / A				E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Insured/Facility: Detroit Medical Center, 3990 John R., Detroit, MI 48201
Re: The Sinai Grace School of Radiologic Technology students are covered for their scope of duties within the Detroit Medical Center as trainees while enrolled in the program.
Joint Review Commission of Education Radiologic Technology is included as Additional Insured with respect to General Liability but solely as respects to Liability Arising out of the Named Insured's Operations or Premises Owned by or rented by the Named Insured, excluding Contract or Agreements for Professional Services, and Subject to the Terms and Conditions of the referenced policy as required by written contract.

CERTIFICATE HOLDER
Joint Review Commission of Education
Radiologic Technology
20 N. Wacker
Chicago IL 60606
USA

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Terry Campbell

MEMORANDUM

Sinai-Grace Hospital
School of Radiologic Technology

Date: June 8, 2019

To: M. Elizabeth Oras, School Program Director

From: Kim McNutt, RN, Manager of Occupational Medicine

Re: Occupational Medicine Letter of Understanding

This letter is to document the agreement between the Sinai-Grace Hospital School of Radiologic Technology and the Occupational Medicine Department.

The Occupational Medicine Department agrees to offer medical services to the Sinai-Grace Hospital Radiology Students if injured or become ill due to contact with patients with contagious disorders during school hours.

Please attach your signature at the bottom of this letter.

As in the past if you have issues or problems, please contact myself at 966-6866.

Signature: Kim McNutt Date: 6/10/19

Kim McNutt
Manager of Occupational Medicine

MEMORANDUM

Sinai-Grace Hospital
School of Radiologic Technology

Date: **June 11, 2019**

To: **Katrina McCree, Associate Administrator of Operations**

From: **M. Elizabeth Oras, School Program Director**

Re: **Clinical Rotations for Sinai-Grace Radiology Students**

This letter is to document the agreement between the Sinai-Grace Hospital School of Radiologic Technology and the Sinai-Grace Spiritual Care Department

The Spiritual Care Department agrees to offer spiritual services to the Sinai-Grace Hospital Radiology Students during class hours.

Please attach your signature at the bottom of this letter.

As in the past if you have issues or problems, please contact myself at 966-6866.

Signature: Katrina McCree Date: 6/11/19

RADIATION SAFETY POLICY

SCOPE:
To minimize radiation exposure to Radiology Students

1. All students must wear a lead apron and thyroid cover. Students not wearing this protective equipment must stand behind a lead shield or leave the room when x-ray is in use.
   a. All students must wear radiation exposure badges.
   b. Radiation exposure badges are sent for monthly readings and the records are kept in the department.
   c. Protective glasses are optional.
   d. Lead gloves are available if hands must be used during x-ray for positioning.
2. Lead shields are used whenever possible to protect patients thyroid, ovaries or testes during x-ray use.
3. Whenever possible personnel should stand six feet away from the x-ray tube and patient.
4. The student will not take any x-rays until they determine that all staff and other students are protected.
5. Protective equipment maintenance:
   a. Lead aprons and thyroid shields should be laid flat or hung vertically - do not fold.
   b. The Radiology Department will x-ray lead protectors every 12 months or when damage is suspected.
   c. Lead protectors should be cleaned per manufacturer's recommendations.

ADMINISTRATIVE RESPONSIBILITY

The School Program Director has day-to-day responsibility for this policy.

The Director of Radiology has overall authority and responsibility for the administration of all policies, procedures, and guidelines related to patient care.

EXCEEDED DOSE LIMITS POLICY

It is the commitment of DMC Radiology management and the School of Radiologic Technology to maintain exposure from ionizing radiation As Low As Reasonable Achievable (ALARA) at all times from sources of ionizing radiation under its control. An administrative organization for radiation safety has been established with the Radiation Safety Committee (RSC) to oversee the total implementation of this program. The Radiation Safety Officer (RSO) will be charged and supported with the responsibility of direct implementation, investigation and reporting of ALARA results to the RSC.

In an effort to promote and instill the responsibility of the ALARA concept to students, all who may come in contact with ionizing radiation, the RSO, or designate, will annually provide a radiation safety in-service session for each new class. This will allow all students a forum for questions and answers. Additionally, quarterly inspections of each authorized user will be maintained and documented by the RSO for more timely review of procedures and records.

The Nuclear Regulatory Commission (NRC) has established investigational levels for occupational external radiation doses which, when exceeded, will initiate a review or investigation by the RSC and/or RSO. The following levels apply to exposures of individual workers.

ALARA INVESTIGATIONAL LEVELS
(mrems/calendar quarter)

AREA EXPOSED	LEVEL I	LEVEL II
Whole body	125	375
Extremities/Skin	1250	3750
Lens of the eye	375	1125

The following actions will be taken at the investigational levels as noted above:

Occupational External Radiation Doses Less Than Level I:

Unless the dose is deemed unusual for that job function by the RSC/RSO, no further action will be taken.

Occupational External Radiation Doses Equal to or Greater than Level I, But Less than Level II:

The RSO will review each exposure in this category and report it to the RSC at the next meeting after its discovery. The report and RSC review will be recorded in the minutes of the meeting. These minutes are subject to outside review and/or inspection.

Occupational External Radiation Doses Equal to or Greater than Level II:

1. An ALARA Violation Notice will be forwarded to the Program Director or medical authorized user in charge, informing both Program Director, Director of Radiology and the student involved that a Level II has been reached or exceeded. A written reply will be required of the student.

2. The RSO will investigate each exposure of this type and if necessary make recommendations and/or changes in order to achieve dose reduction. Any action recommendation will be reported to the RSC at the next meeting.

3. Each incident of this type will be reported to the RSC at the next meeting after its discovery and both the report and the RSC review will be recorded in the minutes of the meeting. These minutes are subject to outside review and/or inspection.

The RSC at its discretion, with input from those affected, may increase or decrease the investigational levels noted above for certain subgroups of its student population such that it is consistent with the ALARA philosophy of this program. Justification of these actions will be documented in the minutes of the committee meeting.

ADMINISTRATIVE RESPONSIBILITY

The Radiation Safety Officer, Medical Advisor, Program Director and the Director of Radiology have overall administrative responsibility for this policy.

Sinai-Grace Hospital

SCHOOL OF RADIOLOGIC TECHNOLOGY

OBJECTIVE
To establish, implement, and maintain guidelines for MRI safety of students and patient care.

SCOPE
All Sinai-Grace Hospital School of Radiologic Technology Students who may enter the MRI department

POLICY

Static Magnetic Field Issues: Site Access

1. Implement Zoning as follows:
    a. Zone I: This includes all areas that are freely accessible to non MRI safety-trained healthcare workers, including administrative space and the MRI reception area.
    b. Zone II: This area is the interface between the publicly accessible uncontrolled Zone I and the strictly controlled Zones III and IV. Patients, families, and visitors are escorted into Zone II by MRI safety-trained healthcare workers and are not free to move throughout Zone II at will, but under the supervision of MRI safety-trained healthcare workers. Final metal screenings are performed in Zone II.
    c. Zone III: This area is the region in which free access by unscreened non-MR personnel or ferromagnetic objects or equipment is strictly controlled. Zone III is physically restricted from general public access by a controlled access door, which is to be kept closed.
    d. Zone IV: This area is the MR scanner room itself i.e. the physical confines of the room within which the MR scanner is located. Zone IV should be clearly marked and demarcated as being potentially hazardous due to the presence of very strong magnetic fields. MRI safety-trained healthcare workers are responsible for controlling the entrance or access to Zone IV.
        i. In case of cardiac or respiratory arrest or other medical emergency within Zone IV for which emergent medical intervention and/or resuscitation is required, MRI safety-trained healthcare workers should immediately initiate basic life support and/or CPR as required WHILE the patient is being emergently removed from the MR magnet room (Zone IV) to a magnetically safe location of Zone II. ALL PRIORITIES SHOULD BE FOCUSED ON STABILIZING (I.E. BASIC LIFE SUPPORT WITH CARDIAC COMPRESSIONS AND MANUAL VENTILATION) AND THEN EVACUATING THE PATIENT AS RAPIDLY AND SAFELY AS POSSIBLE FROM THE MAGNETIC ENVIRONMENT. Zone IV access restriction must be maintained during resuscitations and/or other emergent situations for the protection of all involved. Call CODE BLUE by following site specific Tier 3 policies.
2. MR Personnel Safety Training
    a. It is the recommendation of the Radiology department that all students who are observing in Zone II and Zone III should be documented as having reviewed a site specific policy or successfully completing an in-service on MRI safety or an approved live MR Safety lecture or a prerecorded presentation or a MRI safety study guide and examination on an annual basis. Students rotating through a clinical rotation in Zone III and Zone IV must successfully complete one of the above mentioned in-services annually.
    b. All Students are to undergo an MR screening process as part of their school orientation to ensure their own safety in the MR environment. They must also report to management any trauma, procedure, or surgery that they experience or undergo in which a ferromagnetic metallic object/device may have become introduced on or within them.
    c. Radiology students entering Zone IV must remove all readily removable metallic personal belongings and devices (ie. watches, jewelry, pagers, cell phones, body piercings; if removable, removable contraceptive devices, metallic drug delivery patches, and clothing items that may contain metallic fasteners, hooks, zippers, loose metallic components or metallic threads, cosmetics containing metallic particles, such as eye makeup). All students with a history of a potential ferromagnetic object penetration must undergo further investigation prior to being permitted entrance to Zone IV. Examples of acceptable methods of screening include completing plain x-rays, prior CT or MR of the questioned anatomic area, or access to written documentation as to the type of implant or foreign object that is within a student, best effort assessment should be made to attempt to identify the MR compatibility or MR safety of the implant/object. These efforts might include written testing on the implant prior to implantation, product labeling regarding the implant/object, peer-reviewed publications regarding MR compatibility and MR safety testing of the make/model/type of the object, etc. All students who have a history of orbit trauma by a potential ferromagnetic foreign body for which they sought medical attention are to have their orbits cleared by either a two view plain orbit film or by a radiologist's review and assessment of contiguous cut prior CT or MR images (obtained since the traumatic event) if available.
    d. Intracranial Aneurysm Clips
        i. If it is unclear whether a student does or does not have an aneurysm clip in place, plain films should be obtained, or if available, any prior cranial plain films, CT, or MR exams should be reviewed.

ii. If the student is found to have an aneurysm clip in place, the student should not be allowed to enter Zone IV unless it can be documented that the type of aneurysm clip within the student is MR safe/compatible. This documentation must be in writing and signed by a licensed physician. A written history that the clip was tested for ferromagnetic properties (and description of the testing methodology used) prior to implantation by the operating surgeon is also acceptable if the testing follows the AST< (American Society of Testing and Materials) established Deflection Test methodology.
iii. Clips documented in writing to be made of titanium can be accepted without any other testing necessary.
iv. Intracranial clips manufactured after 1995 and labeled to be MR compatible are accepted without further testing.
v. Clips manufactured prior to 1995 require either pre-testing prior to implantation or individual review of previous MR imaging of the clip/brain in that particular case, if available. By assessing the size of the artifact associated with the clip relative to the static field strength on which it was studied, the sequence type, and the MR imaging parameters selected, a decision as to whether the clip(s) demonstrate significant ferromagnetic properties or not may be made by an attending radiologist.
vi. HAVING SAFELY UNDERGONE A PRIOR MR EXAMINATION (WITH AN ANEURYSM CLIP OR OTHER IMPLANT IN PLACE) AT ANY GIVEN STATIC MAGNETIC FIELD STRENGTH IS NOT IN AND OF ITSELF SUFFICIENT EVIDENCE OF IT'S MR SAFETY OR COMPATIBILITY, AND SHOULD NOT BE SOLELY RELIED UPON TO DETERMINE THE MR SAFETY OR COMPATIBILITY STATUS OF THAT ANEURYSM CLIP (OR OTHER IMPLANT.)
vii. Risk/benefit assessment and review must be performed in each case individually.

e. Final determination of whether or not to allow students to rotate through MRI with any given implant, foreign body, etc. is to be made by the attending radiologist.

3. Equipment Screening
   a. All portable metallic or partially metallic objects that are to be brought into Zone IV must be labeled with "MR Safe" labels. Testing for the purpose of this labeling is to be accomplished by MRI Technologists by exposing the metallic object to a handheld magnet (≥1000 gauss.)
4. Metallic Foreign Object That Becomes Pulled Into Scanner
   a. If a metallic foreign object enters Zone IV and is pulled into the magnet, the student may help the technologist to first assess the patient for injuries. If uninjured, remove patient from the magnet room.
5. Pregnancy-Related Issues
   a. Healthcare practitioner pregnancies
      i. Pregnant students are permitted to work in and around the MR environment throughout all stages of their pregnancy. This includes but is not limited to helping the technologist position patients, scanning, archiving, injecting contrast, entering the MR scan room in response to an emergency, etc. Although permitted to rotate clinically in and around the MR environment, pregnant students are requested not to remain within Zone IV during actual data acquisition/scanning itself.
6. Skin Staples/Superficial Metallic Sutures
   a. Students with skin staples or superficial metallic sutures (SMS) may be permitted to enter Zone IV if they are non-ferromagnetic

ADMINISTRATIVE RESPONSIBILITY

The Regional Vice President, Imaging Service Line and Specialist-in-Chief of Radiology have overall responsibility and authority for administration of policies, procedures and guidelines related to Radiology. The Administrative Director of Radiology at Sinai-Grace Hospital has the day-to-day operational responsibility for this policy. The Program Director shall be responsible for the execution of this policy.

MRI Safety Form

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

***NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.**

Date _____/_____/_____ Name _____ Age _____
month day year Last Name First Name Middle Initial

Address _____ Telephone (home) (_____) _____-_____

City _____ Telephone (work) (_____) _____-_____

State _____ Zip Code _____

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? □ No □ Yes
If yes, please indicate date and type of surgery: Date ____/____/____ Type of surgery_____
2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? □ No □ Yes
If yes, please describe: _____
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? □ No □ Yes
If yes, please describe: _____
4. Are you pregnant or suspect that you are pregnant? □ No □ Yes

Please indicate if you have any of the following:

□ Yes □ No Aneurysm clip(s)
□ Yes □ No Implanted cardioverter defibrillator (ICD)
□ Yes □ No Magnetically-activated implant or device
□ Yes □ No Spinal cord stimulator
□ Yes □ No Insulin or infusion pump
□ Yes □ No Any type of prosthesis or implant
□ Yes □ No Any metallic fragment or foreign body
□ Yes □ No Hearing aid
□ Yes □ No Other device_____
□ Yes □ No Cardiac pacemaker
□ Yes □ No Electronic implant or device
□ Yes □ No Neurostimulation system
□ Yes □ No Cochlear implant or implanted hearing aid
□ Yes □ No Implanted drug infusion device
□ Yes □ No Artificial or prosthetic limb
□ Yes □ No Any external or internal metallic object
□ Yes □ No Other implant_____

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment. Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: _____ Date _____/_____/_____
Signature

Form Information Reviewed By: _____

_____Print name Signature

• MRI Technologist • Radiologist • Other _____

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS

IMPORTANT INSTRUCTIONS WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object. an implant, device, or object.

04/18/2016/MEO

DRESS CODE POLICY

OBJECTIVE:
To promote a neat, clean and professional appearance consistent with preserving the image of the hospital while assuring that the attire is not hazardous to patients or to other students and staff.

SCOPE:
All Radiology Student Personnel

DEFINITIONS (Optional):

MANAGEMENT OPERATING DIRECTIVE:
The school shall have the following dress code that will incorporate the minimum guidelines stated in the hospital policy, plus the specific guidelines required to achieve the objective of the policy in Diagnostic Radiology. **The cost of uniforms are the responsibility of the individual student.**

The minimum requirements are as follows:
- Student must be clean, neat and professionally dressed.
- Attire will be securely fastened.
- Student must wear proper white nursing shoes or white leather tennis shoes.
- Students must wear socks or stockings.
- The uniform must be clean and in good repair.
- The student must wear the hospital ID within the chest or shoulder area.
- Jewelry must be securely fastened and of a nature and type that will not cause a distraction or hazard to others.
- Students must wear outer garments that are not bizarre or distracting to the patient or other staff members.
- Hair must be secured or of such a length so as not to create hazards.

PROVISIONS:
The School of Radiologic Technology has also included the following guidelines that will further define the dress code:
- As a uniform, all students are required to wear royal blue scrubs.
- White, Black, Royal Blue, or colored print lab coat.
- Finger nails must no longer than ¼ inch in length.
- Acrylic or gel nails are not allowed.
- Leather tennis shoes are required. **No canvas, open toe or clog-type shoes**. The tennis shoes must be predominately white. Tennis shoes of other colors are not permitted.
- No printing or advertising on any garment.
- During classroom days, students are required to wear the above described uniform.
- Sweatshirts and other street clothes are not permitted at any time during class hours.
- T-shirts may be worn under the scrub top, but must be tucked in at all times.
- **Tattoos must be covered at all times.**
- **Body piercing must be removed during school hours except for ear piercing.**

STUDENT GRIEVANCE POLICY

Revised as of January 7, 2015

The School recognizes the need for students to express grievances regarding the Program, conditions within the Department, decisions or actions of the Program staff, etc. Students are welcome to present grievances, complaints and/or other allegations of non-compliance with JRCERT standards.

The student grievance procedure establishes a formal mechanism to:

- Provide the student with a means of being recognized and heard
- Insure prompt handling of student grievances
- Resolve grievances expediently and fairly
- Maintain and reinforce a high level of student morale
- Alert the school management and administration to the cause of student dissatisfaction and provide them with the opportunity to make appropriate changes
- Eliminate interruption of class and interference with the efficient operation of the school and/or department.

The grievance procedure establishes successive levels of school and administration to which the student's written grievance may be presented, reviewed and answered in a timely manner. ***The student may not grieve termination from the program due to failure of any didactic or clinical classes.***

STEP I

If a student has a grievance he/she should first verbally bring the matter to the attention of the involved party. If this verbal discussion does not resolve the problem, the student may then choose to proceed to step II.

STEP II

Within 5 days of the verbal response from Step I, the student should present his/her written grievance to the Program Director. Once a written grievance has been submitted for problem solving, the grievance may not be altered by the student. However, a student may withdraw a grievance at any time. Every attempt will be made to immediately address and correct the grievance at this level. Within 5 days of the receipt of the grievance, the Program Director will meet with the student to investigate the grievance and the remedy sought. A written response will be provided to the student within 10 days of the meeting. If the problem is not resolved or answered at this step, the student may then choose to proceed to Step III of the process.

STEP III

Within 5 days of the receipt of the Program Director's response, the student may submit the grievance and previous response to the Administrative Director of Radiology. The Administrative Director will investigate the grievance and decide whether or not to meet with the student or decide the matter based on the information contained in the original grievance and response from Step II. A written response will be provided to the student within 10 days. The Administrative Director's decision is final in all cases, with the exception of an unresolved student grievance involving program termination, which may be appealed to the Sinai-Grace Director of Human Resources.

STEP IV

The student must submit the original grievance and the responses from the previous steps of the process to the Sinai-Grace Director of Human Resources within 5 days of receiving the Administrative Director's response. The Sinai-Grace Director of Human Resources, or his/her designee, will investigate the grievance and decide whether or not to uphold the decision. The Sinai-Grace Director of Human Resources, or the designee, will provide a written decision within 10 days to the student. Copies of the decision will be provided to all parties involved and be placed in the student file. The decision of the Sinai-Grace Director of Human Resources will be final.

Any grievance presented by a student must be held in strict confidence by all concerned.

STUDENT GUIDANCE AND ASSISTANCE

It is the responsibility of the Program Director and the entire instructional staff – clinical, didactic and radiology personnel – to guide and direct students individually or in groups.

Students with identifiable problems, either in the classroom or in the clinical setting, will be counseled by the appropriate staff, along with the Program Director, on an individual basis.

PERSONAL INFORMATION CHANGES

The student is responsible for submitting to the Program Director/School Office, any and all changes in personal information. Personal information includes: address, telephone numbers, emergency contacts, etc.

Time Clock Policies

Effective January 4th, 2016

All Radiology Students are required to use the new time clock which is located on the 6th floor of the south tower of Sinai-Grace Hospital.

The following are tardy and absences policies:

- More than 3 incidents of tardy or leaving early in a six week period is a violation of the attendance policy unless pre-approved by the Program Director
- Punching in 5 minutes after the assigned clinical time is considered tardy.
- Punching out less than 5 minutes is considered leaving early.
- Punching another student In/Out is a terminal offense
- Destruction or foul play to the time machine is also a terminal offense

PERSONAL TELEPHONE CALLS AND USE OF HOSPITAL COMPUTERS

TELEPHONE USE

- Students may use the telephone located in the locker room when making non-emergency outside calls. These calls should be made during the student's rest or meal break.

- Emergency calls may be made from a department telephone; however, the call must be limited in time and made from infrequently used telephones. No outside calls should be made from the main Reception Desk.

- Students should inform their family and friends to refrain from calling during clinical hours, except for emergencies.

- Students will be notified of emergency calls only. The receptionists will take non-emergency phone messages. It is the responsibility of students to check with the front office to retrieve messages.

CELL PHONES

- Cell phones are not permitted to be used in the clinical assignment. All students must leave their cell phones in their locker during clinical rotations. Students will be reprimanded if they are found with the cell phones during all clinical assignments

COMPUTER USE

- Hospital computers are available for student use. Use should be confined to:
    - Work related patient use (i.e. RIS Exam Management, orders, etc.)
    - Word processing for class-related projects
    - Research on the intra-web links or internet related to coursework/medical issues.
- Computers are not to be used for personal internet/web purposes.

It is against DMC policy, as well as HIPPA (Health Information Portability Privacy Act), to access a patient's chart unless you are providing care for that patient. Violation of this policy will result in termination. This includes accessing a family member or your own records.

RECORD RELEASE AND STUDENT PRIVACY RIGHTS

All didactic instructors are required to safeguard student grades by keeping grades electronically. This is accomplished by development of grade sheets within the Citrix program. Citrix is username and password protected and can only be accessed by the individual didactic instructor.

Our program follows the Family Education Rights and Privacy Act of 1974 (FERPA). The School maintains a permanent file on each student to verify their competence upon graduation. Included are a transcript of didactic and clinical grades and a copy of their graduation certificate. All of the information contained within the file is confidential and will be released only upon written request of the student or graduate.

Students have the right to either restrict the release of the Directory Information or request their information be freely shared with another individual (such as spouse or parent) by filling a request with the Program Director.

Sinai-Grace Hospital School of Radiologic Technology Response to the Family Educational Rights and Privacy Act (FERPA):

- The student's right to inspect and review educational records
- The student's right to view and request amendment to their records
- The student's right to limit disclosure of information from their records
- The right to file a complaint with regard to these rights

Sinai-Grace Hospital School of Radiologic Technology continues to enforce FERPA since inception of the Act in 1974. According to federal regulations, all schools are required to notify students on an annual basis of their rights under FERPA. Sinai-Grace Hospital School of Radiologic Technology complies with this regulation by publishing FERPA notifications in the school handbook.

The items below are considered "Directory Information" according to our interpretation of FERPA. Only these items may be released without student's consent:

- Name
- Date of Enrollment
- E-mail Address
- Date of Graduation
- Field of Study
- Certificates Earned
- Awards Received

All other items are considered restricted information and will not be released or discussed without the student's written consent.

If a student exercises the right to restrict the release, no Directory Information pertaining to the student will be published or otherwise released to third parties without consent, court order or subpoena. Once a request is filed, it is in effect until one year after the students last attendance or until the request is revoked in writing.

Students can file a complaint with JRCERT if they believe their rights under FERPA have been violated. Complaints should be addressed to:

JRCERT
20 North Wacker
Chicago, IL 60606
(312) 704-5300

SINAI-GRACE HOSPTIAL SCHOOL OF RADIOLOGIC TECHNOLOGY

RELEASE OF RECORDS

I, _____
hear-by authorize the Sinai-Grace Hospital School of Radiologic Technology to release my records to the following:

Transcripts: Year of Graduation _____

Other: _____

Release to: _____

Address: _____

City/State: _____

Zip Code: _____

Your Current Name: _____

Former Name(if applicable):_____

Current Address: _____

City/State: _____

Zip Code: _____

Phone Number (with area code): _____

_____ _____

Signature Date

Please include a check or money order made out to Sinai Grace Hospital in the amount of $3.00 and return to:

Sinai Grace Hospital
School of Radiologic Technology
6071 West Outer Drive
Detroit, MI 48235

REPRIMAND and TERMINATION POLICY

Updated March, 2017

The School of Radiologic Technology follows a progressive step policy for major and minor infractions committed. Documentation of any type of disciplinary action is kept in the student's file. Students are made aware of all disciplinary actions and are able to express their view of the discipline in written form.

A student will be terminated from the Program for the following:

Scholastic average below 85% per subject whether clinically or didactically.

A student maybe terminated from the Program for the following major infractions:

- Plagiarism
- Cheating on an examination
- Insubordination
- Discourteous or unethical conduct to patients, visitors, supervisors or co-workers
- Unethical practices regarding a patient's right to privacy/confidentiality
- Physical and/or verbal abuse
- Falsification of records
- Sexual and/or racial harassment of patients, visitors, fellow students and co-workers
- Use of cell phones in the OR rotations.

A student will receive written reprimands for the following minor infractions:

- Leaving scheduled clinical rotation area without permission
- Failure to report to a clinical rotation area
- Leaving the building without permission during school hours
- Excessive tardiness (see time clock policies)
- Excessive absenteeism

The steps for reprimands are as follows:

- First written warning
- Second written warning
- Suspension
- Termination

NOTE: This is not intended to be an all-inclusive list, but rather sets forth examples of typical acts of misconduct that will be considered for disciplinary action. In addition to the above, all hospital policies will be enforced. See DMC Progressive Discipline Policy.

STUDENT AS HOSPITAL EMPLOYEES POLICY

Students who choose to work for any of the facilities within the Detroit Medical Center outside of school time are welcomed but that time must not be intermingle those duties with school. When working as an employee, the student may not do competencies, evaluations and objectives that count towards their grades. Students must have Hospital ID and not use School identification.

If you are employed within any of the DMC's facilities as a Student Radiologic Technologist while a student, you are required to have a second set of radiation badges. This second set is separate from your set that is used while doing clinical rotations. DMC's radiation badges are never to be used at facilities outside of the DMC, should you be employed at another health system,

NO SMOKING POLICY

Revised July 1, 2007

As part of its continuing effort to promote, preserve, protect and restore the health of individuals, the DMC, Sinai Grace Hospital and the School of Radiographic Technology affirm its responsibility to students, employees, patients, visitors and medical staff by designating all DMC campuses as Smoke-Free.

IDENTIFICATION AND RADIATION BADGES

IDENTIFICATION BADGES

Issued to students by the Human Resource (HR) Department at the beginning of school enrollment, the badge is your access into the parking lot and into the hospital. ***Badges must be worn at all times in a visible location. If you lose your ID badge, you must contact Sinai-Grace Hospital HR department for a replacement. You will be charged $10.00 for a replacement badge***

RADIATION BADGES

Used to monitor your exposure to radiation while on duty, two badges are issued to each student. One badge is for the collar and the second badge is for the waist. ***The badges are to be worn at all times while in the clinical setting.*** Badges should not be worn outside of the hospital. Students who are employed by the DMC within the radiology department will receive a second set of radiation badges for their paid hours.

A more detailed explanation of the care and wear of the radiation badges will be discussed in the Introduction to Radiation Protection class during your orientation.

ATTENDANCE/TARDINESS STANDARDS FOR CLINICAL AND DIDACTIC CLASSES

Revised as of: January 25, 2016

Clinical Practicum

The Program requires a maximum of 40 hours per week, including both didactic and clinical instruction/experience. Regular attendance is a condition of remaining in the program.

The student will be rotated through various radiographic rooms every three weeks during the first year, and every one to two weeks in the second year. These rotations will include: General Radiography, Fluoroscopy, Emergency Department, Surgery and Mobile/Portable Radiography. During the second year, students will be rotated for one week in the following areas: Special Procedures and Nuclear Medicine. CT rotation will be for four weeks, MRI rotation for two weeks.

The student will be required to rotate on some Saturdays, beginning after the 1st 6 weeks of clinicals in the 1st year and a month of afternoons, beginning in the second year.

If a student is ill or is going to be late for clinical rotation, he/she must call the Program Director's office at (313) 966-6866. If assigned to the Sinai-Grace, the student must call the Lead Technologist office as well at (313) 966-6810. If assigned at Children's Hospital of Michigan Melissa Stefanski at (313) 745-5459.

If a student is ill or going to be late for didactic class, the student should contact the individual instructor.

Disciplinary action for absence/tardiness will occur as follows:

- More than 1 occurrence of absenteeism will result in a 3% decrease in your grade for each occurrence.
- Three occurrences of tardiness to any one didactic class or clinical assignment will result in progressive discipline .
- Make-up time for missed clinical days will be allowed for extenuating circumstances. All missed days due to elective surgeries will no longer be allowed to be made up.

The curriculum is made up of 3 -15 semester week per year. Students will receive an appropriate time off between semesters.

In addition, the school recognizes the following major holidays:

- New Years Day
- Martin Luther King
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Friday after Thanksgiving
- Christmas Day

The students are also given off the week between Christmas and New Years.

Didactic Class

Disciplinary action for absence/tardiness will occur as follows:

- More than 1 occurrence in any didactic class will result in a 3% decrease in your grade for each occurrence.
- Students who are absent for any reason on a test day will take a 5% decrease on the score of the test. The missed test must be made up on the 1st day of their return. (Exception: Jury Duty, and Bereavement Leave.)

GIVING DIRECTIONS

Sinai Grace and Children's Hospitals are large complex structures consisting of inpatient rooms (nursing units), ancillary patient services (Radiology, Lab, Respiratory Therapy, etc.), as well as administrative offices.

Because of the complexity of the Hospitals' design, visitors can easily get lost. It is the responsibility of all students to assist visitors by giving clear and adequate directions whenever possible. There may be times when you need to accompany a patient or find another employee or student who can do so.

The student must, therefore:

- Become acquainted and knowledgeable of all areas of the hospitals. A tour is provided in orientation.
- Know where to get directions to areas, or areas in which you are not familiar.
- Be attentive of visitors who appear to be confused or lost.
- Assist at all times, as needed. "I don't know" is not a sufficient reply. If you don't know, find someone to help the visitor who does know.

STUDENT OFF HOURS

Students may not enter or remain on the hospital premises unless he/she is on duty or scheduled for a clinical assignment, except for the following circumstances:

- Visiting a patient
- Student has been called in by the Hospital/Program management for hospital/program related business
- Obtaining healthcare services

While at the hospital, students shall wear their identification badges at all times.

MEAL AND REST BREAKS

Students are allowed one 60-minute meal break during their SG and CHM clinical assignments . The meal break is at 12:00 p.m. each day.

STUDENT LOCKERS

Lockers are provided to all students in the Sinai Grace Radiology department on the sixth floor in the Radiology Locker Room and at Children's Hospital of Michigan.

Your locker will be assigned to you on the first day of class. Students are required to provide their own lock. If for any reason you need to change your locker, you must see the Program Director.

SOLICITATION

Because solicitation activities impact the clinical environment, such actions will be strictly limited. Solicitation activities may be permitted by the Program or within the Department of Radiology only, and with, supervisory approval. No solicitation activities will be permitted outside the Department.

Solicitation activities shall not interfere with patient services or care, student assignments or visitors.

Solicitation activities during clinical assignments are strictly prohibited except during your lunch breaks.

MEMORANDUM

Sinai-Grace Hospital
School of Radiologic Technology

Date: June 08, 2019

To: Liz Oras, School Program Director

From: Timothy Applegate, Director of Radiology TA

Re: Laboratory Simulation Room

At your request, I have spoken to Terese Cracchiolo, Manager of the General Radiology Department, in regards to assigning the Radiology School a dedicated radiographic room for laboratory simulations. We have agreed on Monday and Tuesday mornings that the Radiographic Room #5 on the ground floor of Sinai-Grace Hospital will be assigned to the Radiology School.

MEMORANDUM

Sinai-Grace Hospital
School of Radiologic Technology

Date: June 8, 2019

To: M. Elizabeth Oras, School Program Director

From: Catheryn Peplinski, Director of Imaging Services

Re: Clinical Rotations for Sinai-Grace Radiology Students

This letter is to document the agreement between the Sinai-Grace Hospital School of Radiologic Technology and Children's Hospital of Michigan Radiology Department

The Radiology Department agrees to offer clinical rotations to the Sinai-Grace Hospital Radiology Students during the months of July, August, and September each year.

Please attach your signature at the bottom of this letter.

As in the past if you have issues or problems, please contact myself at 966-6866.

Signature: Catheryn Peplinski Date: 6.12.19

Catheryn Peplinski
Director of Imaging Services
Children's Hospital of Michigan

Student Services

The following are a list of free services that the school offers:

- Admission Physical w/drug screen
- Spiritual Care Services
- Liability Insurance
- Shuttle and Parking
- Occupational Health (Injuries were obtained during school hours)
- Immunizations

The following are a list of discounted services:

- Ford, GM, Chrysler Plans
- Movie tickets
- Amusement Park tickets

BEREVEMENT LEAVE

Students may request 3 funeral days for local funerals and 5 days for funerals more than 250 miles from the local Detroit area. Funeral days are only allowed for immediate family only .

Immediate Family is considered:

- Spouse
- Mother & Mother-in-law
- Father & Father-in-law
- Step Mother
- Step Father
- Grandmother
- Grandfather
- Sisters
- Brothers
- Step-Brother
- Step-Sister
- Child
- Step-Child

Standards

for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2014

Adopted by:

The Joint Review Committee on Education in Radiologic Technology - October 2013

Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
312.704.5300 ● (Fax) 312.704.5304
www.jrcert.org

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these **STANDARDS**.

Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The **STANDARDS** require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.

- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.

- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:

- Major strengths related to the standard
- Major concerns related to the standard
- The program's plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program's compliance with the STANDARDS.

Standards for an Accredited Educational Program in Radiography

Table of Contents

Standard One
Integrity

Standard One: **The program demonstrates integrity in the following:**

- **Representations to communities of interest and the public,**
- **Pursuit of fair and equitable academic practices, and**
- **Treatment of, and respect for, students, faculty, and staff**.

Objectives:

In support of **Standard One**, the program:

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

1.2 Provides equitable learning opportunities for all students.

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

1.7 Assures that students are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of non-compliance with the **STANDARDS**.

1.8 Has publications that accurately reflect the program's policies, procedures, and offerings.

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

1.10 Makes the program's mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.15 Has procedures for maintaining the integrity of distance education courses.

Standard Two:
Resources

Standard Two: The program has sufficient resources to support the quality and effectiveness of the educational process.

Objectives:
In support of **Standard Two**, the program:

Administrative Structure

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

2.3 Provides faculty with opportunities for continued professional development.

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Learning Resources/Services

2.5 Assures JRCERT recognition of all clinical settings.

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program's mission.

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

2.8 Provides access to student services in support of student learning.

Fiscal Support

2.9 Has sufficient ongoing financial resources to support the program's mission.

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

Standard Three
Curriculum and Academic Practices

Standard Three: The program's curriculum and academic practices prepare students for professional practice.

Objectives:

In support of **Standard Three**, the program:

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.6 Maintains a master plan of education.

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

Standard Four: The program's policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Objectives:
In support of **Standard Four**, the program:
4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
- Written notice of voluntary declaration,
- Option for student continuance in the program without modification, and
- Option for written withdrawal of declaration.

4.3 Assures that students employ proper radiation safety practices.

4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

4.7 Assures sponsoring institution's policies safeguard the health and safety of students.

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

Standard Five
Assessment

Standard Five: The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Objectives:
In support of **Standard Five**, the program:

Student Learning

5.1 Develops an assessment plan that, at a minimum, measures the program's student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Program Effectiveness

5.2 Documents the following program effectiveness data:

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Analysis and Actions

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Standard Six

Institutional/Programmatic Data

Standard Six: The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

Objectives:
In support of **Standard Six**, the program:

Sponsoring Institution

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

6.2 Documents that the program's energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Personnel

6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

Clinical Settings

6.4 Establishes and maintains affiliation agreements with clinical settings.

6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Program Sponsorship, Substantive Changes, and Notification of Program Officials

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.